Age-related macular degeneration (ARMD) is the slow deterioration of the cells in the macula, a tiny yellowish area near the center of the retina. The macula gives us clear central vision and fine detailed images.

The deterioration of the macula affects an individual’s central vision - the ability to read, write and drive and recognizing faces.

There are two types of macular degeneration: wet and dry. Ninety percent of people with macular degeneration have the dry type, in which small yellow spots called drusen form underneath the macula. Drusen are believed to be metabolic waste products that accumulate and cause cellular damage. It has been suggested that drusen slowly breaks down the cells of the macula, causing distorted vision.

Dry macular degeneration can progress into the second, more severe wet-type. In wet-type ARMD, abnormal blood vessels begin to grow toward the macula, causing rapid and severe vision loss. These weak blood vessels can rupture and bleed. Both wet and dry ARMD are diagnosed by an ophthalmologist, and there currently is no safe and effective conventional treatment. Individual risk factors for macular degeneration have been identified. These include: female gender, smoking (increases risk by 200 to 300 percent), diabetes, uncontrolled high blood pressure and family history of macular degeneration.

Chinese Medicine and Macular Degeneration

In my experience, Chinese medicine can offer a very effective treatment for both types of ARMD. Although this kind of treatment will not help every single ARMD case presented, my personal success rate has been at least 80 percent. By success, I mean that there are either subjective and/or objective measurable improvements in a person’s vision after a series of treatments. There are many simple ways to test vision that are well within our scope of practice as acupuncturists. Two of these are the Visual Acuity test (eye chart) and an Amsler Grid test.

The clinical objective in treating ARMD is to treat the root cause of the disease pattern. The branch treatment or temporary solution can be to activate the blood circulation in order to resolve stagnation. Visual
capacity may be improved by promoting the circulation in the choroids and retina, preventing cell death, and reversing the inability to absorb and circulate nutrients vital for healthy vision.

ARMD (both wet and dry) most often is an exhaustion of the body’s *yin*. The *yin* aspect of the visual field is the central vision, and the peripheral vision is more *yang* in nature. When the central vision goes, it indicates a "burn-out" of kidney and liver *yin*, so using Chinese herbs that nourish *yin* seems to work best.

The function of the spleen (supported by the kidney) is to transform and transport nourishment that is ingested. When working towards generating *yin* in the body, it is essential that the Earth element (spleen, pancreas and stomach) be in a state of optimal function. The process of breaking down food into usable nourishment for the cells of the body requires a digestive system. It has been stated in the *Pi Wei Lun* by Li Ding Yuan that as we age, our Earth element (digestive function) weakens. When the body’s capacity to break down food becomes less efficient, the ability to replenish *yin* and blood can be compromised. Again, ARMD is generally seen as *yin* deficiency caused by "starvation," with impaired transformation and transportation function.

The *yin* deficiency typically leads to a progressive dry stagnation of *qi* and blood, which are the later stages in the development of ARMD. The blood vessels of the eye often become so dry and brittle that they can leak blood or burst altogether, thus leading to wet ARMD. One of the key ways to observe if a patient with dry ARMD is susceptible to developing the wet type is if they tend to bruise easily. If they also have a history of bleeding disorders or have been overdosed on blood thinners, they have a higher probability of developing wet-type ARMD. If bleeding occurs, the following steps should be taken after the patient has been stabilized by their ophthalmologist.

In cases of wet ARMD, they will need laser treatment to arrest the bleeding if it is severe. If the bleeding is light and the patient has previously seen their ophthalmologist, you can suggest snail-shell moxa techniques. This technique was developed by Shmuel Halevi in Israel.

Once the bleeding has stopped, the next step is to nourish the *yin* and invigorate the *qi* and blood with acupuncture and Chinese herbal medicine. An herb such as Chinese notoginseng (*sanqi*) would be a good choice for wet-type ARMD, whereas *dan shen*-based formulas work better for dry-type ARMD. You can then follow up with digestive tonic formulas and *yin*-nourishing formulas, based on the dominating TCM pattern. These formulas should be taken long term (six to 12 months), as it can take time to build the central *qi* and generate *yin*. 
Acupuncture Treatment:

**Body Points:**
Distal: Liv-3, SI-3, H-8, SJ-3, Sp-3, K-1, Sp-6, St-36  
Local: UB-2 (same effect as UB-1), Yuyao, GB-14, Yintang

**Ear Points:**
Adrenal, Pt. Zero, & Corpus Callosum

**Electro-acupuncture:**
E-Stim #1: UB-2 to Alt Point - 1 finger medial to St-2  
E-stim #2: SJ-23, Tongming (½ cun below GB-1)

Note: I recommend using a Pantheon 4C E-stim device, where the points are stimulated at a constant 2Hz  
for 20 to 30 minutes.

Caution: Do not use local electro-acupuncture on patients with retinal bleeding or elevated inter-ocular  
pressure (IOP)/glaucoma. It can cause bleeding in weak vessels and raise IOP.

Snail-shell moxa can be done daily or every other day for one to two weeks with the presence of retinal  
bleeding. The patient should feel the burning warmth of the moxa.

**Chinese Herbal Medicine Base Formulas:**

**Wet-type ARMD**
1. *Yunnan Paiyao or Sanqi Powder* (dissolve 2 g, 2 times/day in water)  
2. *Ming Mu Di Huang Tang* (Bright Eye Tea)  
3. *Shu Gan Tang + Erchen Tang* (Soothe the Liver Tea + Two Aged Tea)  
4. *Xiao Yao San*  
5. *Bu Zhong Yi Qi Tang*

**Dry-type ARMD**
1. *Ming Mu Di Huang Tang* (Bright Eye Tea)  
2. *Shu Gan Tang* (Soothe the Liver Tea) + *Er Chen Tang* (Two Aged Tea)  
3. *Dan Shen Pain*
4. *Bu Zhing Yi Qi Tang*

Note: These are suggested base formulas. Chinese herbal formulas are most effective when tailored to each patient’s needs, based on your TCM diagnosis.

Andy Rosenfarb, LAc, MTOM, is the clinical director and founder of Acupuncture Health Associates in Westfield, NJ. He may be contacted at acupunkk -at- aol.com or [www.acupuncturehealth.net](http://www.acupuncturehealth.net).

Page printed from: