

A discussion between the people of MDList and  
**Per Godsk Otte**

February 12-25, 2001

Topic: Microacupuncture

Per Godsk Otte, D.Ac., D.Sc., D.O.M., is a native of Denmark. He is one of the two developers of microacupuncture for vision improvement in that country.

In 1995, Per Otte opened his microacupuncture/acupuncture clinic, the Arkansas Therapy Center, in the small town of Hot Springs Village, Arkansas. He has patients coming from all over the world, not only for wet or dry macular degeneration, but for other eye diseases. These may include diabetes retinopathy, glaucoma, color blindness, stroke damage to the eyes, retinitis pigmentosa, astigmatism, and near and far sightedness. Arkansas Therapy Center offers both microacupuncture and acupuncture, massage therapy, vacuum therapy, and homeopathic medications (including vitamins and minerals).

Per Otte is a graduate of the Scandinavian College for Acupuncture. He developed microacupuncture in 1988 and received a D.Sc. (Doctor of Science) for microacupuncture. He is a member of the American Society of Acupuncture, Arkansas Oriental Medicine Association, founder and member of the Danish Acupuncture Association, Acupuncture Foundation of Sri Lanka, International Lasertherapy Association, Medicina Alternativa (registered with World Health Organization), and Korean Science Institute of Acupuncture.

(Edited for length and clarity)

**DAN:** Per Otte is now subscribed to MDList, and he is ready to respond to emails regarding his theories and practice of acupuncture and microacupuncture as a therapy for retinal degeneration. This is intended to be an open forum for the purpose of education about the controversial subject of acupuncture. The views and opinions expressed do not necessarily reflect the position of the directors or staff of MD Support, Inc. I hope this will be a valuable learning experience for all of us, and that you will want to join me in welcoming him to our Internet community.

**PER OTTE:** Thank you for letting us join your MD list and become part of your group. If there are any questions or concerns about microacupuncture and vision, please don't hesitate to ask. We are joining the MD list to give more knowledge and understanding of microacupuncture.

The main difference between micro-acupuncture and acupuncture is in

microacupuncture we do not put needles close to the eyes. Microacupuncture is fast acting and we can see improvement in as little as two days! Microacupuncture is not a cure for eye diseases. It is able to change your visual acuity traumatically. We often see 20/300 go to less than 20/100, in a week of treatments. Please go and check our web-sites for some ideas for questions. Remember microacupuncture is no cure, but it's a way to improve your life's quality. We are looking forward to answering any questions you might have.

**DAN:** Thank you for spending this time to help us learn more about your treatment. I understand that it is often difficult for alternative therapists to get an unbiased forum in which to explain their positions, and I hope that we will all benefit from this discussion. Hot Springs, Arkansas is a beautiful little town just a few hours south of my home. How did you happen to settle there all the way from Denmark?

**PER OTTE:** Let me tell you a secret about Denmark. It is very beautiful, you have government paid medical expenses, and a lot of other things, for which you have up to 70% income tax and 25% sales tax. Does this give you an idea why I left? I like the area of Hot Springs because of the four seasons, and the winter isn't too bad. We have no hurricanes, no earthquakes, but beautiful nature around. This is a good place to relax and be as stress-free as possible. This is good for the patients to have a relaxing environment while they are getting treatments.

**DAN:** Acupuncture has been performed successfully by the Chinese for thousands of years. Can you explain the resistance to it by the American medical establishment?

**PER OTTE:** No! But, let me guess. The American medical establishment will except things only that can be done by a "double blind study," which means neither patient nor physician knows if they are getting the real treatment or placebo. Which means the physician doesn't know which treatment he is administrating and, therefore, will not show any different emotions for the patient who is being treated or receiving the placebo. If you are given acupuncture treatments, you would definitely know if you give the right treatment or not, which means that the physician is not "blind," and there can be no double blind study with acupuncture.

**BRYNJULV:** As I am a subscriber from Norway, I wonder if microacupuncture is readily available in my country? Also we have recently have been offered a new form of alternative treatment here called Low Level Laser Treatment (LLLT). The person doing the treatments is from Sweden and refers to this as Laser Acupuncture or as biostimulating laser treatment. Does microacupuncture have anything in common with this other form of treatment? Can a laser be used as part of acupunctural treatment?

Last, I found some information about a Danish practitioner who offers acupuncture for MD and RP in Scandinavia, but calls his method "akupunktur2000". His name is John Boel and he claims to have many patients from throughout Scandinavia. Is his technique the same as yours?

**PER OTTE:** I know Dr. John Boel very well and I recommend that you see him for your vision disorder. He has been using microacupuncture since the beginning, so he does have a lot of experience. He would know if any one was doing microacupuncture in Norway. Can you explain the laser questions to me? Do you mean laser instead of needles or laser treatment in the eyes? If you mean laser instead of needles in microacupuncture laser has a lower effect on adults than needles, and is there for not recommended in microacupuncture for adults. However, in children and teens it is effective as needles.

**SHARON:** Recently a Chinese doctor provided me with an acupressure treatment for good vision used by Chinese school children during school hours. We were in a social situation, so I didn't ask her to re-do the acupressure points. To the best of my recall, you start by rotating clock-wise and counter-clockwise between the brows for a count of 10. Next, you rub the eye brow, proximal to distal x5. Thirdly, you find the point on the lower orbit that is sore to the touch and rotate x5 or 10. Next, rotate at the posterior of the ear, at the mandibular joint. Last, you lightly pinch and rotate the ear lobe. Are you aware of the technique?

**PER OTTE:** Yes, I have heard about that technique used for relaxing tension in the eyes. In this case, massaging the acupuncture points surrounding the eyes will help relieve the tension and restore the blood flow. People who are interested in those points can find them in most books about acupressure.

**FRANCES:** My eyesight is not too bad, but distortion is my problem. Can this help?

**PER OTTE:** Microacupuncture would be able to increase your reading without the distortion.

**JUDY:** From what I understand...acupuncture is sometimes used as an anaesthetic for simple surgical interventions in the Orient.

**PER OTTE:** If you look into traditional acupuncture and not only the western version, you will see that pain and anaesthetic is only a small part of acupuncture.

**JUDY:** Am I correct in saying that acupuncture focuses on a holistic approach to the patient, rather than a diagnosed disease orientated treatment plan?

**PER OTTE:** No...in ancient time they had to use the holistic approach, simply because there were no diagnostic systems. Today, the modern system is more and more incorporated into the treatment approach.

**JUDY:** According to some eastern philosophies, pain and disease occur because of an imbalance between two main forces of nature called yin and yang, and acupuncture is thought to restore the balance between these two forces. In other words, you could almost call acupuncture a type of belief system, meaning if you really believe this will help, then it might.

**PER OTTE:** According to your way of interpretation and conclusion about eastern philosophies, I must be very good at convincing people that acupuncture works, because it is a known fact that belief causes a placebo effect of 33%. We do the treatments here, with better than 9 out of 10 noticing improvement in visual acuity in as little as two days. Even to the point where a patient can get a treatment in the morning, go to lunch, and come back crying, because, for the first time in years, they could read the menu. It does not matter how positive they might have been, that was not what they expected! So, it is a little bit more than just belief.

**JUDY:** Am I right in saying that the more severe your vision loss, the more acupuncture you will need to notice an improvement?

**PER OTTE:** Yes, the more vision loss a patient has, the more microacupuncture treatment they will need. If you stop seeing things around 20/300 or 20/400, and your vision is worse than 20/2000, it takes a while before you will be able to see 20/400 and notice a difference in your vision. Even if you are able to see smaller letters on a near reading chart at Snelling distance of 2-3 inches (worse is normally at 16 inches), or from seeing one or two lights when doing vision field scanning to seeing 15 to 16 lights. A typical reaction in these cases is when the patient says, "I can't see things, but I feel that it's brighter!"

**JUDY:** How can we believe that acupuncture will work for scientifically proven, genetically hereditary forms of macular dystrophies, commonly called juvenile macular degeneration?

**PER OTTE:** What is the difference in scientifically proven or not? You can still lose your vision if it's scientifically proven or not. What matters to me is two weeks ago, I treated a thirteen year old boy with macular dystrophy, and he was unable to see any light whatsoever on the vision field scan, no letters on the visual acuity test at a 2 inch distance, and no finger counting, but he was able to see a pen light from all angles. The second day of treatments, his mother panicked, because he walked off by himself, which he has not done in a couple of years. Before, he didn't even know what was in front of him, now he is able to see doorways and openings. His little sister is suffering from the same disease, but her vision was 20/600, and in two days it changed to 20/300. Her mother stated that her vision was 20/300 six months ago, and in two days she gained back what she had lost in six months. I think that speaks for itself.

**JUDY:** An inherited eye disease, such as your example of macular dystrophy, is the result of a defective gene. Microacupuncture could possibly temporarily improve an individual's visual acuity, but you certainly cannot eventually repair the cause and effect of this gene through your treatments. That is impossible without a gene delivery system, for example, as one scientific possibility. Do you not agree?

**PER OTTE:** I have certainly never stated that microacupuncture is a permanent "fix" nor a "cure" for any eye diseases. But, if you can keep a temporary improvement (improving) with continuous treatments, that must be a whole lot better than the alternative, "downhill."

**JUDY:** I do believe, however, that your boy with macular dystrophy had a placebo effect.

**PER OTTE:** In that case I must be very good at convincing people about the effect of microacupuncture, because his sister improved, too. And this morning we have just rechecked three patients with macular degeneration, one with RP, and all eight eyes had improvement in the vision field scanning. They also had at least one line of improvement on the visual acuity test. The winner had three lines! Those four had the first treatments on Monday. That means that my placebo effect is 100%, not bad, uh??

**JUDY:** There is no pain at all with retinal degenerations, so what purpose does acupuncture really serve? These inserted needles act as a stoppage for nerve receptors, hence the brain does not receive pain signals. Now, that makes sense. Acupuncture does not make sense when we are talking about an acquired disease. It did work for relief of non pain related diseases, why are there not headlines in every major world newspaper? This would be astounding news for all of we macular degenerates.

**PER OTTE:** Let's upgrade your thinking about acupuncture! Acupuncture does not work through nerves. It works through pathways called meridians. I think that meridians are left-overs of the nerve system that monitored our development as the fetus, which was controlled by the mother through the umbilical cord. That system was shut down at birth, and the pathways are now changed to what we now call meridians, which distribute energy from the production to the area of use. The more active the tissue is, the more energy is produced (arms, legs, hands, feet, where there is the most mobility). The thought is that acupuncture might be able to reactivate the original function of that nerve system to build new cells, which would explain the effect of microacupuncture on rebuilding the cells of the retina.??

**JUDY:** Your description of what you think meridians really represent is stretching the point a bit, do you not think so?

**PER OTTE:** If you would read more advanced acupuncture books, which describe advanced theories and techniques, you would probably agree with me. Acupuncture is a whole lot more than pain.

As to your question about newspaper news, the editor asks, "Has it been in a medical journal? If not, we will not write about it." I contacted the National Eye Institute, which let me know that they definitely did not have an interest in it. When you get enough response like that, you tell yourself, "If they don't want it, who cares?"

**JUDY:** The recognized eye institutes in North America want to have concrete scientific proof that a treatment works. This can only come about through clinical trials which have rigid standards.

**PER OTTE:** When I contacted the National Eye Institute, there was nothing about clinical trials. It was very straight forward, this was an alternative method, and they did not deal with anything alternative. [They directed me to] the National Institute of Health, which had a department called Alternative Health. I contacted them, and they told me they definitely did not have funding allowing them to even look into a project like this. At the moment, they were dealing with a project called "Prayers Effect on Pain." That project took all of the funding they had at the time. It might have changed, because this was in 1994/1995, but their whole attitude was "do not bug us with alternative medicine."

**JUDY:** Why can you not apply for clinical trial testing if you feel that patients are improving their vision with your treatments?

**PER OTTE:** According to clinical trial testing, you cannot fulfill the criteria of double blind testing with acupuncture. So, if you have any ideas as to how, let me know.

**JUDY:** You say on your website that neovascularization "cannot be repaired by modern medicine." Photocoagulation, and now photodynamic laser, attempt to repair this leakage, so I do not understand your statement. I fully realize that both of these treatments are really only bandaid solutions, as neovascularizations can reoccur; but at least an attempt is made to halt the leaking blood vessel.

**PER OTTE:** The web site states, as you say, "cannot be repaired by modern medicine," and your question agrees with me. As you say, the photodynamic laser attempts to repair the leakage, but not restore the damage. As far as I know, please correct me if I'm wrong, the photocoagulation plugs up the blood vessels to minimize or stop the leakage. To me it sounds like creating an area of dry retinal degeneration.??

**JUDY:** I [do] not agree with you. The word "repair" might be misunderstood by both of us. To me, photocoagulation and PDT lasers attempt to "repair" the leakage that occurs from wet MD. They do not, and say they do not, cure or restore the vessel back to what it was. All they do is leave a scar that can be seen on a fluorescein angiogram. Photocoagulation, for example, cauterizes the leakage so the bleeding will stop. I am legally blind in one eye by this treatment, with a visual acuity of 20/800. There is nothing that can be done to reverse that, and I do not believe that any treatment ever could.

**PER OTTE:** I guess we both now know what "repair," means and can agree about that. I'm very sorry to read about your experience with photocoagulation, but it makes me more sorry to read that you "gave up." When we see patients here who have had laser treatments, photocoagulation therapy, or visudyne treatments, it seems there is a big partially-affected area around the procedure. The affected area that shows up as a black spot on the vision field scan is often diminished from one inch in diameter, or the size of central ten degree vision field, to a quarter of an inch in diameter, which probably is the true treated area. This causes a dramatic change in the patient's vision. (They feel that someone has turned a bright light on.) You

don't tell me how much vision you have lost in your other eye, but if you were a person calling me about your eye condition, I would (knowing what it is leading to) tell you to be here yesterday! One good thing we can say about acupuncture is, if it doesn't work, it doesn't do any harm!

**DR. WENDY:** The black spot that shows up on the visual field shows the area of the retina affected and the nerve fibers affected by the changes caused by the macular degeneration or other retinal degenerations. It is a central blind spot that correlates to the macula and area around it. The black or gray spot that patients see obliterates their central vision, making reading and other detailed near vision, seeing faces, etc. very difficult. Laser photocoagulation does cause more scar tissue and loss of vision centrally, the extent of which depends on the locality and can increase the size of the central blind spot. PDT preserves the underlying retina, no damage occurs in the retina, and there is no increase in the size of the blind spot. Also, with lasers used to treat wet macular degeneration they don't "burn away the optic nerve" as the macula is the area being treated.

**JUDY:** Is this visual acuity improvement obtained from eyes that have not been treated by laser? Is it a question of age of the patient or whether the degeneration is caused by only the dry form of MD, for example?

**PER OTTE:** It doesn't matter what diseases or what age the patient is. Even though the eye has been lasered, as long as they didn't burn the macula or the optic nerve away, they can be treated.

**JUDY:** Why are you not using fluorescein angiograms also, as a retina photographic clinical tool, and only visual field testing?

**PER OTTE:** The reason is, neither I nor the patient really have any interest in what name you give the disease. Our interest is in what the eye can do.

**JUDY:** You say on your web site that five treatments are needed before an assessment can be made as to hopeful improvement to warrant continued treatments. Am I right in saying that it would cost approximately \$580.00, not including planes or gas, to see if the five treatments worked well enough to continue? Then the remaining treatments and additional expenses would probably total altogether about \$3,000.00, not including planes or gas?

**PER OTTE:** I'm not sure what you want me to say about the expenses. I would like to see you do some comparing of the cost of going to see an ophthalmologist (no insurance, because not everyone has health insurance). The cost of fluorescein angiograms, fundus photos, and some procedures.

**KAREN:** In June of 1999 I went to Arizona to see Dr Tukan for microacupuncture, and had good results. The second trip, I again had improvements. When I went for my third set of treatments, I had lost everything I had gotten back the previous two visits...and I haven't been back since. Since Jan 2000, my vision has stayed the same. I am thinking about going back to Arizona for

more treatments soon. I was glad to know there was a Doctor in Arizona (within driving distance) that you had trained in this procedure.

**PER OTTE:** Don't give up hope! When you reacted to the treatments, and for some reason (which I don't know), lost gained vision, it is normally quick to restore it. Sometimes, [doctors] have to be really creative in composing the right needle combination. It takes a long time...to master the system totally.

**KARINE:** Have you heard about such a treatment in France?

**PER OTTE:** As far as I know, there are none in France. But there is one in Spain, whose name is Freddy Dahlgren. For his e-mail address please contact me.

**KEITH:** I was wondering if you were going to update your website testimonials. I have been checking to see if any new ones were given.

**PER OTTE:** We updated our testimonials over the Christmas holidays, and if there is one in particular you are looking for, please contact me. We get a lot of small letters from patients that don't want their neighbors or doctors to know they have been here! We try to put the most common eye diseases in our testimonials that can help benefit more people, but we do have a lot of others.

**PEPUKAYE:** I live in Sweden...and am very familiar with the use of acupuncture for all sorts of diseases here. I was wondering if you know of any microacupuncture therapist in Sweden or Denmark who may be able to help with Best's Disease (or juvenile MD)?

**PER OTTE:** Dr. John Boel is located in Denmark, in a town called Struer.

**DR. WENDY:** How do you know if the retina bleeds during the course of treatment? If the retina does bleed, what would you do about it?

**PER OTTE:** We don't know if the retina bleeds under the course of treatment. But if the patient mentions a certain distortion in their vision, we send them to an ophthalmologist.

**DR. WENDY:** Since you are not an optometrist, an ophthalmologist, or a visual scientist, how do you interpret visual fields?

**PER OTTE:** When I started doing eye treatments in Denmark, I had an ophthalmologist following the progress in patients. He gave me some intensive instructions about vision field tests.

**DR. WENDY:** How is the retinal sensitivity changed by your treatments?

**PER OTTE:** The retinal sensitivity is changed by increased nutritional supply.

**DR. WENDY:** How do you determine what diagnosis each patient has?

**PER OTTE:** The patients have already seen their ophthalmologists and he/she has given them their diagnosis. Some of the patients' ophthalmologists recommended them to me and send their medical files with them so I can observe. As you might guess from my answers, for the sake of microacupuncture it is of minor importance which diagnosis the patients' have. We put them in five categories: 1) clogged blood vessels, 2) hemorrhaging blood vessels, 3) immune disorder, 4) inflammation, and 5) unknown reason.

**DR. WENDY:** How do you measure the "great deal of success" you have had in treating the patients?

**PER OTTE:** If you have 1000 new patients in a year, and only four or five show no change, I think that is a great deal of success. Over the last two years, we have given forty or fifty people a driver's license back.

**DR. WENDY:** If you do not examine the eye health, how do you know the treatment is effective?

**PER OTTE:** The treatments are effective because of people's acuity increase. Not only by the acuity test or vision field scanning, but the people see it for themselves, literally!

**DR. WENDY:** How many lines of improvement on the eye chart is considered significant improvement?

**PER OTTE:** If I improve the vision one line on a patient who has a slow but steady loss of vision over the last several years, or actually just be able to keep the vision stable on a patient like that would be a significant improvement. However, here patients who just keep the vision and have no improvement in the vision are discharged, so we have no idea of which percentage it makes the eyes stable. Significant improvement here is measured by being able to see letters one-third of the sights from the first day they arrived here. Example: 20/300 to 20/100, which would be a five line improvement. Of course, if a patient comes here with 20/40 there is not room for a five line improvement.

**DR. WENDY:** What type of eye chart are you using to measure vision?

**PER OTTE:** Mostly lighthouse near visual acuity tests or medi-source tests (20 ft. tests).

**DR. WENDY:** Are retinal photographs taken to document the eye health before and after treatment?

**PER OTTE:** [This] depends on the patient's ophthalmologist.

**DR. JEN:** Thank you for spending your time answering so many questions on this forum!

You mentioned the boy with macular dystrophy who wandered off by himself, able to see doors, etc. People with any macular problem can see a door or navigate alone, as their peripheral vision is intact. Perhaps the less stressful setting that they are in helps to encourage their use of this peripheral vision?

**PER OTTE:** The correct diagnosis was Rod Cone Dystrophy. I apologize for the incorrect diagnosis of macular dystrophy. As you can see in my reply the boy has no vision whatsoever, including peripheral vision. I am happy that you are able to help your patients utilizing the peripheral vision and prepare them for the "future."

**DR. JEN:** Clinically, I am a low vision rehab optometrist. I can work with a patient with macular degeneration who sees, perhaps 20/400 and simply by teaching eccentric viewing skills, get them seeing 20/100 or even better. All it takes is a bit of instruction (and costs far less than microacupuncture).

What visual field testing are you doing? Humfrey? Confrontation fields? How great a field are you testing, in degrees?

**PER OTTE:** Your approach might be less expensive than microacupuncture BUT without a chance to improve the condition of the eye. The visual fields scan machine that we have in our office is an Octopus Perimeter 1-2-3. We are running thirty degrees full threshold which is an excellent program because of the central light and they don't allow too much eye movement by the patient. We are doing a color printout which makes it much easier for patients with low vision to see changes on the test. [see below]

**DR. WENDY:** In reference to the Octopus Visual Field machine you use, the macula is responsible for colors, and patients with macular problems have diminished color vision. Also, many patients have cataracts which further decrease color vision. Black on white gives better contrast and is more easily seen by low vision patients. Also, most patients with macular degeneration cannot look directly at anything at near because they disappear into their blind spot, as does the central fixation light while testing. However, I can see how colors can be beneficial for family members and friends to see changes.

**DR. JEN:** It is crucial to understand that patients with macular problems will have normal peripheral vision. How much they attend to that vision may vary from person to person, and sometimes relaxation, support, and instruction are all that is needed to get them attending to this immense amount of usable vision. How do you know that it is the microacupuncture that is doing the trick with these people, and not the setting that they are in? I do believe that the kinds of results that you are talking about can be attributed easily to placebo effect, given that the potential for this kind of visual acuity is already there.

**PER OTTE:** You must see different patients than we are seeing with macular degeneration. Nine out of ten patients that we see in our office have lost a large part of their peripheral vision too, especially when you are talking about Dry Macular Degeneration. I think in most cases it would be more correct to talk about Retinal

Degeneration. Most of our patients have tried the low vision aids such as Prism glasses and feel that their money has been wasted without any real improvement. Patients complain of headaches wearing the glasses and eventually throw them away, which means the patients have tried the instruction and techniques including relaxation that you mentioned without satisfactory results for them prior to visiting our clinic. Most of the patients **HAVE TRIED EVERYTHING** because it was less expensive if it worked and find that they wasted a lot of money in the process. We receive feedback from many patients after they have returned to their homes and find their vision is continuing to improve once they are home and in their usual "setting". If you want to call this a placebo effect - it is the first time I have heard of a "placebo" effect of 99% and I will take that any day of the week!

**DR WENDY:** Patients with any type of macular degeneration lose their central vision, but retain their peripheral vision. I agree with Dr. Jen that, "it is crucial to understand that patients with macular problems will have normal peripheral vision." Understanding ocular anatomy and the disease process of macular degeneration can only lead to this conclusion.

**DR. JEN:** In your program, do you only do microacupuncture, or are you also incorporating low vision rehabilitation services, support groups, or other forms of more team-oriented specialists?

**PER OTTE:** A success rate of 99% with microacupuncture speaks for itself. We are getting referrals from a low vision center located in Florida suggesting the patients try microacupuncture first before purchasing glasses and other low vision aids. **THIS IS WHAT I CALL TEAMWORK!!!!**

**SHARON C:** Does it make a difference as to how long one has had severe vision loss?

**PER OTTE:** Yes, it matters how long you have had severe vision loss. The longer you have had it, the more severe it will be, and of course it will take longer to treat it. Whether you have had an eye disease for six months or sixty years, the microacupuncture has to take effect within two days.

**SHARON C:** Do you recommend life style and/or diet, changes? Do you use herbs or vitamins as part of your treatments?

**PER OTTE:** Regarding eye diseases, I'm recommending two things. Two multi-vitamins called Mega-Once-A-Day and Viso-Plex. To me it is one of the best combinations for the eyes. I tell my patients not to eat the same meal twice in two weeks. Be sure to always change something on your plate. The reason, the more variety in the food we eat, the wider the nutritional supply. A big problem in our modern society is that we are now able to grow vegetables without soil; and when they grow vegetables that way, the farmer doesn't think nutrition. He only uses what is absolutely necessary for the plants to grow (fiberglass insulation, water, and some fertilizer). What about trace minerals? This, and the way food is processed, makes it very difficult to get the proper nutrition without adding vitamins and

minerals to the diet.

**GIDEON:** You stated at the outset of the discussion, "It is able to change your visual acuity dramatically. We often see 20/300 go to less than 20/100 in a week of treatments." As far as I have known, the photoreceptor cells are gradually and "irreversibly" destroyed by AMD. A cell gone cannot be renewed/replaced (up to now)!. All the currently known treatments (hot laser, PDT, TTT, FVT, etc.) do not pretend to cure. They all aim barely at halting, stopping that one leakage. How then technically/biology is it possible to have dramatic improvement achieved by micropuncture? Does it make the remaining cells see now (for some time) by a third as good as before the treatment?

**PER OTTE:** The way I look at dry macular degeneration from a traditional Chinese medicine standpoint is that the blood supply to the pigment layer supporting the retina with nutrition is shut off, due to clogged blood vessels which result in the photoreceptors ceasing to work. One thing we know about the microacupuncture treatments is that five to seven treatments shows an average 15% decrease in cholesterol levels, which probably occurs due to a change in enzymes. Whatever changes the cholesterol level is probably responsible for the restoring of the blood vessels, which results in the pigment layer being able to nourish the photoreceptors once again.

When dry macular degeneration becomes wet macular degeneration it is actually blood vessels leaking out into the tissue like a bruise on the body, most areas of the body absorb bruises fairly quickly due to good blood circulation, in the eye suffering from dry macular degeneration the blood flow is so low that it is unable to reabsorb the blood from the leakage. That is why after the ophthalmologist has stopped the leakage, if possible, microacupuncture will be able to improve the vision by increasing the blood flow in the surrounding tissue for reabsorption.

When we talk about macular degeneration, I don't think it means a *totally dead* area in the central part of the eye. (If an area is totally dead, the body will normally discharge it.) If the area is only dormant, it will still be accepted as being alive, and when nourishment is restored, I would guess the production of rhodospin and new discs can be restored to make the rods function again and new visual pigment to repair the cones. In this way, I am not talking about bring dead cells back to life, but simply helping the eyes to repair themselves, which is a rapidly ongoing process in healthy eyes. So, as I answered earlier, good blood flow restores vision.

**DR. WENDY:** The Optometric Clinical Practice Guideline for Care of the Patient with Age-Related Macular Degeneration (AMD) describes appropriate examination and the standard of care. [Editor's note: Guidelines were quoted here, but were too lengthy for this transcript.] When eyecare professionals are held to the standard of care when examining and treating macular degeneration and other patients with other retinal degenerations and can be sued for malpractice if they do not, how can you treat these same patients by only testing what they see on an eye chart and with visual fields?

**PER OTTE:** We do have the patient's best interest in mind, and I am happy to see that our treatments live up to your standards! There is no way needles in your hands and feet can damage your eyes. When it comes to measuring the effectiveness of the treatments, I use the visual acuity test, with out any correction to eliminate the possibility that the patient is using glasses with the wrong prescription. (I don't know why, but quite a few of our patients read better without their glasses than with them.) When patients we treat continue to improve their acuity, as they receive microacupuncture treatments, it is proved to me and the patients that the treatments are proven right for them. The treatments are very patient friendly, and they do not receive any anesthetic drugs, dilation of the eyes, "flashlights," and other things we hear them complain about every day. Most of our patients have been, and are, following their regular schedule for their ophthalmologist. Others have quit going to their ophthalmologist after years of being seen every three to six months. They knew they had macular degeneration, so for them it was just a pain always going through the same testing, getting the same answer-- "you still have macular degeneration, and there is nothing I can do." When I see those people, I tell them "It's time to go back to your ophthalmologist." And the patients say, "Why? You are the one who helped me!" I tell them so many things can go wrong in the eyes, and they need to keep in contact with their ophthalmologist; and they say, "OK, Dr. Otte." These are alternative treatments. I follow the standards for acupuncture treatments and not optometrist care standards.

**DR. WENDY:** I am open to alternative treatments as long as they are low risk, proven effective, patient friendly, do not put the patient's ocular health in jeopardy, and are performed within the standard of care. Anything less is not in the patient's best interest.

I can't understand how you can ethically treat someone with an eye health problem without ever looking in the eyes. As and optometrist, I am told all the time that I am not a "real doctor". We are thoroughly trained in ocular anatomy, disease, and management and treatment of ocular disease. You admittedly are trained in none of these, but you are treating eye diseases "blindly".

**PER OTTE:** Ethically, I don't have a choice in treating those patients, as long as this is the only way of improvement. Ethically, now you know about the microacupuncture treatments. Wouldn't it be your responsibility to come and learn about it, so you can advise your patients about an option other than that "there is nothing else we can do for you?"

What can you do to increase the sensitivity of the vision? (Not including magnifying things.)

You are stating patients with macular degeneration only lose their central vision. I agree with that one. What do you call it when the nutrition nourishment outside the macular goes down effecting the peripheral vision?

I have never heard about any optometrist doing all those examinations on every patient visit. And I wonder what the cost is of an examination like that? Regarding

Judy's comment about the cost of microacupuncture, we see patients several times a year. How many times a year would Medicare pay for an examination such as yours?

**DR. WENDY:** I have never said, "there is nothing else we can do for you," to any of my patients. This is the response that 99% of ophthalmologists say to their macular degeneration patients. I suppose they think surgically, there is nothing they can do. Unfortunately, they usually don't even mention that low vision services are available. Unfortunately, I have found their way of thinking is if they don't do it, it doesn't work. I give my patients every available option. Often times several options in combination do the best.

You asked, "What do you call it when the nutrition nourishment outside the macular goes down effecting the peripheral vision?" I'm not quite sure what you mean. I haven't seen any MD patients with decreased peripheral vision. They always have good side vision. This is typical in other conditions, like retinitis pigmentosa, rod cone dystrophy, and glaucoma. Cataracts can depress a visual field, too.

In response to your questions about examinations and cost, if optometrists are not doing all these tests on each patient, they are not providing the standard of care. I can say with certainty that I do all these tests and more, as does Dr. Jen and any other low vision specialist.

Ophthalmologists do the fluorescein angiographies typically. The price for a low vision evaluation varies with the time spent. An initial exam can cost around \$200 and subsequent visits \$85 to \$115. The prices charged vary from doctor to doctor. I explain everything in detail to each and every patient and give them every option available. If the first thing doesn't work, we try something else. I don't stop until the our expectations are met, mine and the patient's. Medicare will pay for as many office visits as needed as long as there is a medical diagnosis pertaining to the patient's symptoms and findings.

You also said, "We are running thirty degrees full threshold." A full threshold 30 degree visual field is the central 30 degrees. Most optometrists and ophthalmologists I know use a Humphrey automated visual field machine. The equivalent field is a central 30-2, also a threshold field. Central 30 means it is testing the central 30 degrees. It has a circular appearance. Also, you can see how much a cataract is contributing to the visual field loss. You can see where each eye's most useful vision is.

A macular visual field tests the central 4 degrees and is a square in appearance. The macula represents a vaguely delineated area, 5 to 6mm in diameter, located temporal to the optic disc. In its center is an avascular region, the fovea, which is approximately 1.5 mm in diameter. The thin, sloping fovea lies 4mm temporal and 1mm inferior to the temporal margin of the optic nerve. So when you want to test the sensitivity of the macula, a macular visual field is best. The Humphrey version gives the sensitivity for each point tested in decibels, like hearing tests, in each of the 4 quadrants of the square, and the central reference sensitivity and there are

comparisons to the normal age-expected levels.

You explained: After central vision loss there is gradually less damage to the peripheral vision as the vision field is increased. I will explain it this way: There is 100% vision loss in the 0 - 3 degree range; a 30% vision loss from 15 - 30 degrees and very little or no vision loss at 50 - 75 degrees.

You're last statement above says exactly what Judy, Dr. Jen, and I have been trying to say. There is very little or no loss in the periphery, what you are calling 50-75 degrees. The periphery would be 31 degrees to 75 degrees. You say there is 100% vision loss in the 0-3 degree range. I disagree with this. Many times, the patient's central blindspot is not completely round, but is oblong or irregular in shape. It may be 1 degree up, 4 degrees down, 2 degrees left, and 1 1/2 degrees right, for example. From my experience, they vary too much between eyes and between patients that it is difficult to make generalizations like you have made.

**JUDY:** This first week's barrage of questions takes patience and understanding on your part. We all thank you for helping us learn more about microacupuncture. You said, "Nine out of ten patients that we see in our office have lost a large part of their peripheral vision too, especially when you are talking about dry maculardegeneration." It is extremely important to understand that peripheral vision always remains with all types of macular degeneration. How can you possibly equate loss of peripheral vision with dry MD?

**PER OTTE:** When we talk about peripheral vision, let's narrow it down. I am talking about 15 to 30 degrees when I am discussing peripheral vision, whereas you may be thinking of 60 to 75 degrees.

We both agree that macular degeneration (which involves the central three degrees of your vision) doesn't affect the extreme peripheral vision. As you go into the peripheral vision, the retina becomes less sensitive. A small change in nourishment is crucial to the macular area but will probably not have any measurable effect on the extreme peripheral vision.

After central vision loss, there is gradually less damage to the peripheral vision as the vision field is increased. I will explain it this way: There is 100% vision loss in the 0 - 3 degree range, a 30% vision loss from 15 - 30 degrees, and very little or no vision loss at 50 - 75 degrees.

**JUDY:** Thank you for your explanation of peripheral vision and how it works after central vision loss. I understand much better now where you are coming from with some of your answers.

I think a lot of people would agree with you about the prism glasses being ineffectual, but that's pretty well the only thing. There are some very effective low vision aids available which are currently being used by many individuals on this list. They certainly do not feel that "their money is wasted" as you say. Once they learn how to use their peripheral vision more effectively, these aids are of great help for

their daily living. Vision loss is not just about "having a driver's license back", as you say.

**PER OTTE:** Please read my comment to Dr. Wendy again. Your comments lead people to believe that I don't approve of any type of low vision aids, and nothing could be further from the truth. I only mentioned prism glasses causing difficulty for my patients. Projection type aids, such as Video Eyes are certainly a tremendous help, and I recommend them to patients who will benefit from using them. Vision loss is certainly more than having a driver's license back BUT the ability to drive again gives patients back their independence and the freedom that comes without having to depend on others every day for rides to the grocery stores, banks, church, etc. Think of your family and what it would mean to them personally.

**JUDY:** When you wrote "have tried everything," I assumed you meant all low vision aids. I apologize for just speaking about prism glasses, and not your whole statement. I better understand now how this might have been misleading, but I am trying to be as brief as I can with my questions.

If you can prove, without placebo thought or talk of temporary visual acuity improvement, that you have found a mechanism by which you are able to regenerate degenerated dead cells in the macula, I guarantee you that people will be lined up for miles, far into the horizon, to visit your [clinic].

**PER OTTE:** I know of very few things in life that are permanent. Life is temporary, relative to the age of Earth. The only permanent treatment for the body that I am aware of is "cut it off or out" and that is a permanent fix, with one exception: you might get phantom pain!

**JUDY:** It is very difficult to accept that any of our body parts are suddenly missing, and we dearly want them back. I suppose you could say that this phantom thinking is also a placebo effect.

You sound like a compassionate man, and it's obvious why many of your patients think so highly of you.

**BILL:** In defense of Dr Otte, the scientific proof or evidence for the positive effect of acupuncture is not established, and may not become established, for quite a long time. The mechanisms by which acupuncture provides relief and healing have not been discovered. What is known is that the techniques work in quite a lot of instances. While this form of alternative medicine has no known causality in modern science, the anecdotal support is great. In essence, acupuncture and microacupuncture are a "try it, you'll like it" experience. There is no guarantee, and the cost is not subsidized; but there is no other treatment that offers real hope of remission or cure. There are no guarantees with scientifically established treatments, either. Moreover, since there is no known mechanism for the development of MD, there is little likelihood for a scientifically established cure in the near future. It would seem that our options as MD sufferers are to attempt to control the

symptoms with the current array of tools provided by western medicine. What Dr. Otte offers is a potential way to obtain some relief/remission and perhaps a semblance of control of the condition. Badgering him about scientific proof of effectiveness is not productive. Helping him to develop a body of evidence that can establish the efficacy of the treatment would be positive. But berating him for not having such evidence is not constructive. It is a mammoth task for one man or small group of men to amass the sort of evidence that alternative medical treatments require to gain any recognition of efficacy in the western health care world. And remember that since Dr Otte's treatments are not intended to replace current treatment, any benefit is in addition to what is provided by western medicine.

**PER OTTE:** Bill, I thank you for the support. It sounds like you have been there yourself. As you see from the discussion, whatever you are, acupuncturist, optometrist, or ophthalmologist, (see Dr. Wendy's earlier remarks), there is no help from one group to another. Wouldn't it be nice if someone would open their EYES with BIG LETTERS, and put together the best of three worlds! But I guess it will never happen as long as the green \$\$\$\$\$\$ is in charge.

**DR. JEN:** Money has nothing to do with the reason that I do not refer patients for microacupuncture. It is because there is no logical reason, no physiological reason, and no evidence that it works.

I did not get into low vision because I want to get rich. This is good, because I will never be rich doing what I do. In fact, many of the people who are referred to me are veterans. As we have a local VA hospital with a very good blind center, I refuse to see these patients, even those willing to pay me, and refer them to the VA, where they can receive all services and aids at no charge. This is what is best for the patient, and certainly not best for my income. I treat every patient that walks through my exam room door like they are a member of my family. I do for them like I would hope that any doc would do for someone in my family.

If you could present reasonable data regarding microacupuncture, real reasons as to why it works instead of conjectures and maybes, then I would certainly re-evaluate my position on not referring people for it, but until that time, it is my job to ensure that my patient's needs are met, and this includes protecting them from throwing their money into bottomless pits of non-treatments.

**DEBRA:** I agree with Bill.

**OPAL:** I was composing a letter in my mind to send in defense of Dr. Otte when I read your post, which said exactly what I intended to say. I've had the establishment's treatments which have been helpful in slowing this disease, but I want something more, and I am willing to try alternative medicine.

**IRVING:** Bravo. I feel that Dr. Otte is in the same boat as any person attempting to advance and alternative treatment approach. The current mind-set of the western medical community is such that it closes off any and all consideration of anything different from what they are advocating.

I had a very long and lonely search to find an alternative treatment approach to my prostate cancer. I finally found it, no thanks to the western medical community. When I went home from my first round of treatments with specific recommendations for follow-up treatment through my home based medical team, I was told to go back to Reno if I wanted that treatment.

I have been told that the patient who retains an active part in his/her own treatment does much better. My experience would substantiate that, but I would add that the medical team is very threatened by such a patient and will do everything in their power to force that patient back into line.

Much of alternative treatment is both very old and, at the same time, on the cutting edge. Someday, the AMA is going to recognize this. I would like to think that it will be in my lifetime, but in actuality, I suspect that we are talking at least 25 or more years down the road (or down the pike as we say in Tennessee.)

**GIDEON:** By what mechanism does microacupuncture empower the remaining living cells to see twice, or three times, as good as before the treatment, thus to be able to replace the destroyed cells, or otherwise?

**PER OTTE:** My first answer to you should have explained how we get nourishment back to the pigment layer, if the photoreceptors are dead or just dormant. It is known that a detached retina (which means no nourishment whatsoever is getting through) can resist degeneration for a number of days and can become functional again if reattached. This means they can survive a short term without nourishment at all. When we talk about macular degeneration, I don't think it means a totally dead area in the central part of the eye. (If an area is totally dead the body will normally discharge it.) If the area is only dormant, it will still be accepted as being alive, and when nourishment is restored, I would guess the production of rhodospin and new discs can be restored to make the rods function again and new visual pigment to repair the cones. In this way, I am not talking about bring dead cells back to life but simply helping the eyes to repair themselves, which is a rapidly ongoing process in healthy eyes. So, as I answered earlier, good blood flow restores vision.

**DR. JEN:** You said to Dr. Wendy that "there is no way needles in your hands and feet can damage your eyes" If this is true, then how on earth can needles in your hands and feet help your eyes? Every medical treatment, alternative or otherwise, has the potential for adverse side effects. This includes homeopathic remedies like herbal medicine (i.e. echinacea can worsen autoimmune disorders), as well as surgery (i.e. the damage that can be caused by laser for the retina can be just as harmful as the benefits it brings). Even vision therapy can induce double vision as a potential side effect. For something to work on the body, the potential for adverse effect on the body is ever present (too much of something, not enough of something, biovariation in a population).

**PER OTTE:** There is one difference between acupuncture and the treatments you are talking about (as Judy stated in her e-mail on February 12). Acupuncture works

by balancing the body's energy to neutral unless you are using gold and silver needles. Acupuncture's effect should stop at neutral so you don't get too much of something. When people get close to 20/20 vision, they stop the treatment.

**DR. JEN:** You actually test people without their glasses? If they are receiving proper optometric or ophthalmologic care, then their glasses should be up to date. Even if the glasses are out of date, it is still a constant, so testing them with glasses should not make any difference in the end findings. If you take a person who normally wears glasses, test their vision, let them wander around for a while without their glasses, and test their vision a second time, their vision will be better. It is a phenomenon called blur interpretation improvement. This is true of absolutely everyone, eye problem or not.

**PER OTTE:** Yes, most patients we see do not wear their glasses when they come in the clinic. Mostly their shades. Which are those nice, big frames! The effect you talk about, that eyes change after removing their glasses. This does not effect the result very much because they didn't wear any glasses. Another reason is microacupuncture treatment in most cases, changes the strength of your eyes to where you need a less prescription. Which means, after a few treatments, the glasses may actually have an adverse effect on a result. Then the glasses are too strong. Most patients we see change their prescription three to four weeks after the microacupuncture treatments.

**DR. JEN:** I was not talking about the eyes changing, I was talking about the person's ability to interpret blur to change...these are two completely different entities. Blur interpretation improvement absolutely would alter your results. A similar phenomenon can explain your "improvement" in visual fields. As Dr. Wendy pointed out, someone with MD can not possibly fixate on a central target, due to the physiology of the disease. Also, take a perfectly normally sighted individual, give them a field test, then test them again some time later, and you will see an improvement. This is why you can't diagnose glaucoma based on one visual field, you need at least two.

**PER OTTE:** How would you explain the continuous improvement in the vision field done on a patient with glaucoma, diabetes retinopathy, and RP until they started microacupuncture? Every vision field scan that they have done shows gradually decreased vision to where quite a few don't see any lights at all. In this case, it cannot be because they are learning how to do a vision field scan. They should have learned that by either their optometrist or ophthalmologist after doing it for ten to fifteen years. So please find another reason. How would you explain continuous improvement in visual acuity?

**DR. JEN:** With regard to ethics, you have yet to provide any biomechanism to explain your treatments, no evidence that there is anything but a placebo effect going on. This is nothing against microacupuncture or any other "alternative" treatment. I routinely work with nutritionists, occupational therapists, physical therapists, and a host of other specialists that help my patients achieve their highest potential. I believe that no one practitioner has a monopoly on the capacity to help,

and keep my options open with regard to referring my patients to other professionals. However, I am also going to critically analyze those very same professionals to ensure that what they are doing has some scientific ground on which to stand (and I do not necessarily mean double blind studies).

**PER OTTE:** There are widely used drugs on the market which are FDA approved, but which have never been shown scientifically effective. It is approved due to the clinical results, most known of which is probably aspirin.

**DR. WENDY:** I have some comments . . . about [that]. The following are excerpts of Aspirin: A New Look at an Old Drug by Ken Flieger which appeared in the January-February 1994 FDA Consumer. [Article quoted here, but too long to print.] . . . You stated that aspirin hasn't been shown scientifically effective. The information in the above [article] seems to refute that argument. Extensive laboratory research and the largest clinical studies ever carried out sounds to me that scientific studies were done establishing effectiveness of aspirin. How could anyone determine that aspirin is effective in inhibiting the production of prostaglandins if scientific research was not done? . . . I'm sorry, but I disagree with the point you were trying to make about aspirin and not being proven to be scientifically effective. . . Aspirin's use is generally considered very safe by the public, but the author of the article and the FDA consider that it is "well-advised to regard aspirin with appropriate caution." Acupuncture is similar in regard to how the public views it and how the FDA and other medical authorities view it.

**PER OTTE:** Thank you for the information . . . but my question was, "What do you tell your patients who suffer from both dry and wet MD when they ask your opinion of taking aspirin?" Does it have any positive or negative effects for MD sufferers?

**DR. JEN:** Aspirin has been studied in infinite clinical testing scenarios and published reports. Again, I did not mean to insinuate that a double blind study is necessary in your case, we both agree that the logistics of that would be nearly impossible. However, if you truly want fellow professionals to take your work seriously, you do need to provide some hard, objective data. Again, I do ask why you have not been involved with doing ERG testing before and after your treatment regime? This would give a clear indication in a completely objective manner of whether or not your treatments are truly working, eliminating any variables at all. It would also provide additional information such as what cells is the microacupuncture affecting, and in what way. It seems to me that you are shying away from hard clinical data rather than embracing it as you should to logically enforce your theory.

**DR. JEN:** With regard to your comments about Medicare... Medicare does pay for all of the testing and evaluations, including low vision rehabilitation visits. Aids are another story, but we work closely with state blindness associations and Lions clubs. Every patient, even those without a dime in their pockets, receive the care that they need.

**PER OTTE:** It is nice to know that Medicare pays for all of your rehab, and I'm

also proud to know that my patients keep coming back, even though they have to pay for it themselves. Which gives me an indication that there are benefits from the microacupuncture treatments. If it would be free, paid for by insurance, you would never know.

**DR. JEN:** Have you considered that the change in diet during their stay with you causes the drop in cholesterol levels? Or the decreased stress of getting away from life for a while and going on a microacupuncture vacation?

**PER OTTE:** The testing we did on cholesterol was preformed in Denmark, and the patient was staying home driving back and forth for treatments. So I don't think that has decreased the stress.

**GEOFF:** I have been following this discussion with interest but remain unconvinced that acupuncture has a lasting beneficial effect.

If this treatment is responsible for such dramatic improvements in vision for MD patients, should not these changes in the retina be obvious when looking at before and after photographs? Are any such photographs available?

How the brain processes visual information is complex and not well understood. Recent research indicates that up to 50% of what we "see" is not supplied directly from the eye, but comes from our memory of previous experiences. In other words, we are seeing our own private version of the world.

When we have vivid dreams we may see images in great detail that look like "the real thing," but clearly, 100% of these images have come from our memory and not directly from our eyes.

It is well known that there may be significant damage to the retina before it becomes apparent to the patient in the form of visual problems. I can confirm this in my case. Presumably the brain is very good at "filling in the blanks."

All this would indicate to me that vision is not supplied to our conscious mind in the same way that a camera would faithfully record light and colour on a film. I would be grateful for any comments from the doctors on this point.

I have good and bad vision days, many on this list will have the same phenomenon. Does this mean that there are physiological changes to the retina on a day by day basis, large enough to cause changes in vision? Surely it is more likely to be a psychological effect, our vision being affected by our state of mind.

I suggest that the placebo effect on vision disorders may be very significant, given the complex way the brain processes information from the retina. Vision tests are subjective and rely on the perceptions of the patient. I would have thought that vision tests and descriptions of vision state by a patient should be treated with great caution by the doctor, particularly if they show a sudden significant "improvement." It is clear that many patients perceive an improvement after acupuncture, so it must

be doing something. The question is, what is the "something?" Is it a psychological effect, which does nothing to affect the progress of the disease, or is it physiological and is actually repairing damaged or dying cells? I suggest the former explanation is far more likely.

I fail to see how you can claim that dying cells are being saved simply on the basis of patients perceptions, without studying the actual cells and documenting any changes.

**PER OTTE:** Regarding your question concerning photographs, it probably will. I have never looked into that option but I am sure it will be done by some ophthalmologist in the near future. Some patients receive alternative treatment and tend to hide it from their physicians, in part due to the fear that they won't receive the proper care or will be chastised for seeking out other treatment options. How does the brain process vision, I cannot give you the answer. I would suggest you forward that question to a neurologist. In response to your last three paragraphs, finding the answer to those questions will require unlimited resources and would definitely be over my head. I would hope that people like yourself and others in this forum that are interested in the effect of microacupuncture would sit down together and hold a brainstorming session: "There is something about microacupuncture, now let's prove it".

**DR. JEN:** Dr. Otte, could you explain why the people on this forum should have to "prove" anything? As the professionals in the field, it is up to us to research our methodologies, show scientific support, and clinical studies to prove that it works. This is why we are scientists, doctors, etc. It is our responsibility to our patients, and not up to the patients to do this kind of work!

**DR. WENDY:** I am open to alternative treatments as long as they are low risk, proven effective, patient friendly, do not put the patient's ocular health in jeopardy, and are performed within the standard of care. Anything less is not in the patient's best interest. I can't understand how you can ethically treat someone with an eye health problem without ever looking in the eyes. As an Optometrist, I am told all the time that I am not a "real doctor". We are thoroughly trained in ocular anatomy, disease, and management and treatment of ocular disease. You admittedly are trained in none of these, but you are treating eye diseases "blindly".

**PER OTTE:** The basic difference between optometrist, ophthalmologist, and acupuncturist is: optometrists and ophthalmologists are eye care specialists and give themselves out as such, (that's why you can be sued), as an acupuncturist, you are just an alternative, and people know and don't expect you to be their eye care expert. When any person feels a change in the vision they contact either one, with the belief that they will be provided with the best possible eye care. When I see patients, (as an acupuncturist, you are just an alternative, and people know and don't expect you to be their eye care expert), with eye problems, they have already been seen several times by an eye care professional (probably both optometrist and ophthalmologist), and feel they have gotten as much improvement as they could get for the time being from that source.

Some people choose by themselves (our relatives) an alternative method. So, in fifteen years I have never seen a patient coming to me asking for help with an eye problem without first being seen by their eye care professionals. So I feel very comfortable that the patients who come here, by regular visits to their health care professionals, have gotten the absolute best care in prevention of serious eye disorders. Actually, I am seeing those few patients who want to see the light.....through the eye of the needle.

**JUDE:** I have been following the discussions with interest, and have watched both sides trying to "prove" they are right. Sometimes things work, and there is no hard and fast proof, and sometimes things thought to work for one reason are found out to work for another. My own doctor was recently kicked out of our HMO for trying methods to help his patients with Lymes disease when the medical community in general was telling them that they no longer had the disease, and it was all in their heads. He was having success with various treatments, but no matter. Primitive tribes have been using "alternative medicine" for centuries, without explanation of how they work, and recently some of the same herbs are found to be beneficial by modern medicine, now that they have "proof." I wish that the medical community could keep an open mind and accept that there may be things we cannot yet explain. Dr. Otte, don't waste too much time on trying to explain Eastern medicine in Western terms. Put your energy into helping the people who come to you. If you help them, word of mouth will bring more. If you don't, so be it. Energy is best spent in solving the common problems, rather than trying to prove who is "right" and who is "wrong." Along with politics and religion, medicine is always a touchy subject!

Thank you to Dan for allowing this fascinating dialogue to take place.

**DR. TUKAN:** I was notified about this discussion group by a patient whom I have treated with microacupuncture. I signed on to have a look, and I read the entire consolidated transcript. I found the adversarial tone of the discussion very discouraging, and would like to make a few comments in response.

I am a board certified ophthalmologist with specialty training in diseases and surgery of the retina. I am also a licensed acupuncturist. I had the opportunity to train with Dr. Otte in May of 1999, and I have incorporated microacupuncture into my practice since that time. I have been using it for patients with AMD who do not qualify for any of the conventional therapies, for patients with RP, and for visual field loss secondary to stroke. I am excited by the improvement I see in the majority of patients. Most importantly, patients are happy with the improvement they get. As a eye care specialist, I look for any possible safe means of achieving improvement in vision for all patients who are interested. Sometimes that is best accomplished with surgery, sometimes with laser, sometimes with low vision aides, sometimes through nutrition or lifestyle change, and sometimes with acupuncture.

When I first starting using acupuncture for degenerative retinal diseases, many of my colleagues thought that I was nuts. However, after they started to see improvement in their own patients who had come to me on their own, usually after

hearing about another patient's positive experience, they started to change their minds. I am now getting referrals from other ophthalmologists, including retinal specialists, and internists in the area.

The fact that Western Medicine has not been able to determine the mechanism by which acupuncture effects change in the body does not invalidate acupuncture. It has been used for thousands of years for many different medical conditions with undeniable success. It is routinely being used in the United States for more than pain control these days. The line between allopathic medicine and alternative forms of therapy is becoming more blurred all the time. While I can understand the skepticism engendered by the use of acupuncture for the treatment of eye disease (I suffered with that stumbling block myself to begin with), I feel it is important to keep an open mind. Without that, we are of much less benefit to our patients. It is important to have an integrated approach to medical care, regardless of the problem. There is not one universal answer for anything or everyone. Each patient has to be approached as an individual. Though this is certainly more time consuming, the benefit to patients is well worth it.

As stated previously in this discussion, it is impossible to do a double blind study for this particular mode of treatment. I am presently sitting on 21 months of accumulated data on the patients I have treated with microacupuncture, and I am interested in getting this information to the medical community at large, but to date I have not found a way to achieve this. I have no vested interest in what is causing the improvement I see in patients treated with acupuncture. If there is some way to prove that the acupuncture is responsible for the improvement, great. If it can be proved that it is placebo effect, or the result of "healing hands," or mind body control, that's okay too. As long as a patient ends up seeing better, I'm all for it. It is important for patients to know that acupuncture is not a miracle cure for their eye disease, and that at present it is considered an alternative or experimental form of treatment for eye disease. I try to determine a patient's expectation of acupuncture before I decide whether or not to treat them. If they are looking for any improvement at all, and understand that I cannot guarantee a positive outcome, I feel their attitude is appropriate for this form of treatment. If someone with 20/400 vision says they want to get their drivers license back thru acupuncture, I won't even start treatment, because they are not being realistic, and they will certainly be disappointed. While most patients get a modest improvement in vision in the case of MD, and a modest increase in vision/ field of vision for RP, I have had some patients achieve a four-line improvement in vision, which has remained for more than a year. It is my opinion that the ultimate solution for all the retinal degenerative diseases will be through genetic engineering. In the nearer future, anti-angiogenesis will probably be helpful for the wet form of MD. Laser, PDT, TTT, macular translocation, nutritional supplements and acupuncture are all ways to try and keep someone visually active until a cure is reality. Doing something positive instead of accepting impending blindness also helps one of the most prevalent side effects of these retinal problems, namely depression. This, in turn, has a beneficial effect on a patient's immune system.

**FRANCES:** Do you do microcurrent stimulation, or can you discuss this?

**PER OTTE:** I don't do microcurrent stimulation. I'm only using microcurrent stimulation in case of paralyzed limbs (arms, legs). Where the microcurrent is used to provoke involuntarily muscle movements to benefit the circulatory system, so to do microcurrent stimulation for treating eye disorders the goal must be to relax the tissue and to increase blood supply to the area.

When I treat with acupuncture and other therapies I prefer to use a distal approach. It means: the further away you can get from the problem the higher impact the treatment will allow. (Most people who have had alternative therapies know that a headache is treated very effectively from either the hands or feet--as distal as you can get!)

### **End of Discussion**

## **Background Information on Per Godsk Otte**

by Wendy Strouse Watt, O.D.

In the interest of providing equal time and full disclosure, the following report is published in connection with the discussion between Per Otte and the members of MDList. The information contained herein is the sole responsibility of the author, and further comments are welcome by writing to MD Support Director Dan Roberts.

Public record information from the Texas State Board of Acupuncture Examiners states that Per Godsk Otte's application came before the Texas State Board of Acupuncture Examiners on August 28, 1995, and was considered by the Grandfathering, Reciprocity, and Application Committee. Concerns were raised concerning the Applicant's advertising of acupuncture to treat various vision problems and his use in advertising of a professional designation that was misleading. After discussion with the applicant regarding these concerns and allegations, and the applicant's willingness to remedy perceived problems with his advertising and scope of practice, there was an agreed order "to address the concerns raised regarding the applicant, upon the recommendation of the Grandfathering Committee, with the approval of the applicant, the Acupuncture Board hereby ORDERS that applicant's application for an acupuncture license is granted subject to the following terms and condition for a period of 5 years probation from the date this order is signed..."

The Disciplinary/Licensure Restrictions Information Sheet of the Texas State Board of Medical Examiners and the Board Actions Information states, "Per Godsk Otte was licensed under an agreed order with non-disciplinary restrictions on 8/29/1995 (after a 1995 complaint and hearing about the complaint) under the following terms and conditions. He shall maintain adequate treatment records on all patient office visits and acupuncture treatments to include the amount charged for service and adopt or establish a system of patient record keeping and billing. His acupuncture practice shall be monitored by a licensed Texas acupuncturist or

physician. He shall not advertise or attempt to implement acupuncture treatments for vision problems or vision complaints of any patient. He shall comply with any advertising limitations set forth. Any of his proposed advertising must be reviewed by a licensed Texas Attorney. He shall appear 2 times per year before the Acupuncture Board or a committee or panel to report on his compliance, etc."

There was a complaint and alleged violations of the Medical Practice Act. The public information says, "This Complaint and requested relief are necessary to protect the health of the citizens of the state of Texas. Count 1 states that he applied for an acupuncture license on or about May 31, 1994. He was to provide verification by February 2, 1996 that he had taken and passed the NCCA or the CCAOM Clean Needle Technique course and practical examination. He failed to provide verification by February 2, 1996. On January 8, 1998, a formal complaint was filed, and it was requested that a hearing on the complaint be held and that an order be entered to cancel or revoke his acupuncture license. He was informed of the hearing and complaint and did not appear at the hearing. His license was cancelled or revoked on January 11, 1999."

His current address is listed as Hot Springs, Arkansas. The Arkansas State Board of Acupuncture has been in existence for about 3 years. Certain educational requirements must be met for an applicant to obtain an acupuncture license in the State of Arkansas. The applicant must complete a program in acupuncture and related techniques from a board approved institute that meets the minimum requirements of a board approved national accrediting body. The training must be of at least four academic years and include a minimum of 800 hours of supervised clinical practice. There are certain examination requirements. The applicant must pass examinations in both acupuncture and Chinese Herbology.

Currently, Arkansas does not have a scope of practice law for acupuncturist, but it is in process. Per Otte is not duly licensed in Arkansas and is not eligible for Grandfathering. He was temporarily given a license, as were 13 other acupuncturists in the state. There was not a quorum of State Board members at the meeting when the acupuncturist licenses were initially granted. This being the case, the licenses were declared null and void and the 13 other acupuncturists returned their licenses willingly. Their licenses were regranted. Per Otte did not return his license. The State Board sent him a cease and desist order. He did not heed it, and he continued to practice acupuncture without a valid license. Under a settlement agreement, he was to take the certification test given by the NCCAOM, the National Crediting group of Acupuncture and Oriental Medicine in February 2001. He must pass this test to treat only what is approved under the scope of practice of acupuncture in Arkansas, of which treating vision problems is not included. He did not take this examination as he was required. The State Board has given him an extension until July 2001. If he does not meet the requirements of the Arkansas State Board, he will be required to cease and desist practicing acupuncture in the State of Arkansas.

Dr. Per G. Otte, D.Ac., D.Sc., D.O.M. is the manner in which Per Otte currently represents his designations. He reported that he is a graduate of the Scandinavian College for Acupuncture to the MDList Discussion (2001), but on his original application to the Texas State Board of Acupuncture (1994), he reported

that he graduated from The International Open University of Sri Lanka in 1992. He gave the MDList information that he developed microacupuncture in 1988 and received a D.Sc. (Doctor of Science) for microacupuncture, but did not identify the school or organization. Information that he gave to the Arkansas State Board of Acupuncture was from the Frederiks Havn Tekniske Skole in Denmark.

[www.cswnet.com/~otte/Microacupuncture.htm](http://www.cswnet.com/~otte/Microacupuncture.htm) states, "HISTORY OF MICRO ACUPUNCTURE. Micro Acupuncture is a new procedure involving 48 newly discovered acupuncture points located in the hands and feet only, and not associated with any other acupuncture system. They were discovered by Dr. Freddy Dahlgren, D.Ss., D.Ac., M.Ac.F., M.D. in Denmark in 1984 and researched by both Dr. Dahlgren and Dr. Per G. Otte, D.Sc., D.Ac., M.Ac.F., who now resides in the United States." On his website he has a link to News and Press, and it has an article that was published in the Healthy Living Magazine in December 1998. The article states that Otte, who came to the United States in 1992, trained with an ophthalmologist in Dallas before starting his practice in Arkansas in November of 1995.

The following is from the Acupunture Practice Act of CA, upon which other states have modeled their practice act: 1399.456. Use of the Title "Doctor".

It is unprofessional conduct for an acupuncturist to use the title "Doctor" or the abbreviation "Dr." in connection with the practice of acupuncture unless he or she possesses a license or certificate which authorizes such use or possesses an earned doctorate degree from an accredited, approved or authorized educational institution as set forth under Article 4 (commencing with section 94760) of Chapter 7 of Part 59 which is in acupuncture, Oriental medicine, a biological science, or is otherwise related to the authorized practice of an acupuncturist as set forth in Section 4927 and 4937 of the Code. The use of the title "Doctor" or the abbreviation "Dr." by an acupuncturist as authorized above without further indicating the type of license, certificate or degree which authorizes such use, constitutes unprofessional conduct.

The Council of Acupuncture and Oriental Medicine Associations lists the following associated degrees, licensing, and credentialing designations:

Licensed Acupuncturist (L.Ac.): State Licensing Agency

Certified Acupuncturist (C.A.): State Licensing Agency

Certified Diplomate (Dipl.Acupuncture): NCCAOM

Doctor of Oriental Medicine (OMD or DOM): Individual Schools

Many practitioners in the 70's and 80's went on after graduating from approved schools in California to obtain a Doctorate in Oriental Medicine, O.M.D. This course usually consisted of one year additional study, which included a short externship in China. These degrees were halted during the national credentialing process in the late 80's. The ACAOM is in the midst of developing a standardized 4,000-hour advanced doctorate program in Oriental Medicine.

The NCCAOM (National Certification Commission for Acupuncture and Oriental Medicine) has been setting entry-level standards for national certification. Licensing requirements vary from state-to-state, some requiring the NCCAOM certification, others requiring NCCAOM plus additional education and/or examination, and some, like California, which is ahead of NCCAOM standards, have entirely independent licensing examinations.

When an acupuncturist achieves NCCAOM Certification in Acupuncture, they may designate themselves as "Diplomate in Acupuncture (NCCAOM)" or "Dipl. Ac. (NCCAOM)."

The impression [which Per Otte has given] that acupuncture techniques cannot be studied through controlled and appropriate clinical trials may be mistaken. In 1998 Congress expanded the status, mandate, and authority of the Office of Alternative Medicine at the National Institutes of Health (NIH) by enacting legislation to create the National Center for Complementary and Alternative Medicine (NCCAM). NCCAM is dedicated to exploring complementary and alternative healing practices in the context of rigorous science; training researchers and disseminating authoritative information. They have also funded work to promote innovative research that will advance our understanding of the underlying mechanisms of this unique form of therapy, and permit improved clinical trials that may yield improved clinical applications.