ALTERNATIVE THERAPIES

IN HEALTH AND MEDICINE

A PEER-REVIEWED JOURNAL · JANUARY/FEBRUARY 2014 · VOL. 20, NO. 1 · $14.95

ATTITUDES TOWARD AND USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE AMONG HISPANIC AND WHITE MOTHERS · EFFECTIVENESS OF BIOFIELD THERAPY FOR INDIVIDUALS WITH SICKLE CELL DISEASE IN AFRICA · CHRONIC FATIGUE SYNDROME: A PERSONALIZED INTEGRATIVE MEDICINE APPROACH · COMMENTARY—CHRONIC FATIGUE SYNDROME, FIBROMYALGIA, AND MYALGIC ENCEPHALOMYELITIS: A CLINICAL PERSPECTIVE · ACUPUNCTURE TREATMENT FOR PRIMARY DYSMENORRHEA · CONVERSATIONS: EDWARD KONDROT, MD · EDITORIAL—PHARMACEUTICAL DRUGS

Edward Kondrot, MD: Addressing the Root Causes of Vision Impairment Through an Energetic and Holistic Paradigm

Interview by Craig Gustafson

Edward Kondrot, *MD, is a world-renowned physician and author of 3 books, who focuses on providing alternative and homeopathic therapies. He is the world's only board-certified ophthalmologist who is also a board-certified homeopathic physician. Having been in the field for over 30 years, he has founded the Healing The Eye & Wellness Center, located just north of Tampa, Florida. The center focuses on providing patients from around the world with progressive therapies aimed at helping them restore their vision. Dr Kondrot also raises awareness about what people can do in order to save their vision in the first place. At the center, he also holds seminars and workshops, and he offers Webinars in which he helps to train others in the field. He has an active medical license in Arizona, California, and Pennsylvania, as well as Florida, and he is president of the Arizona Homeopathic and Integrative Medical Association.*

After having spent 30 years in private practice in ophthalmology, he has used his experience, education, and skills to create an effective residential treatment program. The program, known as the "Kondrot Program," uses multimode treatment, including a variety of natural therapies, to address chronic eye conditions. He also has a weekly radio show, gives lectures, and conducts research in the field.

Dr Kondrot has taught at various colleges and universities throughout Arizona, as well as contributing to numerous studies and journal articles in the field. He has received several honors and awards, including the Distinction in Internal Medicine award.

Dr Kondrot is also a member of numerous organizations in the field, including the American Institute of Homeopathy, the National Center for Homeopathy, the Academy of Comprehensive Integrative Medicine, and the American Academy of Ozonotherapy. (*Altern Ther Health Med.* 2014;20(1):58-64.)

Alternative Therapies in Health and Medicine **(*ATHM*):** What originally drew your interest to medicine?

Dr Kondrot: Initially, I started out with a keen interest in chemistry. For some reason I had a knack for chemistry—got straight As in college chemistry without studying. At that point I said, "I want to be a chemist; it comes easy to me." When I began to take biochemistry, and became fascinated with that, I thought it might be better if I applied my interest in chemistry to the human body. Because I liked dealing with people and the social interaction, that became my mission: to go to medical school, become a doctor, and to use that knowledge to help people. But little did I know that some of my interest in chemistry was rooted in alchemy. I was fascinated with the writings of the old alchemists I encountered while studying chemistry.

***ATHM*:** What got you interested, specifically, in ophthalmology then?

Dr Kondrot: I was really undecided: I liked psychiatry, I liked surgery, I liked internal medicine, I liked endocrinology, and I liked neurology. I could have flipped a coin in terms of choosing a specialty. I fell in love with ophthalmology because I thought of it as a combination of all those specialties. The other thing I liked about ophthalmology is that it is a *stand-alone* specialty. When somebody puts up a chest x-ray, everybody can make a comment on the chest x-ray—for example, the dermatologist. When somebody comes through the emergency room with a red or painful eye, there is only one person who can take care of that and that is the ophthalmologist. It seems like most of the medical disciplines are not very comfortable with eye disease.

So I found that ophthalmology's combination of integrating many, many different specialties to be challenging

and also found that I had very good surgical skills for dealing with eye surgery. I fell in love with ophthalmology.

ATHM: Were there any key influences in your education that helped define your perspective on medicine or laid the groundwork for your later entry into holistic medicine?

Dr Kondrot: In terms of physicians of influence, there was a surgeon, Dr John Thomas. I admired him for not only his surgical skill, but his knowledge. He always emphasized anatomy to me; you have got to know your anatomy. Then I also studied under Dr Harold Scheie at the University of Pennsylvania. He also influenced me in terms of his demeanor with patients and confidence—the confidence that anybody who came to him, he could help them. I went into medicine with that approach. I did not care what your problem was; I was going to help you in some capacity. Of course, after you practice for 20 years or so, you realize that you reach a dead end in a lot of cases, and that there is nothing more you can offer those patients.

Another influential experience during my senior year of medical school was a nutritional fellowship. I was going to school at Hahnemann in Philadelphia and the nutritional fellowship was at the University of California, Davis. Going to California for 3 months and to study nutrition really appealed to me. At UC Davis, I studied under a Dr Hodges. He was doing a lot of IV therapies—IV vitamin C therapies for cancer patients and trauma burn patients. That opened up my mind that there was more to medicine than just petro-pharmaceutical drugs.

The real turning point in my life came once I had established myself as a very busy, successful ophthalmologist. I had my own surgical center, seeing 80 patients a day. Personally, I was very active. I was running marathons. I did the Hawaii Ironman and the Boston Marathon.

Then I developed severe asthma. I was taking 3 different medications, and unfortunately those medications brought side effects. One of them was a tremor, and you cannot be a very good surgeon when you have a hand tremor. I would take a beta-blocker before surgery to get rid of the tremor, but that would exacerbate my asthma. That was my life.

While training for the Hawaii Ironman, I met some professional triathletes who were using homeopathic remedies to treat musculoskeletal injuries, soreness, and fatigue, and they worked quite well. I was not that familiar with homeopathy—and I had gone to medical school at Hahnemann Medical College. At one time, that was the leading homeopathic school in the country. Of course, when I went there they gave a 15-minute lecture on Sammy Hahnemann, and that was it.

I thought that, maybe, homeopathy could help me with my asthma. I did some research and there were some claims that homeopathy helped with asthma. Before I pursued homeopathy, I saw my pulmonary specialist—who happened to be my neighbor—and I said "Dave, I want my old lungs back. Is there anything I can do to get my old lungs back?" I was miserable. I almost died twice and was on 3 medications: Theo-Dur, Proventil inhaler, and steroids. He said to me "There is no cure for adult onset asthma. Make sure you take your medications and this is going to be with you the rest of your life."

I saw a professional homoeopath. If there were ever going to be a placebo effect, then it should have happened at that moment in time. I really thought it was going to help me. But the first homeopathic remedy that I took did not do anything for me—not a thing. I went back and got a second remedy. The second remedy may have helped a little bit, but the third remedy, wow! It cured me of my asthma. No more Theo-Dur, steroids, or Proventil. The change was profound, although I still carried my inhaler around with me in my pocket for about a year because I thought it was too good to be true. I feared I was going to have another asthma attack.

That was about 15 years ago, and I have been asthma free. At that time I was really curious about homeopathy and wondered "Why did they not teach us this in medical school? I went to Hahnemann. Was that not supposed to be a homeopathic medical school?" Then I did some research and I discovered that many ophthalmologists were homeopathic eye doctors in the early 1900s. In fact, New York Eye and Ear Hospital at one time was a homeopathic hospital.

I began reading all the old homeopathic journals. I got homeopathic textbooks, and also I began a homeopathic curriculum at the Hahnemann Homeopathic College in Berkley, California. I always have to joke, I had to do my

medical training twice: Hahnemann on the East Coast and then Hahnemann on the West Coast. So I went to Hahnemann twice. I got my homeopathic degree and in my practice I began applying homeopathic principals to my patients, wearing 2 hats: that of a board-certified ophthalmic surgeon and that of a homeopathic doctor.

Then over the years I became more and more interested in my homeopathic practice. I was getting unbelievable results—I call them miracles—with homeopathy. I decided to just abandon surgery and devote my practice to alternative therapies.

ATHM: As your personal experience turned into a course of professional training, what did you learn about eye health and the holistic approach?

Dr Kondrot: What I learned was that traditional Western ophthalmology really does not look for the underlying cause of the eye problem. They totally ignore it. When I was a surgeon, someone would come in with a cataract and my mission was to improve their vision and remove the cataract. Of course I talked about health issues—I want to know if they are diabetic or have high blood pressure, things like that—but I did not really investigate whether they had heavy metal poisoning, circulatory problems, effects of toxins, or issues with their diet. I really did not look at those factors, and of course now I feel that they are so critical in evaluating someone's eye health and also critical in terms of establishing a treatment program.

I am convinced that many eye diseases are related to the poor nutrition that we have—especially in the United States. Genetically modified food, high fructose corn syrup, pesticides, and preservatives; all these toxins are affecting us, in addition to heavy metals. For every patient I evaluate, I take a careful dietary history and then I also inquire about possible exposures to toxins. I will do a 6-hour urine challenge test, and depending on the results of that, I will begin some type of chelation therapy.

Also, the other change that occurred is understanding that the human body is more than just the eye. As a homeopathic doctor, I look at the mental, emotional, and physical aspects of the person. Many times there is a strong emotional component to the eye disease and you need to address that and that will enable the healing process to begin. In Chinese medicine they talk about the liver-eye connection. The eye is the flower of the liver and the liver is an emotional center for anger and frustration. There are many reasons in our society to have anger and frustration, especially when we get older. So, many times those 2 things go hand in hand: this emotional component of the liver and eye disease. We treat both of those components.

I have another interesting story. When I first became interested in chelation, my uncle, who is a dairy farmer in Pennsylvania, developed chest pain and he did not have insurance coverage. The local hospital wanted $60 000 to do triple bypass surgery on him, up front. He heard of some friends undergoing chelation therapy and he called me up, being the physician in the family, and asked me my opinion. I always had an open mind, and I said, "In medical school no one ever spoke highly of chelation, but it is not going to hurt to give it a try."

He did have a series of chelation treatments and it took care of his chest pain. He was back on the farm without any restrictions. But then he did not maintain it. He ignored his monthly maintenance chelations and later on he developed chest pain again. They wanted to do surgery, and by that time he had insurance. He underwent open heart surgery, had the vessels bypassed, and after surgery he still had the chest pain. The doctors told him there was no reason for the chest pain: "All your vessels are open and there is good blood flow."

He went back to having chelation treatment again and it eliminated his chest pain and fatigue. He was very upset and felt that the cardiovascular surgery did absolutely nothing for him. Of course, we have the really positive result of the TACT—Trial to Assess Chelation Therapy, sponsored by the National Center for Complementary and Alternative Medicine of the National Institutes of Health—a study that was recently published, which shows the benefit of chelation. I am seeing the same benefit from chelation therapy in the eye, not only because I feel that heavy metals are associated with eye disease, but also because the chelation therapy can open up the blood flow in the tiny capillaries. This improves circulation, not only for macular degeneration, but also for diseases like glaucoma. Chelation is an important part of my practice when indicated.

ATHM: What other therapies have you found that increase blood flow in order to support vision?

Dr Kondrot: A favorite therapy of mine is microcurrent stimulation. I heard about microcurrent stimulation 16 or 17 years ago when Sam Snead, the great golfer, had a dramatic improvement of his macular degeneration after microcurrent stimulation therapy. When I read the article, I called up the microcurrent manufacturer and I got 10 machines and I wanted to try it in my office. I did not wait for an FDA study. I contacted several of my patients and asked them if they would volunteer for this new treatment to see if it could help their vision. Much to my surprise, 7 out of the 10 patients had a significant improvement of vision.

I began using microcurrent as an adjunctive therapy for all of my macular degeneration patients. There are many published articles on microcurrent—not so much in the eye literature—but there are published studies dealing with microcurrent improving circulation. In several studies done in the treatment of nonhealing ulcers that were refractory to conventional treatment, microcurrent improved blood flow and stimulated healing.

There was another article that was published in the *Journal of Orthopedic Research* by Cheng, and he showed that microcurrent, low levels of current, dramatically improved cellular activity. He measured increases in protein synthesis, ATP activity, and mitochondrial activity by as high as 500% in certain levels of current and frequency.

Then there are studies that show it has a neuroprotective effect. It reduces inflammation. All of these outcomes are very valuable and because of that microcurrent is probably one the most frequent treatments that I do. Because of my results, I published a book called *Microcurrent Stimulation: Miracle Eye Cure*. I wanted the public to be aware of microcurrent and its positive application for the treatment of chronic eye disorders.

Another therapy that I use quite frequently is oxidative treatments. I was trained by Dr Robert Rowen and Dr Frank Shallenberger. These oxidative treatments are extremely valuable in terms of increasing oxygenation, helping regeneration of the tissue and—probably the most important factor that takes place after these oxidative treatments—increasing oxygen utilization by the cell. This has been researched by Dr Velio Bocci, an Italian who wrote the book called *Ozone Therapy*.

In fact, I am catching a flight this afternoon to Rome, where I am presenting 2 papers at the World Congress on ozone therapy in Italy. This idea of increasing oxygen uptake—it can have a dramatic effect in terms of reversing eye disease. There is another researcher, Sylvia Menéndez from Cuba, doing a lot of rectal insufflation with ozone. She has recorded her results from treating thousands of eye patients—macular degeneration, glaucoma, and retinitis pigmentosa—with good results, including improvement of vision and improvement of visual fields. So this is also an important modality that I am using.

One of my frustrations is that I am so excited about these results and how they help eye patients, but my colleagues in the ophthalmology profession just really are not interested despite the fact that I want to share the knowledge with them. I think it is much like the TACT study and cardiologists—cardiovascular surgeons. No matter what the published results are, they are just not interested.

Over the past 10 years I have tried to educate my colleagues: inviting them to my center, having courses for them, organizing programs, and just no one is interested. What I discovered, however, is that there are many integrated doctors who essentially have all the skills and knowledge to use these therapies. Their only limiting factor is that they may not be comfortable in diagnosing the particular eye disorder.

This year, I have started a training program called "Integrated Therapies to Reverse Eye Disease for the Non-ophthalmologist," and it has been very well-attended. We have 5 or 6 doctors who have been trained and are doing these therapies under my supervision, and who are getting the same results that I am getting in my Florida center. That is really rewarding for me because I thought that perhaps I would be the only one to get these good results. If you train somebody else, the results may not be as good, but so far they are. This is good. We see the same percentages in terms of improvement of vision.

ATHM: Earlier you alluded to the fact that independence stemming from your narrow specialization was one of the things that drew you to treating and caring for people's eyes. Do you feel like there may be a little irony involved in your transition to a modality of practice based on treating the whole person rather than just the eye?

Dr Kondrot: You are right. It has got a certain amount of irony. Through my medical training, when I was educated on the neurological system, the endocrine system, and the cardiovascular system, I just had a very closed mind. I focused only on the eye, and of course now I look at the whole person and, based on my years of studying homeopathy, you are really treating the person, not the disease.

Commonly, someone will ask me "What is a good homeopathic remedy for macular degeneration?" I just cannot answer that, because if I treat 100 patients with macular degeneration there is a good chance that each one will need a different homeopathic remedy. So we are really treating the individual and I always explain this to patients.

I think the other interesting thing is that ophthalmology tends to be one of the most conservative specialties—very closed. You are dealing only with a small structure, the human eye. There are many subspecialties in ophthalmology, however. You would think, "My goodness, just being a general ophthalmologist would suffice. How big is the eye?" We have retinal specialists, corneal specialists, glaucoma, external disease, neuro-ophthalmologists … I have even seen more specific specialties. But as you become focused on that one particular area you become very myopic, and you are not looking at the whole person.

Over the years I have chuckled at some of the treatments that ophthalmologists do for diseases. For example, glaucoma. A glaucoma is a very serious disease—one of the few ophthalmology diseases that can lead to total blindness. It is a disease of the optic nerve, where a slow loss of neurons eventually causes death of the optic nerve and loss of the nerve fiber layer. Ophthalmologists primarily treat that disease by lowering the pressure within the eye. Of course, lowering the pressure is one way to improve the circulation of the nerve: As the pressure is lowered, the blood flow will improve to the nerve. But no one is looking at things to actually improve the blood flow independent of the eye pressure, such as exercise, chelation therapy, microcurrent, oxidative treatments—all these things can improve the circulation of the nerve.

It is a very limited approach. And speaking of glaucoma, no one is looking at evaluating the toxic component. Are there heavy metals present? I am a firm believer that if somebody has glaucoma and is losing their vision, they really need to be evaluated for heavy metals. If a patient does have elevated lead or mercury, that is going to be a contributing factor accelerating the loss of the optic nerve—a contributing factor to losing more vision.

ATHM: What types of diagnostics, testing, or observational procedures have you found to be beneficial in your practice?

Dr Kondrot: I do a conventional eye examination. I measure visual acuity, the number of letters the patient can read. I also measure contrast sensitivity, where the letters become lighter and lighter. The contrast decreases so we can determine the level of contrast the patient can discern. I think the level of contrast does correlate with heavy metal poisoning, in addition to other eye diseases. If someone has an apparently healthy eye and they have poor contrast, I think it shows a problem with heavy metals.

Visual fields are a very important part of my evaluation—not only the standard, computerized visual field that conventional eye doctors do, but I do a test called *campimetry*, where we look at the colored visual field. We measure blue, green, and red as a kinetic visual field based on motion. I think it is a more physiological field measurement. Our eyes were designed to detect peripheral motion. In the computerized visual field it is a more static measurement, where a light is flashed and the patient responds by hitting a button when they see the light.

I have found that the colored visual fields measure the energetic state of the body, the autonomic nervous system, and the emotional state of the body. We can evaluate the success of our treatments by looking at the energetic fields because vision is more than just acuity. I have seen patients who can read the bottom line of the eye chart, 20/20, but they are also having a lot of visual function symptoms: perception, navigating, or headaches. On the other hand, I have patients who can only read halfway down the eye chart and they have no visual complaints.

Over the years I have learned that visual function is more than acuity. It is interesting because I treat people who are going blind, who are losing their vision, and many times energetically the whole visual system will improve, but you see very little change in the pathology. Of course, it is always nice to see changes in both areas: resolution of the pathology of the eye and an improvement of acuity.

To give you an example, cataracts are probably one of the most difficult conditions that I treat because the cataract is an avascular structure. A lot of the IV therapies and the microcurrent does not seem to have that much effect on the actual cataract, but people undergo these treatments and they have a profound improvement of vision—but there is no change in the cataract. How do you explain that? It has become my understanding that vision and function and visual perception are a lot more than physical aspects of the eye, and that is one of the things that I like about homeopathy. Homeopathy treats the subtle energies, the energetic component of the eye.

Many times you reduce the stress and vision improves with no physical change in the eye. This is an area that I am keenly interested in because I feel that this is where we can really help people regain lost vision. It can help the whole healing process of the body take place, because if the individual is in the sympathetic state, that suppresses the healing of the body. When the grizzly bear is chasing you in the woods and you are running for your life—the sympathetic state—your body does not care about digesting its food and having these reparative processes going on.

ATHM: Fight or flight response is certainly a stressful state. So, when you talk about stress on the eye being relieved and vision improving, are you talking about the effects of cortisol hormone response or are you talking more about stressors like nutritional deficiencies or mechanical stressors? Tell us a little bit more about how stress impacts vision.

Dr Kondrot: All of those factors that you mentioned can be a component of stress. My main focus is looking at the mental and emotional aspects. You know, the stresses of daily living, and of course there are different ways that you could approach that. One is to say that it is due to some type of biochemical process, a hormonal deficiency, and by correcting the hormone deficiency you are going to correct the problem.

Based on homeopathic principals, we view it through the energy state of the body. The energy state of the body is affected due to a misvibration and improper perception. The improper thought form causes certain vibrational dynamics of the body, which then produce a biochemical, physical, and emotional state. By treating the subtle energies of the body you are going to correct all the physical problems. I am not a functional ophthalmologist. I do not do a battery of 1000 different biochemicals, enzymes, vitamins, and things like that to try to detect a deficiency of the body. I mainly look at the energetic state of the body based on the visual system and also the symptoms that the patient has.

My approach is to use subtle energies like homeopathy, microcurrent, and colored light therapy, which I find to be extremely effective. Light therapy has been part of my practice for a good number of years, as it helps to balance the autonomic nervous system and at the same time can correct some of the neuro-endocrine functions in those combinations. Nutritional IVs, chelation, heavy metal testing: I do those because I feel that they are a key component in terms of regaining the health of the patient, but my true passion is using the subtle energies to treat eye disorders.

ATHM: How does sleep impact eyesight?

Dr Kondrot: A good night's sleep is essential and so is keeping the circadian rhythm in good balance. There has been some fascinating research by a professor Abraham Haim. I interviewed him on my radio show a couple of times and have heard him lecture. He believes that there is a condition that is prevalent called *light at night*, or LAN. He researched areas of the country that have a lot of unwanted light at night. If you look at a satellite map of the earth at night, you can see hotspots of light by Los Angeles, New York, Miami, and then dark areas of the country.

He looked at the incidence of certain diseases that he felt were related to the circadian rhythm: breast cancer, prostate cancer, diabetes, heart disease, and macular degeneration. He discovered that these areas have an extremely high incidence of those diseases compared to the dark areas. Now you may think: "Of course they are going to be higher because they are metropolitan areas. There is more stress, more tox-

cancer as a control, and there was no change in the incidence of lung cancer in those areas.

He took this hypothesis into the laboratory and injected mice with breast cancer cells. He kept one group of mice in a normal circadian rhythm. The other mice were kept in unwanted light at night. The mice that had the unwanted light at night had a much larger growth of the tumor cells. He looked at this with prostate cancer. He studied it with diabetes and heart disease, and all of these diseases had an increased incidence when there was unwanted light at night.

I would have been happy with this experiment, but he was brilliant and took it one step further. He then studied different wavelengths of light. What wavelength at night caused the greatest ill effect on our health? He looked at red, yellow, green, blue, purple, orange—all the colors of the spectrum. Guess what color had distinctly the highest negative effect?

Most people will say red. But it is blue. And his greatest fear is what is the federal government is currently pushing on us: compact fluorescent lights, which give off a blue spectrum of light. He feels that this is going to be the greatest health crisis in our country—these blue spectrum lights. Compact fluorescent lights. We need the incandescent lights.

I advise all of my eye patients to avoid light at night, especially blue light. When the sun sets, the whole spectrum shifts more towards the red end—the infrared end. During the day we need blue light—that is why God made the sky and the ocean blue—but at night we have to avoid blue light. We need light frequencies more towards the red spectrum or no light at all.

***ATHM*:** What are you observing as far as spectrum issues with the LED lights?

Dr Kondrot: From what I have read, the LED lights are a pure source of light—all the primary colors. You can get a full spectrum light in reds, blues, greens, and yellows in the LED. I think that natural sunlight is the best source of light, and that is a whole separate issue in that I think that ultraviolet light is essential for the health of the eye. We have been bombarded by advertising that ultraviolet light and sunlight are harmful to the body—that they cause macular degeneration and cataracts. I really feel that a moderate amount of ultraviolet light is essential for good eye health.

Now, one of the largest deficiencies that we see is a vitamin D deficiency. It seems like everybody is deficient in vitamin D. You need to get your vitamin D levels checked. The reason for that is because we are not getting enough sunlight. It is interesting that in the eye we have structures called cones for good, sharp vision. We have cone receptors that perceive red, blue, green, and also ultraviolet light. Why would we have cone receptors in the eye that perceive ultraviolet light if it was damaging? I mean, it is essential that we do get some moderate amount of ultraviolet light in our eyes.

In fact, there was an experiment done at the Wills Eye Hospital by Dr Irving Leopold and he demonstrated that it had low levels of ultraviolet light. Part of me is thinking that lack of ultraviolet light may be a cause of macular degeneration—*lack* of ultraviolet light.

I think that the ultraviolet light is essential for our health. Right now, ultraviolet blood irradiation, or UBI, is a procedure I am doing in the office. A lot of other integrative doctors are using this, and if you look at the evolution of humans as we evolved from plants, you will find that the molecule that plays the same role as hemoglobin in chlorophyll is almost identical to the one in humans except for one element. Chlorophyll has magnesium and hemoglobin has iron. There is really no difference; thus, I think the hemoglobin is a photoreceptor where the light is actually integrated and causes an energetic reaction. That is one of the mechanisms explaining why ultraviolet light irradiation works.

Now in the eye, if you have cones that are ultraviolet light receivers and within the structure of the eye, the retina is transparent so that ultraviolet light is directly received by hemoglobin molecules in the eye's blood supply, that is one of the reasons why syntonic light therapy works so well. We have patients look at incandescent light—noncoherent light, not laser light—for 10 minutes or so at a low level of illumination. That light penetrates directly into the eye. The neurological elements, the cones, in the eye receive that light and at the same time the hemoglobin receives the vibration of the light, which then causes a physiological effect in the eye.

***ATHM*:** You have had some success with macular degeneration, which is a debilitating condition that traditional ophthalmologists just try to manage to a degree. Talk about your experience in treating macular degeneration.

Dr Kondrot: We have a 3-day program. I call it my boot camp. People are evaluated to get baseline measurements. We measure visual fields, acuity, and also do ocular coherence tomography, which measures the health of the retina and the thickness of the retina to see where the problem is. Then we begin treating them by balancing the autonomic nervous system. We do some stress abatement and then we do therapies like microcurrent. We do nutritional IVs. We do oxidative treatments. All these therapies are done in addition to playing some detective work to find out where the causative factor might be.

The goal at the end of those 3 days is to see these people have an improvement of vision. We can demonstrate to them that they achieved improvement of vision, then they embrace these modalities and they will plan to continue them. I am pleased to say that probably over 85% of people I treat will have a significant improvement of one of their visual parameter—either expansion of the visual field, improvement of acuity, or contrast, so it is very rewarding.

There is no question that these therapies work to help improve vision in people that have been told nothing else can be done. It is really not magical. We are just looking for the causative factors—health issues including the circulation,

nutrition, and oxygenation, and we are taking those dysfunctional retinal cells or dysfunctioning visual elements and getting them to function.

ATHM: With the shift in medicine today moving toward preventive programs, keeping a population healthy rather than reacting to a pathology that has already manifested itself, what paradigm do you propose for practitioners who are interested in teaching their patients to keep their eyes healthy?

Dr Kondrot: I think the alternative is practitioners are already doing those things. I do not really have anything in addition to add. I would certainly encourage alternative practitioners to look for heavy metal toxicity and I think most of them are doing that. I would also encourage them to consider using oxidative treatments. Oxidative treatments are an amazing therapy that can help restore visual function and treat chronic eye disorders.

Also consider microcurrent. Microcurrent is a very simple treatment that has a profound effect on ocular function. You can see the results, usually, in a couple of days. Sometimes when you do chelation or oxidative treatments or nutritional changes it takes months before you see a change. With microcurrent and light therapy, you can see those changes very, very quickly.

I published an article in the *Journal of Syntonics* and I also presented the paper at the International Light Association meeting concerning the use of syntonic light therapy in the treatment of glaucoma. I demonstrated in this study that syntonic light therapy can lower the intraocular pressure consistently, around 5 millimeters of mercury. This is not an original study. It was actually published in the *American Journal of Ophthalmology* in 1948 where they demonstrated that certain wavelengths of green light lowered the intraocular pressure.

If you ask the average ophthalmologist—or any ophthalmologist—he is going to chuckle if you ask him if light therapy could have any role in the treatment of glaucoma.

ATHM: Would posture affect blood flow to the eyes?

Dr Kondrot: It is a contributing factor on different levels. Certainly, if someone keeps a lot of tension in their shoulders and neck, like many people do, that will reduce circulation to the eye and to the brain. In fact there was some study done that showed that there was a higher influence of damage in glaucoma patients who were men that wore neckties.

There is another fascinating area of research done by a Dr Da Silva who is a Portuguese ophthalmologist. He writes about a syndrome called the postural deficiency syndrome, or PDS, where the eye is related to the overall posture of the body. So someone that has a balance problem or ambulation problem, simply by giving them or putting certain prisms in their eyeglasses you can change their posture. His work is really fascinating. He felt this PDS was related to the shoes that we are wearing—that we are meant to walk barefoot and flat and have contact with the earth.

Women who wear high heels were changing their whole posture and that correlates with changes in our vision, the need for eyeglasses, and visual problems. He has done a phenomenal amount of research, which is extremely fascinating in terms of posture and your eyes. It is hard to believe that changing your eyeglasses can change your posture.

ATHM: It is not exactly a clear connection when you think of it, initially. Excellent. At this point, are there any other points that we have not touched on that you feel are very important to get out to doctors?

Dr Kondrot: If doctors are interested in learning more, my course on the integrative approaches for the nonophthalmologist is a good place to start. I really want what I am doing to be available for other practitioners—for them to know how they could help these eye patients.

I think one of the biggest problems is that there are many alternative integrative doctors treating eye patients, but they do not take the baseline parameters. Maybe someone comes in with cardiovascular disease and they get 40 chelation treatments and the patient will say, "Wow, since I've started those chelation treatments, my vision is better." Maybe somebody with macular degeneration will come into the office. They will test them for heavy metals and do chelation or oxidative treatments, then ask the patient, "How is your vision?" I think a big deficiency is they are not documenting baseline measurements, and that is part of what I think they need to be educated in—what therapies are going to be the most effective and taking those baseline measurements to demonstrate to the patient and to themselves that these therapies help.