

It seems that as we reach middle age, we decline in hormones and everything starts falling apart, things that people never would associate with hormones. For instance, a lot of older people have MACULAR DEGENERATION. Is that a lutein deficiency, or is it hormonal in origin?

JW: Well, for macular degeneration, lutein helps, and hormones help also. Testosterone and estrogen are anabolic steroids (by anabolic I mean the term “naturally anabolic”). All the word “anabolic” means is tissue building. And if we need to rebuild our maculi, what we need to do is rebuild tissue.

But most of the time, and hold on to your chair, Suzanne, macular degeneration starts in the stomach.

SS: What? Tell me more.

JW: Now I did say *most* of the time. A number of years back there was a study that compiled all the significant risk factors for age-related macular degeneration, and one risk factor that puzzled the researchers was antacid use.

SS: Connect those dots for me.

JW: Mayo Clinic researchers (I get a lot of my stuff from the Mayo Clinic) in the 1930s published an article that tabulated the statistics on stomach function in people of all ages. They found that 50 percent of all the people they tested over age sixty had less stomach acid produced in their stomachs than is necessary to completely digest their food. When we don't digest our food, we don't get the nutrition out of it.

For instance, we could be eating the best organic free-range chicken in the world, but if we don't completely digest it, we won't get the amino acids out of the protein, we won't get the minerals broken out of the organic matrix they're in, and the vitamin B₁₂ won't come out. Now, we're not going to starve to death. But we are going to be malnourished to one degree or another, because we are sold this bill of goods that if we have digestive difficulties we need to take an acid-blocking medication and shut off our digestion.

SS: So what is missing? Hydrochloric acid?

JW: You betcha, ma'am! It's a failure—usually partial, occasionally complete—of hydrochloric acid in your stomach. Along with Lane Lenard, Ph.D., I wrote a book about this problem and all its implications called *Why Stomach Acid Is Good for You*.

At Tahoma Clinic we've been following this very important clue since the 1980s, especially with "dry" macular degeneration, which is roughly 97 percent of all macular degeneration. The other 3 percent is called "wet." Why anyone calls the two types "dry" and "wet" is a mystery to me because the back of the eye is always wet, anyway. Wet macular degeneration is where new blood vessels form and grow over the macula and you can't see through them. All that dry macular degeneration means is that the macula is deteriorating, falling apart like an old barn in need of repair. No new blood vessels like the wet type.

So, how come things are falling apart? Maybe we don't have enough materials to repair with? Most of the time, it's that simple. So, when people come to our clinic, they can go one of two routes, and for one there is a money-back guarantee.

SS: What is that?

JW: It costs \$9,000, and our money-back guarantee is that either we're

at least able to stop your macular degeneration from getting any worse, and in many cases help improve your vision, or you get your money back!

But first we insist you be seen by two independent ophthalmologists. We are not ophthalmologists; we're natural medicine therapists, nutritional therapists. I sometimes like to call it applied natural biochemistry. And you have to see at least two, and they measure your visual acuity and confirm that you have dry macular degeneration. Then if we give you our treatment, and your visual acuity keeps getting worse, you get all your money back.

SS: [laughs] You're my kind of doctor.

JW: If you're able to stop macular degeneration so it doesn't get worse, we consider that a success. We don't fool around with trying to improve the stomach first, although we do work with that, too . . . macular degeneration is serious stuff; you could go blind. To get the job done as rapidly as possible, we give people a series of IVs that contain the very same nutrients that are needed to repair macular degeneration.

SS: Hmm . . . just like you replace missing hormones to restore quality of life, so in this case you restore the nutrients whose absence has led to the macular degeneration. It makes perfect sense.

JW: Let me tell you where I got one of several important clues. Here in Washington State, in the Yakima Valley, local farmers know that the soil is very selenium deficient, and the cows were getting something called white muscle disease due to selenium deficiency. So the farmers gave their cows selenium supplements and they got better.

Years ago, one doctor who lived in the Yakima Valley, Dr. Joseph Bittner, thought, hey, I'm eating the local produce, I have macular degeneration, maybe if I took some selenium just like the cows, it would help my eyes. So he did, and his eyes got better. He published this in his weekly column in the Yakima newspaper, and, fortunately, I obtained a copy. After that, for patients who came to me at Tahoma Clinic with macular degeneration, I would measure and replace their hydrochloric acid if the test showed it necessary, and it usually did. I'd have them take selenium and a lot of them got better. After I saw that work, I thought, well, what else helps the eyeball? It turns out that zinc is more concentrated in the macula of the eye than anywhere else, except the hearing apparatus. That gave me another clue.

SS: So this is detective work . . . common sense . . .

JW: Well, that's part of it. That is the art of medicine, putting things together.

Anyway, when I added zinc to the regimen, more people got better. Then I started putting these things into IVs and the results were amazing.

Treatments emerge for degenerative blindness

<http://www.tahomaclinic.com/berger5.shtml>

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PART V)

Fifth in a six-part series on alternative medicine: Can the elderly prevent blindness with vitamin and mineral supplements alone?

Try this: Put a nickel in front of each eye. You may not look left or right. Frustrating, isn't it? That's what it's like having the blinding disease, age-related macular degeneration, or AMD.

When Swiss neurologist Peter Woermser began losing his sight to macular degeneration, he thought he saw a smudge on the page he was reading. A few months later, the grayish hazy looking blob still remained blocking his central vision.

Woermser, then 50, was told that nothing could be done. Now 65, he can't read or drive.

Caused by the death of photoreceptor cells in the light-sensitive region of the retina called the macula, AMD is the leading cause of blindness for those over 50 in developed nations. More widespread among people of Northern European descent, it's less common among African-Americans and Hispanics. In the United States alone, 10 million are affected.

In worst cases, like Woermser's, AMD causes complete loss of central vision. Others may have mild to moderate forms. In all cases, peripheral or side vision is left intact and doesn't cause complete blindness. You would have noticed that using your nickels. There are two kinds of AMD: "wet" and "dry." In wet AMD, new blood vessels develop under the retina, causing hemorrhaging, swelling and scar tissue. This form affects 10 percent of all AMD patients and is nine times more likely than "dry" to cause severe vision loss.

In some cases, with early diagnosis, wet AMD can be treated with "laser photocoagulation," which seals leaking or bleeding vessels. However, this doesn't restore lost vision, nor prevent further loss.

In the less severe, dry AMD, "drusen," or yellow material, forms beneath the retina. Later, the underlying structures or parts of the retina atrophy. Studies have shown a strong link between nutrition and the disease's development. People with diets high in fruits and leafy green vegetables show a lower incidence.

In both types, an Amsler Grid, which looks like graph paper with a dot in the middle, is used to monitor symptoms. Nutrition, genetics, smoking, malabsorption, caffeine, alcohol and sunlight exposure may play a role in AMD.

The alternative approach for dry AMD includes over-the-counter supplements. After studies proved them effective, Dr. Jonathan Wright, director of the Tahoma Clinic in Kent, Wash., recommends oral doses of:

- Lutein (5 to 20 milligrams a day), Zeaxanthin and Beta-carotene to help filter light.
- Taurine (500 to 1,500 mg a day) to reduce the oxidative damage caused by sunlight.
- Bilberry (40 to 120 mg a day) to improve night vision, maintain capillary integrity, stabilize collagen and improve eye blood vessel circulation.
- Vinpocetine to improve utilization of glucose and oxygen in the retina.
- Vitamin C (1,000-3,000 mg a day), Vitamin E (400 to 800 IU a day) and Selenium (200 mg a day), antioxidants to nourish the retina and protect against UV light.

- Essential fatty acids like DHA, to help protect the retina's photoreceptor cells.
- Zinc (30 to 50 mg a day), which when deficient has been linked to AMD. It's given along with copper (2 to 3 mg a day).
- Ginkgo biloba extract (40 to 120 mg) to improve blood flow to the eye.

Additionally, Dr. Robert Abel Jr., author of the book "The Eye Care Revolution: Prevent and Reverse Common Vision Problems," recommends eye vitamins, such as Maxivision and Ocutive.

Before trying these over-the-counter supplements, discuss them with your doctor. Supplements can have side effects or interact with prescription medications.

Wright also treats patients with high-dose infusions of zinc, selenium and trace minerals. With combination oral and infusion therapy, he reports permanent vision improvement in seven out of 10 patients.

Visudyne or Verteporfin, a newly FDA-approved, light-activating drug treatment for wet AMD, stabilized or improved the vision of 61 percent of those tested. Using photodynamic therapy, the infused drug is activated by a non-thermal or "cool" laser, which destroys the leaky, abnormal blood vessels leaving the surrounding healthy tissue.