The Secrets of Regaining Your Vision Naturally:
A Special Interview with Greg Marsh

By Dr. Joseph Mercola

DM: Dr. Joseph Mercola
GM: Greg Marsh

DM: Wouldn’t it be wonderful to be able to see clearly and optimally without any glasses or contacts? Hi, this is Dr. Mercola, helping you take control of your health. Today we are joined by Greg Marsh, who is a certified natural vision teacher and a vision coach. He created the CD program Secrets of Regaining Your Vision Naturally. Welcome and thank you for joining us today, Greg.

GM: Thanks very much, Dr. Mercola. It’s really great to be here.

DM: I first sought you out I think well over 6 years ago, maybe 7 or 8. Interestingly, the person who motivated me to do that has since passed away. But I was impressed with his ability to see very well in his 70s without glasses when most of us over 50 require them. It was really interesting. I was impressed with your work. Why don’t you tell our viewers some of your history and what brought you to this method?

GM: Sure. Well, I got my most important credentials by getting glasses in third grade. Usually, if somebody’s going to get into really thick lenses, which I did, usually they start about third grade – a little sooner or a little later. Third grade. And then every time I went to the eye doctor, new glasses, new glasses, new glasses.

DM: Thicker and thicker each time?

GM: Thicker – SuperCoat model. I was the person who’s like, “Wow, you’re really blind.” I couldn’t wait to get contact lenses and sort of hide that. But in my late 20s, I came across a book just in a Used Books bin in a bookstore. It was like… On the back of it, which was showing up in the bin, it said, “Do you really need eyeglasses?” By this time, I’m an engineer. I know everything – a chemical engineer in fact. I know everything. But I’ve never heard of this. I think, “This is crazy. This can’t possibly be true.” Finally, I bought the book. It was beautifully written not by Dr. Bates but by a Bates teacher. It just melted my heart, the stories about people improving their eyesight and getting their lives back.

I started trying it on my own near-sightedness. I had some initial success and then kind of hit a plateau. That’s when things got really interesting for me. I eventually did a formal training as a natural vision teacher. I bought every book that you could find, every program you could find. Also for me, I feel like I did a lot of cross-training in just various ways to use the mind. I went into martial arts, meditation, and all kinds of things. You promoted Emotional Freedom Technique (EFT) a lot. You’ve helped people be introduced to that. I love EFT. But basically, just for the next many, many years, I just kept diving in every which way, and it just became irresistibly simple, interesting, and subtle.

DM: Thanks for your personal history. Let’s now explore some of the science or at least the history of the teaching of this method, which was initially innovated by Dr. Bates, who is an ophthalmologist over a hundred years ago, practicing… He graduated… I think he did his med school and residency at Cornell
University. He’s a board-certified ophthalmologist, top of his field, and taught this to many, many people, and was so effective at it that this was actually banned primarily by the optometrists because they were a threat to their business model. Why don’t you expand on that and take us forward to where that approach has gone today?

GM: Okay. Well, maybe I could start out with just the essence of the Bates Method. Here I’ll use my Halloween eyeball.

DM: Perfect.

GM: Yeah. Basically, there are just 6 muscles on the outside of the eye, and they’re moving it around. Of course, most people have 2 eyes. But ideally, these muscles are easily following visual interests, and they’re just doing what they do naturally and easily. The problem is – it could be for emotional reasons, physical stress, or whatever – we start to strain. Once we start to strain, the vision starts to go. For starters, look at your eye. I have another prop that’s a little bigger just to show the oblique muscles of the eyes could actually squeeze down like this. The Bates model is that they make the eyeball too long.

DM: Yeah. That’s pretty easy to understand, too. If you are changing the structure, it’s simple physics that you’re going to change the mechanics of where that vision or the field is going to land on the retina.

GM: Exactly. You’ve got a few choices: (1) you can find out what the stress is, let it go, relax, and get your vision back. Dr. Bates developed ingenious tools for doing that. (2) Another one is you can get laser in-situ keratomileusis (LASIK) and go, “Oh, my focal length is wrong. Why didn’t I just get rid of part of my cornea?” (3) And of course, the other more common one is glasses.

But the thing is once you get the glasses, now you have to go around with this all day long. This is near-sightedness, far-sightedness, astigmatism, and various strains. Dr. Bates said you could basically dial in whatever you want. You can dial in a cataract. You can dial in glaucoma. Glaucoma is pressure buildup. But it’s probably because when this is all squished around the ducts that are supposed to balance out the pressures are all...

DM: Blocked.

GM: Blocked out. Yeah. Somebody can relax. I’ve seen people change their glaucoma score really fast. That’s kind of the physical mechanism, and then behind that are the thoughts or the emotions that created this.

DM: Quick question, out of curiosity: you very effectively demonstrated the process with the models that you showed. But would it be correct to assume that in far-sightedness, which is probably the majority of people (maybe not the majority but certainly a big percentage), the vision that occurs as you age, otherwise called presbyopia… Does that occur with very specific muscles or is it all of them at the same time? Because your illustration would suggest that it was certain muscles.

GM: Right. You know, Dr. Bates was a hundred years ago. He used what equipment he could to see things. He was pretty much thinking that these 6 muscles were the main cause. Most optometrists or ophthalmologists would say that the ciliary muscle around the lens is more the cause that it gets frozen. Or really, they’ll say, “Well, gee, your lens has become impossibly hard and now it doesn’t move anymore.” The lens – well, here, I’ll pretend that this is a lens now. This is the lens of your eye. All day long it’s going like this to focus. It’s becoming a thick magnifying glass, and now a thinner one. As these…
DM: Excuse me. [Sorry] to interrupt. For those who aren’t familiar with the lens, a good analogy would be like the crystal on an old watch. You can’t see it. It’s basically transparent. I’m sorry – it’s behind the cornea. But it’s in there. It’s inside the eye, right behind the iris.

GM: Right. And this grows as we age. The eye doctor says, “Okay, it doesn’t fit anymore. It can’t change anymore.” The problem with that model is that anyone who sincerely goes into the Bates Method and natural vision improvement will improve their eyesight absolutely for sure for reading. What happens is whatever the mechanism is…

I went years ago… It’s like, you know, how you go up the mountain, and you talk to the sacred guru? There was a guy right here in Colorado who has since passed. He was an optometrist who was very elite and helped once Air Force pilots had… They spent millions of dollars on him. [When] they started to lose their vision, he was the guy who fixed them. I went to this guy. I thought, “I can finally find out for presbyopia what really is happening.” I got all excited. It’s like… I say, “Is it this muscle? Is it that muscle? What is it?” He goes, “I don’t know.” I loved that response because he was a person who could help people resolve it, and he still wasn’t absolutely sure how the miracle of the eye worked.

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DM: All right. Well, thank you for that explanation. Now, many people, when they think of this type of program, they’re thinking of exercises. Very similar to when you go to the gym and you’re working out. But I think you’re really clear in your explanation that this isn’t really an exercise; it’s more of a mental approach and understanding. Can you expand on that?

GM: Sure. Dr. Bates, basically his keyword is “strain.” It’s like if you strain your eyes, strain your thoughts, and strain your vision, these muscles, which were so easy, free, and natural, are going to start getting tight. The strain is at the essence of everything. If we do eye exercises like push-ups, you know, like, “Okay, I’m going to do 50 push-ups,” there’s a whole connotation of willpower. Willpower and strain are not how you see. The way you want to see is more like, you know. Imagine you’re on a tightrope, you’re walking, and you’re feeling your way through. That’s how the eyes want to work. If you get tense on a tightrope, you’re dead, right? Rather than thinking of it as exercises…

I’ve met so many people who have been doing Bates Method for a year, 5 years, or even 10 years with little success. I watched them do one of the basic techniques – the swing – and they’ll be doing exercises. You have to go into it in a real subtle way; it’s more like a meditation. That’s why it’s not eye exercises because they just contribute to the strain. They just… It’s like the fox guarding the hen house.

DM: It’s not the reason you have eye challenges and can’t focus well. It’s [not] because your muscles are too weak – they’re plenty strong enough. It’s just that they’re too tensed and stressed. You have to relax them. Would that be a fair summary?

GM: Exactly. Well said. It’s like everybody’s common… I’ve met just thousands of different people, affairs, and things. The standard response somebody goes when they think they get it is, “Oh, yeah, my eyes are lazy.” But it’s exactly the opposite just like you’re saying. It’s that we’ve been working our eyes. We’ve been working our eyes so hard. This isn’t lazy; this is like, “Ahh!” They’ve been working way, way hard. Now, we need to get them to relax. That’s what the Bates Method is all about. It’s getting back relaxation and getting back movement.

DM: Okay. There are primarily 2 types of visual challenges that require glasses or contacts, and that is the one that we’ve been talking about – (1) presbyopia or the far-sightedness. But there is also (2) the near-sightedness (myopia), which is a bit more challenging. It’s the type you had at third grade and many people have when they’re at a similar age. Can you differentiate between the two? Is there any difference in these approaches?
GM: Well, it’s interesting – the approaches wind up being pretty similar for near-sightedness, far sightedness, and astigmatism. Another one that’s kind of interesting is: what about cross-eyes? A person can maybe into it now if it’s all about the muscle straining. The ophthalmologists say if you’ve got cross eyes that, “Oh, this muscle’s too short,” so they shorten this one to match. But really this muscle’s just too chronically tight. If you relax it, it will go back. It will go back.

DM: Okay. The approach is similar. The only primary difference I believe is that you’re vision doesn’t snap back all at once. In other words, you require glasses one day and the next you don’t, especially for near-sightedness. You require a progressive change in your lenses to accommodate for this to the point where, you know. It’s a bit more expensive because it will require multiple lenses to adjust for that. Would that be a fair assessment?

GM: Yeah. Some people do respond really fast. It’s kind of like any kind of healing. I believe that the heart of the matter is faith. We’re trying to get faith back in our eyes. Once we really get faith, they’re going to heal and things will go so much faster. What I love is working with kids because sometimes they can get it really fast. Once they do, stand back and watch out. But the problem is we get… This is all totally engrained with our personality. It can take a while. Because we’re not just physically improving the eye sight, we’re changing the whole relationship of how we see.

DM: Yeah. Part of that faith process is to have the belief of the fact, I pretty much believe, that when you wear some type of corrective lens, you are worsening your vision. And really, especially for those with presbyopia, the moment you put on those eyeglasses or the moment you change the size of the font on your computer screen to accommodate for that, you are getting worse. That’s the thing you want to avoid completely. Stay away from those lenses unless you’re in the process of near-sightedness and phasing out. Maybe you can expand on that, because that’s a huge principle, I believe.

GM: Yeah, exactly. As soon as you put a lens in front of the eyeball, now you’ve got one doctor, two doctors – in my case, 12 or 14 doctors – whether it’s a plus or a minus lens for far-sightedness or near-sightedness, or whether it has dialed in some astigmatism. But whatever you’re doing, once you put that lens out, you’re basically teaching the eyes systematically 24/7. Well, your waking hours, you’re teaching your eye that it has to strain in order to see 20/20.

The ideal is to take the glasses away whenever you safely can. Obviously not for driving if you need a prescription to drive. But ideally, you want to take away of the glasses and/or you want to keep reducing the glasses. Most people who are very near-sighted, when they first start reducing glasses, they kind of freak out like, “Ahh, I can’t see.” They even say, “I can’t hear. I can’t think. I can’t remember,” because they’ve just turned off the balance, right, of the brain.

DM: That occurred to me about 15 years ago, where I first started to notice the progressive loss of the ability to focus for reading. Thankfully, encountering these techniques, I really have not worn glasses at all, except in the rare occasions where it’s like 2 point fonts in some type of instructions where I really can’t read it. You need to do that. But a really huge tip for me that’s been dramatically effective to see the normal-sized print is just to increase the amount of light. It works really well in the restaurant. You don’t need a magnifying glass; you just need the little flashlight on your phone, on your smartphone.

GM: Yeah, that’s huge. The amount of light is huge. While somebody is making the transition from needing glasses to not needing glasses, things like using more light really help like if you’re reading a book. It needs to be well lit, not have too much glare, and all that. Also if your near-sighted, you find more and more, “Oh, I can do things around my house.” But then if you go out for a walk, you might use reduced glasses or just gradually get used to it.
See, the thing that’s really interesting is if you – and I think anybody watching this can do this – roll down your finger like this and make just a little pinhole with the folds of your skin, now hold this like…

Take off your glasses. Hold this right up to your eyeball, and now look at what you couldn’t see clearly. You’ll say, “Wow, I can see clearly now.” A lot of people just doing this will get a visceral response of like, “Wow, this is going to work for me. This is going to work for me.” Try that. This works for close vision, [and] it works for distant vision. Try this. It’ll give you faith. It will also help you realize that there are so many different ways to explain the miracle of vision and how the Bates Method bumps into it.

But basically what happens is we’re trying to grab 2 magic wands with this staring and straining. This pinhole gives us kind of a visceral understanding that within that blur, there’s a little tunnel, a little cylinder of clarity. That means when I’m walking down the street without glasses, and I see a sign way up there and it’s blurry I can’t see it. But somehow it’s just flashed in my mind what it says. It’s like the mind… It’s ready. It’s waiting to process this clarity. The Bates techniques help bring it home.

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DM: Would this in some way be akin to a person who has a stroke and loses some neurological function, and then thanks to the wonderful nature of the brain, a part of nature called neuroplasticity, other parts of the nervous system compensate for that. You actually are able to achieve similar function with the loss of that part of the nervous tissue.

GM: Yeah, that’s a perfect analogy. Another one might be like a leg brace. If you went to (let’s call it) the leg doctor because you hurt your leg, the leg doctor gives you a brace and dials in, “We’ll give you about a number 5 brace. The doctor says, “You need to wear this every day for the rest of your life.” With a stroke or with an injury, we have the ethic that we want to rehab. For some reason, that’s largely escaped the eyesight realm.

DM: Yeah. I just made the connection now as you’re describing. It’s this concept of this neuroplasticity. You actually do lose some function, but your brain has the capacity to activate other circuits to compensate for that. You can basically regain all your function.

GM: Yeah. That’s what I loved about the answer I got when I met the guru of improving eyesight. I thought he was going to explain to me exactly how you get your vision back in middle age. But you’re right. It’s neuroplasticity. It’s a miracle. There are so many doorways and windows into this. They all just sort of know how.

DM: All right. You’ve got a whole 6-CD course that goes into some of the details. Why don’t you give us some of the best exercises that some people can do? You know, for myself, when I share these with individuals and tell them about this method, I say the most important thing from my perspective is just stop staring. You cannot stare. Continue to remind yourself every waking moment to just relax the muscles. If you can’t see something, just blink. But just to relax those muscles is key.

GM: Yeah. Before we go into the techniques, that’s such a key thing, that you say, “Oh, you got to stop staring.” What people find out – and this is what’s so cool about it – is you aren’t just like, “Oh, I’m going to force my eye to see better.” It’s like, “Yeah.” But rather, it’s a doorway of awareness. The thing is most people who have strong prescriptions and change their prescriptions, their stress level goes down so much. If they had headaches, the headaches go away. If they had stomach distress, the odds are the stomach distress goes away. Somehow the whole map of their body is filled with a lot of stress. They’re wearing a lot of it in their vision. For those people, this is almost like the linchpin that holds it all together.

One of the techniques that’s probably the most famous with the Bates Method is palming, where you just take the center of your palm, put it over your eye, and your other one over your other eye. (Hopefully I’m
not bumping into the microphone here.) Now, believe it or not, there are just layers and layers of nuances of exploring this in the right way. That’s kind of what I go into on this CD program, when we do workshops, or when I work with people personally, too. The thing is we’re so used to doing things out of the paradigm – that’s the way we’ve always done them. We need to shift a little bit.

But just to give an example. Anybody can follow along; you don’t have to do this perfectly. But you want to relax your shoulders. You may want to lean forward onto a table, a stack of pillows, or something. See, some ways you can start to have this deliver… One thing: look at everything before you do this. Notice how clear it is. Now palm. You will see an improvement absolutely for sure after you palm for 2 minutes. Now what you’re doing is you’re letting your hands and your fingers sort of melt into your face. You feel how that affects your whole being as you let that happen. It’s almost like your whole stress system is starting to melt away.

Now, remember, I was showing how the eyeball gets all strained with all those various muscles. You can just feel you’re sending all this love and relaxation into your eyes through your palms, which, by the way, they’re minor chakra, energy centers. You’re sending all this relaxation into your eyes, and your eyes are relaxing. Imagination becomes very important here, too. You can imagine, pretend, and feel that your eyes are going back toward their natural round shape. Just stay with that as long as you want. You can keep doing it while you’re watching an experiment. And then when you do uncover your eyes, you’re going to see almost for sure that things are more clear at least for a moment.

See, this is a setting, a thermostat setting, that your body-mind just had for a long time. It may take some practice, some awareness, and gradually learning to sustain this. The thing is it’s kind of a zen thing. You can’t crave it too much because the more you crave it, now you’re trying to force it and now you’re straining again. It’s a dance. That’s one of the… Well, that’s the most famous Bates technique. There are just layers and layers of how to do palming.

DM: I just want to comment on the imagination. It may sound kind of ridiculous to some people, but there’s very clear evidence that for competitive athletes, they achieve the same benefits if they’re doing a workout and rehearsing something – actual workout versus doing the workout in their mind. Now, eventually, they need some real time in the real world. But they can get the same darn benefits just by practicing it in their brain. I mean, that’s been proven. There’s just no question. These exercise physiologists have studied this very carefully. It would seem a similar process here that if you could imagine that your eyes are becoming rounder, they’re going to change your physiology and your function.

That’s great. Are there any other good practices that would help address this stress that’s contributing to the lack of clarity in the vision?

GM: Sure. Let me just go into what’s called the Bates Long Swing a little bit. Again, there are layers and layers and nuances and nuances of how you can do this and how you can go into it. But basically, if we’re staring… It’s like if somebody tells us to stop staring, we go, “Oh.” It’s like, “How do I do that?” It’s so engrained. What Dr. Bates came up with – and this sounds simple. It sounds… It’s so simple that a lot of people won’t do it. They go, “It doesn’t cost enough money. It’s not complicated enough. I don’t have to learn enough theories. It’s too simple.”

But basically, let’s say, you have (I’m going to use this balloon again here) a baby that’s crying. You know, “Ahhh!” It can’t tell you what’s wrong. What do you do? You start to rock the baby. Movement – movement is so important. It’s the same for eyesight. But as you start to move the baby and rock the baby, you can feel it. You can feel it. The baby’s starting to relax, maybe even starting to smile, maybe even starting to go to sleep. But now if you stop again, do you feel that… It’s like this movement is primal.
This Bates Long Swing, so called, is just turning… In fact, start it with a sway. Just sway back and forth. Even the sway is very powerful. While you’re swaying, okay, if you stand still and think about that terrible meeting that you’ve got with your boss today, the argument that you had or know you’re going to have with your spouse, or think of being stuck in traffic and how much strain that is, if you’re just staring, that’s really hard. But now if you start to move even a little bit, swaying, do you feel how your whole brain, your mind just shifts? Now when you think about that dreadful meeting, it’s all different. It’s starting to be okay. Okay?

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The eyes are responding in the same way. It’s like the eyes are the deer in the headlight. What really helps is to get them moving again. This is the more gross (and by that, I just mean big) way of going back and forth, and just letting the world move by. Just try this for a minute if you’re watching this interview. See if you can’t… See, this can’t be done as an exercise. It sounds obvious, but we have so many layers of always doing things the way we have. There’s so much opportunity to do this simple technique, the Bates Long Swing, in a way that’s just very dear and very rich. It helps the whole body let go.

I have one track on my CDs. I call it Chiropractic Adjustment, and it really is. By the time you’re done doing this – and again, imagination is engaged – for 5 or 10 minutes, you feel like you’ve had a chiropractic adjustment. It all comes from natural organic movement. That’s a key tenet. And then you mix it with other complementary techniques that Bates developed. Bates died a long time ago. Bates hoped that many new ways will be developed, and there have been some brilliant teachers along the way. That’s a starting point anyway for people that could make a real difference.

By the way, this Long Swing, Dr. Bates found that if somebody did the Long Swing and they had insomnia, now they can go to sleep. That makes sense, right?

DM: It’s like a lullaby.

GM: Yeah.

DM: That’s a really an important component. One of the areas that I have studied and learned about since we last met is the damage that excessive sitting can cause, which obviously you’re not moving too much; you’re just pretty much sitting down. The research shows pretty clearly that even though you’re incredibly physically fit cardiovascularly, if you’re sitting the majority of the day, you’re going to die prematurely. What I’ve been encouraging people to do is to get a timer and go off every 50 minutes, and stand up and do some movement to integrate that. At least 4 times an hour, you’re getting up and moving to break that cycle. You could even engage in some of these. I mean, the movement is whatever you feel your body’s led to do. But certainly this can be easily integrated into that process.

GM: Absolutely. I’m standing right now. I’m at my desk. I stand almost always at my desk just because I like it. For a person who does sit, another good way to keep your body engaged is just a 15-dollar exercise ball.

DM: Yeah. It’s really a challenge. Sometimes the simplest and the least expensive solutions people are reluctant to accept. It’s a characteristic of human nature it seems.

GM: Yeah.

DM: What would you describe as the 3 essential approaches to trying out the Bates Method? How long might it takes for someone to notice or to observe a noticeable improvement in their vision?
GM: Well, as far as the 3 basic, I guess there are so many different ways to go in it. But in the context of what we’re saying here, I would say if you wanted to pick 3 key things, probably faith, belief, and imagination. Those are at the center of everything. But the thing is you have to... You can’t always just grab faith. It’s a gift from God when you get the faith.

There’s the faith component. There’s the Bates, the beautiful, amazing Bates techniques. And then I would say, if we set it this way, the 3rd tenet would be thoughts and emotions, and awareness of how those are working, possibly even using EFT, guided visualizations, and other approaches to complement the Bates techniques.

A lot of people... I’ll talk to people on the phone who have been doing something for a month, 3 months, or a year, and they’ll say, “I haven’t seen any improvement yet.” I’m thinking, “Wow, that must be really discouraging.” My motto is: you want to see some improvement within the first few minutes, because if you don’t, it’s really discouraging. You’re actually giving your mind the wrong message. You’re giving your mind the message, “Wow, this is a lot of work and it’s really slow.”

DM: It’s actually making it worse.

GM: Yeah, not only worse, but more engrained.

DM: That’s interesting. In your experience, if someone’s a hard-grained skeptic and says this is a bunch of New Age nonsense, and has that belief, is it even worth for them to try this? Because they’re going to end up in a sort of self-fulfilling prophecy and sabotage themselves.

GM: There’s a whole spectrum. See, I started out really skeptical. I just grabbed the book that I picked up in the book bin at a bookstore. It was like, “Wow, I never heard of this.” Being a young engineer, I thought I knew everything. I was so skeptical like, “This can’t possibly be true.” In my case, the skepticism melted away. I think because I have been an engineer, sometimes I’m particularly good at... Somehow, especially when it comes to men that are super skeptical and it’s like, “Yeah, right.”

But sometimes I love having one or two skeptics, just playing with them and having fun – not where I’m trying to make them wrong or anything, but just where I’m teasing them along and trying to get them to have an experience. Because once they do, it’s pretty amazing. But you’re right. If somebody stays in that skeptical mindset, it’s a self-fulfilling prophecy. It’s like, “I don’t believe this. It didn’t work.”

DM: Well, you got to physically experience it yourself. That pinhole illustration by you that you explained is a really powerful tool. I mean, it’s hard for me to imagine someone not seeing massive improvement trying that. It doesn’t cost anything except for a few seconds of time.

GM: Right. I’ve met people years later – and there are also pinhole glasses that you can get. You put them on and it gives you that encouraging hint. A lot of people will tell me years later, they’ll say, “As soon as I tried the pinhole thing, I knew I could do it.” It was like a visceral message. They knew they could do it.

DM: Yeah. That’s a part of the belief, the first part of the 3 elements that you mentioned. That’s key.

GM: Right.

DM: Let’s talk about... Again, there are 2 classes: the near-sighted and the far-sighted, the far-sighted being far easier to treat. For those who really require glasses – mostly the near-sighted people – to function in society, certainly driving, and their everyday living, what is your recommendation on how to approach this? Do they just throw their glasses off, or what’s the best approach?
GM: Oh, let’s see, that’s where you’re driving your car and you go, “Oh, yes, officer. Greg Marsh told me to throw my glasses away.” No. Obviously, that would be the extreme. You have to be legal for driving. But see, there’s even wiggle room there because in most states, you only need 20/40 vision to pass your driver’s test. If your relaxed, your vision is good, and it’s bright out, you’re going to see really close to 20/20 with your 20/40 corrective glasses. You kind of want to play a game – and I would say no.

Dr. Bates originally said yes, throw away your glasses. But then, of course, we got to remember glasses were rarer back then. Defective vision was considered a real failure. It’s like the military didn’t take people who needed glasses at all. Obviously they had to change that. I would say just… It’s like a dance. You want to go without glasses as much as you can. Do I really need glasses to brush my teeth? Probably not, okay? Do I really need glasses to do the dishes? I doubt it. If I’m watching TV do I really need full-strength driving glasses? No. Maybe I could get an intermediate prescription. If you look online, you can find really inexpensive places to get some glasses that you can work with.

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It’s a game. It’s a game of using the least prescription you can, so that again as you think of the strain and now you’ve got the lens… The more you take away the prescription or part of the prescription, and the more often during the day you can do that, the more often your eye, your brain, and your vision is going to be able to go back toward its natural position.

DM: There’s a question I had that should have been asked initially, but I’m wondering if you can comment on it now, and that is the perspective of how common is the lack of clarity in your vision is and how it relates to earlier times, like a hundred years ago when Dr. Bates was around. The prevalence back then seems through all this… Since stress is such a major contributing issue that it might be actually – and poor diet, I’m sure – increasing with time.

GM: Definitely. Part of it could be just the stress level of our culture. I personally think it’s partly that our culture missed true paradigms. You know the name John Sarno?

DM: He’s not. Oh, actually, I’m not sure. I don’t want to write his epitaph too soon. I think he died. But he talked about how… It was so interesting. He said in the 1950s: everybody had a bleeding ulcer. What was the name for that? Anyway, a really bad ulcer. That was the fashion disease of the 1950s. He was a back doctor, as you know. When he came to the ‘60s and the ‘70s, the bleeding ulcer, it just disappeared right off the map. He said what came in its place was back problems. I think eyesight is a little like that. I think there’s almost like a cultural belief that holds this eyesight problem in place. I think that’s a lot of the Bates Method: we want to unplug from… We’ve been seduced, you know. What do you think of that?

DM: Well, I think it’s probably, you know. That’s a factor. But the key point is that it seems to be increasing. There are certain cultures in another area with dental decay or cavities. Certain cultures like the Koreans virtually have no dental cavities primarily because of their diet, I think. I suspect it’s similar that these modern-day lifestyles that we lead tend to contribute to these degenerations to move us away from normal or ideal.

GM: I know in Singapore, where they have this ethic of really strong education, almost all the kids have glasses.

DM: Yeah. Interesting. It was my understanding that in the ‘20s, they made the practice of the Bates Method illegal in New York primarily to restrict competition. I believe it’s still illegal today. Is that correct?
GM: The law’s still on the books.

DM: Whether or not it’s actually prosecuted is another issue. But still they never took it away.

GM: Yeah.

DM: Along that condition, what type of criticisms or challenges have you received for teaching this method?

GM: Actually, in the 1950s and the early 1960s, that’s when all the state optometry boards were going after people. One of the people they went after was Clara Hackett, who had worked personally with Aldous Huxley, who’s one of the more famous successors. He wrote the book *The Art of Seeing*. He was basically told, “You’re blind. Get onboard with Braille.” He got his vision back from working with the Bates Method.

Clara Hackett was on trial because she didn’t want to fold up and go home. All these people came in and testified. Aldous Huxley, the famous author of *Brave New World*, came in and testified. He was very popular, so the jury was kind of in awe. Apparently, during the break of the jury, all the jurors were palming. Then they knew the outcome was going to be good.

But personally, I’ve been really lucky. I think part of it is when I first started doing this, I was a little scared of that. I remember I had a meeting with an optometrist who I thought, just because of something one of his patients said, was going to be really onboard with it. He practically backed me up against the wall, telling me how stupid this was. But I think partly the longer I’ve done it, the more… Maybe I’m just not attracting those people, or when I do… I realize life is short. I’ve got my beliefs; they’ve got theirs. Maybe we’ll mix, and maybe we won’t.

I guess my best way is to just… A lot of people I think wanted to persuade everybody that it’s right and that their approach is right. For me, I’d rather let people show up, [those] who feel attracted to it and who are ready to make sort of a quantum jump in improving their eyesight and just get it working, and not spend a lot of my energy trying to persuade people who say it can’t work.

DM: Yeah, that seems like a wise approach. You mentioned a variety of the different types of visual dysfunctions that the Bates Method would be useful. Are there any visual conditions where it is not useful and where you would not recommend it to someone?

GM: One thing I haven’t said yet is kind of a medical disclaimer: this is absolutely not a medical approach. A person absolutely should still see their regular doctor for checkups to find out what they have, especially if someone’s having new symptoms like really big eye pain, new floaters, or a big batch of floaters, which is that floating debris that looks like flies or mosquitoes. It could mean that have a detached retina or something like that.

DM: Medically hard to see.

GM: Yeah, and they need help really promptly. But even those people would be very wise to palm and to do some general movement, because see, now they’re really stressed out. Ophthalmologist offices, they’re very full of fear because a lot of people are getting bad news there. I love working with people who have been diagnosed with glaucoma or cataract and who are open to natural approaches.

One lady I worked with, she was about to get surgery for glaucoma. Her doctor told her she’d already lost 60 percent of her vision just in one eye. I had an amazing EFT session with her. I told her to palm 10 minutes at a time at least 6 times a day. Three or 4 days later, she let me know that her score dropped
from 28 down to 12 on glaucoma in that eye. Her doctor said, “Oh, wow. The medicine finally started to work.”

DM: Of course. Now, you had mentioned that it would also be useful for cataracts. I’m just wondering if we can review that, because I think it may highlight some of the mechanism of how this approach works. You may not know but before I went to medical school, I used to remove eyes for transplant.

GM: No, I did not know that.

DM: I can talk about the process. I used to take off the cornea. I could actually see the lens. Most of the donors were, of course, elderly.

GM: Wow.

DM: You could really see the gross discoloration of the lens. I mean, it would be really almost dark yellow in some of these people. Clearly, light can’t penetrate that obstruction very easily, yet the Bates Method seems to work. Is it because the light is coming through? Even though it’s diminished and distorted, the brain, through neuroplasticity, is able to take those signals and interpret them? Or is there another mechanism? How does it work in someone with a cataract?

GM: Well, here’s what’s interesting. As Dr. Bates started down, first he thought this would only work with near-sightedness because that’s who he was working with.

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Just by accident, somebody forgot their glasses or lost them for 2 weeks, and their eyesight improved. Dr. Bates caught fire with this. He’s just a very observant man. Well, then he realized, “I have presbyopia,” the middle-age “my arm’s too short.” He actually struggled with that for a long time because he still thought he could force it. But he learned that he had to let go. The next thing he learned by accident is, “This works for glaucoma.” And then he started dancing with cataract.

He was actually using visualizations. He had one woman who was so suggestible. She had cataract, probably not as bad as what you’re saying. She had cataract. He actually brought other doctors in to watch. He did some guided visualization with her where, “Okay, you’re down by the stream. Life is really good. You’re so relaxed. You’re reading your favorite book,” and the cataract disappeared.

DM: Wow.

GM: He let her get stressed out again, and the cataract came back.

DM: Interesting.

GM: But it’s kind of like with people with multiple personalities. Sometimes one personality will have a really strong prescription, and another personality will have no need for glasses. That really gives you faith of like, “Wow, this can happen fast.” The only thing that’s in the way is our beliefs and our faith.

DM: Yeah, that is just fascinating.

GM: For cataracts… Anyway, I struggled with that. I struggled with what you’re saying. Another thing is: can floaters go away? They can. But if you read all the literature, they say floaters back in the vitreous…

DM: Sure.
GM: The aqueous is always changing. But the vitreous, most literature says, if you get a floater, it’s just going to stay there. But it clears up. I like to think of those Emoto's water crystals, which I know you had on your website.

DM: Sure.

GM: I like to think – in fact I do this a lot with people when we’re doing a guided visualization… Even just a 30-second version here is, you know, palm or just close your eyes. Just imagine now… The Emoto's water crystals, when you thought good thoughts, the water made these beautiful crystals. When you thought negative thoughts, they would actually look pretty ugly. Just imagining now that I can feel the crystal and the structure of all the liquid – and the eyes are mostly water – I can feel that crystalline structure and imagine that it’s my normal thought pattern.

I don’t want to put anybody in a box and say, “Oh, your thoughts are negative.” But if you’re having negative thoughts, imagine you can feel how that manifests as, say, a cataract. Louise Hay, the guru of emotional reasons for disease, she would say the reason for cataract is the future looks dark. I can’t tell you how many people have resonated with that. They’ve had a family member who died, a big business bust, or they just realized, “Wow, I’m getting old.” I haven’t done everything I wanted. That metaphor of the future looks dark.

Now just imagine the crystalline structure of the eyes and however that magically transmutes into the cataract and the opacity. Now imagine changing that vibration and then just asking how fast can I imagine and how fast can I allow for this change to take place? Like you say, the neuroplasticity. Whatever all the puzzle pieces are, somehow it works.

DM: Yeah. The more you learn, the more you realize you don’t know the true magic and the healing capacity the body has. The foundational core of it seems to be addressing these emotional stressors. It’s an element in almost every disease – chronic stress. It may not be the primary one in many, but for most, it’s a component. In many, it’s a component; in most, it’s probably the single most important issue. It’s just a surprise to see it hooked up with vision. It’s just not in their consciousness to connect the two. I’m glad you’re out there teaching. How many others teach this method would you say across the country?

GM: I would say prominently maybe dozens?

DM: Okay.

GM: I’ve thought some of them. I’ve gradually transitioned to what I call vision coaching just because I like the coaching model. I’ve always like, “Rah, rah!” This is what’s going to happen next week and next week. A lot of people are still using the banner of vision teacher. Either way the game is the same: to help somebody get it and apply it. Worldwide, they’re… Again, people that are conspicuously doing it, it’s in the dozens. But there were hundreds in the 1950s and in the 1940s, and then the optometry boards kind of leaned on everybody. I feel and I think you’re part of it, Dr. Mercola. It’s putting this out in a way that can attract more people and more success.

DM: Yeah, more people to use it for themselves personally, and then if they feel motivated and led to that, they can actually start coaching others…

GM: Right.

DM: To apply these techniques because we certainly have a need for them. You’ve some really [good] explanations and illustrations in helping people capture the potential of this method to recover their vision. I’m wondering, if someone is interested in going to the next step, what would you suggest as an
efficient process? Should they get a book, should they find a coach, or should they get a CD program? What do you think?

**GM:** I think sometimes people can succeed with a book. But it’s like when you want to dive into yoga if you start with a book. Some people are built that way. I’ve found that most people who start with books get seduced into the exercise path, and they go in a vicious circle of strain. I think it really helps. A lot of where I learned the way that I teach is I was deeply involved in studying and teaching martial arts for 25 years and meditation. I like to present things in a very subtle way and in kind of a constant, say, drumbeat in the background of evoking faith and relaxation, and not trying to force it, but rather trying to invite it.

I would say most or a lot of programs – you’ll find a bunch of stuff on the Web about the Bates Method – go right to exercises, and a lot of them go to trying to force it. Not to say those can’t help, but often they don’t. I would say, if you’re a self-starter, if you read a book, at the very least, look at yourself in the mirror and say, “Relax.” I also teach workshops. I work with a lot of people all over the world via phone or Skype. We just kind of play with it until we find the right doorway for them.

If I can mention, I also do vision coach trainings. I’ve trained quite a few other people to do this. Some of them just wind up working with family members, and other ones get a little more entrepreneurial as I did and just can’t help themselves – they want to work with more and more people.

**DM:** Spread the message.

**GM:** Yeah.

**DM:** Where do you think the CD program fits into this equation? It sounds like maybe the book if you feel led to do that, make sure you do the relaxation component, then maybe the CD program and then a bit of coaching?

**GM:** Sure. Or a workshop or something like that. I’ve heard from hundreds of people that have done my program, the one that you produced. A lot of people have had stunning success with just the CD program. A lot of others need maybe 1 session just to get the light bulb to come on. Other people, especially if they’re backed up into a really big prescription, they may need some help unlocking the doors of: why emotionally am I stuck here? The EFT – I’m not a therapist; I’m a coach. But it’s amazing what a little EFT, guided visualization, and awareness of tight muscles… It’s astonishing what that can do.

**DM:** Stress is, as we’ve said a few times, clearly the leading contributor to not achieving full vision recovery. With your experiences in meditation, I’m wondering for those who don’t meditate if there are any simple introductions or strategies that you would recommend to integrate that process or strategy into their approach to recovering their vision.

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**GM:** You know, I would say the best way is do some palming. You’ll just naturally notice your breathing starts to deepen a little bit. Don’t try to manage it too much. Just let yourself fall into some palming and realize. For me, I ran into this stuff in my 20s. I was doing martial arts, but I hadn’t really learned about meditation. I was doing a Bates technique called sunning, and I actually had my first-ever meditative experience. I didn’t even know what it was; I just knew it was really cool.

**DM:** All right. So, the palming would be a good first step.

**GM:** Excellent, yeah.

**DM:** All right. Are there any other comments you’d like to make or reinforce before we sign off?
GM: Well, maybe just to reiterate that when you have tightness in your eyes, you’re more likely to get eye diseases. And just by improving your eyesight even a little bit, it guarantees your eye health is going to be better. Also if you’ve got your body all mapped with stress and if you have a high prescription, odds are a lot of that’s being bottlenecked through your vision, through your eyes. As you let go of that, headaches are going to go away. One guy, he reversed macular degeneration profoundly. His arthritis evaporated. He didn’t even put any intention to it. He lost about 30 pounds. He didn’t change his diet. Stress, as you’re saying, it’s right at the heart of everything.

DM: Great. Well, I really enjoyed catching up with you and reviewing this area again because it’s such an important discipline or practice that we can all apply. Most of us at some point or another, certainly if not ourselves, the people we love are going to encounter these challenges in our vision. You outlined a process that’s actually pretty simple. As long as you can get that faith, most people watching this can fully recover their vision with these practices. It’s a strong message of hope. It’s just a matter of applying it yourself and believing that it’s possible.

GM: Indeed.

DM: All right. Well, thank you very much. We appreciate it. I’m sure many people will benefit.

GM: It’s been a real pleasure, Dr. Mercola. Thank you so much.