

**Healing the Eye the Natural Way  
Alternative Medicine and Macular Degeneration**

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It may come as a surprise to you to know that prior to the early part of this century, healing through the use of electric therapy was quite well accepted. As the world of medicine became more focused on proof and scientific explanations, biochemistry came to dominate the form of treatment. We must not overlook the fact that this coincided with the dawn of an era where synthetic chemical products, including drugs, were first developed. Interestingly, chemical formulas are based on an understanding of atomic theory – that matter is composed of atoms that have components that are both positive and negatively charged. Chemical bonding is the result of atoms attempting to stabilize themselves by combining with other atoms. It makes sense, then, to postulate that all of life is composed of ‘charged’ matter. This includes the human body, all of its tissues, cells, and fluids. ....	67
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## INTRODUCTION

I became a doctor because I wanted to help people, to heal people. Twenty-five years ago, when I entered medical school, this was my goal. Today, helping people to heal is still my goal, but the way I go about it is the result of a long personal and professional journey. When I graduated from Hahnemann Medical School in Philadelphia in 1977, I thought that I had everything I needed to accomplish my goal. Little did I know that the very name of my medical school foretold the path that awaited me.

I decided to specialize in diseases of the eye because it seemed that the most exciting research and advances in medicine and surgery were happening in that field. I very much wanted to contribute to this, and see diseases that produce blindness and near blindness eliminated in my lifetime. I really believed it could happen. Yet, after over ten years of practice, I was far from satisfied with my work. Most of my patients did not get better, and my treatments just delayed the inevitable worsening of their disease. I began to ask myself if there was a better way. —

I have always been competitive and like to engage in very demanding and rigorous sports. While training for the Hawaii Ironman Triathlon in 1988, a friend suggested I take a homeopathic remedy to help me cope with the muscle and joint pain of over-training. I was astonished at the results: my pain disappeared in a very short time—and there were no side effects from the remedy as there would have been if I had taken a prescription or even an over-the-counter pain reliever. Being a scientist, I could not ignore what had happened to me, and I began to learn more about homeopathy. My early studies were limited to books. Soon I discovered a world of experts and lectures where my learning could expand rapidly. Along the way I heard about the Hahnemann College of Homeopathy, located near San Francisco. Could it be that I was destined to attend yet another school named after the founder of homeopathy, Samuel Hahnemann? I was, and for the next four years, traveled one long weekend each month to the Bay Area to study homeopathy. At first I thought it would be a breeze, given my many years of medical study. However, I found that homeopathy, like all complete systems of healing, was a very complex subject. I immersed myself in it, however, and truly consider it the most rewarding thing I have undertaken in my life. When it came time for me to write my thesis in homeopathy, I decided to do research to learn how the early

homeopaths treated disease in the 18<sup>th</sup> and 19<sup>th</sup> century. Because many of the old books have been preserved, I was able to uncover a wealth of information.

One of the things I learned about homeopathy is that many of the present masters of this medical art live and work in other countries. Homeopathy is very popular in England and other parts of Europe as well as in India. It was in India that I discovered three physicians who were able to teach me so much about using homeopathy to treat eye conditions. I made three trips to India and each was unique and very meaningful to me. I was able to sit and observe the work of three leading homeopaths: Dr. Ramakrishnan of Madras, Dr Jugal Kishore in New Delhi, and Dr. K. P. Muzumdar in Bombay. Dr. Ramakrishnan, who specializes in the treatment of cancer with homeopathy, has become a close friend. He has also visited my office in Pittsburgh to consult with me on problem eye cases.

During this time I also traveled to Germany as well as to many parts of the US to attend seminars and learn all I could about the rich and evolving world of natural therapies for eye disease. I am very grateful to all my mentors and for this opportunity. It enriched me personally and allowed me to feel like the healer I always wanted to be.

The character of my practice began to change. Now I could offer hope to my patients who have macular degeneration, diabetic retinopathy, glaucoma, cataracts and eye strain. Further, they could take charge of their illness and begin to heal by making changes in their lifestyle as well as by taking herbs and homeopathic remedies. Introducing homeopathy, along with nutrition and other natural methods of healing into my practice has vastly increased my satisfaction in being a doctor, and certainly has brought hope and relief to many of my patients. My enthusiasm for treating eye disease with a combination of natural treatments and conventional medicine prompted me to write this book. This is the first in a series of books dealing with the various eye conditions that respond to natural methods. These include Age-Related Macular Degeneration (ARMD), glaucoma, cataract, and eyestrain.

The subject of this book is Macular Degeneration, specifically, Age-Related Macular Degeneration (ARMD). Most people who have this disease are so fearful when they hear the diagnosis that they do not even understand what the condition means. Nor do they know how they got it. And, most distressing of all, they have virtually no information about how to help themselves. Their doctor probably told them that nothing can be done for them, nothing can significantly retard or reverse their disease. If you or a loved one have heard that, do not believe it. Do not give up. Read this book and make the decision to implement these twelve steps as a way to begin taking control of your health and vision. Every one of these suggestions will benefit your overall health as well as improve your outlook and ability to cope. In addition to nutrition, herbs, and homeopathy, this book will describe micro current stimulation and chelation. These two therapies have produced dramatic results in my patients with macular degeneration. Explore with me these exciting alternatives that can bring back your sight!

This book deals only with alternative treatments for Age-Related Macular Degeneration. These include some that are now being studied within conventional medicine as well as those that focus either on lifestyle change or treatments that have not yet been proven to be effective in scientific research. While trying these approaches, you should remain under the care of your ophthalmologist and have your vision checked periodically. He or she may recommend other treatments, some of which may not be available at the time of this writing. If this is the case, you need to evaluate these options. Fortunately, most of the

recommendations in this book complement conventional treatment. Your sight is precious, and you need to feel assured that you are doing everything possible to maintain it.

## STEP ONE: UNDERSTAND YOUR CONDITION

Chances are, you are reading this because you or a dear one has been told that he or she has Macular Degeneration. Your first challenge was to become accustomed to the name of this disorder, which is also called Age-Related Macular Degeneration, or ARMD. Anyway you think about it, it is not friendly. ‘Macular’ is probably a strange term to you and ‘degeneration’ does not sound like something moving in the right direction! Adding to your confusion is the fact that your doctor may not have spent much time discussing this with you. There are several reasons why eye doctors tend to be very brief when people are diagnosed with this condition. Macular Degeneration (ARMD) affects parts of the eye that are unfamiliar to most people. Launching into an explanation of the anatomy of the eye as well as telling someone they have a serious disease is more than many doctors want to do at one time. In addition, you were probably too stunned to take in new information. And, I can tell you this, no doctor likes to give this diagnosis to a person because the doctor knows that the patient will be apprehensive and fearful—and with good reason since conventional medicine has very little to offer people with ARMD. Most likely your doctor told you to go home and look at a grid (the Amsler Grid) on a piece of cardboard every day and call him if things change dramatically. Maybe, when you asked him if there was anything that could be done, he told you to take some vitamins with zinc as a supplement. Perhaps his lack of enthusiasm made you feel that this would not help much.

### INSERT AMSLER GRID

So here you are, looking at the Amsler Grid faithfully and wondering how soon you will go blind, and becoming more and more depressed. Let’s start with the good news. *You will not go completely blind from ARMD – ever.* This condition results in the loss of central vision only, and the degree of vision lost varies greatly. Even those who do nothing to help their bodies cope with ARMD will not lose all their sight. If you read this book and make a sincere effort to implement the twelve steps you apt to be able to retain your current level of vision and maybe even restore some of what you have lost. Believe me. I have seen it happen with my patients. You have been told nothing else can be done. This is not true! Something can be done, and I am very happy to share my experiences with you. The Twelve Steps to Better Eyesight can improve your vision!

James Buchman, one of my patients who has Stargardt Macular Degeneration, was told by his doctor to go home and wait for blindness to set in—and to be grateful that it might take five years. His wife Robin writes: “ James could not believe that he might not be able to see our children grow, watch sunsets, enjoy paintings, and, still more frightening, lose his job as a teacher, jeopardizing the family’s economic situation. I searched the internet and finally found out about your practice, Dr. Kondrot, and microcurrent stimulation. We thank you for giving us hope. Perhaps James will now be able to see his children grow, maintain an active sight-filled life, and pursue his career desires. Without your help we would be preparing for a seeing-eye dog, Braille, and similar life changes.”

Ken Johnson writes this about his son David, another of my patients: “Two and one half months after receiving Microcurrent Stimulation (MCS) at your office, David... is signing up for college courses. He is talking about driving. Your continuing quest to seek answers when others have quit has changed my son’s life. He is now hopeful and optimistic. He is safer and life is easier for him. My wife and I cannot thank you enough.

### ***Who Gets Age-Related Macular Degeneration?***

Macular Degeneration affects 13 million Americans. Most of them are over the age of 65, although certain hereditary conditions may cause it to develop in younger individuals. Those of you reading this book who are in this category, please be reassured that these methods will also work in your situation. In fact younger people will respond better to many of these treatments. Persons over the age of 75 have a 30% chance of developing ARMD; it rarely affects anyone younger than 55 years. Caucasians develop it more than persons of color because they have less pigment in the retina, especially if they have blue, grey, or green eyes. It affects men and women equally. People who are nearsighted (myopic) have a greater chance of developing the condition as do people who work or spend a lot of time out of doors and are exposed to ultraviolet radiation from sunlight.

Doctors like to say that we don’t know what causes ARMD. However, when you look at the relationship between age and the onset of ARMD, I bet you can guess that the same things which cause so many of the afflictions of the elderly are somehow linked to ARMD. These afflictions are arthritis, diabetes, hypertension, atherosclerosis, obesity and high cholesterol. Much as we don’t like to admit it, most of these other conditions result from our lifestyle – poor diet, lack of exercise, and the inability to cope with stress. The good news is that things that are caused by factors we can identify are more likely to improve when we eliminate those factors. Actually, I believe every disease and disorder has a cause, even childhood cancers and all sorts of things medical science likes to say cannot be explained. What is true is that they cannot be explained within the framework of their thinking and understanding. Not too long ago, doctors scoffed at the idea that diet had anything to do with heart disease. Until Dr. Dean Ornish proved, within the framework of scientific research, that improved diet, and a program of exercise, and social support along with relaxation helped reverse physical degeneration, it was impossible to convince doctors of this link. Now that it has been established, however, the medical community has accepted this idea, and lifestyle recommendations are the norm, not just for people with heart disease, but for everyone. We all know that eating less fat and sugar and exercising more are good for us. Oddly enough these same recommendations have been shown to help with diabetes, arthritis, and all the other chronic degenerative conditions that affect our aging population. There is that word again – degenerative.

### ***What Is Degeneration?***

Generation means that something new or fresh is being born. Degeneration means that something is dying or passing away. When used to describe something in the body, ‘degeneration’ means a gradual breaking down of tissues or organs, resulting in reduced function of the parts affected. Degeneration from arthritis means that the affected joint does not work as well as it did before it degenerated. In Macular Degeneration the eyes do not work as well as they once did. Specifically, vision in the center of the visual field gets fainter and fainter until finally there is hardly any way to see things straight on. The fact that this is a

slow process, that it affects older persons, and that it continues to get worse if nothing is done to change the person's lifestyle, leads me to believe firmly that the same factors that produce all degenerative changes in the body are involved in ARMD. Studies have shown that there is a higher incidence of ARMD in persons who have hypertension, diabetes, and conditions which cause clogging or hardening of the arteries. Therefore, if we can halt or reverse the damage done to our blood vessels and joints through adopting a healthier lifestyle, we can expect improvement in eye conditions like ARMD. And this is not just theory; I have seen it work with my patients and so have a number of other ophthalmologists. An added bonus is that the lifestyle recommendations for ARMD are bound to improve any other degenerative conditions patients have.

I want you to understand ARMD, not only in terms of the physical changes in the eye but as a disease of lifestyle and aging with *symptoms* affecting the eye. Take a moment to honestly assess your overall health in terms of the dietary and exercise recommendations that we all know about already. We all know we should eat five to six servings of vegetables and fruit daily, exercise aerobically several times a week, and use some form of focused relaxation technique daily. It goes without saying that smoking at all and alcohol to excess are taboo. Ditto for sugar and fat from meat and dairy products. How do you rate? Do you think there might actually be a cause for the degenerative condition that has affected your eyes? If so, are you willing to try to eliminate the cause and adopt techniques and healing methods that might restore your vision? I hope so, for your sake. What have you got to lose? Please begin to implement these recommendations today!

### ***Know Your Specific Diagnosis***

When your doctor gave you the news about ARMD, he probably told you you have either 'dry' or 'wet' ARMD. This has nothing to do with how dry or teary your eyes feel to you. It refers rather to two completely different reasons why the macula in your eye or eyes has begun to degenerate. By the way, you may have ARMD in only one eye; or you may have Dry ARMD in one eye and Wet ARMD in the other. If so, the chances of it affecting the other eye are quite high, unfortunately. Back to the wet and dry terms. The simplest way to explain these is to say that 'wet' ARMD occurs when the blood vessels in the back of the eye begin to leak fluid or blood in the back portion of your inner eye. It affects 10% of persons with ARMD. Dry ARMD, which affects 90% of persons with ARMD results from a buildup of cellular waste products in the back part of the inner eye. It is very important that you know which type you have. If you have forgotten, or your doctor neglected to tell you, pick up the phone and call him or her to find out. This is a first step in empowering yourself to get better. Wet Macular Degeneration has certain characteristics and prognosis (expected outcome). I have observed that some forms of wet ARMD come on suddenly after a period of stress or shock, and a person may lose a great deal of vision in a short period of time. One of the treatments for wet ARMD uses laser surgery to cauterize the leaky blood vessels. This measure may preserve more vision in the long run, but usually results in worse vision in the short run because healthy tissue is almost always destroyed along with the diseased vessels. Wet ARMD progresses faster than Dry ARMD and may result in greater loss of vision over a shorter time period. Wet ARMD is actually quite a distinct disease from Dry ARMD and will respond to different alternative medical treatments than the dry type.

Dry ARMD results from an accumulation of dead cells in the area in the back of the inner eyeball where the retina and macula are. The macula is actually the center of the retina. That



is why, even when it degenerates, you can still see peripherally, or from images made on the outer circle of the retina. As dead cells build up on the macula, they do two things: one they block the macula's ability to produce images and, two, they corrode the delicate tissue, leading to permanent degeneration. It is not certain exactly why the dead cells begin to build up and the 'clean up' mechanism that worked for 60 or so years starts to malfunction. That is, it is not clear from a molecular scientific understanding. But you already know that I have some strong suspicions that this process is what we call 'aging'. This means that metabolic waste products begin to clog our system and new cells do not regenerate quickly enough to cope with this detritus. The reason this affects the macula so profoundly is that this is a very small, highly sensitive area, an area that is prone to accumulate waste by virtue of its high metabolic needs. The macula requires more oxygen, nutrients, and energy compared to other areas of the body. Therefore early signs of more generalized degenerative changes may appear first in this area.

## **INSERT EYE AND MACULA ILLUSTRATIONS**

### ***Symptoms of Macular Degeneration***

If you know you have Macular Degeneration, you are familiar with the vision changes that prompted you to visit an ophthalmologist and get tested and diagnosed. If you have experienced changes in your vision and may be wondering whether you have ARMD, I will briefly describe its early. Of course other eye conditions may have these same symptoms so it is a good idea to be checked by a qualified eye care professional as soon as you are aware of them.

The first thing most people notice is a lessening of their sight as they look straight at things, like print or faces or clocks. This may be a dimming, a blurring, or actual 'holes' or black spots in the vision. Very often, once this has happened, they will recall being very sensitive to light for some time as well as having had trouble with night vision. Light-to-dark adaptation, the ability to find your seat in a movie theatre is also apt to be very slow. Because doctors do not think that anything can be done to halt the progress of this disease, the public has not been educated to be aware of these early symptoms. However, I believe that if people who notice any of these changes in their vision begin a program like the one described in the following chapters, they may be able to arrest the damage to their eyes and maintain near normal vision. ARMD, like most degenerative processes, takes a long time to develop. People may feel that it came on suddenly, but that is because one day they were 'fine' and the next day they had a diagnosis where they feared they may go blind. It does not happen that way. Anyone over 35 years old who is reading this book should take some of the steps toward better eye health. Those who have been diagnosed with ARMD should take them all.

### ***There is Hope***

Once we understand the 'degenerative' aspect of Macular Degeneration we can design a strategy to halt the degeneration and reverse the damage it has already done. Studies in aging have identified several key components that we must include in our strategy. I have listed them below, and use them throughout the book as we discuss specific measures to reverse ARMD.

### ***Key Components of Anti-Aging Techniques***

1. Increase oxygenation of tissues
2. Make the metabolic processes more efficient

3. Provide targeted nourishment to tissues and cells

4. Detoxify tissues and cells

Although we are going to talk about diet, vitamin and mineral supplements, homeopathy, relaxation, exercises for the eye and whole body, and some techniques that may be new to you—chelation and micro current stimulation, all of these involve the four components listed above. A program that incorporates these objectives will certainly enhance your overall health. I am not an advocate of living to be over 100 years. I am, however, a firm believer in the quality of life and I want the same for my patients. Our world needs vigorous elders to serve and lead. Medical science can keep us alive longer, but only by taking responsibility for their health can individuals make that extra time useful and enjoyable.

Though we are just in the first chapter, you have probably encountered some ideas already that you will not see in other books on Macular Degeneration. One of the ideas is that how you live probably has something to do with your developing this condition. Some people feel blamed by this. A better way to look at it is that if you had something to do with getting ARMD, you might be able to do something about it.

Another idea I want to emphasize right now, at the beginning, is that every step you take moves you closer to the next step by actually making you healthier. When you are healthier, you will feel stronger. Even though you have a serious condition, you do not have to tackle everything at once. The slow and steady approach will work wonders for you! Try to work on several fronts at one time, however. For example, even though you may be a beginner in improving your diet, read ahead to the chapters on treatment ideas and begin to implement at least one of them. This book offers three major ways you can help yourself and protect your vision. You can start working on all of them simultaneously. They are:

Lifestyle modification (diet, supplements, exercise, handling stress)

***Self care techniques and exercises for the eyes***

Treatment options (laser, homeopathy, chelation, micro current stimulation )