

The background of the entire page is a vibrant, abstract composition of light trails and bokeh. The colors range from deep blues and purples to bright oranges and yellows, creating a sense of movement and depth. The light trails appear to be radiating from a central point, giving the impression of a starburst or a galaxy. The bokeh consists of small, out-of-focus circles of light in various colors, scattered across the scene.

Clean
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Real People on the
Quest for Health

More Than the Eye Can See

WHY COULDN'T I
KEEP MY EYES OPEN?

As told to Devorie Kreiman
by Malkie Brennan



t started with small things, which is why I hardly noticed in the beginning. It was 2002, and I was 44 years old. The first time it happened was after midnight. A relative said, “Malkie, your eyes are closing.”

“Of course they are,” I replied. I’m tired.”

Then another family member mentioned that my eyelids were drooping, and it was only 8:00 p.m.

The strange thing was that I was able to see. I must have adjusted gradually to looking through half-closed eyes. Again, I chalked it up to fatigue—until it happened in the middle of the day when I wasn’t tired. I started to pay attention and realized that I couldn’t keep my eyes fully open.

I made an appointment with my family doctor. He ordered a CT scan, which didn't show any abnormalities.

My doctor then consulted with an ophthalmologist who directed him to conduct an unusual test. He told him to put pieces of ice over my eyes and see if they opened. If my eyes popped open in reaction to the ice, the diagnosis was myasthenia gravis, a neuromuscular autoimmune disease in which the body produces antibodies that interfere with the communication between the nerves and muscles by destroying the receptor sites for a neurotransmitter called acetylcholine. Myasthenia gravis is characterized by muscle weakness and fatigue.

My family doctor procured a few small packets of ice and a hammer. "This adds a new set of tools to my practice," he quipped. He then hit the ice to break it into small pieces and placed them on my eyes. My eyes opened.

That Chanukah, I went to a neuro-ophthalmologist, who confirmed the diagnosis: I had myasthenia gravis.

My initial reaction was relief. *They know what it is. They'll give me medicine and I'll be cured.* Then the doctor sat me down and said, "Myasthenia gravis is a chronic disorder, which means that it's a lifelong condition. It isn't curable."

But even then, I didn't fully absorb the implication of what he was saying. I thought, *Oh. So I'll be on a pill for the rest of my life. That's okay.*

I started taking Mestinon, a medication that improves muscle strength by preventing the breakdown of acetylcholine, thereby enabling muscle function. The doctor said that if I was lucky, the Mestinon would help my eyes open on their own, and I wouldn't need surgery. I took the drug three times a day, but my eyes didn't stay open. A week later, I developed a more alarming symptom—I started seeing double.

One night, I went out to dinner with my children. Someone ordered onion rings,



and I asked my son to pass me one. When he did, I said, "Just one, please."

"It *is* just one," he replied.

But I was seeing two onion rings in his hand.

The double vision worsened, and I continued to have trouble keeping my eyes open, even during the day. It soon became too dangerous for me to drive. I was used to getting into my car and going wherever I wished. Suddenly, I had to depend on others in order to get around. For the most part, my household continued to function smoothly. I could see well enough to cook, do laundry and take care of my children—including my youngest, a nine-year old girl with special needs—as long as I held onto the railing when I went up and down the stairs, paid careful attention whenever I moved, and made peace with the fact that everything took a lot more time than it used to.

I got up every day and did whatever I had to because I didn't have a choice; my daughter had taught me that. Years earlier, when we were in the process of trying to have her diagnosed, I learned to make room

for my feelings but not to allow them to get in the way. I remember one day when we were out and I had a particularly hard time keeping her safe; I came home feeling like a mess.

One of my friends, who had her own bundle of *tzaros*, happened to call that day. She asked me, "Tell me, Malkie. When do you cry?"

"It's not when I cry, it's where I cry," I explained. "I cry in my bedroom where no one sees me. Then I go back out and do whatever needs to be done."

My special daughter also taught me that I didn't have to have all the answers all the time. During one of her evaluations, a therapist asked me, "What's your goal for her six months from now?"

I thought about where we had been six months earlier. We'd had no idea what she could and couldn't do. We'd kept working with her and had seen results.

I said, "My goal is to keep going, one day at a time. If today is better than yesterday, we're good. And if we fall down, we get up, brush ourselves off and continue. What other options do we have?"

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I remained optimistic, convincing myself that my drooping eyelids and double vision were temporary, and that the answer—a new medicine or procedure—would fix it.

My doctor next sent me for an MRI, which showed that I needed a thymectomy—the removal of my thymus, a gland located behind the sternum, between the lungs—to ease my symptoms. He explained that even though my thymus was nowhere near my eyes, removing it would enable me to keep them open. The tricky part was that while all this was going on, my son got engaged to a girl from South Africa, where the wedding was supposed to take place.

Because a thymectomy isn't a common procedure, we had a hard time finding a thoracic surgeon who accepted our insurance. My husband looked through the book of insurance-approved practitioners, but he was reluctant to pick a random name without knowing the skill level of the surgeon. For weeks, we vacillated. It was frustrating because I knew I had to have the surgery, but we couldn't decide on who should do it. We were running out of time. I had to have the operation soon in order to get back to myself before my son's wedding.

My husband dealt with the research so that I could concentrate on my day-to-day functioning. One morning in the midst of all this, our family doctor called to ask how I was doing. I burst into tears and said, "My husband is shopping for a surgeon the way he'd shop for apples. How do we choose one?"

Hashem helped. My husband picked the name of a surgeon from the insurance book and asked around, and by *hashgachah pratis*, a doctor we trusted actually knew him and recommended him highly.

After making the arrangements, my husband told me, "The doctor is giving you a birthday present." The surgery was scheduled for 6 Shvat, my Hebrew birthday, which

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fell on a Thursday. I knew that we don't usually schedule major surgery close to Shabbos, so we asked a *rav*, and he *paskened* that we should do it.

During one of my pre-op visits, the surgeon said that it would be a long recovery and that I would be unable to fly to South Africa for my son's wedding. When I asked him why he couldn't do the surgery laparoscopically, he explained that a thymectomy is similar to open-heart surgery in that the chest is cut open and the entire gland is excised. I didn't find out until later that my husband had been protecting me from some of the scarier details. I was using all my *kochos* to take care of my house and my children, and to keep all of my medical appointments.

The *kallah* and her parents were very understanding, and the wedding was moved to New York. I tried to explain to my son's future family that this wasn't the real me; I wasn't someone who belonged on a *Tehillim* list or who was a "*rachmanus* case." But what could I do? I clearly wasn't in charge.

In the six weeks between my diagnosis and the surgery, my condition worsened, and soon I was unable to leave the house on my own. Someone always had to hold my hand. We had support from family and friends and were invited out for every Shabbos meal. I was grateful, but it felt horrible to have to depend on others so much.

I tried very hard to prove—to my family? To myself? I'm still not sure—that I could

still do things. My eyes were three-quarters closed, but I stood stubbornly in my kitchen and made my family's favorite foods, cheese blintzes and puddings.

The night before the surgery, my husband and I went to the *ohel* of the Lubavitcher Rebbe to *daven*. It was late when we got home. Even with my diminished vision, I could tell that something was different; all the kitchen chairs were gone, and the kitchen table was covered with a pile of coats. When I opened the door to the dining room, everyone shouted, "Surprise!" All my children were there; even the marrieds who lived out of town had come in.

"The month of Shvat is *roshei teivos* for '*Shenishma besuros tovos*,'" I said. "With Hashem's help, we will hear good news."

The next morning we drove up to Cornell Hospital in Manhattan. All of my children went to the *ohel* to *daven* for me. Because the surgery was so invasive, I was given an epidural and hooked up to a drip that remained in place for several days to provide constant pain relief. I had to smile at the irony—I had given birth to many

children and refused an epidural each time, insisting that I didn't want to take the risk and gritting my teeth through labor and delivery. And here I was, getting an epidural after all.

After the surgery, I was in and out of consciousness for three days. My parents were at my bedside, but I couldn't communicate with them. I heard my husband's *Kiddush* through a haze of pain. I was discharged after five days, but I couldn't do very much. My mother came over every day to help, my sister drove me around, and my children pitched in at home.

As a result of the surgery, my left eye opened but my right eye was still droopy, and I was still seeing double. I was told that I had to be patient and that eventually I would be able to see clearly again.

For Purim and Pesach we were invited out for all the meals, which was a huge help because I wasn't strong enough to cook. I kept my housework to a minimum to allow myself to heal. It took months. I was very weak. I missed driving and the independence of going out on my own.

*“Hashem made the world
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Sometimes we have to be the
takers. But we can do both
with grace and dignity.”*

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A few months after the surgery, I decided to try. I got behind the wheel, focused as best I could and began to drive. Two blocks later, I had to admit that I couldn't see well enough to drive safely. I went back home and cried. Then I pulled myself together and went on with the business of living.

On Chol Hamoed Pesach, we went on a family trip. I missed a step and fell down several stairs, fracturing my ankle, pelvic bone and two ribs. I'd been soldiering on for a long time and maintaining a positive attitude, but this made it much harder not to indulge in self-pity. I didn't complain. I didn't ask, "Why is this happening? Why me?" But I did feel miserable for a while. Even the few things I'd been able to do after my surgery became too hard after the fall. I couldn't put weight on my foot long enough to pop a slice of bread into the toaster.

My family said, "Maybe this can turn into a good thing. You were up and about much too quickly after the surgery. Now you're being forced to rest."

My friends sent dinner over. I said to one of them, "I'm a person who wants to cook meals for others. Having you do this makes me very uncomfortable."

She replied, "Hashem made the world with givers and takers. Sometimes we are givers, and other times we have to be the takers. But we can do both with grace and dignity."

I fought—hard—to remain upbeat and positive. I reminded myself that what I had was treatable, *baruch Hashem*, and that the doctors were helping me. I wasn't going to be "poor Malkie, who can't do this or that." I also had the ability and the time to *daven* and say a lot of *Tehillim*.

I'm a meticulous housekeeper, and I'd managed to keep things up to my standards even with my drooping eyelids and double vision, but after my fall I simply couldn't. I had to let go. My children were running the house—their way, which was very different from mine. When I saw the sink full of dishes, the unfolded laundry and things left all over the house, I told myself, "Don't complain. Just say thank you."

My husband was concerned about my being home alone for so many hours, so my daughter, who lives in Virginia, made the four-hour trip and took me back to her house. It was a lovely change. She handed me ingredients, and I was able to make challah and babkas sitting down.

Time helped. My double vision cleared, and my eyes no longer closed on their own. By that summer, I was finally able to drive again. Driving in New York isn't generally pleasant, but for me, it brought great joy!

Two years went by. In 2005, during a visit to my daughter in Virginia, I was getting dressed when I realized that I was having a hard time moving my arms. Whatever I tried to do, my arms

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wouldn't cooperate. I went into the kitchen and forced myself to mix some mashed potatoes in a bowl. I pushed as hard as I could and managed to move my arms, but only with great effort.

We immediately made an appointment with my neurologist. He prescribed another two medications in addition to the Mestinon—Imuran, an immunosuppressant that I would have to take long term, and prednisone, a steroid I would take for a short time to manage my symptoms.

The medications worked quickly, and I was soon able to use my arms again. I remained on the Mestinon and Imuran and stopped taking the prednisone. I went back to the neurologist every few months to check the strength of my eyes, arms and legs. It became a pattern: Every two years I'd have a flare-up, and my muscles would weaken. I'd take prednisone, deal with the unpleasant side effects and get back to normal.

Fourteen years went by. I was doing okay until Chol Hamoed Sukkos 2019, when I woke up one day with eye pain. A day later, I started seeing double. I stopped driving. I figured it was another flare-up; I'd take prednisone and it would pass, but it didn't.

The doctor raised my dosage from 20 milligrams to 30, then to 40 and 50. I took prednisone every day for a month. It didn't

help.

People heard that I was having trouble seeing, and they offered to help. The hard part was that they said, "Call me if you need anything," but I couldn't bring myself to ask for favors. I knew that everyone was busy. If someone offered to drive me somewhere, I accepted, but I never asked for a ride. I ended up doing a lot of walking.

One day, I decided I'd had enough. I was going to travel like an independent woman—by city bus. I decided to go to Macy's. I remembered from years earlier that a bus ride cost \$2.75, and it had to be exact change. I took \$5.50 in quarters and walked the few blocks from my house to the bus stop. When I got there, I saw a kiosk that sold tickets. I had no idea how to use it. From what I remembered, you got on the bus and put the money in the fare box next to the driver. Not anymore. The easiest way to pay seemed to be with a MetroCard, but I didn't have one.

I started running around asking people for help. I crossed to the other side of the street, where someone showed me how to buy a ticket. After I bought it, she told me that if I was going in the other direction, I had to buy the ticket on the other side of the street. I ran out of quarters—but not determination.

I went into a store, asked for change,

bought a ticket on the right side of the street and got onto a bus—where the driver didn't even look at my ticket. I made it to Macy's and came home with several shopping bags full of new clothing, as well as a sense of accomplishment.

My son found me a neuro-ophthalmologist who prescribed infusions of IVIG (intravenous immunoglobulin therapy), which uses antibodies to enhance immunity. It was challenging to get our insurance to cover the treatment, but we were ultimately successful and I had eight infusions. Unfortunately, they didn't help.

I then contracted a severe case of COVID and ended up in the hospital. No one in my family was allowed to be with me. The *rav paskened* that I could be on the phone with my husband on Shabbos. I got through COVID, but I was still seeing double.

I tried to maintain my sense of humor by making it okay for my family to laugh about my double vision. Once, when a very light snow was falling, my son-in-law quipped, "To you, this must look like a blizzard."

My family doctor suggested that I try prism glasses, but the neuro-ophthalmologist said that the measurements in my eyes were too disparate and they wouldn't help. Instead, he sent me for an MRI of my brain. I had to wear a mask inside the MRI machine even though there was no one near me. It was a 40-minute test on a hot summer day, and it was no picnic being inside the tube wearing a helmet and a mask! I chose to laugh at the absurdity of it.

The MRI revealed that I had something called fourth nerve palsy, meaning that a muscle in the eye was paralyzed. The condition is usually treated with strabismus surgery, in which the eye muscle is cut and then reconnected to change the alignment of the eyes. The doctor assured me that it wasn't a big deal, but a niece and a nephew had both undergone this procedure unsuc-

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cessfully. I asked around and learned that the procedure frequently has to be done more than once, and a lot of the time it simply doesn't work. To me, it was definitely a big deal.

My family doctor told me to send my records to the Mayo Clinic. It isn't easy to get their attention, but the Chabad *shliach* in Minnesota made the connection for us, and a team of doctors at the Mayo Clinic reviewed my records and spoke to me over FaceTime. They agreed that I should have the strabismus surgery.

I went to see my family doctor and told him that I had some reservations about the surgery. I didn't like the fact that it commonly failed or had to be repeated. I asked him, "Are there any other options? Is there anything natural I can do?"

At first he said that surgery was the answer since so many doctors had agreed on it. Then he said, "Wait a second. There *is* someone you can call. His name is Dr. Joseph Trachtman. He's a vision specialist. He sees patients for whom the surgery didn't work."

I went home and did some research. Dr. Trachtman is an out-of-the-box thinker who has had some jaw-dropping results. Apparently, healing runs in his family. People used to go to his grandmother's home on Eastern Parkway in Brooklyn for treatment with *bankes* (cupping). His father

had had polio as a young child and was determined to become physically fit; in 1939, he trained and scored 100 percent on the firefighter fitness test. His mother was in her early thirties when her leg went numb, and no one could tell her why. One of her doctors, a non-Jew, told her to do volunteer work and her leg would get better. She did more volunteer work than a full-time career woman, and her leg healed.

Dr. Trachtman said, "When I was seven years old, my older brother was diagnosed with a lazy eye and given vision training to correct it. That's when I knew I wanted to work with vision."

Although he is licensed to prescribe traditional medications, including narcotics, if he finds an alternative approach that has no undesirable side effects, that becomes his treatment of choice.

Dr. Trachtman is a Chabad *chasid*. He made his way to Chabad—or, as he likes to put it, "The Lubavitcher Rebbe made his way to me by appearing in my dreams"—when he was a postdoctoral student at Mount Sinai in 1977. He began to study *Tanya*, and it revealed a different worldview to which he could relate. "The *aleph-beis* of Chabad *chasidus* is that the mind rules over the heart," he says. "With the proper training, we can control how our body functions."

The list of Dr. Trachtman's advanced

degrees and innovations is long and impressive. In fact, he is one of only 60 doctors in the world to have fellowship certification in vision therapy. His approach to healing sounded unusual—and to be honest, I thought it was a little nutty—but what did I have to lose? Besides, I trusted that Hashem gives doctors the power to heal. All I had to do was find the *shaliach*.

Dr. Trachtman lives in Seattle, Washington. I called him up, gave him a thumbnail version of my history and sent him my records. One of the first things he said was, "Don't do the surgery."

He explained that my double vision wasn't consistent; it depended on whether I was looking up or down, or right or left. The operation, he said, might make it easier to see in one direction, but I'd need another operation and possibly more to look in other directions.

He told me to call him back on FaceTime and showed me how to affix a narrow piece of black tape on the inside of my glasses near the nose. This would disrupt the eye pattern set by the brain and realign it. I put the tape where he showed me. Within a week, my double vision diminished significantly.

Dr. Trachtman sent me a pair of glasses with a red right lens and a green left lens. This helps the brain fuse what the eyes see. He also sent me a computer image of two circles to hang on the wall, and I had to put on the glasses and retreat to a distance from which it looked like a single three-dimensional black circle.

A week later, I went back to the surgeon. He tested my eyes and said that they had changed so much that I was no longer eligible for the surgery. One week! That's all it took. It seemed we had merited to find the right emissary from Hashem.

My husband and I had plans to visit our daughter in California, so we decided to stop in Seattle on the way and meet Dr. Trachtman in person. When I was in his office, he said, "I would like you to be tested

● CLEAN BILL

for a deficiency of MTHFR.”

I'd never heard of it. He explained that when you eat foods containing folic acid (vitamin B9), the enzyme MTHFR (methylenetetrahydrofolate reductase) converts it into methylfolate, which is its usable form. This process, known as the methylation cycle, turns the gears so that we can use the nutrients in our food as fuel for all our bodily systems to run smoothly. In addition, the process breaks down an amino acid, homocysteine, which is related to migraine headaches, blood vessel permeability, and many other health problems.

The methylation cycle takes place in every cell of our bodies. In patients who are deficient in MTHFR, the production of methylfolate is interrupted, and this can affect many areas of functioning, including vision. According to the medical literature, the incidence of MTHFR deficiency in Ashkenazi Jews is very high.

I took a blood test for the MTHFR mutation, and it came back positive. Dr. Trachtman prescribed methylfolate, vitamin B12 and vitamin D3, which I bought in a health food store. I know it sounds hard to believe, but the supplements worked right away. No double vision. No drooping eyelids. No discomfort. No surgery.

At one point, I got careless and ran out of the supplements. It took several days to get a new supply. During that time, my eye got stuck. My kids told me it looked a little crazy; I was sitting with them and talking, and my eye was fixed in one position. Since



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then, I don't take any chances and buy a few bottles at a time.

I'm not 100 percent better, but I'm pretty close. I can drive again. Sometimes when I'm in a crowded place—like at a wedding or in a store full of people—I get very self-conscious about what my eyes are doing because when there's a lot to see, my vision can get blurry. Dr. Trachtman taught me to look directly in front of me. When I do that, I see clearly, which is a good lesson for all of life—look only at what's right in front of you and deal with it. Don't concern yourself with the blur of what happened or what might happen in the future.

Hashem sends everyone *nisyonos*. The only way I could get through mine was simply to get through it. Even during the most terrifying moments, I understood that I was exactly where Hashem wanted me to be—weak and dependent, with no way of knowing when or how my condition would get better.

I don't take my vision or my independence for granted. Sometimes when I'm driving in Boro Park, strangers waiting for a bus in the heat or bitter cold stop me to ask where I'm headed. I ask them where they need to go, and even if it's completely out of my way, I take them there. Here's the way I see it: I'm in the car anyway, and I'm thrilled to be able to give someone a ride.

When I tell people about how Dr. Trachtman has helped me, they say, "The improvement could be a coincidence" or "I wouldn't go to someone like that. Those things are too outlandish." I wonder what they would do if they were desperate.

Do Dr. Trachtman's methods work for everyone? I've never asked him that. What I can say with certainty is that they are working for me, *baruch Hashem*.

I haven't turned into a radical alternative-treatment-only patient. I still see my regular doctors, and I'm still taking two prescription medications for myasthenia

gravis. I also understand that sometimes surgery is the best option, perhaps the only one. But I think it's important for people to be aware that there are troves of wisdom in the world of alternative healing.

MTHFR deficiency is related to miscarriages, birth defects, the four leading causes of blindness—macular degeneration, cataracts, diabetic retinopathy and glaucoma—and many other conditions including depression, digestive disorders such as celiac disease and Crohn's disease, migraines, diabetes, cardiovascular problems, spectrum disorders and other learning disabilities.

Dr. Trachtman likes to remind his patients that in *Asher Yatzar* we thank Hashem for the miraculous openings and closings in the body. If one malfunctions, the whole body can fall apart. It's the same way with methylfolate—without it, we cannot live.

I'm a private person, but I felt it was important to share my story because I keep hearing about children who struggle to learn how to read. Many of them have their eyes checked by an eye doctor who doesn't see any problem. My eyes are perfectly healthy. My problem was that I couldn't focus, which is something that wouldn't show up during an eye exam. I can't help but wonder whether a child who can't read really just can't focus. What if, before a lengthy psychological evaluation, he or she were tested for MTHFR deficiency and given supplements? What if a vision specialist could correct the problem by providing the necessary training?

Instead of going under the knife—even when many doctors said I should—I asked if there was another way. It's critical that we trust our instincts and advocate for ourselves and our children.

Not a day goes by that I don't thank Hashem for enabling me to do what I need to do without help, and for directing me to a healer who brought the light back to my eyes. □

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