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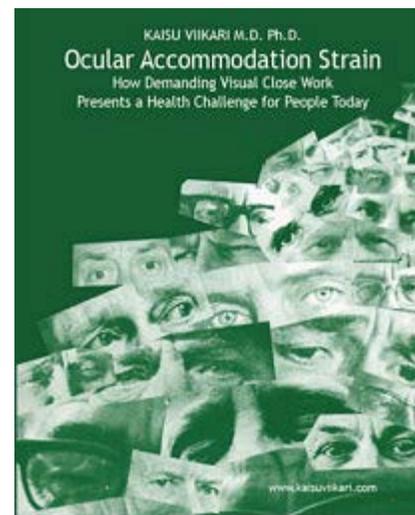


## *A READER'S JOURNAL*

**Ocular Accommodation Strain**  
How Demanding Visual Close Work Presents  
a Health Challenge for People Today

by  
**Kaisu Viikari, MD, PhD**

Translation by Elisabeth and Anthony Landon  
ARJ2 Chapter: Evolution of Consciousness  
Published by Turun Sanomat/FI in 1978  
A Book Review by Bobby Matherne ©2014



*If someone has just told you  
that so-and-so is saying something bad about you,  
do not try to justify yourself in the least  
regard to what has been reported to you;  
only answer:*

"He must not be fully informed  
about all the other things that  
could be said about me; otherwise  
he would not have limited himself to that."

**From "Virtue and Happiness" — The Manual of  
Epictetus**

Dr. Kaisu Viikari, M.D., Ph. D. in Ophthalmology has been called a "hausfrau" (housewife) or "society lady with a hobby" in various screeds of her critics(1) over the past four decades, but she was more than what her detractors said about her. She was and remains a vibrant force for healing the evils of latent hyperopia and acquired myopia(2) in our time. Her book still sells to people all over the world who are interested in saving the eyesight of themselves, their family, and friends. The eye professionals can remain clueless as to the value of her work, but only to the detriment of the eyes and overall health of their patients.

Even at the age of 92 and in frail health, she has mastered emailing and English in addition to her native Finnish and early exposure to German. In a December 9, 2012 email to me and edited by me for clarity, she wrote:

**Here's why I sent you the journal page: they were speaking about the thickening of the lens in the cases of strong myopias without any understanding of why the intra-ocular pressure nowadays is so increased!**

**Apparently these so-called professionals are unaware of what I have emphasized in my**

**writings, explaining in detail how in cases of strong myopia the anterior chamber angle becomes shallower and makes the filtration of the intra-ocular fluids more difficult.**

**Even more important is the case in angle closure glaucoma, in hyperopes. These same professionals know about, but do not understand that even stronger plus (+ Diopter) lenses should be prescribed for such patients. This is such a simple solution which only requires that patients wear them. The alternative is glaucoma, which is dangerous to eye health, expensive to treat, but, to the doctor's advantage, keeps patients coming back for treatment.**

What's wrong with glaucoma drops to reduce the pressure? She wrote later on December 10, 2012:

**There are, in several places in *Ocular Accommodation Strain* that I mentioned this connection between hyperopia and the intra-ocular pressure. Already on pages 362, 363, again and again and on p.369 it is, underlined, said that it is a real professional *bungling* not to understand this basic etiology! The worst thing is the eye-doctors who immediately prescribe eye-drops for glaucoma, disdaining the simple correction of plus diopter lenses!**

Here is Case History No. 1536 as an example of how Dr. Kaisu has treated patients who came to her after so-called successful operations, but without appropriate adjustment to their lenses.

**[page 362] The poor final result of many operations that have otherwise gone well must undoubtedly be attributed, at least in part, to lack of glasses. Case history No. 1536, a married lady, born in 1906 is an example ; During the course of a single day the vision in her left eye became blurred, accompanied by severe pain. This seems to have been an acute glaucoma attack. The following day the patient was admitted to an eye clinic on the instructions of her local doctor and at that time her intraocular pressure was 50. She was treated with pilocarpine, the pressure fell to 20 mmHg and ten days later she was operated on (post-iridectomy conditions in the eye). After the operation, drops were administered for three weeks, but gradually the eye became blind. One year before the operation an optician had prescribed reading glasses +3.5 and +3.75. No change was made in the glasses after the operation. Three years after the operation the patient came to see me because her optician had refused to order her new spectacles. She still had no distant glasses. Examination showed that the refraction in the eye that had not been operated on was at least +4.(5) and that visus, fundus, pressure and visual fields were normal.**

There are many more examples from Dr. Viikari's case work in this book. It is literally a treasure trove of information about treating eye patients. Especially important is the cases involving migraine headaches which she was able to relieve by adjusting the patients's eyeglass prescriptions. People came to her from all over Europe for relief from persistent and often un-treatable cases of migraines, and she says that she treated over 2,000 such cases in her surgery (doctor's office) in Turku, Finland.

In a July 22, 2011 email Dr. Viikari wrote me, "Contact lenses are the death of all relaxation of the ciliary cramp. They are a straitjacket!" Do you remember wearing eyeglasses and taking them off for a few minutes to "rest your eyes"? Can't do that with contact lenses, can you? I recall my own reactions to wearing contact lenses prompted me to discard them quickly. When Lasik surgery came around, I was skeptical as to its efficacy, and Dr. Viikari's advice was to avoid it. From reports of several of our children who have had the expensive Lasik surgery and are now unable to see clearly without glasses, I am glad I skipped that surgery. Instead, based on Dr. Viikari's recommendations, I began wearing +D lenses (aka reading glasses) and discarded my -2D lenses. Within 3 months, I could drive and read street signs during daylight hours without any corrective lenses. I use +.5 D lenses while working on my computer screens, +2D for reading, and for night driving, I use -1D lenses.

Albert Einstein once said, "Unthinking respect for authority is the greatest enemy of truth." He was not derogating authority *per se*, only a respect which disengages one's own thinking ability, a respect which is followed blindly in pursuit of monetary goals, instead of a pursuit of truth in general and the pursuit of patients' well-being in particular, as Dr. Viikari did during her lifetime work in research and patient treatment. Unfortunately, those journal authorities who denied her work's publication(3) have done a great disservice to the thousands upon thousands of patients in the world who are unknowingly mistreated with eye operations, drugs, lasers, contact lenses, etc.

Many people must wonder how the solution to the problem of ocular accommodation, such a complicated problem, could have ever been revealed to an eye practitioner seeing patients in a small surgery in Turku, Finland. To grasp how this is possible, one must study the woman herself, Kaisu Viikari.

To study and understand the dynamic problems of accommodation required a researcher with a Medical Degree in Ophthalmology, a Ph. D. in Ophthalmology, plus these prerequisites:

- **an open mind**
- **a totally focused person, one devoted to this one task**
- **someone free from providing income for her family**
- **someone who had mastered the basic knowledge contained in the existing elementary textbooks about accommodation, e.g.. those of Kaisu's father's time [Axenfeld(4), Walsh(5)], the good times of natural eye care, the times before mankind entered the modern age, when children as early as 3, 4, 5 years old are reading small text on the screens of their Smartphones and Pads up close and without plus correction!**

People have already for decades since Kaisu's original work been occupied with their own scientific interests, e.g., medicine, astronomy, archaeology, space, air, water, ecology, etc., and experiencing a demand to produce something. This demand can prevent a decades-long dedication to a scientific and medical problem, a dedication which is required for solving the mystery of ocular accommodation. Kaisu Viikari has given this dedication and solved this problem, and yet scientists still claim there is no solution. They continue to look in the dark of their academies, all the while, out in the open, in the light of her books, there is the solution, waiting for the academics to absorb and learn from them, and especially for eye doctors to begin "doing no harm to their patients" as their Hippocratic Oath requires.

In addition Kaisu has been in a favorable position to study the autonomic nervous system during her dissertation work, and appreciated the limitless importance of the autonomic nervous system for the organism and it became clear how important it was to solving the problem of ocular accommodation. For example, understanding how positive accommodation affects the parasympathetic nervous system and de-accommodation (i.e., relaxation of the accommodating muscle *m. ciliaris*, which can also be voluntary) affects the sympathetic nervous system.

Dr. Kaisu Viikari could have had no idea how much the research she documented in her dissertation and early books (such as this one) would "rock the boat" of academics in her field of ophthalmology in future decades! Only now, retired from her daily work of seeing patients in her small office, can she devote time to correcting the numerous injustices done to her work by academics who rail against her work in the absence of any signs of their having studied, much less having understood, her work. [See her book, [The Struggle](#) for details of these injustices.)

At the age of 92, she has mastered the Internet and emails enough to help set the record straight about the ease and simplicity of the corrections needed to save the eyes of people, especially children, from the ravages the technology in the 21st Century can create upon their eyes and overall health.

This is a working review of the large tome whose full name was originally *Panacea: The Clinical Significance of Ocular Accommodation*. I plan to add to this review as time goes on. To keep up-to-date with any changes, subscribe to my monthly Issues of DIGESTWORLD<sup>tm</sup>(6).

-----*Footnotes*-----

**Footnote 1.**

See her book, [The Struggle](#), which details her battles with optical profession colleagues, even today some thirty-six years after *Ocular*

**Ocular Accommodation Strain**  
How Demanding Visual Close Work Presents a Health Challenge for People Today

What a diversity of challenges humankind has had to face during its evolution, most of which it has also managed quite well.

There is one challenge above all others, however, in which humankind has so far failed spectacularly, and if it does not take the message of this book seriously, it will also perish with the demands of accurate close work.

For a time we will manage somehow, but without relieving accommodation strain, the requirements of accurate vision in our modern society will destroy the humankind's ability to see.

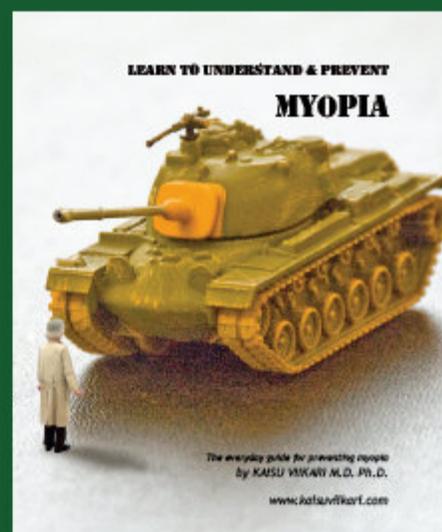
The means to which ophthalmology has resorted so far do not lead to the desired outcome.

If we keep following that road, before long the demands of doing close work, which have increased at a tremendous pace, will destroy the eyes' ability to see.

Only by taking seriously the instructions for relieving accommodation strain explained in this book can we save the sight of humankind.

Also available by Kaisu Viikari, available on many online bookstores:

*Learn to Understand & Prevent Myopia - The everyday guide for preventing myopia*



KAISU VIKARI M.D. Ph.D.

[www.kaisuviikari.com](http://www.kaisuviikari.com)

*Accommodation Strain* was published.

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**Footnote 2.**

See her most popular book, [Learn to Understand & Prevent Myopia](#).

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**Footnote 3.**

See her book, [The Struggle](#).

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**Footnote 4.**

Example of a textbook of ophthalmology from the good times: *Lehrbuch der Augenheilkunde* von TH Axenfeld (1912)

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**Footnote 5.**

A super book, which also handles clinical accommodation: *Clinical Neuro-Ophthalmology*, Frank B. Walsh. M.D., F. R. C.S. (Ed.) D.Sc. (W.A.-Hon.), Second Edition 1957, 1294 pp

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**Footnote 6.**

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