Computer Vision Syndrome was first reported around 1985 and by 1999 the US Optometric Association stated that there were nearly 2 million affected people. At the same time the Japanese Ophthalmological Association had also observed and reported this syndrome.

It consisted of corneal staining (breaks in the clear membrane covering the cornea); a very unusual myopic (shortsight) progression in both spectacle wearers and non-spectacle wearers; dry itchy eyes and in some, mental effects, stress, fatigue, asthenopia (headaches). These were only found at work and went away at weekends.

Prof. Miyata, at the prestigious Kitasato University Medical School in Japan, has been studying these problems which can gravely affect not only health, but work production and has carried out trials with the first quantum compensatory therapeutic device, the Tecno AO oscillator.

Eyes are the « Motorway » deep into the brain 80% of the energy from a VDU enters the eyes and then on into the brain via the optic nerve, hypothalamus to the visual cortex.

The findings of Prof Miyata, with the simultaneous use of the magnetic emission that compensates the VDUs electromagnetic disruptive signals to the brain, is of prime importance.

He found that corneal epithelial stains (tiny breaks in the covering of the cornea) are very significantly reduced with the Tecno AO oscillator in place.

Imagine your own skin breaking down with dozens of little painful wounds, for no reason, and then rubbed with salt (like saline tears on the eye) and you have some idea of the problem.

In 1985, Silk in London observed that Gas Permeable contact lenses (not soft) were, in some patients, developing strange microvoids in the polymer material. These were visible in the binocular microscope when dry. But after analysis, Silk realised that these microvoids only appeared on the contact lenses of those using VDUs for many hours each day. They were not manufacturing errors – this work was verified by a specialist laboratory. Fresh virgin lenses for each of the several dozen patients also showed microvoids after a few days back at work. Different gas permeable polymers were used, made by laboratories in Japan, France, Germany and the UK.

Miyata used the normal specialist tests to check injury to the cornea, speed of focussing the eyes, response time of the pupils. For every triallist 10 checks were made, the whole series repeated after one week. The computer/VDU was watched for 4 hrs continuously, rather less than a normal working day.

The results showed very significant positive results for the health of the eyes of the triallists both in the lack of corneal breakdown and speed of focussing the eyes. A brilliant innovative design for the 21stC workforce.

Anne Silk