

# Treating Chronic Open-angle Glaucoma with Acupuncture & Chinese Medicine

---

Andy. Rosenfarb, C.A. National Board Certified in Acupuncture & Chinese Herbal Medicine

Over the last 10 years in my practice, I have specialized in TCM ophthalmology. I have made quite a few significant clinical observations through diagnostic testing, treatment and direct feedback from my patients. In my clinical practice, I incorporate TCM with nutrition and “functional medicine.” Functional medicine uses methods to measure how weak (yin) or stressed (yang) the body’s organs, glands, and systems may be. Among these include blood sugar, adrenals, thyroid, pituitary, oxidation, hydration, ATP-energy production, etc. Both TCM and functional medicine look to uncover patterns of disharmony. The idea is to relate the patients’ symptoms (glaucoma in this case), to the underlying disease pattern.

Chronic open-angle glaucoma is a very common condition affecting about three million Americans. In my experience, it can be successfully treated with nutrition, acupuncture and Chinese medicine. In chronic open-angle glaucoma, the intraocular pressure (IOP) gradually increases, because the eye’s drainage canals have gradually become congested. This build-up of fluid in the eyes can eventually damage the retina and optic nerve. Early glaucoma can be easily detected with regular eye exams. A “tonometer” will measure IOP, and a vision field test will detect any peripheral vision loss.

In the early stages, the person will usually be unaware of increasing IOP. Often, by the time open-angle glaucoma progresses, some vision loss may be present whereas conventional medicine will usually recommend eye drops. The drops are used to lower the IOP in an attempt to keep the eye pressure down. The objective of the medication is to lower the IOP in order to prevent damage to the optic nerve or retina, preserving the patient’s vision. Many patients using these eye drops report that the drops burn and irritate their eyes, causing blurry vision. So, conventional medicine offers a solution to

lower the IOP, but the side effects of the medication may cause decreased vision...Go figure.

The TCM classics say that in most cases chronic open-angle glaucoma falls under the liver-kidney yin deficiency with liver yang rising. Acupuncture points are suggested to sedate the liver and stomach channels. In my experience, this is most often the correct treatment for acute closedangle glaucoma, NOT chronic openangle glaucoma. Of course, you will always want to do your TCM evaluation (tongue, pulse, four-pillar, etc.) to be certain of the dominant pattern. I have personally found that most cases of open-angle glaucoma are due to a weak/deficient gall bladder and kidney. This pattern is often coupled with an underlying yang weakness.

By using the principles of Chinese medicine, we can determine the origins of most diseases. In many cases, we will help the patient recover from many forms of illnesses. The TCM condition(s) of vision loss should first be distinguished with yin-yang theory. Looking at the Taiji yin-yang symbol, we can learn a lot about the nature of vision loss and how to treat it. Conditions like glaucoma and diabetic retinopathy will usually manifest with peripheral vision loss. The yin aspect of the Taiji symbol mimics a loss of peripheral vision (dark outer and bright inner); therefore, the condition must be yin-dominant and yang-deficient. In cases like macular degeneration where the central vision is lost, the opposite condition is present. There is brightness on the periphery and darkness in the center. This means that the condition must be of a yang nature with yin deficiency. Please, take a minute to observe this, as it is a very simple, yet important, consideration into understanding the TCM pathogenesis of central and peripheral vision loss. Once this has been determined, you can do your other TCM exams to determine the channels and organs that are most affected.

In terms of treatment, I will tend to treat the UB, ST, and GB channels. The GB, being a yang channel, delivers the yang-qi from the liver to the upper body and eyes. The UB is the yang channel of the water element that delivers the yang-qi of the kidney to the upper body and eyes. Stomach channel points are also important to deliver the spleen nutritive,

yang-qi, to the eyes. A basic point prescription for gall bladder and kidney weakness is:

**Treatment:**

GB-1 (local), GB- 20 (move Qi to the eyes), GB-21 (move Qi in GB), GB-30 (move Qi in GB), GB-37 (special eye point), GB-40 (source) GB-43 (tonification)

UB-2 (local), UB-64 (source), UB-67 (tonification)

St-2 (local), St-36 (horray), St-41 (tonification)

Extra Glaucoma points: Extra Glaucoma #1 – 1 cun superior to SJ-23; and one finger-width lateral. In the tender spot, needle posterior until a strong “de-qi” sensation is obtained.

Extra Glaucoma #2 – 1/2 cun anterior to St-5; needle superior in tender area as to obtain a strong “de-qi” sensation.

**Eye Exercises to Reduce IOP**

Using the middle finger apply pressure below the eyeball, pressing in and up for 10 second, then rest for 10 seconds. Do this three times in a row three times each day.

As far as Chinese herb formulas go, for this pattern, I usually combine and slightly modify two traditional formulas: Wen Dan Tang and You Gui Wan. The therapeutic goal is to mobilize the qi and yang of the kidney, stomach, and gall bladder. Sometimes, I will add Er Chen Tang to help clear a path for the clear-yang to ascend to the eyes.

Moxa is also a great adjunctive therapy for glaucoma patients presented with this kind of deficiency pattern. Use moxa on St-36, CV-12, UB-20, UB- 19, UB-22, and UB-23.

Massaging clove oil or cinnamon oil into the GB and UB meridians can also be another effective way of activating the yang-qi in the channels.

Very briefly, in terms of functional medicine, I have found that chronic open-angle glaucoma is caused by oxidation levels that are too low (qi and yang deficiency) and diminished ATP cellular output (also qi and yang deficiency). Using oxidants (not antioxidants) will help stimulate the metabolism and move the fluids in the eye, which may lower the IOP. Antioxidants slow down the fast-catabolic metabolism, which we do not want to do. This may contradict most naturopathic and nutritional “antioxidant eye protocols.” High doses of cod-liver oil (6000-9000 iu/day) are one great oxidant to help patients with open-angle glaucoma. Sterol fats, like milk, cream, butter, cheese, etc., can potentially make this condition much worse.

Some herbs that can help boost ATP (qi) production for open-angle glaucoma include the following: Siberian ginseng root, astragalus, ginkgo biloba, cat’s claw, capsicum, colus corscholi, and clove. These boost the qi, which in turn increases circulation of the stagnant fluid in the eye. Once catabolic activity (yang-qi) is activated, the fluid may begin to drain through the eye, lowering the IOP and potentially lowering the risk of optic nerve and retinal degeneration. **OM**

**NOTES:**

1- Glaucoma Research Foundation,  
October 2006.