

Visual hygiene

There are many guidelines to reduce eyestrain too numerous to list here. Advice such as correct computer screen placement and frequent breaks from close work can be found at our website drhenshaw.net.

What about LASIK?

LASIK is not a cure but a compensation. It is no different from prescribing stronger and stronger glasses. You are simply carving your prescription in your eye rather than a piece of plastic. Yes, it is common for the eyes to become more nearsighted requiring surgery again. For the right person it has value. Our LASIK patients are closely followed and receive lens therapy to keep them from the knife again.

Orthokeratology is an answer.

This is fitting a rigid contact lens to mold the shape of your eye like LASIK does but without surgery. It is similar to orthodontics and requires a retainer.

Long term Atropine drops

This questionable drug use brings on problems far worse than nearsightedness. Its long term damage to the rest of the body is not researched. I am amazed any colleague who had to study anatomy, physiology, pharmacology, physics, and vision theory (we all had to do that) would even give a first look at this practice.

ABOUT OUR DOCTOR

Dr. Henshaw grew up outside Boston and attended Pacific University near Portland Oregon. He served five years as an Army optometrist during the Vietnam War at Walter Reed Hospital in Washington, D.C. In 1972 he took over a practice that was established early 1900's.

Dr. Henshaw has a specialty in vision therapy and is a member of the College of Optometrists in Vision Development as well as the College of Syntonic Optometry. He has special training in vision and computers, visually related learning problems, sports vision, orthokeratology, visually related traumatic brain injury, and light therapy. He is a member of the Optometric Extension Program, a past president of the San Joaquin Optometric Society, and a twenty-five-year member of the American Optometric Association. He was active in Junior Achievement, and was chairman of the Governmental Affairs Committee for the Lodi chamber of Commerce. As a Rotarian in the Lodi-Tokay Rotary club he served as secretary and the Dial-A-Ride committee chairman and is a club designated Paul Harris Fellow.

Dr. Henshaw hosted The Vision Excellence Hour - with An Eye toward Prevention on KCBC radio 770 AM for three years.

Judy, Dr Henshaw's wife is a retired real estate broker and between them are 7 adult children and 16 grandchildren. He has interest in aerobics, cooking, hiking, photography, and reading. He attends a local Christian Church and authored What Would Jesus See - a developmental optometrist's journey through vision care with an eye on the Bible available on Amazon and our office.

Bill Henshaw, OD, FCOVD

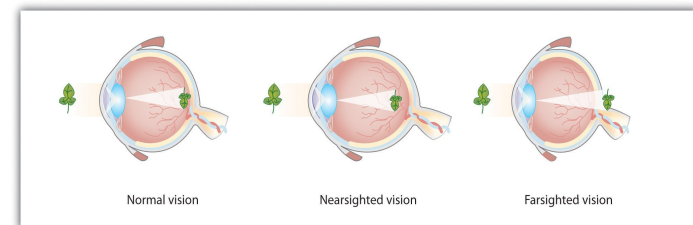
801 S. Fairmont AV #5
Lodi, California 95240-5106
209-334-2020 fax 333-2015

billfcovd@gmail.com DrHenshaw.net

Vision Excellence* practiced here

**Nearsightedness? .What's that?**

Does it say I can see near but not far away or vice versa? Then they have this other name, **myopia**....



* Not a DBA, but an apt description

Nearsightedness definition

The American Optometric Association says nearsightedness means you can see near objects clearly, but far objects blurry. It emphasizes, what the eye can do rather than what it cannot do. For more than 90% of nearsighted people this is correct. Yet, some can be so nearsighted that they can't see at near vision either!

Another term for nearsightedness is **myopia**, which means small or a short eye. It derived from nearsighted people squinting to see distant objects, giving the appearance of a small eye.



To be accurate, myopia is a condition where our eyes are overly strong in power making images out of focus the further

they are from our eyes. Most think myopic eyes are weak. A camera requires a stronger lens for close-ups and you can see up close. The



weakness probably came because most farsighted people do outdoor activities and are physically stronger. They aren't bookworms. You have strong eyes!



What Causes Nearsightedness?

That is controversial with two theories, either nature or nurture. It is either inherited or the environment of books and computers caused it.

The first theory proposed was inheritance

Whether nature or nurture, it is a fact nearsightedness did not become common until the occurrence of two events. One was the library allowing more people to read more books. The other was the industrial revolution where people moved from the farms to the factories in the cities.



During that time people were fascinated with genetics from Gregor Mendel's discoveries (pd1923). George Washington Carver was an American who studied genetics also. Since hair

color, and eye color were inherited, why not eye conditions? Assumptively, that was accepted then and exists today. The Berkeley Optometry School is so convinced its genetics, they keep tweaking their myopia study to preserve their belief. They changed its definition eliminating low amounts to escape the myopia label

The shape of the eye is a factor in myopia.

The longer the eye the more nearsighted it is. It makes images fall before rather than on the retina resulting in a blur. (See the cover illustration.) This seems to support the nature (genetic) camp. Their hallmark, assumes our eye is short at birth and lengthens as the body grows. A potentially myopic baby has a longer eye to start rather than the shorter farsighted eye of which babies started. With growth the eye becomes myopic since it was not short to start. It worsens until growth ends at 13 for girls and 18 for boys.

The second theory proposes excessive near centered activities like reading and today's digital activities elongates the eye.

William Bates, a Columbia University Ophthalmologist, proposed our six strong eye muscles operating under stress squeeze and elongate the eye. If kept up, the shape remains, rendering you myopic. He devised stress relieving techniques that worked but took hours. Because of the popularity of genetics at the time solidly embraced by medicine, his work was criticized.



A.M.Skeffington, the father of Developmental Optometry, stated nearsightedness is the response of the organism to the socially compulsive near centered task. At the time he meant reading under stress causes nearsightedness. Today he would have included digital.

The inheritance hallmark falls apart.

More modern measurements bring earlier assumptions to be just that, assumptions. At birth the eye is 95% fully grown. That is not much room for growth of any baby's eyes, The genetic theory to be true, has to have many myopic babies. There aren't today and never have been. It escapes me how that

was overlooked in their theory.

The West Point study proved fully grown adults become nearsighted from their book studies. Francis Young at Washington University made apes nearsighted by exposing them to near point puzzles. The twin separation studies were dishonored realizing the environment in all US cities are identical.

A study by the National Eye Institute shows the prevalence of myopia grew from 25 percent of the U.S. population (ages 12 to 54) in 1971-1972 to a whopping 41.6 percent in 1999-2004. Inheritance can't explain that. Yet Berkeley tried as they invented latent myopia!

We do know children became nearsighted in the fourth grade as their reading volume went way up when they switched from learning to read to reading to learn. The volume of books read increased dramatically. Unfortunately, today kindergartners become myopic as we force high level stressful learning at earlier ages.

What is the typical treatment?



Compensative eyeglasses are given to reduce the power of the eyes to give clarity at 20 feet. Most people who wear glasses full time are nearsighted. In a 1961 study it was found that 91% of people prescribed glasses became worse within one year.

It is easier to prevent than treat.

We provide **lens therapy** in the form of prescriptive eyestrain reducing lenses used for reading, desk work, and digital activities. It's highly successful in prevention. For those who already are nearsighted, weaker prescriptions for near activities are helpful. We have a brochure on lens therapy or you can go to drhenshaw.net.



Anti-reflection coating and a light blue tint boosts lens therapy. The blue-light blocking lenses have not yet been fully investigated. However, for those desiring blue-blocker's, they're available..