

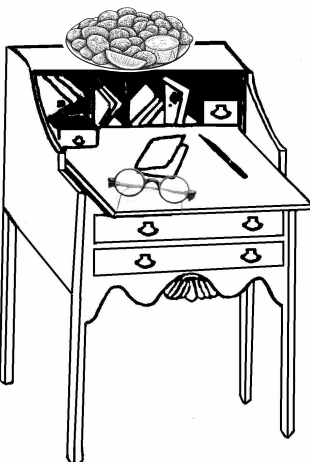
## From: Her Desk Drawer

### Marinated Scallop Brochettes with Roasted Tomatillo Salsa

**Marinade**  
 3 T extra-virgin olive oil 1 tsp freshly grated lime zest  
 1 T fresh lime juice 1 T minced garlic  
 1/2 tsp crushed red pepper flakes 1/2 tsp kosher salt  
 1/4 tsp freshly ground pepper  
 24 large sea scallops, about 1-1/2 ounces each

**Salsa**  
 1 small yellow onion, cut crosswise into 1/2-inch slices  
 8 medium tomatillos, about 1/2 pound total, husked and rinsed  
 1 medium poblano chile  
 1/4 c. lightly packed fresh cilantro leaves and tender stems  
 1 medium garlic clove, crushed  
 1/2 tsp dark brown sugar  
 1/2 tsp kosher salt

1. In a medium bowl, whisk the marinade ingredients.
2. Rinse the scallops under cold water. Remove and discard the small, tough side muscle from each scallop. Toss the scallops with the marinade to evenly coat. Cover the bowl and refrigerate for 1 hour.
3. Lightly brush or spray the onion slices on both sides with oil. Grill the onions, tomatillos, and chile over direct high heat until lightly charred all over, 6 to 8 minutes, turning once or twice. Transfer the onions and tomatillos to a blender or food processor and place the chile on a work surface. When the chile is cool enough to handle, remove and discard the skin, stem, and seeds. Add the chile to the onions and tomatillos, along with the remaining salsa ingredients. Process until fairly smooth. Taste and adjust the seasonings if necessary.



4. Remove the scallops from the bowl and discard the marinade. Thread the scallops through their sides onto skewers so the scallops lie flat. Grill over direct high heat until just opaque in the centre, 4 to 6 minutes, turning once. Serve warm with the salsa.

Makes 4 servings

# Dry macular degeneration treatment options



DR. TODD WILBEE

As we age, the risk of developing diseases usually increases. When dealing with the health of the eye, one age-related disease is macular degeneration (MD). MD is a progressive disease which causes damage to the macula. The macula is an extremely sensitive portion of the retina that is responsible for our central vision. MD causes central vision loss but it does not lead to total blindness since the peripheral vision is less affected. It is the leading cause of severe

vision loss in people over the age of 65. People in their forties and fifties can get MD, however it typically affects the population over sixty five. Last year in Canada there were 78 000 newly reported cases of MD.

Some of the risk factors of macular degeneration include family history of the disease, smoking, high blood pressure and poor nutrition.

There are two types of macular degeneration: dry MD and wet MD.

Dry MD is less severe of the two types and makes up 90% of all cases of macular degeneration. In this type, the blood vessels and support cells under the macula break down resulting in macular damage. Symptoms of dry MD may include fuzziness of central vision, the need for increased lighting to read, distortion of objects, or the development of a central vision blind spot. These symptoms tend to appear gradually.

Some experts believe that excessive ultraviolet light exposure can contribute to the increased risk of dry MD. For that reason, protecting your eyes from the sunlight with the use of UV-tinted sunglasses

and a hat is always advisable to decrease this risk.

One option for the management of dry macular degeneration is the use of multi-vitamins. A study released in the fall of 2002 found that there is a way to slow the progression of dry MD. The Age Related Eye Disease Study (AREDS) was a seven year, multi-centre study that followed over 4,000 patients with all forms of dry MD. They concluded that high levels of antioxidants and zinc can slow the progression of dry MD. The formulation used in the study consisted of vitamins A, C, E, zinc and copper. These supplements are commercially available over-the-counter. Some of the more common multi-vitamins are Vitalux, Vitalux S, I Caps and OcuVite. Your optometrist, ophthalmologist or pharmacist should be consulted as to which type of multi-vitamin therapy is appropriate for you.

Rheopheresis (RHEO) is a new treatment modality now available for dry MD patients. RHEO is a form of apheresis or blood filtration that removes macromolecules from the blood. These macro-molecules are large proteins containing

harmful fats. The common belief is that dry MD is a result of poor blood flow to the macula. The premise behind the RHEO treatments is that it would increase blood flow to the eyeball, more specifically, the macula and improve the overall health of the macular tissue.

RHEO therapy consists of eight filtrations over a four month period. Each filtration session takes between two to three hours. There are no serious side-effects with RHEO. It is safer than renal dialysis and blood donation. According to the results of the interim FDA study, a majority of patients either stabilized or improved vision after having the RHEO therapy.

It is important to remember that macular degeneration does not cause total blindness. Regular eye examinations with your optometrist or ophthalmologist are critical to the diagnosis and monitoring of the disease.

In next month's article, I will discuss wet macular degeneration and some of the new treatment options available.

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