BEH PODCAST EPISODE 40

WET AND DRY MACULAR DEGENERATION ARE THE SAME DISEASE

Today I want to revisit something we'd talked about before. It's been over a year, so I think it is time to talk about wet versus dry macular degeneration. I get a lot of questions about this topic. Some of those questions come from the fact that Ophthalmologists are a little unclear in how they discuss the difference.

To be clear, wet and dry macular degeneration are both the same problem. They're both the same disease. If you have macular degeneration, it can progress to the point where you have enough degeneration that you can have leaking and bleeding into your eye. Once you have leaking and bleeding, that makes it "wet" macular degeneration. The official term for that is exudative and exudative means leaking. The analogy I like to use is diabetes, a different disease but one that people are more familiar with. If you have advanced diabetes, one of the complications is that you have poor circulation in your legs and you may get a wound that won't heal, and now you have a non-healing sore on your leg. The problem is still diabetes, and the non-healing wound is just a complication of diabetes, not a different disease. The same is true with the eye in macular degeneration.

If you have a degenerative disease in your eye, the things that degenerate are not just the complicated neural cells, it's not just the neuro-epithelial cells, the nerve cells responsible for vision. Those are not the only thing to degenerate. The structural components of the eye and the blood vessels all break down too. This is the case mostly with Macular degeneration, but you can see it some in Stargardt and rarely in Retinitis Pigmentosa. But we heard one person announce on the call today that they have a tear in their retina. Getting structural damage in the retina is very common with these diseases. The different types of damage have all kinds of names, macular tears, punctures, holes, buckles or thinning. They're really all the same thing even though they are given different names, it's all structural breakdown of the retina.

The vessels can also degenerate, which is significant, because that results in a problem with poor circulation to the eye. That is bad because the eye has a need for blood greater than any other tissue in the body. The eye demands a lot of blood flow. It needs a lot of blood flow to function well. So even a little decrease in that blood flow compromises the eye. The body doesn't like tissues to be hungry for blood. It has ways that it deals with that, so if there's not enough blood flow to make the eye happy, then the first thing that happens is the tiny vessels called capillaries that are only supposed to carry a little bit of blood dilate to try to let more blood into the eye. If the condition goes on long enough, the eye grows new vessels into the eye. That's called neo-vascularity. The part "neo" means new and vascularity means vessels. So, you get new vessels, and that is how the body tries to compensate for the fact that there's not enough blood flow.

These new vessels that the body builds and those small vessels that dilate to carry more blood are rather fragile and are prone to leak and bleed. One of the tests that's done to measure neo-vascularity is an angiogram. They put a fluorescent dye into your body and they can see the vessels themselves in the eye. A tangle of these new vessels is seen as neo-vascularity and those vessels are prone to leak and bleed. They used to do a lot of things to try to destroy those small vessels and thankfully they don't do that anymore. It didn't work very well and it did a lot of damage. What they do now mainly is inject drugs into the eye to try and block new vessel formation, neo-vascularity. Those are the drugs like Eylea and Avastin and Lucentis. They're all similar, very similar drugs. They do a pretty good job of blocking the formation of those new vessels, but there's a downside to that.

I'll talk about the consequences of those drugs in a second, but I just want to come back to talk about what I started out with, the fact that wet macular degeneration and dry macular degeneration are the same disease. If you have wet macular degeneration, that always started out as dry macular degeneration. It's just that nobody diagnosed it. It is common for people to first learn that they have a problem with macular degeneration when their disease is advanced, and they had a problem with leaking and bleeding. The treatments that are done for macular degeneration don't really treat the disease itself. If you Google treatment for macular degeneration, the first articles you usually see are talking about drugs that treat the complications. That's important to remember, these drugs don't treat the disease. They're not done to make your vision any better, and in fact they won't make your vision any better. They are simply done to try and prevent the formation of those new vessels so you don't have leaking and bleeding. Because the leaking and bleeding can be destructive and can cause damage to the eye. Treating the leaking and bleeding is not a bad thing to do.

Before I talk the downsides of those injections, I just kind of want to bring it back to the program that you're doing. The reason you all are on this call is you are doing the Better Eye Health Program. One of the things that happens with the Better Eye Health Program is that you're doing a number of things that improve circulation. The color therapy improves circulation. The ACU-EYE© points improves circulation. The Eye Health Exercises improve circulation. The microcurrent stimulation improves circulation. Even some of the supplements we use improve circulation. They don't supercharge your circulation. They heal it. They bring it back to normal.

That is important because you may have a condition that makes you prone to leak and bleed. Fortunately, we're not pumping up your circulation. We're merely trying to bring it to normal. The formation of those abnormal vessels came as the result of a stress, and that stress was the poor circulation in the eye that was a consequence of the degeneration. So, if we improve circulation, we remove that stress, and the body feels less need to make new vessels. That in turn takes the stress off the eye that puts you at risk for leaking and bleeding.

The healing that occurs with this program goes further because it actually helps new normal vessels to grow. There are a number of things that lead to the healing of the eye in this program. It takes time, but it will happen if you stay with it. There have been many studies that have looked at data for this procedure and I'm going to be talking in the future there are some newer studies that have been done. Most of the studies looking at microcurrent stimulation took place in Europe, and they're showing that it is of great value. We'll talk about those studies on a later call because people always like data. People like to know that there are doctors looking at this treatment, and yes, this is real and it works.

I looked at data that Grace and I collected on 120 patients showed that this program worked very well for both wet and dry macular degeneration. In fact, in the first 120 patients that I kept careful data on, the first people that I treated, the people with wet macular degeneration actually did better than the people with dry. I saw a higher percentage of people with wet show improvement. Now, people ask if I start doing this program and they've already had bleeding, will they bleed again. I can't really answer that. I can't make a promise there because one of the greatest risk factor, the best predictor of whether you are going to bleed is whether you've bled before. There are people that started this program that do have continued problems with leaking and bleeding. But most people, if they stay with the program and they do what we ask them to do, have the leaking and bleeding eventually slow down and even stop.

This has kind of been a long talk, I'm sorry about that, so I will try to start wrapping things up. I want to talk about why you don't want to just do the shots. Yes, the shots do help stop the leaking and bleeding. The shots do not treat the underlying disease. The shots are not intended to improve your vision. I've talked to a lot of people who somehow had it in their minds that shots are a treatment that would improve their vision. Then they are very disappointed that their vision continues to decline even though they are getting these shots every month or every couple of months.

The drugs that are injected directly into the eye were originally used orally. Then they were using them intravenously, and really, it wasn't until they started injecting them into the eye that they did any good at all. The downside of the drug was something that's been seen whether they're given orally, intravenously or injected directly. These drugs reduce the tendency to bleed by reducing blood flow. I just want you to think about this: the body is growing these new vessels for a reason. The vessels are prone to leak and bleed and that is a little bit of problem. But, the body is growing those vessels to try to compensate for a problem. The problem is poor circulation in the back of the retina, the back of the eye. It's an imperfect solution because these vessels are abnormal because these vessels are prone to leak and bleed, but it also does what it's supposed to do, it does improve blood flow to the retina. These drugs are very effective at blocking the formation of these new vessels. So, when an eye that was growing vessels because it was starved for blood flow now has no help in sight.

Now what happens is that the eye cells start to die off in the back of the eye. The way we can see that through 3D ultrasounds of the eye. You see overtime, as you do more and more shots, that the retina thins and you have a decrease in vision. Visual acuity and other things fall off. There is a very real consequence of these shots, which is that they give you some short-term benefit, but in the long run, they tend to lead to further decline in your vision and the health of your eye.

That's why the shots are not a good long-term solution, but as far as first aid, it can be helpful. If someone calls me and they are a little panicked because they have leaking and bleeding. Maybe they're seeing a dramatic decrease their vision. I might recommend they get a shot or two because they have a real problem that needs to be dealt with quickly. The shots are the best way of doing that. I would then suggest they do a program like the Better Eye Health program, which is a way to treat the underlying disease, the root of the problem. Hopefully they would need fewer or even no shots in the future. Sometimes, that first aid is necessary and I'm glad that it's there. If you have any more questions about wet or dry macular degeneration, I'm going to ask you to bring them to the Q&A session that we are about to begin.