August 2011

For the Health-Conscious Individual

Alternatives®

# Keeping a Close Eye on Your Vision

If we were sitting across the table from each other and I asked you to list your major health concerns, the odds are high that vision loss would be pretty far down on your list. In fact, if you're like most people, it wouldn't even be on your list. Problems like being overweight, having joint pain or arthritis, and/or the fear of developing cancer, heart disease, or diabetes would probably be near the top.

Dr. David G. Williams

Vision loss, however, is the elephant in the room that everyone seems to be ignoring. Over the last decade, vision loss and blindness have rapidly become two of the most common problems among those over age 40. If you've dodged the bullet so far, you're lucky—but I wouldn't keep depending on luck. It's time you to give some serious consideration to your eyes and how you can protect them.

## Don't Wear Glasses? You're Still at Risk!

Recent surveys have shown that only a third of those over age 65 have regular vision examinations, yet those in this age group have the highest risk of developing eye disease. There's a misconception that if you don't need glasses, then you don't need to have your eyes checked.

One survey found that 96 percent of individuals who don't wear glasses or contacts didn't think they were at high risk of developing eye disease. The fact, however, is that wearing glasses or contacts has no impact on the incidence of these diseases. During the next decade, millions of individuals will start to suffer significant vision loss and blindness simply because 1) no one is telling them they are at risk, and 2) they don't know what to do to prevent the problems.

The incidence of eye diseases like diabetic retinopathy, cataracts, age-related macular degeneration, and glaucoma has dramatically increased in the last few years. Some projections were made in 2000 and 2007 and, so far, they are right on target or, in some cases, even low on their estimates. The numbers are pretty scary.

In the year 2000, there were 937,000 blind people over the age of 40 in this country. That will increase by 70 percent to 1.6 million in 2020. From 2000 to 2007, 2.4 million Americans over the age of 40 had "low vision," but this will increase to 3.9 million in 2020. In all, 5 percent of the entire population will suffer from either blindness or low vision.

And, when you look at specific diseases, it gets even scarier.

Cataracts are the leading cause of low vision in the U.S. In 2007, 20.5 million people had cataracts. By 2020, more than 30 million will have the problem. **Cataracts are the leading cause of blindness in African Americans.**

In 2007, 2.2 million individuals in this country over age 40 had glaucoma. By 2020, this number will increase to 3.36 million. **Glaucoma is the leading cause of blindness in Hispanics.**

In 2007, 1.75 million individuals over age 40 had age-related macular degeneration. By 2020, that number will be around 3 million. **Age-related macular degeneration is the leading cause of blindness in Caucasians. It causes 54 percent of all blindness in this group.**

In 2007, 4.1 million individuals over age 40 had diabetic retinopathy. By 2020, 7.2 million will have the disease. **Diabetic retinopathy causes 5 percent of all blindness in Caucasians, 7 percent of all blindness in African Americans, and 14 percent of all blindness in Hispanics.**

Some of the increases we're seeing can be contributed to the fact that 78 million baby boomers are getting older, but that's not the whole story. I'm going to go

into each of these eye conditions individually, but first, let me tell you about one of the biggest contributing factors to the increase in eye problems—diabetes.

## Diabetes and Diabetic Retinopathy

Diabetes is actually a worldwide epidemic, having doubled to 350 million cases over the last 30 years. During that same period, however, the number of diabetes cases tripled in this country. One out of every 10 people in the U.S. currently has diabetes, and that number just continues to rise. And, there is no cure or viable program in place to halt its progression. The pharmaceutical industry realizes that selling drugs to "treat" diabetes is about as close to printing money as it gets.

As I've mentioned in the past, type 2 diabetes used to be called adult-onset diabetes because it was only seen in the elderly—but not any longer. More than 10 years ago, 30 percent of all newly diagnosed cases were being found in young adults in their 20s. (*Diabetes Care 99;22(2):345–354*)

Even worse, it's increasingly showing up in children. We're killing ourselves, and our children and grandchildren, with sweetness (in the forms of sugar, high-fructose corn syrup, sweeteners, sodas, and refined grains and other high-glycemic carbohydrates).

Type 2 diabetes is now showing up in children as young as 4 years old. Even after being treated with drugs, an obesity problem still persists in most of these children. And despite their young age, they begin to suffer from high blood pressure, high blood fat levels, heart disease, polycystic ovarian syndrome, and many of the same diseases as older diabetics. If the trend isn't reversed soon, it won't be long before we see many of these children undergoing kidney dialysis by the time they reach their 20s and 30s.

**It should be evident by now that if you really want to avoid cataracts and slow the aging process, you need to avoid sugar.**

Ten years ago, diabetes treatment was costing our nation over $100 billion a year. (*Clin Diabetes 02;20(4):217–218*) I don't know what the latest figures are, but based on inflation and the increases in the number of cases and drug costs, it has probably tripled. If we were seriously looking for a way to cut health care costs, preventing diabetes might give us the most bang for the buck.

### *How Does Diabetes Affect Eye Health?*

One of the common health problems associated with diabetes is diabetic retinopathy.

Diabetic retinopathy occurs when high blood sugar levels damage blood vessels in the retina, the nerve-rich area at the back of the eye that senses light and transfers images to our brain.

The damaged blood vessels may rupture or leak and cause swelling or the formation of deposits. The blood vessels may close and impede blood flow, damaging nerve tissue or triggering the growth of new blood vessels. This results in poor blood flow, scar tissue, wrinkling of the retina, or even retinal detachment.

There are several types of diabetic retinopathy, but the end result is the same—a loss of vision or blindness.

Treatment of diabetic retinopathy can be a hodge-podge of different therapies ranging from steroid injections into the eye to laser surgery. It's best to prevent it from ever occurring, and it's just one of dozens of reasons to cut refined carbohydrates out of your diet and get your blood sugar under control for good. I wrote extensively about other effective diabetes therapies in my September 2010 newsletter issue—Vol. 13, No. 15.

## Cataracts

Roughly 20 percent of all individuals over age 60 have at least early-stage cataracts, and by age 75, that

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number goes up to 80 percent. They are so common that the general consensus is that nothing can be done to prevent or reverse cataracts since it's just a normal part of aging, and that surgery is really the only treatment option.

In many third-world countries, cataracts lead to blindness—but not here. Replacing the lens of the eye has become so routine and successful that no one even talks about why cataracts actually form or how to prevent the problem.

A cataract is a clouding of the normally clear lens of the eye. The lens of the eye is formed of water and various proteins that are initially clear. Changes in these proteins from free-radical damage and glycation cause them to turn opaque. This loss of transparency makes it difficult for light to pass through the eye to the retina, and vision becomes cloudy or hazy.

Cataracts often form first around the outside of the lens. This can cause halos to appear around lights or a blurring effect of the peripheral vision. If these initial changes aren't noted or caught during an eye exam, they can progress until the entire visual field becomes affected. The earlier you can detect any cataract formation, the better the chances of reversing or stopping the problem from progressing.

## Carnosine for Cataracts

Antioxidants can help lessen the effects of free-radical damage to the lens. One antioxidant that has been shown to be particularly helpful is the compound carnosine.

Carnosine is made up of two amino acids—beta-alanine and L-histidine. It is naturally found in high concentrations in our muscles, heart, skin, and brain. Its antioxidant activity is well documented, but carnosine is also one of the very best glycation preventatives known. (Benfotiamine is another.)

I've discussed glycation numerous times in the past. This is the *irreversible,* harmful, and haphazard process where proteins bond with sugar molecules and lead to the formation of advanced glycation endproducts (AGEs).

Glycation "hardens the body" and accelerates aging and has been implicated in retinal problems, cardiovascular disease, diabetes, and dozens of other chronic diseases. Carnosine competes with proteins for the binding sites they would otherwise occupy on sugar molecules.

**It should be evident by now that if you really want to avoid cataracts and slow the aging process, you need to avoid sugar.**

The main problem with carnosine is getting it into the lens of the eye, where it can work its magic. Years ago, I reported on the work of Russian doctor Mark Babizhayev, in Moscow. Dr. Babizhayev started using a 1-percent solution of N-acetylcarnosine in eye drops as a way to increase carnosine levels in the lens of the eye.

In his early studies, he showed that not only could you prevent cataract formation, but you could also reduce and, in some instances, actually eliminate them. (*Proc Natl Acad Sci 88;85(9):3175–9*) (*Biochemistry [Moscow] 2000;65(7):766–770*) (*Biochem Biophys Acta 89;1004(3):363–371*) (*Current Drug Therapy 06;1(1):91–116*)

Dr. Babizhayev's latest study made assessments of more than 50,000 individuals who have used the brand of eye drops he developed (called Can-C) since 2001 and basically found the same positive results—improvements in light transmission, glare sensitivity, and visual acuity due to either stopping or reversing the formation of cataracts. (*Clin Interv Aging 09;4(1):31–50*)

Italian researchers have now also reported that carnosine shows promise in both the prevention and treatment of cataracts. In tissue cultures, they demonstrated that it could dissolve the alpha-crystallin fibrils that make up cataracts. (*Biochemistry 09;48(27):6522–6531*)

It's interesting to also note that N-acetylcarnosine drops have been shown to be effective for cataracts in pets. Thirty dogs were given the drops, and noticeable improvement was seen within weeks in both immature and ripe cataracts. (*Current Drug Therapy 06;1(1):91–116*)

Since I first reported on using N-acetylcarnosine eye drops, there have been several other companies that have started marketing such products. The three that I personally know are quality products and have demonstrated the desired results are:

- **Can-C**, available for $39.99 by calling 1-866-800-4677 or visiting *can-c.net*.
- **Vision Clarity**, available for $24.95 by calling 1-888-432-5824 or visiting *claritycarnosineeyedrops.com*.
- **Eye D'Clare II**, which is $16.97 for one vial or $31.97 for two vials. Call 1-800-543-3873 or visit *life-enhancement.com*. Life Enhancement is offering a 10 percent discount for *Alternatives* subscribers—just enter the code 1107WEYE.

For all three products, the general dosage is two drops per eye per day.

## Preventing Cataracts

If you have cataracts, using N-acetylcarnosine drops is obviously a step in the right direction. I highly recommend it regardless of how new

or advanced your situation is. But, I think it's also important to address a few other factors that might have led to their formation in the first place. And, if you don't have cataracts, properly addressing these risk factors can help you prevent them from affecting your eyes.

First, cataract prevention is just one more area where I can't stress enough the importance of taking a quality multivitamin/mineral supplement *on a regular basis.* Even with a good diet, a multi will ensure that you're always getting a long list of vitamins and minerals known to help prevent cataracts and other eye problems (such as vitamins A, C, D, E, B1, B2, B12, folic acid, carotenoids like lutein, lycopene, and zeaxathin, beta-carotene, bioflavanoids, essential fatty acids, and zinc). In study after study, higher intakes of combined antioxidants have been associated with a reduced risk of cataracts. (*Opthalmol 06;113(8):1264–1270*) (*Arch Ophthalmol 05;123(4):517–526*) (*Invest Opthalmol Vis Sci 08;49(8):3328–3335*)

In addition, there are many things you should be doing and avoiding to prevent cataracts. Specifically, two types of medications have been directly linked to cataract formation—steroids and antihistamines. I'm sure there are dozens of others but the drug companies don't have much incentive to research or publish that kind of information. Both of these should be avoided like the plague, especially when it comes to using them on your children.

Steroids are now more readily available thanks to many over-the-counter products. Anti-inflammatory corticosteroid creams are promoted for every cut, scrape, burn, itch, rash, or allergic reaction. You'll also find them in most of the seasonal allergy nasal sprays.

Antihistamines, both oral and in the form of nasal sprays, cause the constriction of blood vessels. That's how they work. A slight constriction of a large blood vessel in the leg might not cause much of a problem, but when you're talking about shutting down the microscopic capillaries that supply the structures of the eye, it can be a big deal. This is particularly true when these inhalant sprays are used on a regular basis. You may breathe a little easier temporarily, but odds are you're also setting yourself up for vision problems down the road.

## Other Ways to Prevent Cataracts

One long-term observation of mine has been the association between cataracts and impaired fat digestion. Several nutrients and vitamins that are needed to prevent cataracts and maintain eye health are fat soluble.

But even the best diet won't help if you can't digest and assimilate them properly. A lack of digestive enzymes, particularly those associated with fat digestion, is a very common problem these days. That's why I think it is vitally important that any multivitamin/mineral supplement you take should contain the proper digestive enzymes like the ones included in my Daily Advantage multi—pancreatin, betaine HCL, lipase, cellulase, and protease, to name a few.

For an accelerated look at what happens to the body when you have trouble digesting fats, all you have to do is trace the health history of someone who has had their gallbladder removed. Without the gallbladder, you oftentimes have more difficulty digesting and assimilating fats. This can cause a wide variety of problems, including cataracts and vision problems, fatty tumors, and atherosclerosis.

The gallbladder acts more or less as a storage bag for the bile salts manufactured in the liver. By releasing these compounds in a timely manner into the intestinal tract, the gallbladder aids in the proper digestion of fats. When the gallbladder is removed, your body's ability to process necessary fats and oils becomes lessened. For this reason, it's extremely important to use digestive bile salts after gallbladder surgery to prevent problems like cataracts.

Other prevention methods include:

- **Increasing glutathione.** Several studies have shown that people with cataracts have 80 percent less glutathione in their eyes than they should. I've always thought that the glutathione level in the body has an almost a direct correlation to one's overall health and longevity. Glutathione is one of the most powerful antioxidants and detoxifiers in the body. The sicker an individual is and the closer to death, the lower their levels will be. Glutathione is a very expensive supplement, but most people can use the precursor to glutathione, N-acetylcysteine, to increase their levels. The least expensive method, and my preferred way, is to consume whey protein isolate powder in a shake each morning.
- **Drinking *in moderation.*** According to one study, individuals who had one or two alcoholic drinks a day were 50 percent less likely to have cataract surgery than non-drinkers or heavy drinkers. (*Am J Ophthalmol 10;150(3):434–440*)
- **Eating more eggs.** I have no doubt that the cholesterol scare and propaganda about the dangers of eating eggs has contributed to the increase in cataracts

over the last 30 years. Beginning in 1970, egg consumption began to fall dramatically for the next 25 years, and it still hasn't returned to its previous high. The Beaver Dam Eye Study found that egg consumption was inversely associated with cataract risk. In other words, the more eggs one ate, the less the risk of developing cataracts. (*Am J Epidemiol 99;149(9):801–809*)

Eggs are nutrient dense and close to the perfect food. They are an excellent source of both lutein and zeaxanthin, the two primary carotenoids found in the eye. Simply consuming 1.3 egg yolks per day has been shown to increase plasma levels of lutein by 28 to 50 percent and zeaxanthin levels by 128 percent in just 4.5 weeks—*without increasing cholesterol levels.* Spinach and corn, both high in zeaxanthin, don't raise plasma zeaxanthin levels at all. This helps explain why the relative risk of developing cataracts was 60 percent less in individuals with the highest consumption of eggs when compared to those with the lowest consumption.

- **Avoiding aspirin.** Not long after the egg was vilified, the "aspirin a day" trend began. If you make a living performing cataract surgeries, things probably couldn't get any better. Most of the doctors who push this aspirin regimen to their patients still don't know that it actually increases the risk of stroke and heart attack in 40 percent of those who take it, and it increases the risk of developing cataracts by 44 percent. (*Ophthalmology 98;105:1751–1758*)
- **Knowing the risks associated with estrogen therapy.** Men with prostate cancer that get treated with hormone therapy (female hormones to counteract the effects of testosterone) were 9 percent more likely to develop cataracts than those not treated that way. In men whose testicles were removed, the risk shot up to 29 percent. (*Ann Epidemiol 11;21(3):156–163*)
- **Staying away from cigarettes.** Smoking is thought to be responsible for 20 percent of all cataract cases. Female smokers who smoke more than a pack a day increase their risk of developing cataracts by 63 percent. Men with the same habit increase their risk by 205 percent! (*Am J Prev Med 93;9(1):65–66*)
- **Understanding the dangers of antidepressants.** Antidepressants (in particular SSRIs) have now been linked to an increase in the formation of cataracts. When you consider that antidepressants are now taken by an estimated 10 percent of the U.S. population, the ramifications of this link are extremely significant. (*Ophthalmology 10;117(6):1251–1255*)

While I was working on this issue, I had three friends from around the country call me, out of the blue, to tell me that their latest eye exam revealed that they had early cataract formation, and they wanted to know what to do. Each of these individuals wears either glasses or contacts and had these discoveries during their routine eye exam.

There's no telling how many millions of people who don't wear glasses or contacts are completely unaware that they have early cataract formation simply because they don't get routine eye exams.

Regardless of what you may have been told, with N-acetylcarnosine drops and these other suggestions, cataracts can often be prevented and sometimes completely reversed, or at least halted in their tracks. This knowledge about cataracts alone should be reason enough to start getting regular eye examinations.

## Macular Degeneration

Since cataracts are routinely surgically eliminated, most of the blindness in this country is a result of another troubling eye condition—macular degeneration.

I have written extensively about age-related macular degeneration (AMD) in the past and described some rather innovative techniques that can be used to treat this problem. (Rather than rehash everything here, refer to the following newsletter issues to learn more: Vol. 8, No. 9; Vol. 8, No. 18; and Vol. 11, No. 14.) But while we're focused on vision problems, it helps to at least know what you should look out for and how to take a very simple vision test to screen for this condition.

The macula is a small area in the retina on the backside of the eyeball. It's the area that lets you see fine details and perform tasks like reading, driving, or even threading a needle. If there's a macular degeneration problem, you will have problems with your central vision, not your peripheral vision.

There are two types—dry and wet. The dry form is most common and happens when fat deposits block the small blood vessels supplying the area and cut off the oxygen supply. It's generally a slow process and most people don't even notice what's happening because the other eye starts to compensate for the diseased one—another good reason to have regular eye exams.

The wet form of the disease only makes up about 10 percent of the cases. With it, vision loss can be rapid and very severe. It results when new blood vessels invade the macula. These vessels are weaker than normal blood vessels and break

easily. The leaking blood and fluids develop into scar tissue, which destroys the integrity of the macula and blurs central vision.

### *Preventing AMD*

Like almost every other health problem, preventing AMD should be your goal. Treating it can be difficult at best, and the end results are generally not that good.

Studies have shown that, once again, antioxidants seem to be the key to prevention. Just taking a combination of vitamins C and E, beta-carotene, and zinc can reduce the risk of AMD by at least 25 percent. Eating a wide variety of fruits and vegetables, which is becoming a thing of a past in this society, is the best way to supply the necessary antioxidants.

Until a couple of decades ago, macular degeneration was only found in the elderly. Now it appears to be showing up in people as young as 30. I think part of the problem can also be traced back to the drop in egg consumption that I talked about earlier. Low levels of the same pair of protective carotenoids—lutein and zeaxanthin—increase the risk of the condition.

**If you don't learn anything else from this issue, it should be apparent that one of the best things you can do for your eyes and vision is to eat plenty of eggs!**

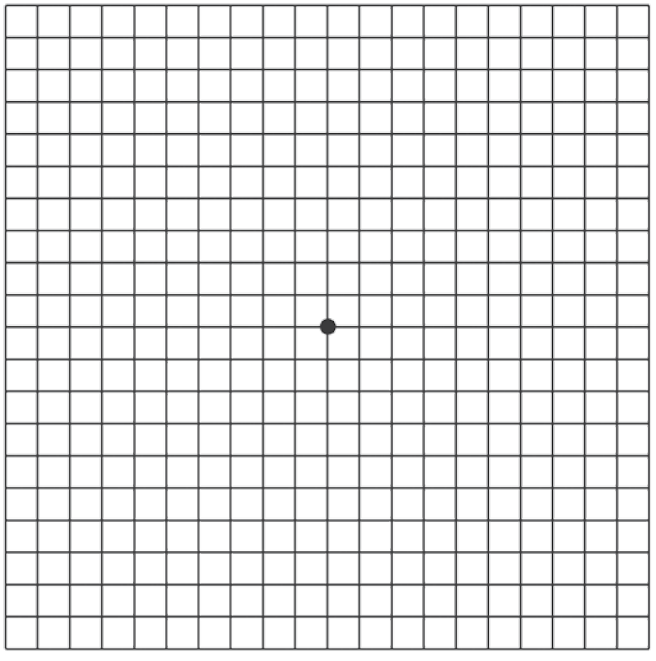
It should also be pretty clear that you need to minimize refined carbohydrates and, whatever you do, don't take aspirin on a daily basis!

Chronic aspirin use and other non-steroid anti-inflammatory drugs (NSAIDs) have also been shown to increase the risk of AMD. There are now so many over-the-counter and prescription NSAIDs, it would take a page to list them all. (Anacin, Excedrin, Bayer, Bufferin, Celebrex, Advil, Motrin, Nuprin, Doan's Pills, Naproxyn, Aleve, Feldene, and Vioxx are just a few.)

### *Test Yourself for AMD*

The simple test to check for AMD involves the Amsler grid shown below.

During your eye exam, the doctor will also view the macula for any abnormalities with an opthalmoscope. But this is a great screening test you can keep around and use on your own from time to time.



While looking at this grid, follow these instructions:

1. Wear your reading glasses if you use them, and hold the grid 12 to 15 inches from your face.
2. Cover one eye.
3. Look directly at the center dot with the uncovered eye.
4. While looking at the dot, notice if all the lines of the grid are straight or if there are any areas which are distorted, blurred, or dark.
5. Repeat the procedure with the other eye.
6. If any area of the grid looks wavy, blurred, or dark, contact your ophthalmologist immediately.

As for treatment, if you have macular degeneration, I would strongly suggest looking into the use of microcurrent stimulation. I've covered complete details on this therapy in my March 2000 issue (Vol. 8, No. 9).

## Glaucoma

Glaucoma is a disease that affects the optic nerve. I won't get too technical here in describing the disease, but here's a brief overview.

The clear liquid that circulates in the front portion of the eye is constantly being produced. To prevent any buildup of pressure, that part of the eye has a microscopic drainage system. If the drainage becomes blocked, pressure increases within the eye. Increased pressure can damage the optic nerve directly or indirectly by restricting its blood flow. Either way, blind spots are created and, if left untreated, they can cause permanent blindness.

Once again, we see some of the same risk factors in glaucoma as we do in other eye diseases—namely diabetes and poor circulation.

### *Poor Circulation—The Real Issue*

Before talking about a really unique supplement that has just recently been shown to naturally lower eye pressure, I want to touch briefly on poor circulation.

As you well know, cardiovascular disease is the number-one killer in this country. And whenever it's mentioned, most of us think of heart

attacks and stroke. But decades before major arteries become blocked and these life-threatening events take place, damage is accumulating in the smaller blood vessels and capillary beds. And many of the "diseases" we see are just the early symptoms of these larger underlying problems. If we start to recognize these as early warning signs and not a totally separate problem, we can take steps to correct the real problem and not just keep chasing symptoms.

The pharmaceutical companies, however, like to look at each symptom as a disease that needs its own separate silver bullet. It makes marketing sense if you're trying to sell more drugs. It's an asinine approach, however, if you're trying to live as healthy and long as possible.

If you're slowly clogging blood vessels, lymph channels, etc. with a poor diet and lack of exercise, then it makes sense that areas of the body that rely on microscopic circulation would be the first to fail. This obviously applies to the eyes but also the brain (senility, mini- and transient strokes, forgetfulness, poor concentration), erectile dysfunction, hearing difficulties, joint pain and stiffness, kidney problems, and the list goes on and on.

The point to be made is that we need to see why these problems began in the first place and start preventing those issues rather than treating symptoms. The current mindset is a pill for this and a pill for that, without any regard for the fact that every cell in our body is dependent on the rest to remain healthy and survive.

### *Reduce the Pressure Naturally*

Glaucoma, like the other eye diseases (except for cataracts when the lens is surgically replaced), is thought to have no real cure. And, if the public is convinced of that, glaucoma is just another opportunity where drugs can be sold for a lifetime of "treatment."

As mentioned earlier, the primary risk factor in developing glaucoma is high intraocular pressure (IOP). (Normal eye pressure generally ranges from around 10 mmHg to 21 mmHg.) Fluid is constantly being produced within the eye itself. Small amounts of this fluid must be able to drain from the eye, or the pressure will begin to rise.

Certain bioflavonoids have been shown to improve microvascular function and can be vital in keeping these drainage channels open and clear. European researchers recently tested a natural flavonoid-containing supplement called Mirtogenol to see if it could be effective in lowering IOP. Mirtogenol is a combination of the two supplements—Mirtoselect and Pycnogenol. Mirtoselect is an extremely high-quality bilberry extract. It is rich in polyphenols (anthocyanins), which are very potent antioxidants. Pycnogenol is extract from the maritime pine tree that grows exclusively along the coast of France. Pycnogenol has a high concentration of various bioflavonoids.

Thirty-eight asymptomatic individuals with high IOP were either given Mirtogenol or were not treated. Visual acuity, IOP, and ocular blood flow were measured at two, three, and six months.

At each of these time intervals, those left untreated showed no improvement. After two months, however, in those given Mirtogenol, the average IOP decreased from 25.2 mmHg to 22.2 mmHg. After three months, it was down to 22.0 mmHg. No additional improvement was seen after six months. In those same individuals taking Mirtogenol, ocular blood flow significantly improved, as well. There were no side effects observed. (*Mol Vis 08;14:1288–1292*)

In another related study, Mirtogenol lowered IOP from a baseline of 38.1 mmHg to 29.0 mmHg after 16 weeks without any side effects. (When used in conjunction with Latanoprost [Xalatan], the topical eye medication routinely used to treat glaucoma, pressures dropped from an average of 38 mmHg to 23 mmHg.)

Alone, Mirtogenol is almost equally effective as the drug treatment, but without any of the side effects. (*Clinical Opthalmol 10;4:471–476*)

When you consider just how few natural substances have been shown to actually decrease IOP, Mirtogenol is a godsend. Combining two very effective extracts from bilberry and maritime pine trees could be the key to not just prevent glaucoma, but also to address the underlying root of the problem—microcirculation.

Mirtogenol is included in a product called Ocular Pressure Defense. It is available for $24.99 by calling 1-888-887-8262 or visiting *drdavidwilliams.com.*

## Start Protecting Your Precious Peepers—*Now*

Of course, when it comes to protecting your eyes and overall health, it should be apparent that a good multivitamin/mineral supplement can work wonders, particularly when taken regularly. The nutrients found in many top-quality multis have been shown time and time again to prevent the eye problems I've discussed here.

In fact, as I mentioned earlier, large studies have shown a higher dietary intake of lutein/zeaxanthin and vitamin E significantly reduces one's risk of developing cataracts. Other studies have demonstrated

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## In This Issue of *Alternatives*



*You will observe with concern how long a useful truth may be known, and exist, before it is generally received and practiced on.*
— Benjamin Franklin

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vitamins C and E, zinc, lutein and zeaxanthin, and omega-3 fatty acids can protect against AMD. And, a higher intake of antioxidants and bioflavonoids holds the key for preventing (and treating) glaucoma. For diabetic retinopathy, the obvious solution is tightly controlling your blood sugar by avoiding sugar and refined carbohydrates.

**Don't take your eyesight for granted.** Over the next decade, vision problems will rapidly become a major health issue. I urge you to start doing what you can now to protect your eyes. When you lose your vision, you lose a very large part of your independence. Imagine not being able to drive or even perform everyday tasks like reading, watching television, and routine chores.

Even if you don't wear glasses, have your eyes checked regularly. Most of these eye problems develop slowly without any initial symptoms. By the time you notice them, a lot of the damage has been done. The four leading causes of blindness and vision loss I've talked about are all preventable, and most treatable—*as long as you catch them early.* However, unlike many health problems that are reversible, vision loss that results if many of these conditions go undetected is very often permanent.

Take care,

Dr. David Williams