

THE FUJI NINJAS

(part one)

by Dr. Benny Ko, retired Indy Radiologist

In Japan, there is a saying, "Anyone that climbs Mount Fuji once is a hero; twice, a fool."

That should make me a half hero and a half fool as my first attempt at climbing Mt. Fuji was thwarted by an unexpected 'typhoon' (what a hurricane is called in Asia). A decade earlier, my friend KC and I had to turn around at the 8th mountain station due to a wind that nearly blew us off the trail and raindrops that came at us horizontally like a swarm of angry bees. With the summit already in sight, the decision to abort was a bitter pill to swallow. Then and there, I said to myself, as much as to the mountain, "I'll be back."

Before I recount the second and recent climb, a brief introduction of Mt. Fuji is perhaps in order. At 12388 ft., she is the highest peak in Japan, but that height hardly qualifies her for a berth in the pantheon of the planet's higher mountains. On the other hand, very few mountains can claim to equal her in beauty. A near-perfect cone of an extinct volcano, she stands out alone on Japan's Kanto plain, and her iconic image is the subject of numerous poems and paintings through the centuries. To some Japanese, she is considered sacred, even a symbol of the nation. Her appearance changes with the time of the day, the weather of the moment and the season of the year. It has been said if a picture is to be taken of her every hour over whatever period of time, no two will ever look the same. Finally, as a reward for her hardier admirers who are willing to push to the summit, the view from the top, particularly of the sunrise, is considered a visual wonderment of a lifetime. Therefore, along with easy accessibility and a short climbing season, a hike on Mt. Fuji is an extremely popular summertime activity among the Japanese. For those who are inclined to a more tranquil and relaxing mountain experience, Mt. Fuji may not be their cup of tea. In fairness to Japan, mountains of the latter description also abound.

The thought of a re-visit came on my 70th birthday. First, I don't like unfinished business, then, if the earlier failed attempt was a struggle, further procrastination certainly is not going to make a new attempt any easier. The person I immediately thought to invite along is my friend Raul. He is about 25 years my junior, a gentle and quiet man that I went up to the Everest Base Camp with a few years ago. As a strong and experienced mountaineer, he was always seen helping the weaker members during that trip, making him definitely someone you want to be with on any climb. Then came my young cousin Stephanie, standing at barely five feet, she is also an Everest veteran and has plenty of other wilderness experience under her belt. My niece's husband Danny was the next to ask to join. Finally, I invited Brent, a dear friend

and endurance-sports athlete, and his wife Tracy, a champion rower. However, as such things usually go, once the words get out, the friends of friends would call and asked to join. I finally had to stop at accepting 13 requests. If I may add, the journey is self-funded for all participants and I agree to help with their tour and hotel bookings as I am more familiar with Japan than the rest.

On a fine sunny day last September 2017, we rendezvoused in Narita, not the airport but the quaint old town that the famed international airport was named after. Most visitors to Japan would immediately hop on a train from Narita airport to wherever their destination may be. For those who are in transit through Japan and need to stay overnight, invariably they would be arranged to stay in some generic chain hotels near the airport. The town of Narita, however, is only a ten-minute and one-station ride from the airport. Soon as you step out of the train station, a mini-Japan is just there laid out before you. There are all types of restaurants, Japanese and international, the latter because of the sizable number of foreign airlines employees that are living there and working at the airport. English is widely understood if not always spoken. There is a huge temple complex that has to rank among the top ten in Japan in terms of grandeur and scale, including a magnificent multi-story Peace Tower built after the Pacific War. But that is not all, there is a park adjacent to the temple that comes with its own natural waterfalls, hills, streams, and lakes. The incongruity between the size of the town and the wealth of its temple comes from the latter being the patron-temple of every entertainer in Japan. The more successful and famous they are, the more they are generous and supportive of their temple. Finally, a walk along the 'Pilgrims Road' on way to the temple, you might think you have been 'transported' back a century and a half to the days of Edo (the former name of Tokyo). Early in the morning, the eel restaurants on both sides of the street will be slaughtering live eels unabashedly before the public. Later in the day, they will be served as a local delicacy that is revered throughout Japan. In terms of taste, charcoal roasted eel on rice is simply something descended from heaven. Then you might also find all sorts of vendors, some selling freshly roasted chestnuts or peanuts, depending on the season of your visit, other could be selling pickled vegetables of which the town is also known for. You might even encounter a live monkey performing acrobatics on the street if it is around the major holidays.

The old town of Narita is just a wonderful place for a short stay, both as an introduction to Japan and to rest up from a long flight.

To be continued stay tuned for our next issue.



Dr. Benny Ko



Happy Climbers



Fuji Ninjas

Thank You!

IAAT VOLUNTEERS

"The best way to find yourself is to lose yourself in the service of others." - Mahatma Gandhi
"We make a living by what we get, but we make a life by what we give." - Winston Churchill

IAAT volunteers share their comradery at a pitch-in dinner party with families Sunday Dec 3, 2017. IAAT's bi-weekly, bi-lingual publication is operated totally by volunteers bringing local, international news, stories, cultural and educational articles to our readers across Indiana and as far as Cincinnati Ohio.

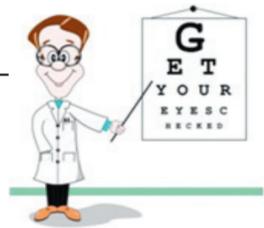
IAAT sincerely thank all the volunteers, writers and columnists who make the publication possible as the newspaper marching into 2018!



IAAT volunteers and families

AGE-RELATED MACULAR DEGENERATION

"Choose to see the world through grateful eyes. It will never look the same way again." ~Doe Zantamata



Dr. Patrick Lau was born in Hong Kong and immigrated to the U.S. after high school. He retired from the VA Northern Indiana Health Care System where he served as Chief Radiologist and moved to Florida with his wife in 2011. He was an active member & contributor of IACA and ICMA while in Indiana. Dr. Lau is also a scholar of art and literature and a prolific writer, he has been a dedicated columnist for Indy Asian American Times since 2010.

Age-related macular degeneration AMD is the leading cause of vision loss and blindness for those age 60 and older. As many as 11 million Americans have AMD. It is a common, incurable eye disease causing damage to the macula, a smaller area close to the center of the retina, which is needed for sharp, central vision to see straight ahead objects.

There are two types of AMD:

1. Dry AMD - 85 to 90% of cases, the cause is unknown. The photosensitive cells of the macula slowly break down. Yellow deposits of lipid and fatty proteins called drusen form and accumulate under the macula, leading to the deterioration of the macula over time. Dry AMD often occurs in just one eye at first. Later, the other eye can be affected. Vision loss is usually gradual; but in some cases, it can suddenly progress to the more serious wet AMD.

2. Wet AMD - 10 to 15%. Patients with wet AMD start out with the dry form. It occurs when abnormal blood vessels (choroidal neovascularization) grow under the macula. These blood vessels may bleed and leak fluid, damaging the macula. Vision loss may be rapid if left untreated. Wet AMD accounts for more than 80% of severe vision loss from the disease.

Dry AMD symptoms usually develop gradually. If only one eye is affected, you may not notice any changes in your vision; and the condition does not affect peripheral vision. Symptoms may include: 1. Blurry or fuzzy vision, printed words may become harder to read and street signs more difficult to recognize. 2. Visual distortions, such as straight lines appear wavy or crooked. 3. An increasing need for brighter light when reading or doing close work. 4. Decreased brightness of colors. 4. Increased difficulty adapting to low light levels, such as when entering a dimly lit room. 5. Difficulty recognizing familiar faces. 6. Reduced central vision in one or both eyes, growing blind spot in the center of the vision field. Dry AMD may progress slowly (over years) to wet AMD which is more likely to cause a relatively sudden or quick onset of central vision loss. Both forms of AMD do not cause pain.

Risk factors for AMD include: 1. Age, most common in people over 60, but it can occur earlier. 2. Presence of AMD in one eye. 3. Family history and genetics. 4. Caucasians. 5. Smoking. 6. High blood pressure. 7. Cardiovascular disease. 8. High cholesterol. 9. Obesity. 10. Physically inactive. 11. Diet low in antioxidants and green leafy vegetables and fruits, and high in saturated fats. 12. Female.

Other risk factors may include prolonged sun exposure and light-colored eyes.

For diagnosis of AMD, your ophthalmologist may perform the following tests: 1. Visual acuity test. 2. Dilated eye exam to allow a close-up examination of the eye's retina, looking for drusen, the presence of medium-to-large drusen indicates AMD, another sign is pigmentary changes under the retina. 3. Amsler grid, this test uses a checkerboard like grid to determine if the straight lines in the pattern appear wavy or missing to the patient. 4. Fluorescein angiography used to see leaking blood vessels, which occur in wet AMD. Other diagnostic tests may include retinal photography and optical coherence tomography.

Steps that you can take to help lower the risk for AMD, and also may help prevent dry AMD from progressing to wet AMD: 1. Don't smoke. 2. Choose a healthy diet: Eat green leafy vegetables, such as spinach, broccoli, and kale, which have high levels of antioxidants including lutein and zeaxanthin; yellow and orange fruit and vegetables; fish high in omega-3 fatty acids, such as salmon, tuna and sardines, aim for two servings of fish each week; nuts also contain omega 3 oils, especially walnuts. 3. Have routine eye exams particularly as you age, or if you have any of the risk factors associated with AMD. 4. Manage other medical conditions: If you have cardiovascular disease, high cholesterol or high blood pressure, take your medication and follow your doctor's instructions for controlling the condition. 5. Maintain a healthy weight. 6. Exercise regularly. 7. Wear sunglasses outdoor. 8. A vitamin and mineral formula called AREDS2 may slow down dry AMD as it moves to the more serious wet form; it includes vitamin C, vitamin E, lutein, zeaxanthin, zinc and copper. If you are diagnosed dry AMD, ask your ophthalmologist if taking these supplements is appropriate for you. Treatment options of wet AMD may include injection of anti-VEGF agents (VEGF stands for vascular endothelial growth factor), photodynamic therapy and laser surgery.

Sources: American Academy of Ophthalmology, Mayo Clinic, Harvard, Johns Hopkins, American Macular Degeneration Foundation, Cleveland Clinic, University of Pennsylvania, CDC and NIH.

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