

An Unexpected Diagnosis

About a year ago, Mark needed a new prescription to get safety glasses for work. I offered to accompany him just in case he decided to get his eyes dilated and would need someone to drive him home. True confessions: Both of us have had undilated eye examinations routinely so we could drive immediately after the appointment and get back to doing what we needed to do quickly. Mark's reply to my offer was that he didn't plan to get his eyes dilated but wouldn't mind having me along for company.

He had the refraction and got his new prescription. Then the doctor convinced him to let her dilate his eyes. Normally, when she looks inside the eyes with a hand-held ophthalmoscope, she looks and looks and looks at one eye, and then moves to the other eye and does the same. At this appointment, I was sitting behind her, facing Mark, and saw that she looked at one eye for just a few seconds and then quickly moved to the second eye and examined it for her normal amount of time. Then she returned to the eye she had first looked at and examined it thoroughly.

She said, "I'm glad you came in today. You have early stage dry macular degeneration."

We were both stunned. Mark's father was diagnosed with macular degeneration when he was ten years older than Mark was that day, and within a few months his dad could barely see. My beloved 94-year old aunt had moved to an assisted living facility eleven months previously to continue recovering from a fall. She had hoped to return home soon. However, she is legally blind in spite of having taken over 100 injections of drugs in her wet eye. She keeps taking the injections, although less often than initially, because she thinks her vision will be worse if she doesn't.

I was visiting her one day when the physical therapist came. We all went for a walk in the hall of her building. During one of our rests, she was talking, as she often did, about how much she wanted to go home to her dog. The therapist asked her, "What do you see when you look at my face?" She replied, "I can see the edges of your head, but not your features." He said, "It's not safe for you to go home because you might not see something on the floor and could trip and have another fall."

Because of our family members' experiences, when we heard the eye diagnosis both Mark and I knew, immediately and with certainty, how macular degeneration can devastate a life.

The doctor advised Mark to eat kale every day, salmon once a week, four egg yolks a week for lutein and take the AREDS™ eye supplement. (See pages 25 to 26 for more about the AREDS™ supplements). She also said he should see a retina specialist and gave us the names of two doctors nearby. I asked her if either of them was holistic. She said, "With dry macular degeneration, nutrition is the only thing you can do. They both are holistic because both will give you nutritional advice."

When we arrived at home, I made an appointment with the doctor she had recommended most highly and who had all five-star ratings on internet reviews. Her

patients praised her in the reviews for getting them in for treatment quickly in a crisis and said that her staff was very kind.

During the seemingly-long nine days between the routine eye examination and his appointment with the retina specialist, Mark and I discussed everything we had ever heard or had just read on the internet about macular degeneration. The most important thing we talked about was what I had heard about eighteen years previously. My 78-year-old mother had been diagnosed with early stage dry macular degeneration. She was taking allergy shots called EPD¹ which our son Joel and I also took. (We now take LDA, an Americanized version of the shots. For more information, see the footnote below). When she had a routine between-shots phone appointment with her allergy doctor, with me on another phone extension, she mentioned that she had just learned that she had macular degeneration. The doctor told her, “There is an IV protocol that stops it in its tracks. If it gets worse, you should take the IVs.”

Mark’s appointment with the retina specialist lasted more than two hours. First an assistant took a detailed health history, had Mark read the Snellen eye chart, and put dilating drops in his eyes. We sat in a mid-office waiting area while the drops took effect. Two types of scans followed. Finally we saw the doctor, and she gave us the results: Intermediate stage dry macular degeneration. Intermediate already? She gave us a handout with a list of foods he should eat including leafy green vegetables, with kale at the top as the best, salmon or other fish, and egg yolks and with information about the AREDSTM supplement. We asked her how fast Mark’s macular degeneration might progress.

“Impossible to tell.”

Did she have any other nutritional advice? We mentioned some information we had read.

“We have no evidence that any of those things help.”

Mark said that he had been following a low glycemic index diet for several years. She said she did not think it would be helpful.

The one thing that she did know was that he should look at an Amsler grid daily with each eye, and if the lines looked wavy or a dark area appeared in the middle of the grid, he should call her as soon as possible during a weekday “but not at 4 pm on Friday afternoon.” She would give him an injection of a drug in his eye within a few weekdays of his call. She gave us no real hope: she offered only the treatment that had failed to help my aunt.

It was time for Plan B. I Googled “IV therapy near me,” and discovered a clinic 4.5 miles away. I called and made an appointment for an initial office visit. The receptionist told me that one of their doctors had experience in treating macular degeneration with IVs. I contacted the doctor who had told my mother about the IV protocol years before. Although retired, he emailed me the protocol within a few

¹ EPD stands for Enzyme Potentiated Desensitization. The Americanized version of EPD is LDA, which stands for Low Dose Allergens. For more about these treatments see www.food-allergy.org/epd.html and http://www.drshrader.com/lda_therapy.htm .

hours. One week after seeing the retina specialist, with the IV protocol in hand, Mark had his first appointment with a naturopath.

She told us that she had worked with an MD who used a similar protocol for macular degeneration and that it worked well for stopping the progression of the disease. She also told me how to get plenty of spinach and kale into Mark, plus fish oil that he previously could not stand to take, plus plenty of anthocyanins from blueberries plus other nutrients – all via a smoothie. She said that the Occudyne™ supplement that Mark had switched to when we read about the AREDS™ supplement online and became disillusioned with it was a good, complete eye supplement. She also said that the nutrients in Occudyne™ and in the IV protocol were in safe amounts. We discussed supplements Mark was already taking and should take and she advised us about them. We discussed whole grains, green leafy vegetables, red, orange, yellow and purple vegetables, tomatoes, blueberries, omega-3 fatty acids and vitamin D. She also told me which brand of fish oil to purchase for palatability and where to buy it. She said Mark should drink half his body weight in ounces of water per day and that he needed to relax and let his parasympathetic nervous system function as much of the time as possible. He said, “I need to become less compulsive about work.”

She gave us lab paperwork for a vitamin D blood test and a battery of other relevant tests. We left the office feeling hopeful and happy to have heard that there really is something that can be done to limit or stop the progression of macular degeneration and even prevent blindness.

Most of the advice she gave us was about nutrition. Although Mark’s nutrition had improved quite a bit during 41½ years of marriage, his childhood had not been nutritionally ideal, so there was catching up to do. I started a “cooking frenzy,” as Mark called it, which was therapeutic for me. We both began to learn more about what could be done to help Mark’s eyes. What we learned and experienced is in the following chapters.