

Date: 8 November 2019

From : Dr.Somkiat Athikhomkulchai

To : Professor Flammer

Subject : Glaucoma breakthrough

Do you remember me ? I am a Thai ophthalmologist practice in a small private hospital in a small province and very very appreciated to your work about “ ocular blood flow and glaucomatous optic neuropathy “ I have no sophisticated instruments to do any research but I have a full heart to help patients from blindness.

14 years ago I invented a technique called “ Palm pressure therapy ( PPT ) “ to help poor people that cannot afford the expensive IOP-lowering medicine and it worked very well not only reduce IOP but almost all patients said that their vision are improved both V.A. and V.F.( see how to practice PPT at <http://healglaucoma.blogspot.com/2015/03/how-to-practice-palm-pressure-therapy.html> )

I apply magnifying contact lens to see what happened when apply force to the contact lens, I saw increase intraocular blood flow ( see the clip <https://youtu.be/iLGc44ROSQk> ) thousands of glaucoma patients have no progression when practice PPT especially with orally baby aspirin 1-2 tablets a day ( there is not even a case of complication throughout 14 years of practicing PPT because the mechanical injury theory is wrong )

In general Perfusion Pressure( PP ) = Arterial Pressure ( AP ) - Venous Pressure ( VP )

But in the eyeball there are another 2 factors that influence the ocular blood flow

One is the Contraction force of the Lamina cribrosa (CLC ) and another is IOP

$$\text{Hence retinal AP} = \text{systolic BP} - \text{CLC} - \text{IOP}$$

$$\text{And retinal VP} = \text{IOP} + \text{CLC}$$

$$\text{Retinal PP} = \text{Retinal AP} - \text{Retinal VP}$$

$$= (\text{systolic BP} - \text{CLC} - \text{IOP}) - (\text{IOP} + \text{CLC})$$

$$= \text{Sys. BP} - \text{CLC} - \text{IOP} - \text{IOP} - \text{CLC}$$

$$= \text{Sys. BP} - 2 \text{CLC} - 2 \text{IOP}$$

Abruptly short period of IOP increasing as Palm Pressure Therapy will stretch out the Lamina Cribrosa and facilitate blood flow into the eye. There are 3 steps to consider

1. If the IOP higher may be around 10 mm.Hg. You can see retinal venous pulsation appear from a little bit increase intraocular blood flow
2. If the IOP get more higher, CLC is fully relaxed you can see retinal arterial pulsation appear corresponding to the heart beat and the venous pulsation disappear ( the contraction force of LC is now zero and free flow of arterial blood pass through LC into the eyeball and free flow of venous blood pass through LC out of the eyeball )
3. If the IOP get further higher may be around half of the Systolic B.P. the perfusion will shut down instead and the retinal arterial pulsation will disappeared as shown by the equation

$$\begin{aligned}
 \text{Retinal PP} &= \text{Sys. B.P.} - 2 \text{ CLC} - 2 \text{ IOP} \\
 &= \text{Sys.B.P.} - 2 \times 0 - 2 \times 1/2 \text{ Sys.B.P.} \\
 &= \text{Sys.B.P.} - \text{Sys.B.P.} \\
 &= 0
 \end{aligned}$$

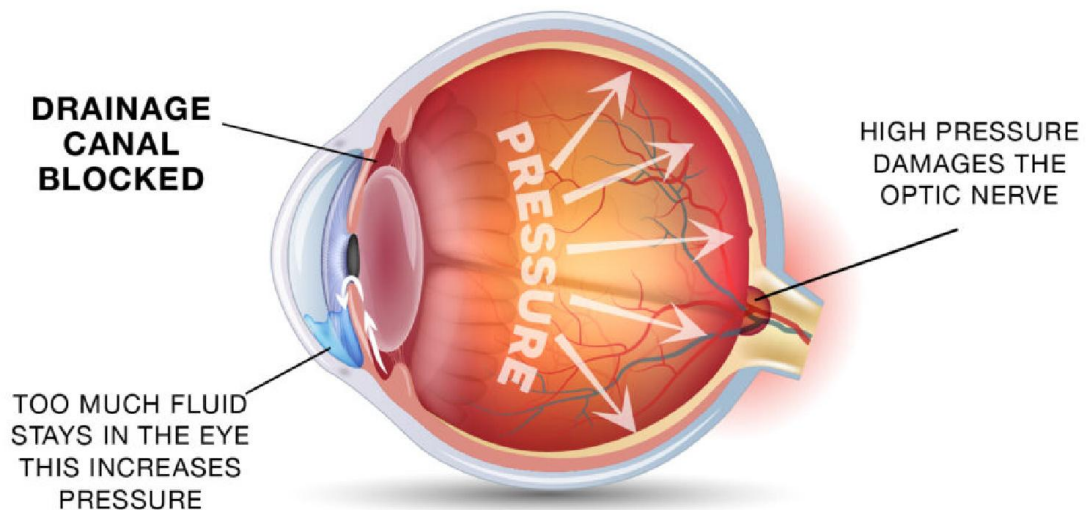
It means that a short mild to moderate increase of IOP can increase intraocular blood flow ( PPT create a short spike of IOP rising and then decline down by forcing aqueous drainage through Trabecular meshwork ) but if the IOP higher up to half or more of the Systolic B.P. the blood flow will shut down When patients do PPT 2.5 minutes at a time and do it every one hour until bed time this will increase the elasticity of LC , decrease contraction force of LC and facilitate or flush intraocular blood flow ( when couple with oral baby aspirin 1-2 tablets a day , this regimen is the most effective method to stop GON progression , improve vision and may recover of vision in patients go blind not more than 3 months )

if the IOP slowly and gradually increase , there will be no change to LC but In the other hand it gradually increase impeding ocular blood flow as shown by the equation

$$\text{Retinal PP} = \text{Sys. B.P.} - 2 \text{ CLC} - \text{increase } 2 \text{ IOP}$$

This means that only High tension glaucoma has benefit from IOP lowering medicine not normal or low tension glaucoma. The mechanical injury theory is wrong

# GLAUCOMA



The ocular blood flow theory is correct

I try to disclose this discovery to the Royal college of Ophthalmologists of Thailand but they don't believe it and try to discredit and if possible to destroy this technique. I am now in the same situation as Galileo or Barry Marshall and Robin Warren who discover H. Pylori and cannot protect

this PPT anymore. I beg you to proof that PPT can increase intraocular blood flow and can stop the progression of Glaucomatous optic neuropathy especially in Normal tension glaucoma by doing PTT every 1 hour until bed time, 2 and a half minute at a time at least 10 times a day. Doctor can see improvement and patients can realize improvement in only 1 month

If the elastic intensity of Lamina Cribrosa is the cause of impeding intraocular blood circulation. Why not it affect optic nerve fibers . So both blood flow and Axoplasmic flow together play role in GON . Impeding axoplasmic flow with wallerian degeneration and IOP molding bring to the disc Cupping , the pathognomonic sign of GON

I've already known that PPT is the door to open into the mystery of most retinal diseases and now I'm Ending blindness of those retinal diseases such as CRAO, CRVO, DR, RP, CSR, Optic atrophy etc.

This discovery is the same story as Penicillin and I'm in the same situation as Sir Alexander Fleming , I'm waiting for you to be Sir Howard Florey to proof and help people worldwide from blindness

Yours sincerely

Dr.Somkiat Athikhomkulchai

P.S. I have to apologize for my English language is not good and I hope you can understand and waiting for your respond