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Carlyle

Hello and welcome to the OrganicMD podcast. My name is Carlyle Coash and I am here with Dr. Damon P. Miller II. How are you doing Damon?

Dr. Miller

Well, it's an odd time in the world, but I'm doing pretty well. I'm really glad to be here. You sound strong. You sound good. I'm glad to hear that.

Carlyle

I'm doing what I can.

Dr. Miller

Thank you. Okay, well we're here today for the first of an eight part series. Don't glaze over, stay with us here. The first of an eight part series soon to be a major book. But we wanted to kind of introduce it in pieces here just to get you going. And if you have or know someone close to you that has been diagnosed with a degenerative eye disease, things like macular degeneration, that's the most common stargardt disease, which is basically just the juvenile form of macular degeneration, retinitis pigmentosa, and then a few other odd ones, cone rod dystrophy and things like that. You know, those are diseases that are now the major causes of blindness in people over 65. And they're diseases that just by, I don't know, by the miracle of how life works, it turns out, we've found in our practice ways to work with those to deal with those and even to reverse the vision loss, that those kinds of diseases cause. And that's really what we're here to talk about. It's not something you're going to hear about from your board certified ophthalmologist. Even if they know about it, they're not going to tell you about it. But they are going to tell you that they don't have anything to offer you. So hopefully you found this podcast you found us because you're not going to accept that there's nothing you can do. You're out there looking And you found us. And so we're here today to begin to tell you about the things you need to know. So that you can heal your vision. So, Carlyle, what do you think

Carlyle

It's essential that we remember that the body has this incredible ability to regenerate to heal itself. If we give it support to do that, and this is something that we're Yes, we're talking about degenerative eye disease, and these next few episodes. This can be applied to so many other things. So the same template, I think, plays out for a lot of different illnesses and issues. And so I think, even if you're like, well, I don't have I don't have this issue. You might actually know someone who does. So that's also

important to remember. But even if that's not the case, listening to the kind of things that we're talking about here will inform how you could approach something else that you're doing and we've seen Over and over again. There's certainly plenty of films and research and things done about this where people are taking these What are considered maybe alternative or different approaches and finding results. And it's because it's connecting to some inherent wisdom that our body is able to, to heal and rebalance itself if we give it a chance.

Dr. Miller

That's really what it's all about here at organic MD. And, you know, this, things like the degenerative eye diseases, they're sort of the perfect thing to use to talk about just what you were saying there. Carlyle, about how, you know, we were talking about dealing with a particular subset of challenges that people have in terms of eye disease, but the approach really has much broader application. This is the the kind of story I hear all the time. People come in they've been diagnosed with macular degeneration and like Carlyle said, you probably know somebody there, it's estimated there's probably 25 to 28 million people in the United States alone, who have macular degeneration. It is a genetically determined disease, meaning you probably have some gene that predisposes you to it, although the majority of the people with that gene and we're going to talk about genes much later in the series of podcasts, but the majority of people with that gene never have any problems at all. And, but if you do have a problem, you probably have an abnormal gene. And it you know, when it's when you're talking about, you know, one in eight people or something like that, in the United States having this problem, you know, in your workplace in your church, you know, go to the grocery store, I mean, there's, there's bound to be somebody there who's got it. So you do know people with this. But I mentioned the genetic part, because it it really helps you understand how a program like what we're going to be talking about can work. But usually what happens is people get diagnosed. And you know they have a \$10,000 workup in the eye doctor's office that their insurance pays for. And after all that incredible workup, the doctor comes in, you're sitting there kind of quaking, wondering what they found, sits down next to you, the doctor puts their hand on your knee looks at you and says, I'm so sorry. These problems you're having with your vision. It's not that you need a new pair of glasses, you've got a degenerative disease that's destroying your retina, and it's called macular degeneration. That's the most common are retinitis pigmentosa or stargardt. Doesn't really matter. They're all very similar. And we really don't have anything to offer you. We don't have a drug. We don't have a surgery. We've got some procedures we'll talk about in a bit that might be needed. But, you know, we really, we don't have anything to to help you and, and then the doctor gets up and walks out of the room. And you're just they're going Whoa, what am I supposed to do? And Well, the first thing you do is you get pretty depressed. But you know, we'll be dealing with that too. But the, the point is, is that you, you know, just one, I guess I'll just keep it simple. Just consider this. I've said that virtually 100% of people who get macular degeneration, well, we're going to talk about macular degeneration, not name all the other diseases because these diseases all respond very well to the kinds of interventions we're going to talk about. And macular degeneration is the most common and stargardt the juvenile form of it, so we'll, we'll stick with those but realize I don't care which particular diagnosis name, your eye condition was given if it's a degenerative retinal disease, or retinopathy or a maculopathy, that you know, all these fancy words, but we're talking about you. If you have one of those, and you understand that there's a gene that predispose you to it, and macular degeneration, the most common form of that you don't even have problems Until you're in

your fifth or sixth or seventh or eighth decade. In other words, you're, you're pretty old by the time you even realize you have an eye problem. And you've probably been pretty healthy. This is not part of a syndrome, not a lot of other problems associated with it. So, you know, if you ask yourself the obvious question, Well, hey, I've had this abnormal gene from birth. How did I get to be 70 years old, I don't have any troubles in my eye. Well, that happens because your body has been working on your behalf, healing, whatever damage and degeneration was occurring. For all those 70 years, something has happened that's robbed you of a little bit of health. And now your body can't keep up with the forces of degeneration. And so you start to notice problems. But if you understand that we're not trying to repair the most complex tissue in the entire body, we're simply trying to make your eyes in this program, you know, five years healthier, you know, give you the eyes you had when you were 65 when everything was fine and it You know, that's that's doable, making your eyes a little bit healthier. Suddenly, everything that's kept your eyes healthy for all those decades kicks in again, actually repairs things you regain vision. And I'm not going to tell you that it's easy, it takes some diligence and work but it's doable. We've seen it over and over again 10s of thousands of people, and not just me, but the other people who do this kind of work. So you just need to realize that that kind of medical hexing that doctors are so famous for, you know, just gloom and doom and nothing you can do and sorry, you know, just get prepared to go blind.

Dr. Miller

That is probably malpractice. Certainly uncalled for. And it's wrong. There are things you can do. These diseases can reverse themselves, you can regain vision with a bit of work. Eye cells, brain cells, spinal cord cells, they can regenerate. The body is just, it's an amazing healing machine.

Carlyle

I was just gonna say one of the things that you You've talked about that is been a change is that you do see ophthalmologists before they leave the room say, Well, there are, you know, here's this packet of supplements or vitamins like we're trying to maybe work, but still there's not a lot of guidance around it. And then I think there's this piece around the, you know, diagnosis and prognosis. So sure, yes, diagnosis gives you information about something. And I think where you have this sort of medical hexing, if you will, is in this prognosis of, there's nothing that can be done. But the thing that's interesting to me is that I think the folks I know who are really good physicians or good medical practitioners or health practitioners are able to say, Okay, here's the limit of what I'm able to do as this discipline. So, since my discipline is surgeries and etc, etc. Well, the situation you're dealing with, I can't help, there's nothing that I do that will be of benefit. So that and then being able to say, So, okay, here's my limitation. However, here are other things that do have shown to potentially be effective. Let me get you to those practitioners, or to those things like that, to me is awakened medicine, if you will, or balanced medicine, where that practitioner can actually just be humble enough to say, yeah, here is my limit. Doesn't mean that that's it totally. Do you know what I mean? Like, there's this whole thing that that at least we see some people have gotten success from. And here, let me let's, let's see what what that's about. But what tends to happen is well, my expertise says there's nothing else to do. So we're done. And you're done. You're done. Like you just have to Give up now. Yeah, that that that's that piece that is, you know,

is the limit that's, that's unhelpful and lazy, I think a little bit because you're, you're, you're just voiding the whole conversation you're voiding out the conversation, and what can go forward.

Dr. Miller

What I see, most often if we're going to see anything that's positive is rarely do the ophthalmologists actually point you in the direction of something even if they know about it, but the one thing they can at least do and I and I hear, you know, this this does happen is they would say, you know, there may be things out there, go look around, see what you can find. If you find something that works, come back and tell me about it. So they don't, they at least don't discourage you. You know, they encourage because that's really what this about what we do what we'd like to see all doctors do is encourage not discourage. And I'm here to encourage you, there are definitely things you can do. We're going to be talking about him in the coming podcasts and the supplements are a good, a good point that's going to be a later podcast that we do is talking about, you know, the half century of research about supplements for treating degenerative eye disease. And kind of what what the state of that work is and how it plays a role in what you want to be doing for your eye disease. Because it is a piece, it's necessary, but it's not sufficient. You need supplements, but supplements alone won't do enough and we're going to talk more about that in a later podcast. So I don't know. Do you think you think we got the point across Carlyle?

Carlyle

I think so. Okay, okay. We're sharp people, we don't, belabor the point.

Dr. Miller

Well, and they found us somehow because they are out there looking. So we have good information for you. Check back. We're gonna probably put these up in about one every week for the next eight weeks. Okay, wow. Thank you. Thank you. Thank you. And then also, just also at this time, check out the other podcasts. We've got things there about the Coronavirus. The other thing that's going on right now as we record this, okay, thank you all. We'll see you in a week. Bye