

THE RELATION BETWEEN SEEING AND THE HUMAN POSTURE
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Abstract:

In this article a relationship between sight and posture is described. It is explained that the way we stand and sit influences the activity of the motor eye muscles. Also is described a relationship between the body rotation around the longitudinal body axis and the dominance of one of the eyes. A correction of the posture through podopostural techniques, results instantaneously in a reproducible, detectable and measurable improvement. Interesting, after such a postural improvement, convergence of the eyes becomes easier, both subjectively and objectively.

The title of my (Dutch) article in the: 'Nederlands Tijdschrift voor Integrale Geneeskunde', 'Zien, een andere kijk op de houding', NTIG 1994; 10(2): 66-71.

Introduction:

More than twenty years I had a practice in posturology (podopostural therapy), where I treated patients with posture related complaints, often chronic or asymptomatic. After a thorough physical examination I prescribed my patients very thin insoles, on which corky pieces with a 'thickness' of 1 à 2 mm were glued. These subtle insoles have a disproportionate influence on the intrinsic foot muscles, and thus the posture, immediate, objective, measurable and repeatable. Just walking and standing on these insoles is the (podopostural) therapy. The neurologic hypothesis is that during stance and gait these elements trigger the mechanoreceptors of the glabrous skin of the foot sole. This therapy is known in the Netherlands from 1978.

Frequently I saw parents with their children in the age from 5/6 till about 14/15 years. These children had in common that they did not like walking, found it fatiguing and the young ones (often) did not like to wear their shoes. One of my patients was a 13 years old girl with a poor posture, wearing glasses -/- 6 bilateral and standing in the typical girly way: leaning forward with overstretched knees. Because of my experience with patients using multifocal glasses, and often having unilateral headache, I asked my patients to take them off. So did this girl. In front of her there was a so called Snellen test chart on the wall. I corrected her postural balance in the above described way when she spontaneously called: I can see much better! I tested this immediately, both with and without my correction. Indeed she did and it was a phenomenon that I have seen afterwards very often, mainly with children. I contacted two ophthalmologists and an optometrist. None of them could explain me what happened. So I had to find out myself. After ample research I decided in 1994 to publish in the 'Nederlands Tijdschrift voor Integrale Geneeskunde' the article:

'Zien, een andere kijk op de houding', NTIG 1994; 10(2): 66-71.

The sight:

Seeing with both eyes is called binocular. When we sleep our eyes move outward. Waking up our eyes normally move straight forward. As soon as we open our eyes, signals from the brains activate the nasal motor muscle which makes the eyes looking straight forward. We do not only want to see binocular at a distance but also nearby.

This is made possible by a very complex mechanism: the accommodation-convergence-miosis synergism. When this system does not function as it should, our sight becomes fatigued.

We call this asthenopy. In the beginning we are not always aware of this problem, till our eyes begin to itch, to tear or become irritated in another way.

Reading becomes a problem, the eyes tend to divert caused by the tension of the lateral motor muscle, and sometimes we get a double sight. The pupil widens, the eyes are obviously stressed. Not only reading becomes difficult, also our sight at distance. We call this pseudo-myopia (myopia = near sight).

Head- c.q. body rotation, related to eye dominance:

What is a dominant eye? When both eyes are fixed at a point at some distance, closing and then opening one eye makes this point either move or not. When nothing changes we talk about a 'dominant' eye. This dominant eye causes a barely visible rotation of the head **from** that side, and some neck extension. When for instance the left eye is dominant, the head will rotate, around the longitudinal body axis, to the right as it will rotate to the left when your right eye is the dominant. The head is not the only body part that rotates. The trunk, and in fact the whole body, follows this rotation. Again: barely visible. This preferred turn means automatically that turning to the other side will be more difficult.

The conflict of the eyes:

The situation becomes even more complex when for instance the body rotation is not corresponding the eye dominance. For example: a left dominant eye as before, the head now rotates **to the left** (instead of to the right) and bends. This situation is in my opinion a-physiologic. These patients often suffer from unilateral headache (migraine), neck pain and sometimes dizziness.

Prism glasses:

What is the underlying pathology?

Although I tested and advised adults, I focused on the children. They appeared still to be treatable. Some of these children were labeled as 'dyslectic' which in my experience was not always properly. When I tested my patients I stand at arm length moving a pencil toward their nose, asking them to follow it with both eyes. Sometimes it appeared to be difficult or even impossible. I then repeated the test covering the eyes one by one. This often was easier, leading to the conclusion that the eyes were not the problem but the motor eye muscles. In addition to the posture correction I referred these children to a so called prism doctor who prescribe a temporary prism glasses, nasal.

There are therapists that tell their patients to exercise this, which in my opinion creates even more problems. They think the nasal motor eye muscle is weak; I think the temporal motor muscle is too tensed, because of the a-physiologic position of the head.

The 13 years old girl in the beginning of my article saw instantly much better, without glasses, because I balanced her posture with podopostural insoles: less overstretched knees, less deep lordosis and a more horizontal eye – ear line. Both insoles and prism glasses are temporarily.

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Research on posturology

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