Walking to Lose Weight

The Wake Up Call – February 22 – Day 6

Yesterday was moving day. Not the kind where furniture is lifted—the kind where lazy bodies are put into motion.

I decided to start with walking each day as my first basic exercise. But before I took that walk, I gave considerable thought to what I like and don't like about walking. Through this intense contemplation, I do believe I found the fatal flaw for inexperienced walkers like me.

I never know how far to walk. Either I push it too far and feel like I am going to die before I can make it back home, or I turn around too soon and don't walk far enough. Either way, I don't enjoy walking as much as I would like to or feel as accomplished as I would like.

So I came up with a solution. I will walk as far as I can in one direction and then call home for a ride. This temporary support from my family will allow me to easily push myself farther each day at a faster pace.

My second exercise is one Michael made up for me a few years back. We call them "getups". You lie down on the floor, on your back. Roll to the right and get up. Lie back down. Roll to the left and get up. Make sure you alternate the foot you start with to stand. Okay. Go ahead and laugh. Now do twenty getups as fast as you can. Are you still laughing?

Think about it. Each getup is a sit-up, a pushup, a squat, and more. Problem is, there is no room in this house to do getups. Seriously, no room. I'll have to do them in the park. But I want to add something to my walking, so today I will add

chair squats. Standing and sitting a bunch of times—no hands or push-offs allowed.

Moving, moving, moving. Moving moves the blood. Moving moves the lymph. Now I will explain why I don't want to make an appointment with the eye specialist.

I don't think non-pressure glaucoma should even be called glaucoma. As far as I can, it is just another optic nerve problem of unknown origin, that looks the same. Non-pressure glaucoma is a mystery. They don't know what causes it. The two main types of glaucoma are caused by increased/abnormal pressure in the eye. This is treated with drugs and/or surgery. So what do doctors in their infinite wisdom do to treat non-pressure glaucoma? They lower the normal eye pressure to below normal through drugs and/or surgery.

Sorry guys. That's just plain stupid as far as I can see.

Many eye doctors think non-pressure type of glaucoma is caused by a lack of blood flow to the optic nerve. So blood flow is what my diet and exercise routine will address. I'm going to increase blood flow, clean up my blood, and eliminate any autoimmune response I can control.

I will check my eyes in a few weeks to see if the swelling has gone down. And I will research conventional treatment modalities and their efficacy. But I doubt I will have to resort to conventional medicine, which as usual, would treat the symptoms but not the cause. Except in this case I don't think that is even true. They can't treat the symptom (high pressure in the eye) if the pressure is normal. Lowering the normal pressure is more like "do something rather than nothing." No thank you. Not now. Probably not ever.