

HOW NATURAL AND ALTERNATIVE MEDICINE KEEPS YOUR VISION STRONG AND PREVENTS BLINDNESS

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Doctors Too Cautious With Natural Therapies

In my extensive review of the new research on eye disorders, I have been struck by the gaping hole between what we have learned and its application in clinical practice.

There is at least a 10-year delay in applying new medical information to patient care – and even longer when it involved nutrition or nutritional supplements.

Part of the problem is the excessive caution that is taken in applying what we learn in order to prevent harm. In addition, it is a symptom of our modern obsession with the methodology of science, wherein everything must pass the often excruciating methodology of the theoretical scientist. Of course, caution is always desirable when dealing with potentially harmful products – especially when you are talking about pharmaceuticals.

Yet while unseen complications can come from natural products, most of these substances have a history of clinical use that goes back thousands of years. In addition, many of these natural products have gone through extensive testing in laboratories and under clinical conditions.

But in the case of pharmaceutical products, massive profits often encourage the concealment of complications.

Indeed, having a strong working relationship with drug safety regulators is not in the best interests of the manufacturers of pharmaceuticals, as it aids in covering up complications and side effects.

Cataracts: Degeneration of the Eyes Lens

Of all the serious eye diseases, the most common is cataracts, which is a gradual clouding of the lens of the eye caused by chemical changes in the structure of the lens.

Like the lens of your glasses, the eyes' own lenses function to bring images into focus on the retina, which is the nerve layer of the eye.

Normally, the lenses of our eyes are crystal clear like the lenses of clean glasses.

However, when a cataract begins to develop, vision becomes blurry and it is difficult to focus on objects or read print clearly. Glare also becomes a problem.

Eyes' lenses are different from the lenses of your glasses or a camera lens in that eyes' lenses are elastic, changing shape as needed to focus on objects that are near or far away.

Special muscles inside the eyes regulate the shape of the lenses as needed.

When a cataract develops, not only does the lens become cloudy, it also loses its ability to change shape.

Chronic Inflammation Links All Risk Factors

Ophthalmologists classify cataracts according to the site of development in relation to the lens.

Most cataracts, which are associated with aging, begin in the center, or nucleus, of the lens and slowly radiate outward to cover the entire lens.

On the other hand, cortical cataracts begin on the outside of the lens and slowly move inward, while subcapsular cataracts start behind the lens and move forward.

These latter two types of cataracts are most often associated with diabetes and long-term use of steroid medications. They are also associated with a serious hereditary eye condition called retinitis pigmentosa, which is a gradual degeneration of the retina.

Nuclear cataracts are, by far, the common type. In addition to aging, these types of cataracts are associated with:

- People with blue eyes

- People over 50

- Those who spend a lot of time outdoors

- People who rarely wear protective eyewear

- Smokers

People with elevated homocysteine levels
Diabetics
People with poor nutrition
Obese people
People who take statin medications
Exposure to toxic metals, including mercury, lead, cadmium, excess iron
and nickel.
People who are exposed to ionizing radiation
People with chronic inflammatory diseases such as autoimmune diseases,
arthritis, and atherosclerosis

In most cases, cataracts develop slowly over the course of months or years.

What links all of the above factors is chronic inflammation within the lens of the eye. Exposure to sunlight (UVA and UVB) is considered to be the most common link.

But the inflammation from sun exposure can be aggravated by other risk factors.

For instance, an obese person is more likely to develop a cataract and have it spread faster than a non-obese person. Keep in mind that it is abdominal obesity (fat around the intestines) that is most associated with inflammation.

When you combine characteristics such as smoking, obesity, blue eyes, and poor nutrition, you have a powerful combination of risk factors for eye damage.

Once the lens is inflamed, massive numbers of free radicals are produced, damaging the lipids and proteins within the lens. This causes the proteins to bind in abnormal ways – a process that is called cross linking.

This cross linking makes the lens lose its clarity and become stiff. The UV rays trigger this process, as does radiation exposure and the other high-risk conditions.

Dangers of Mercury Exposure To Eyes

One of the most ignored high-risk factors for eye disorders is exposure to mercury.

Ironically, in the recent past many eye drop medications actually contained a mercury preservative called Thimerosal which is absorbed into the eye and enters the lens.

Thimerosal is also found in vaccines, most commonly the flu vaccine.

A recent analysis by the Natural News Forensic Food Lab found that a flu vaccine contained 51 parts per million of mercury.

That dose is about 21,000 times higher than EPA safety limits for mercury in water and 100 times higher than the highest level found in tests of contaminated fish.

Worse yet, vaccine-based mercury is absorbed 100 percent, while absorption from water is dramatically less.

This means that the concentration of mercury delivered to the lens by eye drops is infinitely higher.

Several types of seafood – especially swordfish, tilefish, grouper and tuna – also contain high levels of mercury.

People living within several hundred miles of a coal burning facility are also at risk.

Mercury binds with protein disulfide groups within the eye's lens, causing it to become cloudy and stiff.

In addition, mercury triggers massive free radical generation throughout the lens and retina.

Wearing contact lenses and glasses that did not have UV protection, as was common in the past, greatly increased people's risk of developing a cataract, because the lens of the glasses concentrated the UV sunlight.

Fortunately, virtually all prescription glasses and contact lenses now have total UV protection.

However, many nonprescription reading glasses still do not have UV protection and reading outdoors or near a window can worsen UV damage to your eyes.

What is Going On In Your Eyes?

The link between high risks for many diseases is: chronic inflammation which is the trigger for free radical generation and lipid peroxidation (oxidized fats).

When you are inflamed, you are producing massive numbers of free radicals and lipid peroxidation products.

But these do not remain at the site of the inflammation. Eventually, they spread all over the body, damaging cells, tissues, and organs.

So, for example, when you have an inflamed knee joint, it will cause some degree of inflammation within your eyes as well.

Some inflammatory diseases are associated with much higher levels of free radical and lipid peroxidation products, and greater dispersal throughout the body. These include autoimmune diseases (lupus, rheumatoid arthritis), atherosclerosis, and diabetes.

This is the reason why we see such high incidences of cataracts associated with atherosclerosis (Heart attacks and strokes) and diabetes, which are widespread inflammatory diseases.

Nutrition also plays a major role in cataract formation and progression.

Certain dietary ingredients – such as excess omega-6 polyunsaturated fats and sugar (especially when eaten together) – greatly worsen inflammation and increase the risk of cataract development.

This occurs is not only because those substances directly trigger inflammation but also because they deplete essential protective nutrients such as B vitamins, and vitamins C and E.

All eye disorders are much more common in areas of the world where nutrition is poor.

Additional factors in eye disorders include:

Poor dental health

Dysbiosis (reduced colon probiotics)

Chronic undiagnosed infections (yeasts, cytomegalovirus, latent herpes virus infections)

Chronic infectious diseases

The lenses of the eye normally contains a very high concentration of glutathione, one of the most powerful antioxidants and detoxification compounds, found in the body.

This antioxidant is important not only for protecting against: UV light damage, but also for fighting mercury toxicity.

Glutathione helps prevent protein disulfide bond cross-linkages, which are the major mechanism of lens clouding.

It is also vital for transportation of nutrients and antioxidants within the lens.

One study found that glutathione of nutrients and antioxidants within the lens.

The lenses of older people were also shown to have less transfer of glutathione into the lens, meaning that aging reduces lens glutathione levels, making the lens more vulnerable to oxidative damage.

As sunlight passes through the lens, the UV rays interact with proteins and lipids in the lens, producing high levels of free radicals.

Over time, the damaged proteins in the lens accumulate. This causes the cloudy, stiff lens we call a cataract.

Another process that plays a major role in lens clouding is the production of advanced glycation end-products (called AGE's). This process results in oxidation of proteins and subsequent clouding of the lens.

A diet high in sugar and simple carbohydrates greatly increases the accumulation of AGEs.

The eye lens contains a number of very important antioxidants, mainly vitamin C and E, and the carotenoids, lutein and zeaxanthin.

Lutein is a powerful antioxidant that reduces inflammation, blocks blue light rays (the most damaging) and protects the retina.

A number of nutritional studies have been conducted to see if certain food components could reduce the incidence of cataracts.

One such study – the Nurses' Health Study – tested a large number of women ages 45 to 71 for blood levels of lutein and zeaxanthin over a 12 year period.

They found that the women with the highest serum lutein-zeaxanthin levels reduced their risk of developing cataracts by some 27 percent. Several later studies have confirmed these results.

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