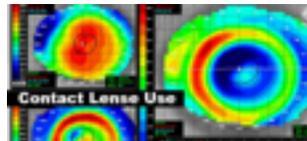


Recover Your Eyesight

MOPIA IS NOT A PERMANENT OR GENETIC CONDITION



UNDERSTAND THE CAUSE
STRAIN INDICATORS



STOP THE PROGRESSION
BETTER HABITS



RECOVER NATURAL EYESIGHT
SIMPLE & EFFECTIVE



Welcome to **Installation One** of Better Vision Health.

I will show you what is happening with your eyes - and in a few minutes you will have the tools to make some surprising discoveries about your own eyesight!

There are only a few small things you will want to know, to get started:

#1 REASON YOUR EYESIGHT KEEPS GETTING WORSE

When did you first need glasses?

This is usually the first question I used to ask new clients at the clinic. Because to understand the condition, you first want to retrace

First installment of the myopia rehabilitation method from the Frauenfeld Clinic.

your steps that created it.

In this outline I will show you ways you can test every fact I state, and every practice, very simply on your own.

So let's first start with your first pair of glasses. What was happening at the time?

Chances are, you were a teenager if you are older than about 30, today. Or, if you are younger, you may have started with glasses before you even reached your teens. And for good reason:

You first started losing distance vision, after you began reading (or if you are from a younger generation, when you started playing with smartphones and tablets). This is almost universally true, though some managed to hold out until their 20s before the strain started showing as nearsightedness.

The root of the issue is your eyes ciliary muscle.

Your eyes adjust to see sharply at a range of distances, a lot the way the focus system works in a camera.

There is a lens in the front of your eye, which changes shape, depending on the distance you are focused on. The change of shape is accomplished by a ring-shaped focusing muscle, called the ciliary.

This muscle is relaxed, when you look at objects at a distance.

Conversely, the muscle tenses up, when you look up close. The closer you focus, the more the muscle is tense, to create the lens shape necessary to have clear focus at a very nearby object.

And of course, a tense muscle can only remain in that state for a finite period.

Imagine holding a bucket of water straight ahead of you, at eye level. How long can you hold the bucket, before you arm gets tired? It is the same principle of finite muscle tension ability, that happens in your eye.

There are two key differences:

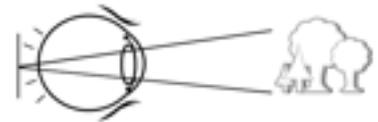
Myopia is not a disease: Your eyes are responding to close-up strain.



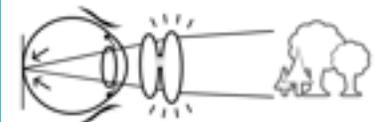
Ciliary Myopia: In 95% of cases, myopia begins as a strain symptom - caused by extensive close-up focus.



Temporary Strain Symptom: The focusing muscle becomes over strained, fails to relax, distance vision is blurred as result.



Compensating for Strain: Your eyeball grows longer (axial length myopia) to reduce excess ciliary strain.



A Vicious Cycle: Glasses create an artificial focal plane to return your distance vision, and your eye continues to compensate for strain - prescriptions continue to increase.

Your focusing muscle is strained from close-up use. Initial myopia is a muscle spasm (later turning into axial elongation of your eye). Light is no longer correctly focused on your retina, making your vision blurry.

- 1) The focusing muscle is quite strong.
- 2) The focusing muscle doesn't have a way to tell you when it gets tired, the way your arm would.

So far, quite simple. Yes?

For more on this topic, see [this page](#) on the Frauenfeld Website.

If you think about how we used our eyes, up until recent times, the design of the ciliary muscle makes sense. If you had lived 50 or a hundred or two hundred years ago, the majority of your eye use would have been to look at distant objects.

We didn't spend ten years in school, books and newspapers (and now, smartphones, tablets, televisions) were not available (or to a limited degree).

In direct correlation, myopia was not a major issue in those times. And in fact, myopia still is not very prevalent, in countries and societies where television, smartphones, tablets, and even reading is not a widespread primary use of time.

If you go to Cambodia, or Vietnam, you will see plenty of optic shops - but few people, relatively, with glasses. You will also see far less people reading, working office jobs, or owning smartphones.

Conversely, if you go to Hong Kong or Singapore, you will see that almost everyone wears glasses (or contact lenses). Not a great physical distance, but the main occupations require eight, ten, or more hours or looking at computer screens, and free time is spent watching TV and playing games.

What matters here is: What can we do, about *your* eyesight?

First, you want to test whether what I say actually makes any difference to your own eyesight. I don't want you to take anything on faith. Everything we discuss here, you can (and should) easily replicate at home.

There are two (very simple) things, to get you started:

First, you want to buy (or print) an eye chart. Search for 'Snellen chart' on amazon.com or Google, and find a nice chart. You will want to use this often, it is worth spending a few dollars on it.

You might want to do this now, before reading on, as you might otherwise end up procrastinating about it!

Second, look at this [myopia calculator](http://frauenfeldclinic.com/myopia-calculator/) (<http://frauenfeldclinic.com/myopia-calculator/>), on the Frauenfeld Website. It takes a little practice to work consistently, but you can try that for a few days, until your eye chart arrives.

Here is what you will want to do with the centimeter, as well as the Snellen (when it arrives):

Take a measurement in the morning, after you get up, before you have breakfast, before you spend time reading news, playing on Facebook, or checking your e-mail. You will want to have been awake for at least 30 minutes, and have good lighting.

Record the result.

Repeat the same thing, after a few hours at work (if you work a desk job, in particular). Lunch break is a great time for this. You may want to do a few readings, and take an average.

Record the result.

It's important for you to keep a log of results.

Especially if you end up committing to improving your vision, you will want to look back to where you started from, and be able to review progress.

Do the same again at home, after dinner, after watching TV, before going to bed.

And of course, record the result.

You may want to do this for a few days, to get some averages to work from, and to see what is happening with your eyesight. You might realize something rather interesting.

To avoid turning this into a reading piece without getting you to take action, I will stop here for now. Order that eye chart (it is only a few dollars), and try the myopia calculator. Test on yourself what is happening with your eyes. Record the results. Take a moment to consider the implications, especially in light of what you learned from this introduction, about focusing muscle strain.

I will e-mail you the next installment soon.

In the meantime, you may like to browse the [blog](#), and [forum](#) of the site. And if you feel entirely impatient, you can try a month of the full [Vision Improvement Course](#), available from the Frauenfeld Website - though you might just want to follow along with this first, to find out whether you really will want to improve your eyesight.

Enjoy!

Alex Frauenfeld



Looking for some extra motivation to get you started? Maybe some stories from the forum, clients recovering to 20/20 from heavy -5.00 prescription myopia?

Curious how they did it?

Take a look at some of [my favorite client accounts](#).