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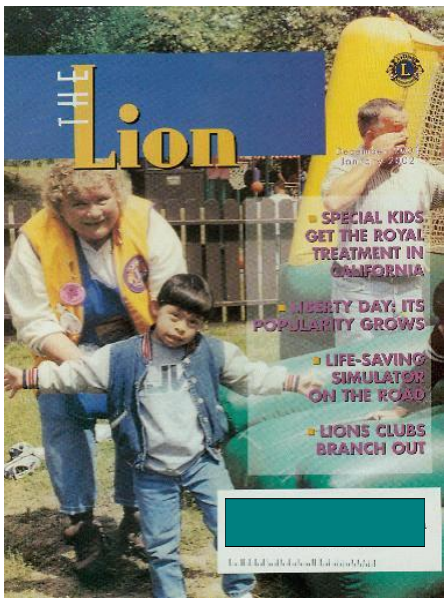

Can Macular Degeneration be Reversed

By Paul Martin

Sam Snead has won more golf tournaments than any other United States golfer. Between 1936 and 1965 he won a record 84 tournaments sanctioned by the Professional Golfers Association (PGA). Known as "Slammin' Sammy" for his powerful drives and naturally smooth swing, he has finished first in 165 tournaments.

Several years ago, Snead, then 85 years old, suffered so severely from the limitations of macular degeneration that he had to quit the Senior Tour and was no longer able to play golf. Also, he could not pass the eye examination for his driver's license. After a series of treatments by Dr. John Jarding, an optometrist in Hot Springs, South Dakota, Snead's vision was so improved that he could read five lines lower on the eye chart, pass his driver's license test and rejoin the Senior Golf Tour. Snead was treated with microcurrent stimulation.

Ed Aleksandrovich, 85, is president and founder of the Macular Degeneration Foundation in San Jose, California. "I was diagnosed with macular degeneration in 1981 and by 1998, when I heard about the microstimulation program of treatment, my vision was 20/400. That means I could see at 20 feet what a person with normal vision could see at 400 feet.

"In 1998, I began to treat the condition with microcurrent stimulation and two months later, my vision was 20/50 in one eye and 20/60 in the other eye. I had searched for cures and successful treatment and been told over and over that there is no effective treatment for macular degeneration, but this works. According to the literature, about 1,000 people have been treated for macular degeneration with microcurrent stimulation and at least 70 percent have reported significant improvement in their vision. This is phenomenal." The telephone number for the foundation is 888-633-3937.

Microcurrent stimulation is a little-known treatment that applies a mild electric current above and below the eye. A number of doctors employing this method also stress the need for optimum nutrition. Age-related macular degeneration, known as AMD, causes a progressive loss of Central vision and is the most common cause of legal blindness in men and women over the age of 55. More than 42 million Americans may suffer from

age-related macular degeneration.

"The number of people who can be, and will be affected, is staggering, and we often refer to it as an epidemic," said Santa Tumminia, spokeswoman for the foundation Fighting Blindness, based in Hunt Valley, Maryland.

One of every three people over 65 is at risk for AMD, the foundation spokeswoman said. People with AMD experience blurring of their central vision, distortion and blind spots. The disease cuts across all ethnic and social lines.

AMD occurs in the macula, or central portion of the retina, which is responsible for perceiving fine visual detail. The macula contains light-sensing cells known as photoreceptors, which convert light into electrical impulses and then transfer those impulses to the brain via the optic nerve. Loss of vision occurs when these photoreceptor cells start to degenerate. People start to notice they can't see something when they look at it directly. If they are trying to read, something in the center of their vision may be a little blurry, although the peripheral vision will remain sharp.

About 90 percent of the people who have AMD have what's known as dry AMD, one of two forms of the disorder. The other, wet AMD, progresses more rapidly and accounts for most instances of AMD-related blindness. While all of the causes of AMD aren't well understood, scientists believe genetics, diet, cigarette smoking, light exposure, cardiovascular disease or hypertension might increase the risk of developing AMD or speed up its progression.

Many scientists think smoking might play a big role in the eye disorder. Dr. Karl Csaky, an investigator with the National Eye Institute, said, "People have been studying this for years and the only consensus in terms of progression risk factors appears to be smoking. The only clear evidence suggests that if you smoke and stop, that may be associated with a less severe form of the disease. However, this theory hasn't been tested in a formal study."

Microcurrent stimulation therapy has been used for the treatment of eye disease since the mid-1980s. In conventional medicine, it has been used in orthopedic medicine for the treatment of non-healing bone fractures, and it's used extensively in sports medicine for its ability to decrease inflammation and swelling in acute musculoskeletal injuries and to speed the healing process in injured tissues.

In his book, *Miracle Eye Cure,* Dr. Edward C. Kondrot, a Pittsburgh, Pennsylvania, ophthalmologist, says: "when patients have been treated with microcurrent stimulation, all the testing centers have reported positive results, such as 60 to 80 percent of treated patients experiencing an improvement in vision."

The general rule that Dr. Kondrot uses in making a prognosis for a patient's success is the stating level of vision. If the vision is 20/400 or better, the patient is able to see the "big E" on the eye chart, prognosis for visual improvement is very good. Seventy percent of patients in this group will have an improvement in their vision.

Since 1997, Damon Miller II, M.D., a physician in Los Altos, California, has treated 120 patients with microstimulation and nutrition. He said, "More than 70 percent of those treated improved Ho lines or better. In the first six months of treatment, they were treated four days a week. Those who do not improve at least hold even."

Dr. Miller notes: "In addition to the treatments with microcurrent stimulation, all of the people we work with are given extensive education and counseling about the supplements and vitamins that have been shown to be useful for retinal diseases."

With microcurrent stimulation, the individual must understand that he or she is committed to a lifelong therapy requiring some of their time several days a week after the initial six-month period of daily treatment. When the treatments are successful and the vision improves, the results are only permanent with continuing therapy. The treatment needs to be continued in order to maintain the improvement because those who have experienced improvements in their vision and then stopped treatment have regressed. Incidentally, the treatment is not painful.

Dr. Miller, Dr. Kondrot and other physicians emphasize the need for combining optimum nutrition with the use of the machine. Some of them are well-known vitamins, minerals and amino acids such as vitamins C, A and E, magnesium, selenium, zinc, taurine, glutathione and the B vitamins. Others are such little known products as bilberry. During World War II, the British Royal Air Force night fighter pilots were given bilberry because it dramatically improved their night vision.

According to the father of one of Dr. Kondrot's patients, "The best thing Dr. Kondrot ever gave us was hope. Today my son lives on his own; he is safer. His eyesight is 90 percent of what a normal person sees. He has had to relearn to read and now does it for pleasure. He is taking the lead in planning his future - as he should at the age of 19. We are very grateful to Dr. Kondrot and microcurrent stimulation."

On the other hand, not everyone is enthusiastic about microcurrent stimulation for macular degeneration. '1 tried it for three or four months and experienced no improvement," maintains Tom Perski, founder and executive director of Macular Degeneration International in Tucson, Arizona. The 48-year-old Perski was diagnosed with macular degeneration when he was 19 and founded Macular Degeneration International in 1991. "Perhaps in early stages microcurrent stimulation might be helpful, but as I said, I had no benefits from it. However, after three months of taking a supplement, Lutein, I did find that my vision was better and I had no glare problem."

Perski's organization has 6,000 members, including 1,000 medical professionals.

The organization is dedicated to meeting the special lifestyle needs of individuals affected with macular degeneration, as well as committed to support research focused on finding the causes and treatments for these diseases. For information about MDI, call the toll-free number, 800-393-7634.

"In the past 5 years, I've treated 40 patients with microcurrent stimulation," says James Nagel, M.D., of Waukesha Eye Associates in Waukesha, Wisconsin. "Generally, in

treating dry AMD after one week, the patient can read one additional line or better on the chart. Since any improvement is good, there's no cutoff on a patient's condition before starting treatment. I try to talk nutrition to the patients because I think it's an important part of the treatment approach. One of my patients, an 80-year-old woman, went from 20/80 to 20/30. She began driving again and her relatives got angry with me because they didn't want her to drive."

'I'm religious about using the microcurrent stimulator because my improved vision has opened up my life in a way that would have been impossible."

“There are several metabolic processes that are enhanced through the use of microcurrent stimulation. The first is to boost the cells' ability to rid themselves of waste products. A cell with waste products becomes a dead cell and this interferes with cellular communication throughout the area where it is located, cells need to take in nutrients and eliminate waste like all other living organisms. The energy supplied by microcurrent treatment stimulates the cells so that they become vital and less sluggish.”

"The second way microcurrent stimulation works is by increasing the blood supply to the area to be stimulated. By increasing the blood flow to the area's cells, tissues are nourished, refreshed and oxygenation is increased. In general, the electrical current gently wakes up the cells from sleep and stimulates the healing process." □

(Note: For further information, Dr. Damon Miller's number is 888-838-3937)