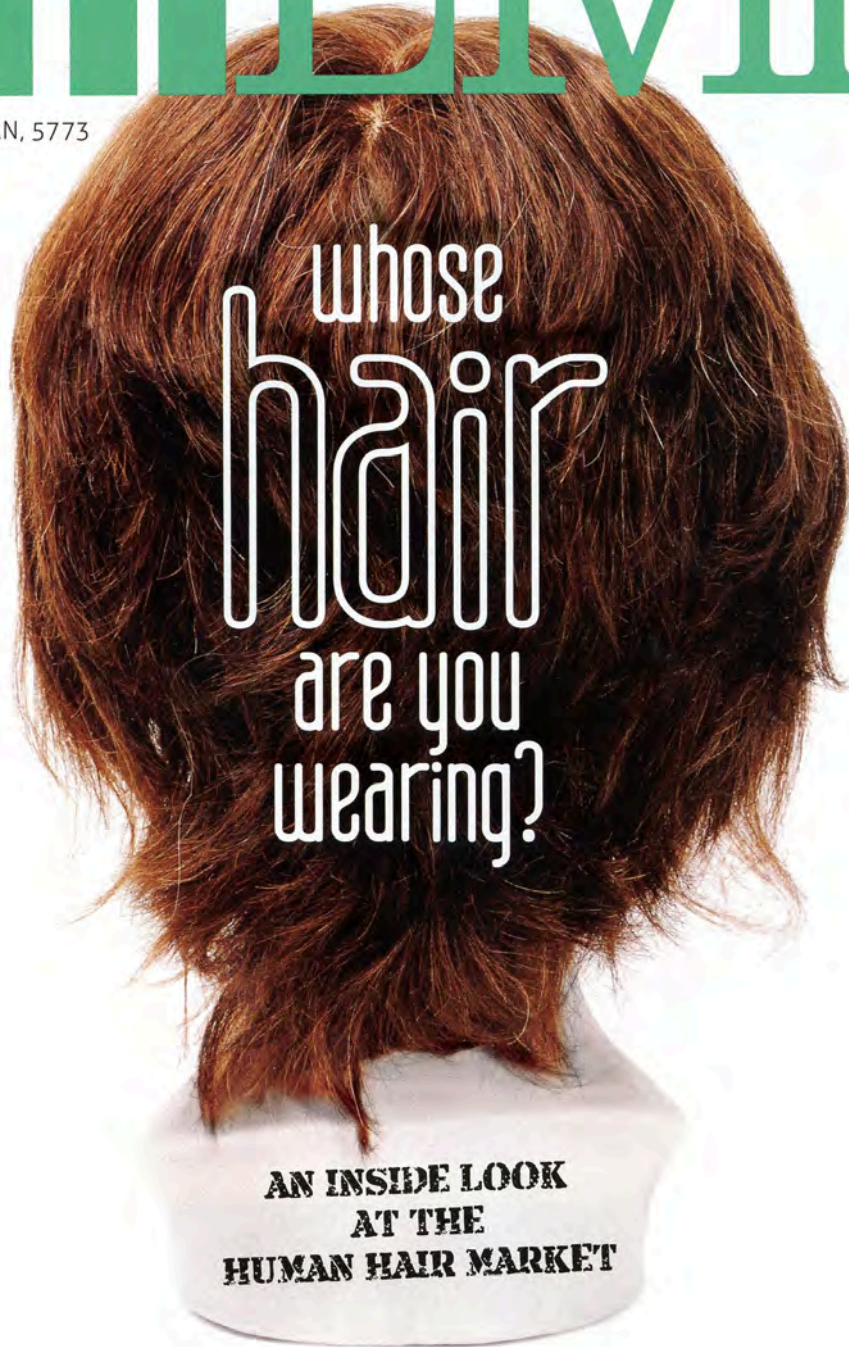


VICTORIA'S FALL-INSPIRED THYME-ROASTED VEGGIES, RICE AND SLAW SALAD, BRAISED RIBS, AND MORE!

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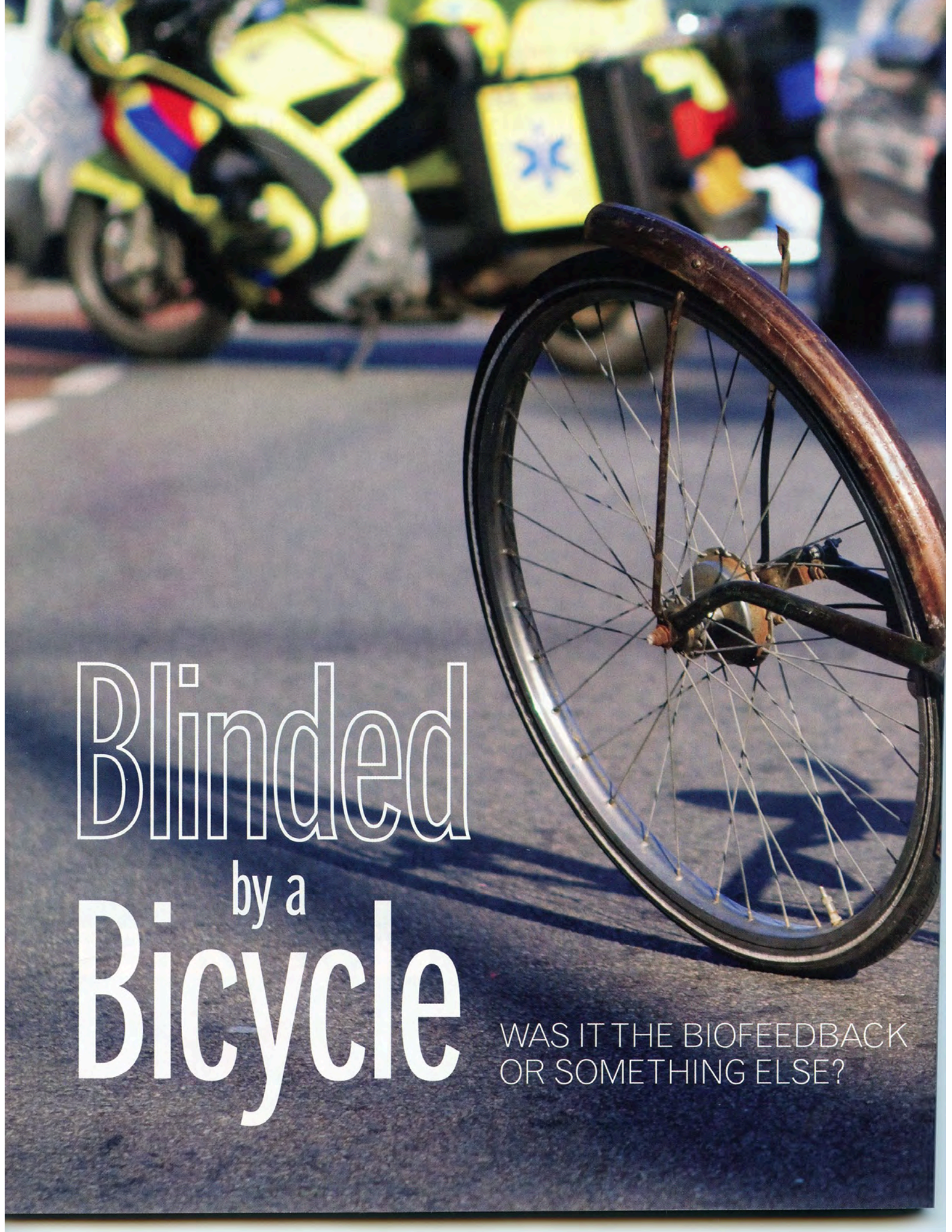
NOVEMBER 14, 2012 29 CHESHVAN, 5773
ISSUE 94



**AN INSIDE LOOK
AT THE
HUMAN HAIR MARKET**



CLEAN BILL THE DOCTOR SAID OUR SON'S EYESIGHT WAS DAMAGED FOREVER. WAS IT? >>> **FUN 'N FRUGAL** HOARDING IS IN MY GENES >>> **TRUTH OR CONSEQUENCES** I LIED BECAUSE I COULDN'T FACE THEIR PITY. WILL I BE EXPOSED NOW? >>> **FROM OKINAWA TO AISH** THE UNLIKELY JOURNEY OF LINDA KOFFMAN >>> **OUR DAYS** THE SHIDDUCH DATE WAS A DISASTER, BUT SOMETHING GOOD DID HAPPEN AS A RESULT >>> **WHISK** PUSH UP POPS! FUN TO HOLD, BETTER TO EAT >>> **KITCHEN SPY** THE CULINARY LEGACY OF GREEK JEWS.

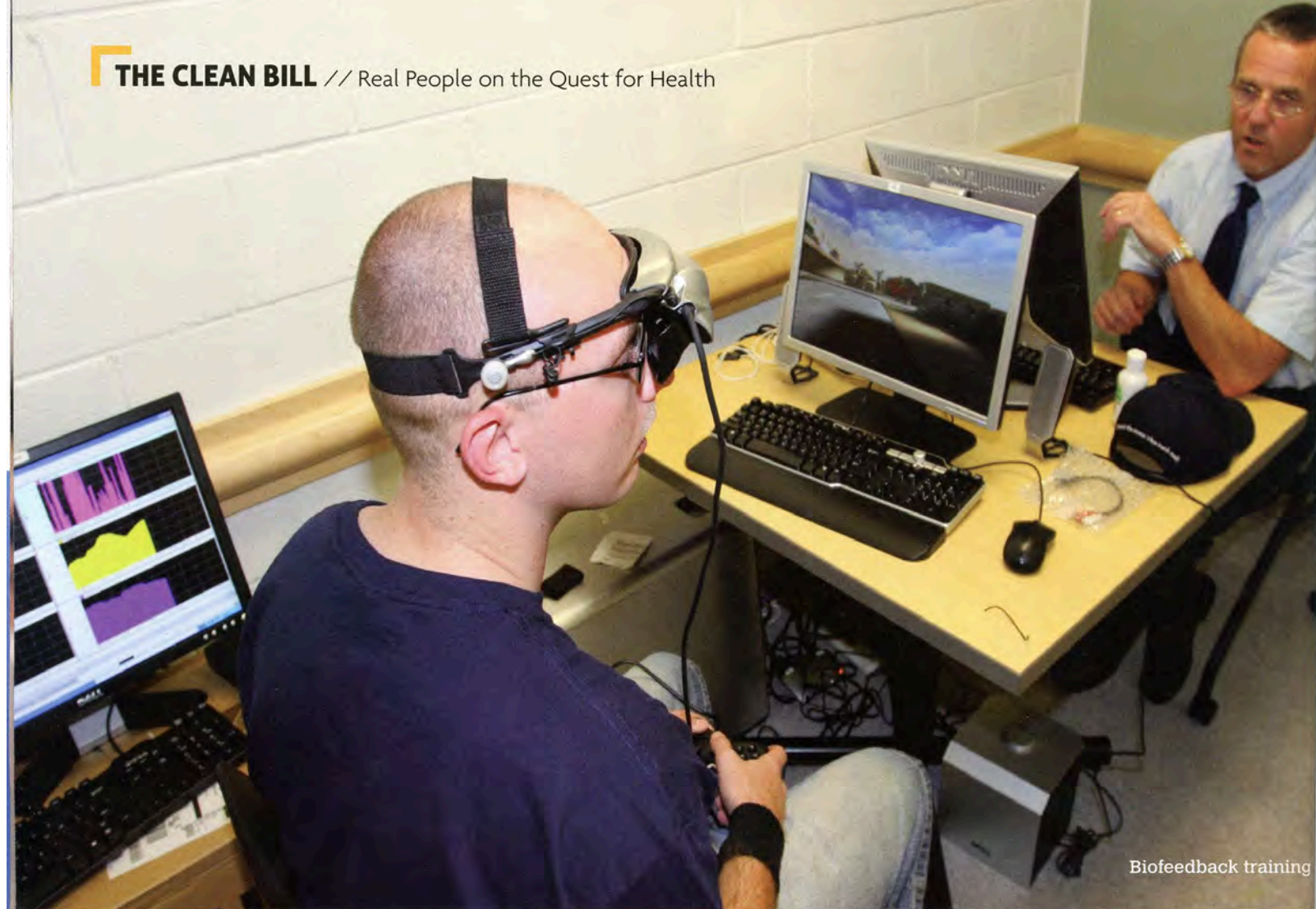
A photograph of a bicycle wheel in the foreground, with a blurred motorcycle in the background. The bicycle wheel is the central focus, showing the spokes and the dark frame. The motorcycle in the background is yellow and black, with a blue star-like logo on its side. The scene is set on a paved surface, possibly a street or a parking lot, with a blue curb visible. The lighting suggests it's daytime.

Blinded by a Bicycle

WAS IT THE BIOFEEDBACK
OR SOMETHING ELSE?



AS TOLD TO RACHELI SOFER



Biofeedback training

SHLOMO'S FATHER:

S We got the dreaded phone call one afternoon. My wife and I were informed that our son Shlomo's bicycle had hit a bump in the sidewalk and flipped over. Our budding *talmid chacham* had landed several feet away on the pavement, head-down. But the ominous news was immediately followed by a deep sigh of relief. Not to worry, we were assured. Shlomo had been taken to a local hospital where he was, thankfully, pronounced in good health.

Following the mishap, we doted on our son from afar and tried to put the frightening episode behind us. But our relief was, it quickly became apparent, premature; it didn't take long for him to start complaining that he couldn't see so well out of one eye. "It's like pieces of the picture are missing," was his description of what he was seeing out of the affected eye. Although Shlomo had been wearing glasses for a while, his prescription was

very low. Suffice it to say that on the heels of a head injury as frightening as the one he had sustained, his complaints were alarming. We leaped into action.

At the time of the accident, Shlomo had been staying with my in-laws in Toronto, where his *zeide*, a well-known *masmid*, had arranged an intense learning schedule for our son, just as he does for all his grandchildren on a rotating basis. For several months, our *bechor* had been making the short bicycle trip from my in-laws' house to the *beis midrash*, located only a couple of blocks away. When the accident happened, Shlomo had been riding home for his lunch break sans helmet—something he had never done before.

My wife and I were nervous that the quality of the health care available to our son in Toronto wasn't up to par. We weren't going to play games with Shlomo's vision; my wife was also worried that other terrifying symptoms might start to surface. Who knew what kind of

damage we really were facing? And so, as quickly as we could, we brought Shlomo back to Brooklyn and took him to a local doctor for an examination.

I'll never forget how the junior doctor took one look at our son's eye and practically ran out of the examination room. He rushed back into the room almost immediately, with a serious expression on his face and a senior doctor in tow, who shortly thereafter, when his own examination was complete, insisted that we take Shlomo to a retina specialist as soon as possible. Needless to say, at this point we were very apprehensive.

The prognosis wasn't any less dismal at the retina center, where the specialist matter-of-factly informed us that "There's nothing we can do; his eye is finished." The official diagnosis was a contusion of the left optic nerve. The supposed expert had only one recommendation—steroids—in the hope that it would reduce the inflammation. "There's a slight chance it might help," he said.

Continued from page 23

This pronouncement ultimately led our son to be hospitalized for a short while. Shlomo was a diabetic, so the administration of steroids required that he be under the direct supervision of his endocrinologist. She admitted our son to Mount Sinai Medical Center, where the drug was given to him—with no success at all.

At this point in our saga, a pediatric neuro-ophthalmologist was summoned to Shlomo's bedside, and after a quick examination he concurred that nothing could be done to save our son's eyesight. In fact, he delivered the news to me and my tearful wife quite abruptly. "Be happy it's only one eye that's affected," he presumptuously exclaimed. Nonetheless, aware that he had delivered devastating news to us; he told us he was waiving his fee on account of his miserable pronouncement.

My son would be blind in one eye, the damage was irreversible, and nothing could be done about it. At the age of 11 years, Shlomo was facing a lifetime of visual impairment.

We had no reason to believe otherwise until a few days later, when my sister called and told me about a friend of hers who had once been in a terrible car accident. The woman's husband, an out-of-town *rosh yeshivah*, had tragically been killed on the scene, while the wife was badly injured. "She could only see things that were directly in front of her," my sister said. It took time, but the woman had eventually experienced a full recovery under the treatment of a doctor by the name of Dr. Yosef Trachtman. "Why don't you try him?" she suggested. She gave me his contact information, and although we weren't overly optimistic, my wife and I figured we had nothing to lose and everything to potentially gain.

I called him right away. "I can't promise you anything," Dr. Trachtman told us humbly. Nonetheless, he recommended that Shlomo start taking certain herbs for the next few days before his appointment.

A few days later we dragged our son for what we believed was a shot

in the dark. From the visual exam, Dr. Trachtman determined that Shlomo's visual field was restricted "When Shlomo looked at someone he could only see the person's eyes and nose. According to Dr. Trachtman, his optic nerve, which connects his eye to his brain had a contusion that was interfering with the messages going from his eye to his brain. Dr. Trachtman announced to a skeptical mother, father and son that not only could Shlomo's vision be restored in the affected eye, "He'll be able to see better than before, and will no longer need to wear glasses." Dr. Trachtman explained what led him to believe this. "With the use of biofeedback vision training, many different functions of the eyes are improved."

And so, Shlomo began Dr. Trachtman's unique therapy. For the next two to three months he went to his office twice a week to use the Accomotrak Vision Trainer, the biofeedback instrument he had personally developed. At the end of each session, Shlomo was able to see remarkably better. In fact, the very first time he used it, I remember him telling me that he could see the wall across the street as we left the building. It was remarkable; he hadn't been able to see it only an hour before.

True to his word, Dr. Trachtman not only saved my son's vision but improved it. Shlomo can now see more clearly than ever before. Dr. Trachtman was definitely the right *shliach*.

My wife and I were so delighted that we decided to take Shlomo back to the pediatric neuro-ophthalmologist who had initially given us such a grim prognosis. "We need to show him what happened," we reasoned. As a healthcare professional, it was necessary for him to know that an option existed for those patients he thought were beyond help.

However, much to our surprise—despite the clear evidence—he remained unconvinced. After examining my son and determining that he was indeed healed, he refused to believe that the credit went to Dr. Trachtman. "We don't

believe in biofeedback," he insisted.

"Then how do you explain it?" I wanted to know. "There was a direct cause and effect. My son's vision demonstrably improved after every single session with Dr. Trachtman."

My assertion was met with a blank stare, and silence. "There is no answer; we just don't believe in it," the doctor repeated.

Apparently, he just wasn't ready to see the light.

• • •

Shlomo's father contacted the *Ami* offices. He wanted to share his story with our readers so that others experiencing a similar situation could be helped in the same way.

And so I set out to investigate: Could biofeedback really be a life altering therapy for those experiencing symptoms like Shlomo's? I first contacted Dr. Joseph Trachtman for his experience with this atypical treatment.

It's been almost 15 years since Dr. Trachtman first met Shlomo and his parents, but he remembers their story very clearly. "Shlomo was 11 years old when he had his bicycle accident. The nerve that connects the eye to the brain had a contusion that was interfering with the messages going back and forth. I established this diagnosis by visual examination of the optic nerve, the size and shape of the visual field loss, and several tests performed at the hospital by the retina specialist. When Shlomo looked at someone he could only see the person's eyes and nose; his visual field was very small."

Dr. Trachtman, who holds a PhD in experimental psychology and is also an OD (Doctor of Optometry), tells me that he himself invented the instrument that was used to heal Shlomo and countless other patients.

"When I was at Yeshiva University, my dissertation was on a biofeedback instrument for the eyes. The eye is an outgrowth of the brain; eye tissue is in fact brain tissue, in contradistinction



sustain the alpha wave you can see thing in slow motion,” he tells me.

To sum up his view of how biofeedback works, Dr. Trachtman explains that the guiding principle is his unique interpretation of the adage, “*Tracht gut vet zein gut*—Think good, it will be good”: When you have control of the brain, you can control bodily functions.

It occurs to me that maybe that’s why his name is Dr. Trachtman.

• • •

to other nerves that grow elsewhere. When the eye is stimulated in a certain way, the brain produces chemicals that are involved in healing. There is a direct connection between the eye and the hypothalamus, which is responsible for producing those chemicals. The purpose of the biofeedback device is to teach the patient how to increase these chemicals. That’s how Shlomo was able to get better. I measured the size of his visual field at every session.”

The Accomotrac Vision Trainer, he explains, measures the eye’s focus and provides immediate auditory biofeedback, enabling patients to learn how to control it. In Shlomo’s case, he was trained to relax the muscle for maximum benefit of the eye-brain connection, says Dr. Trachtman.

“Is it true that his vision is now better than ever?” I ask.

“The biofeedback optimized the way the mechanisms of the eye and brain work. And it only works with this instrument for the eye, as I mentioned, because the eye is an outgrowth of the brain.

“During training, the brain waves are measured with electrodes placed on the head. One of these waves is known as the ‘alpha brain wave.’ When the eye relaxes, the alpha brain wave gets very big and activates many beneficial chemicals, such as beta endorphins.”

Interestingly, Dr. Trachtman’s invention was developed as a result of initial research by NASA, he tells me.

“Why isn’t biofeedback accepted by the larger medical community?” I ask him.

“Biofeedback *is* accepted by the medical community,” he insists. “One of my colleagues is the head of biofeedback at Mount Sinai, and there are other hospitals with biofeedback-practicing practitioners as well. Medical doctors are typically trained to prescribe medicine and perform surgery, so they aren’t necessarily that knowledgeable about other things. Biofeedback isn’t something that is taught in traditional medical schools.”

Nonetheless, according to Dr. Trachtman, there are already many uses of biofeedback that are recognized by conventional doctors. “For example, in cases of migraine headaches that are caused by too much blood flow, if the blood flow is reduced by biofeedback, the headaches can be aborted.”

Stroke patients are also frequently helped by the technique. “Electrodes are placed on the muscles, and a sound and light display helps increase the patient’s ability to utilize limbs. Biofeedback can also be useful in treating ADD and ADHD, using video games to decrease brain waves and increase concentration.

“I’ve been practicing biofeedback for 43 years. I’ve worked with various sports teams. I trained the 1988 and 1992 US Olympics shooting teams, the Pittsburgh Pirates, and Indy 500 drivers.”

“How does biofeedback help them?” I ask.

“It helps sharpen their vision. If you can

At this point, I was quite confused. I told Shlomo’s father that I wanted to contact the original neuro-ophthalmologist who was consulted, who had insisted that Shlomo could not have been healed by the biofeedback. Shlomo’s father directed me to Dr. Steven Rudolph, a prominent neurologist and the Director of the Jaffe Stroke Center at Maimonides Medical Center. Dr. Rudolph is recognized as a national expert in his field.

I wanted to understand why, despite the fact that Shlomo had regained his vision, Dr. Rudolph did not seem to believe that it was the biofeedback treatment that had healed Shlomo. I finally reached the doctor after many attempts. He instantly remembered the case although a number of years have passed. Even though I assured him that Shlomo’s parents had been the ones to put me in contact with him, encouraging me to discuss their son’s case, he refused to comment.

He suggested that I contact Dr. Joyce Schenkein, an assistant professor at Touro College, who has a PhD in neuropsychology and a research fellowship in ophthalmology. He felt confident that she would be more comfortable discussing cases like Shlomo’s and providing me with her expert opinion.

Dr. Schenkein works with patients who have experienced stroke-related damage to the visual brain. These patients are typically blind, as it were, to one side of the world. But since both eyes have the

same deficit, they cannot compensate by closing one eye and using the other.

She believes that when a portion of the visual brain is damaged, the conscious aspect of vision may be unavailable and therefore the patient seems to be blind. However, "Evidence suggests that unconscious pathways may still be functional and that the patient can be trained to use them.

"Vision is redundant in the brain," she explains, likening this to how a person might travel from one place to another. "Although you might prefer to take a specific train downtown because it's the most direct route, if that particular line is unavailable you can still reach your destination by taking a different train, or a bus, cab or bicycle. They may be less convenient and require more effort, but they will still get you there." Similarly, the brain has a best way of performing a function, but usually alternative routes as well.

Therefore, if someone experiences certain types of brain injuries, "training the unharmed but unconscious other pathways may enable the patient to regain conscious sight."

Not being familiar with Shlomo's case, Dr. Schenkein is reluctant to give her opinion as to whether biofeedback was instrumental in Shlomo's recovery. She speculates that some of Shlomo's field recovery can be due to "spontaneous recovery." In some cases of head injury, lost functions may return on their own after swelling subsides and blood vessels regrow. This can sometimes happen, she said, after a period of around six months. Nevertheless, she does believe that the use of biofeedback to improve focus has merit. "Regarding my evaluation of this procedure, I think the most I can say is that I am open to the possibility that biofeedback may help improve focus." ■

The End of the Yearly Vaccine?

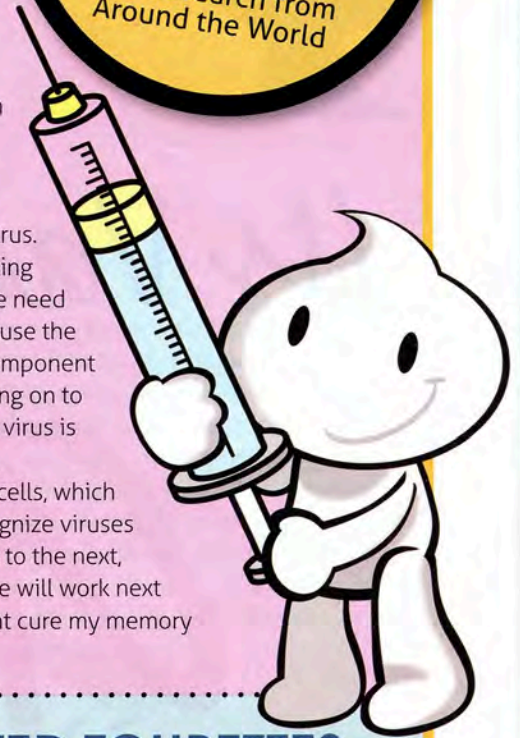
DIFFERENT CELLS HAVE DIFFERENT TARGETS

Every year, I forget to get my flu shots.

I probably wouldn't be as bad at getting them if they didn't need to be given every year. The shifting genetic makeup of the flu virus means that each year scientists must formulate a new vaccine, designed to stop that year's flavor of virus.

But researchers at Oxford University are working on a new type of vaccine that would obviate the need for a yearly flu shot. The old type of vaccines cause the body to produce B-cells, the immune system component that blocks viruses from entering cells by latching on to their specific chemical shape. Since each year's virus is shaped differently, that requires a new vaccine.

The researchers' new vaccine would boost T-cells, which kill viruses. The proteins that T-cells use to recognize viruses seem to change very little from one year's virus to the next, so the scientists believe that this kind of vaccine will work next year as well as they did this year. And they might cure my memory problem, as well.



COMPUTER-ANIMATED TOURETTES

Researchers bring tics to the unaffected, and hope to the affected

The condition Tourette's syndrome can cause those who have it to exhibit strange, sometimes embarrassing behaviors, many of which involve involuntary impulses or tics. Researchers have long wondered about the mechanisms behind these tics. Knowing more about them could lead to treatment to help abate them. That's why scientists recently tried to induce tics in people without Tourette's.

The researchers, based at Heinrich Heine University in Dusseldorf, Germany, wanted to see if the origin of tics is in over-excitation of the part of the brain known as the supplementary motor area, or SMA, which is involved in the initiation of motion. They used repetitive transcranial magnetic stimulation, which is the application of strong magnetic pulses to the brain through the scalp, to either inhibit or excite the SMA.

After the application of the magnetic pulses, they showed the subject a video of a person making a spontaneous movement. Those with their SMA excited were three times as likely to mimic the behavior of the person they were watching, which matches a Tourette's symptom known as echophenomena.

Based on this research, the team will now study whether inhibition of the SMA can reduce symptoms in patients with Tourette's.

