



## Miracle Eye Cure



### Why Doesn't my Eye Doctor Know about MCS?

As a nation, we have been taught to trust our doctors. And we do. Many people view doctors as powerful, all-knowing individuals, whose vast experience and extensive training equip them to deal with life and death matters. Our medical system works more efficiently when people do not ask too many questions or request tests and services that lie outside the domain of conventional medicine. Doctors are also rewarded for practicing within what is called the standard of care, or the set of acceptable protocols for treatment. They are rewarded through the trust and approval of their colleagues, by being welcomed into medical societies and groups, and receiving referrals from other doctors. If they practice within managed care, their scope of practice is fairly well determined by the business needs of the organization; in fact they can be censured, demoted, or fired if they do not adhere to the principles of practice set forth within the HMO.

This reality is far from the illusion many patients have of their doctor as a scientist with an open and inquiring mind, eager to learn all about the latest advances in science. This is not to say that doctors do not want the very



## Why Doesn't my Eye Doctor Know about MCS?

best for their patients. By and large they do, but they have been trained to believe that the best is synonymous with the status quo until proven otherwise. You may be very surprised to learn that history reveals that it takes at least 50 years for a major new idea, no matter how useful or helpful it is to patients, to become accepted in medical practice. I will discuss some of these facts later in this chapter.

All eye doctors in practice today were told that macular degeneration is a progressive, mostly untreatable, and, certainly, incurable condition, and that nothing can restore a damaged retina to a healthier state. One of the patients who had significant vision improvement as a result of her work with Grace Halloran (see Chapter 3) was told by her doctor: "You can't have gotten better."

Word about Microcurrent Stimulation has been slow to filter throughout the medical community in part because doctors are trained to use only certain sources for information on new procedures and techniques. Treatment approaches, although limited, have focused primarily on wet macular degeneration, a condition caused by fluid leaking into the macula. These techniques have included laser surgery and more recently Photodynamic laser therapy. While reading this book you may find yourself asking, if MCS is such a miracle, why doesn't your eye doctor know about it? The answer to that is very complex, but it does not mean that your doctor is not up to date nor does it infer that MCS is ineffective or harmful.

Let's take a look at the history of medicine and see how difficult it is for new treatments to be accepted. One good place to begin is with the story of scurvy and the Brit-



## Miracle Eye Cure

ish navy. Scurvy is a condition that results from the deficiency of Vitamin C and leads to permanent bone malformation and rotting gums. The amount of Vitamin C needed to prevent scurvy is about 60 milligrams. Most people are able to meet their daily needs for Vitamin C through eating enough foods that contain it. However, before refrigeration, sailors on long journeys ate a diet where foods containing Vitamin C were virtually absent. As a result they developed scurvy in large numbers; in fact more died of scurvy than all other diseases and disasters combined.

Around 1750, James Lind, a physician and former sailor conducted a simple test during one single voyage at sea. He gave several small groups of sailors different diets. The ones who received limes and oranges daily quickly recovered from their illness and were able to nurse other sailors. Unbelievable as it seems, it took the British Navy four decades before it allowed limes to be provided to sailors at sea. To this day, English sailors are often called limeys. It was not until 1812 that the practice was mandated. Sixty years were wasted while medical 'scientists' attempted to put aside their conviction that scurvy was contagious or, at least it resulted from evil influences and depression. It was not until 1927 that Vitamin C was discovered.

Another interesting example is the practice of hand washing to prevent the introduction or spread of germs. Before the widespread use of the microscope, the existence of microbial organisms was not well established. Physicians routinely attended to women in labor or who had just given birth, without washing their hands. Many women, about



## Why Doesn't my Eye Doctor Know about MCS?

10% in fact, developed acute infections known as childbed fever and died shortly after giving birth. One forward looking individual, Ignatz Phillip Semmelweis, observed that the nearby midwife unit had a much lower mortality rate. Due to the loss of his physician friend from infection following a wound inflicted by a knife during an autopsy, Semmelweis concluded that cadaver germs transferred to new mothers caused the problem. He insisted that all the medical students on his ward wash their hands, and his infection rate declined to 1.5%. However, it took twenty years for doctors to adopt this practice, not before they castigated and hounded Semmelweis into a deep depression.

You may be surprised to learn that the tomato was once shunned as food in the belief that it was highly poisonous. Did you know that William Harvey was ostracized from medical circles for saying that blood circulates? Another alarming thing to know is that open-heart surgery was never subjected to research. Once the technology was in place, it very quickly became the standard of practice for certain forms of heart disease. Only later, with retrospective evaluation of cases, did doctors begin to realize that medical management and less invasive procedures produced equally good or better results without the trauma and complications of open-heart surgery. The list goes on, and it must include Linus Pauling whose exhaustive work on Vitamin C received a Nobel Prize in science but whose conclusions regarding the efficacy of Vitamin C are still largely ignored in medical circles. The first patient treated for retinal degeneration with microcurrent, was treated over



## Miracle Eye Cure

20 years ago.

No discussion of medical science is complete without mentioning the double blind study. When you mention MCS to your doctor, he or she is likely to ask about studies, particularly long-term double blind studies. Doctors have been trained to believe that this is the only way to prove the effectiveness of a new treatment. (Never mind that many drugs are being forced into the marketplace without these studies.) Simply explained, a double blind study means that neither the doctor nor the patient knows which treatment the patient has received. The need for the doctor to be 'blind' is to ensure that he or she does not influence the patient in any way. This is to prevent the 'placebo effect', where people improve just because their doctor suggested they would. In another field this would be called hypnotic suggestion, and might be employed as a powerful and painless way to bring about a desired result. But because medicine is built on the belief of 'standardization', things like personal influence are seen as unacceptable for research. You can see that the double blind model has been developed to test drugs. Very few surgical procedures are subjected to double blind studies because at least half the people would need to be cut open and sewed up without manipulation! MCS is not a treatment that lends itself easily to a double blind approach. Dr. Rossen has recently developed a technique for treating MCS with a double blind study for treatments of ARMD. By the time this book reaches you, FDA clinical trials using Dr. Rossen's new techniques may already be under way.

The other form of research, that doctors might ac-



## Why Doesn't my Eye Doctor Know about MCS?

cept, is outcome studies. This means that people took the treatment, and had results which was measured outside of changes that might be attributed to anything else. This is the kind of research that MCS is adapted to, and the kind that has been done. These studies have been published, although not in the ophthalmologic journals. Even when MCS is brought to the attention of eye doctors, there may be a lag in its being accepted.

Changes in medicine occur slowly, and the field of ophthalmology has its own story to tell about slow adaptation. The acceptance of the surgical implanting of an intraocular lens is a good example. Cataract surgery involves the removal of the clouded lens from the eye. It is probably the most common intra ocular procedure preformed in the United States. Prior to the insertion of a lens implant, thick cataract glasses were needed to visually rehabilitate the eye after surgery. You may even remember a time when everyone who had their cataracts removed, wore thick glasses for the rest of their lives. These glasses caused many problems such as magnification of central vision, loss of peripheral vision, and loss of depth perception. In many cases the post-operative problems were worse than the visual problems caused by the cataract! The intra-ocular lens was truly remarkable because it eliminated these problems and enabled patients to regain good functional vision. You would expect that eye surgeons were elated when the concept became a possibility.

It is now a routine procedure to insert a lens during cataract surgery although the history of the lens implant is



## Miracle Eye Cure

full of controversy. Harold Ridley implanted the first intraocular lens in England in 1949. The reason he experimented with it was due to astute observation of a medical student. During cataract surgery the student asked Dr. Ridley why he did not finish the operation with the insertion of an artificial lens. Ridley had observed many British fighter pilots with plastic shrapnel imbedded in the eye. He also noted that this plastic did not cause damage to the eye. He was open to considering that maybe the medical student had a great idea! He designed a lens implant to help the patient regain natural vision! It wasn't until 3 years later that Warren Reuse MD of Philadelphia performed the first lens implant in the United States.

When this was first introduced, most ophthalmologists called the lens implant a "Time Bomb." The lens was condemned at meetings and comments were made about surgeons massacring the eye. If it wasn't for the efforts of a few visionary eye surgeons who persisted, this wonderful advancement in eye surgery would never have been a part of our life. It wasn't until the late 1970's, more than twenty years later, that intra-ocular lens surgery became an accepted standard in cataract surgery. Why did it take 25 years for this technology to be accepted? Why did so many eye doctors not know about this procedure?

The same thing is happening with microcurrent therapy. Already established in Russia and China as an effective means to treat macular degeneration, it is just beginning to surface in the United States. If history is any predictor most eye doctors will not accept the preliminary results



## Why Doesn't my Eye Doctor Know about MCS?

of this exciting technology, despite the fact that there is no other effective treatment for macular degeneration, and there are virtually no side effects. The therapy represents a different paradigm, one that is radically different from surgery and drugs. It uses electricity. I hope it does not take another 25 years, like which occurred with the lens implant, it has been 20 already.

MicroCurrent Stimulation is a relatively new procedure for the treatment of the eye. Currently, only five medical doctors, including myself, have been involved with a preliminary study using MCS in the treatment of macular degeneration. Although the results of MCS in the treatment of wound and pain have been published in many journals, most eye doctors do not have the time to read about studies outside their field. These studies have been available to the medical community, but doctors are very slow to incorporate new information unless it involves surgery or drugs.

Most eye doctors rely on formal, large-scale scientific studies and the publication of results in journals. Unfortunately these studies take many years to conduct and require even more time to be published. Large studies are expensive to conduct and analyze, and drug companies often underwrite these expenses. For Microcurrent Stimulation there is no such benefactor. Dr. Rossen's company is very small. Inquiries from those interested in supporting his research or investing in his company would be warmly received. I have also explained why it does not lend itself to certain types of research. This does not in the least di-





## Miracle Eye Cure

minish its effectiveness, however.

Where patients have been treated with Microcurrent Stimulation, all the testing centers have reported positive results with from 60 to 80 percent of patients treated, experiencing an improvement of vision. I hope that this book, *Microcurrent Stimulation: Miracle Eye Cure?* and my first book, *Healing the Eye the Natural Way: Alternative Medicine and Macular Degeneration*, will educate eye doctors to recommend this treatment to individuals suffering with macular degeneration. Because there is no harmful aspect to the treatment, and there is no viable alternative to this treatment, I cannot think of a good reason to withhold this option pending the results of long-term studies.

MicroStim® Technology Incorporated, Dr. Rossen's current company, has initiated two clinical trials under the auspices and approval of the Eastern Electromedical IRB (Institutional Review Board) and the FDA. One trial is evaluating the effects of the MicroStim® devices on the treatment of dry (non exudative) Age-Related Macular Degeneration (ARMD). The second study is evaluating the device's effects on a variety of retinal pathologies including Stargardt's Disease, and both the wet and dry forms of ARMD. The studies are being done as part of an ongoing dialogue between MicroStim® and the FDA. I am pleased to be one of the primary investigators of these trials. Meanwhile, I continue to use this approach to restore hope and sight for my patients and to spread the word about this method in every possible way.



## **Why Doesn't my Eye Doctor Know about MCS?**

### *My Clinical Experience with MCS*

I have been using the microcurrent stimulators in my practice since August of 1998 and have been very impressed with the improvements I have seen in the vision of patients with macular degeneration. Most of my patients begin to see an improvement after four days of treatment, even if they have suffered deteriorating eyesight for years! Read some of their stories in Chapter 4. Take their stories as motivation for yourself. Read on to learn how to use MCS at home.

