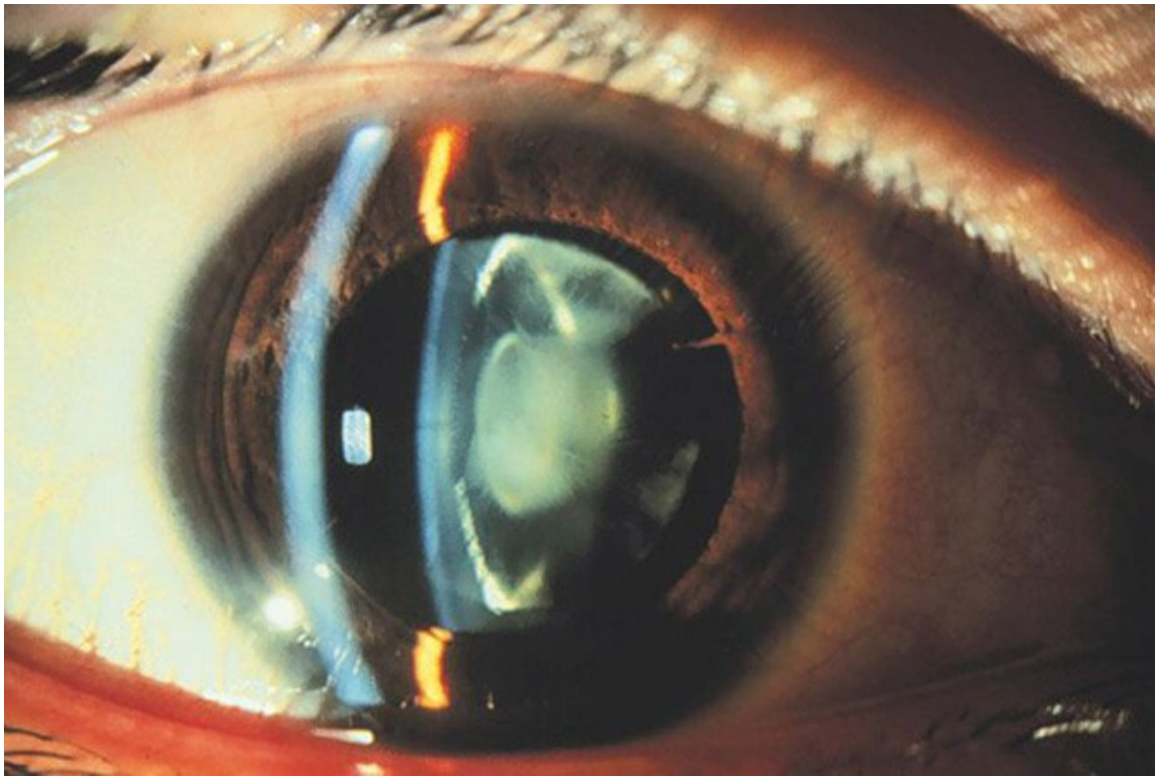
THE GOOD NEWS ABOUT CATARACTS

Everything your optometrist would tell you about cataract
- if he had the time.



Health Disclaimer!

This book is designed to raise awareness of some issues related to cataract. It is not intended to replace the advice of your physician or other health care professional. Readers who intend to use this information as a basis for any dietary, drug or other lifestyle change do so at their own risk and are strongly advised to first seek the professional advice of an appropriately qualified healthcare practitioner.

This is the free preview (pages 1-10) of:
The Good News About Cataracts

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Introduction

Most of us take good vision for granted and only start to think about our eyes when something goes wrong. That "something" is far more likely to be a cataract than anything else. Just as well, since cataracts are generally less sight-threatening than, say, glaucoma or macular disease. (Glaucoma affects the nerve that joins the eye to the brain, macular disease is damage to the center of the retina – both are regarded as potentially blinding and permanent.)

Cataracts are top of the list of reasons people experience problems with their vision and unfortunately, most news about cataracts isn't good. You certainly don't want to be told you have cataracts. You don't want the vision problems cataracts cause – and you don't want the hassle, expense and worry of an operation. It can be hard to accept that you don't see as well as you used to. You need good vision to enjoy so many of life's simple daily pleasures and of course, there are legal requirements for driving. Cataracts are so common they are regarded as "normal" in old age. One very easy to remember statistic is that at least 75% of 75 year-old people have cataract.

The routine treatment offered for cataracts is surgery. Cataract surgery is continually improving and the procedure is usually safe and effective. But this means that some people are encouraged to have operations in the very early stages of cataracts - even though the risks of complications are pretty much the same for mild cataracts as for more "fully formed" ones. It's becoming increasingly difficult to decide when the vision is bad enough to justify the risks. And surgery isn't necessarily the end of the matter. Once the operation is over there is inevitably a period of recovery (usually, adapting to new eyeglasses and glare, at least). For most people, a special kind of laser treatment (called YAG) is required to treat "after cataract" at some later date, when a membrane behind the pupil "clouds over". The patient experiences cataract-like sight problems all over again and a laser is used to puncture a hole to sharpen up the vision.

So, are there any alternatives for people who can't have or simply don't want surgery? Can cataracts be avoided or reversed in some way? Is there a diet, a medicine or an eye drop that can prevent or improve cataracts? Doctors are still largely doubtful about such possibilities. An eye drop to treat a cataract does sound a bit too good to be true, doesn't it? Well, the good news - and what most people don't know about cataracts - is startling.

Clinicians are finally beginning to accept the research that tells them that in many instances, the ailments associated with aging aren't inevitable. Given the right building blocks, the body can avoid most of the degenerative changes common in old age.

Until recently, doctors had been saying that as long as you had a "balanced diet", you'd get no benefit from taking a nutritional supplement. Discouraging comments like "there's no point having expensive urine" were routine.

In many ways, this was surprising – because some diseases have been known for centuries to be due to dietary deficiencies. In 1795 the British Royal Navy began the standard issue of lemon or lime juice at sea to avoid scurvy. (This practice created the nickname "Limey".) The specific "anti-scurvy ingredient" is ascorbic acid (vitamin C). Xerophthalmia (a severe drying of the eye) was being treated with cod liver oil a hundred years ago (vitamin A being the therapeutic agent). Research into the wasting condition beriberi resulted in the discovery of thiamine (vitamin B1). But it's a very big jump from treating specific diseases to using vitamins, minerals and other antioxidants to counteract the supposedly "normal" changes that occur with age.

For eye-health professionals, new lines of thinking opened up when it was proved that antioxidants had an important role to play in preventing or limiting visual loss due to macular disease. (Macular disease is a common deterioration in the functioning of the most sensitive part of the retina, usually affecting older people.) AREDS (the Age-Related Eye Disease Study) showed macular disease (which can be far more devastating than cataracts) to be much less common in people with good intakes of certain vitamins and minerals.

Before this large scale study (nearly 4,700 people over seven years), it was thought that dietary supplements could have no impact on macular disease. Now antioxidants are routinely recommended to people at increased risk of macular disease by nutritionists, eye surgeons and optometrists alike.

The old saying "carrots make you see in the dark" may not be strictly true, but diet does have a vital role to play in how well we see. For some

micronutrients, however, the doses required would be hard to obtain from food alone. The use of vitamin, mineral and antioxidant supplements are becoming increasingly popular for all sorts of conditions. But can they work for cataracts? The research is certainly pointing in this direction.

The role of diet and the use of antioxidants are just some of the issues relating to cataract I'm aiming to address in this book, starting with my own experiences.

When I was told that I had cataracts, it came as a shock. I was at the optometrists for a routine eyeglasses check and this was not something I had expected to hear. Sure, I'd been wearing a baseball cap to keep the sun out of my eyes and using a brighter light for reading small print but I wasn't having any real problems. In some ways, I'd been thinking my eyesight had actually improved! I was coping reasonably well without my distance glasses at that time. Later, I started to get near sighted and had to get "minus" glasses for driving and TV but could read just fine without glasses for the first time since my thirties.

I've since heard this called "second sight" - nothing to do with mediums, just a reference to the sometimes remarkably good near vision some elderly people enjoy.

The diagnosis of cataract was given in quite an offhand manner, which I resented. Particularly as this thirty-something year old optometrist was secure in the knowledge that he was decades away from being told such news himself.

I later learned why it was handled in this way, but at the time I didn't really understand very much at all. I was thinking all sorts of things - what exactly is cataract? Just how bad will my vision get - and how soon? How much will it cost to fix? But I didn't ask the young man any of this. I simply said "I see." Looking back, I suppose I could have made a more appropriate comment.

I'm not someone to worry about things, but I was concerned enough - or rather, interested enough - to do some research. Since understanding things a bit better, I've made a few changes to my daily life and enjoyed a period of two years (and counting) of simply living with my cataracts.

I've learned a lot about the eyes, and cataracts in particular - and I'm in no rush for surgery anytime soon. The use of antioxidants (in many different forms) may have something to do with this. I'm certainly doing a lot better than some of my friends who have other eye problems like glaucoma or macular disease. My cataracts don't stop me doing anything I really want to - and I'm sure my antioxidants help me see better than I did a couple of years ago.

That's probably enough about me - this book is really to pass on what I've found useful to anyone in a similar position. There's a lot to read and it comes from dozens of different places - medical textbooks, web sites, personal advice from optometrists, eye surgeons and low-vision therapists. Some of this information was simply reassuring, but some was very practical and useful; and the big message for me was that surgery is not appropriate (not yet, anyway).

I've condensed all this information into six short chapters:

1) What cataract is - and isn't; causes and effects of cataracts.

2) Surgery: the procedure; recovery times; complications; "after-cataract" and the need for laser; weighing up the known risks against the expected benefits.

3) Special cases - infants; traumatic cataract; people with only one good eye; conditions which reduce the likelihood of favorable outcomes.

4) Can cataracts be reversed? Possible alternatives to cataract surgery: diet; supplements; herbal remedies (some of which have been used for centuries) and eye drops.

5) Why was I told I had a cataract when I thought I just needed new glasses?

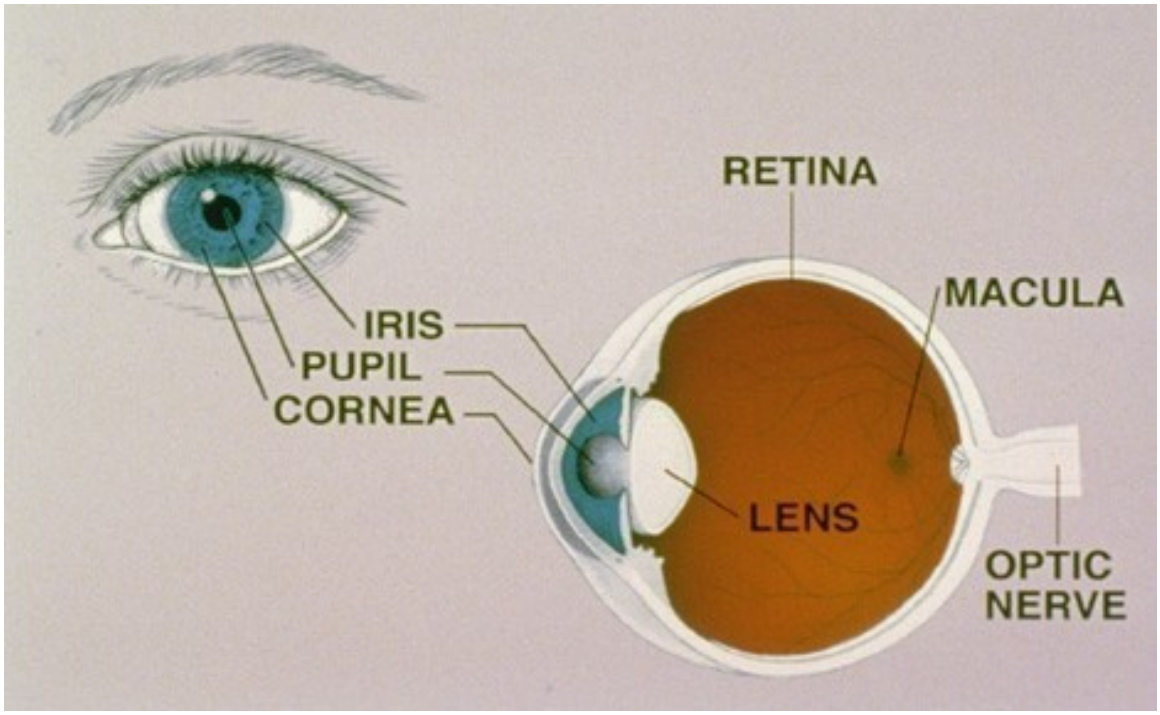
6) Summary; the antioxidant method.

References follow at the end of the book.

Chapter One

What a cataract is - and isn't.

First of all, perhaps we should be sure about the part of the eye we're talking about when discussing cataracts.



Just behind the pupil (the round black opening near the front of the eye) is a lens which helps focus light clearly onto the back of the eye. This crystalline lens continues to grow throughout life, yet gradually alters its shape and density to maintain a remarkably stable overall effect on vision. It is under the unconscious control of the visual system, constantly making minute adjustments to its focusing power, always with the aim of maintaining the clearest possible image on the retina. (The complex biofeedback mechanisms which bring this about aren't yet fully understood.)

A cataract is any loss of clarity of this crystalline lens, inside the eye. This normally occurs with increasing age. In a child, the lens is normally optically clear. For the average person, there is the start of a little haziness

by age 50. By age 70 a definite clouding is commonplace. Cataracts are strongly associated with aging and there are very few eighty year olds who don't have at least some cataract. The aging process is largely the result of oxidation caused by free radicals, most of which result from normal metabolic processes.

Cataract is not cancer, nor can it contribute to any form of cancer. It is not a skin which grows over the front of the eye and in the early stages a casual observer could not see your cataract. The only clue to the presence of a mild cataract is a slight graying of the normally jet-black pupil (as the cataract progresses, the cloudiness within the pupil becomes more and more noticeable).

Causes of cataracts.

Causes can be inferred from the fact that cataracts tend to occur at a younger age in people who:

- smoke (apart from the toxins inhaled, the body loses 25 mg of vitamin C to the free radicals in each cigarette).

- are diabetic (possibly due to repeated swelling / shrinking of the lens with large changes in blood sugar concentration).

- have a poor diet or digestive problems (and therefore absorb too few antioxidants).

- are exposed to intense ultraviolet light (such free-radical damage to the lens is cumulative over time).

- have a high intake of alcohol (moderate use of alcohol, such as one or two glasses of red wine per day, does not seem to increase the risk).

- take certain classes of prescription drugs (including some tranquilizers, antibiotics, diuretics, gout and glaucoma medications. Steroids are most strongly linked with cataract formation and it might be wise for patients taking steroids to also take a supplement of the anti-oxidants alpha lipoic acid, vitamin C and vitamin E to help prevent cataract formation).

- have a family history of the condition. There are also some familial disorders (including myotonic dystrophy) which are associated with cataract. Certain ethnic groups also appear to have an increased risk of cataract - including African Americans and Native Americans.

Of course, only some of these risks for cataracts can be modified.

Cutting down on smoking, then eventually quitting altogether may require the assistance of a specially trained therapist, and is not a task I will attempt to cover in this book.

Ensuring a healthy, stable blood sugar level in diabetes also needs a specialist's advice. Eating a wholesome diet is certainly something I would recommend and some hints and tips are given later. Dietary supplements and eye drops are detailed in chapter three.

Protecting the eyes from ultraviolet light is fairly straightforward, providing you remember that all daylight contains ultraviolet radiation - not just on blazingly hot, sunny days. Wearing a hat with a wide brim can reduce direct UV exposure by 50%, but reflections from below can be significant: 1% from grass, 10% from a sandy beach, 20% from water and 80% from snow. Better protection is offered by good quality sunglasses (for people who don't normally wear spectacles), or UV-blocking coatings applied to prescription glasses. The most effective frame style is a close-fitting, wrap around type. Standard glass spectacle lenses provide no protection from UVA and only minimal reduction in UVB exposure. Only high index (1.67 or higher) and some photo chromic plastic spectacle lenses (e.g. Transitions) provide any significant ultraviolet protection - all others require the addition of a UV blocking coating.

Although there are many known risk factors for cataracts, it is not usual for any special investigations to be performed to find a cause for the patient's cataract, unless they are particularly young. Certainly, cataracts in children would warrant a pediatrician's opinion, but frequently no underlying cause is diagnosed.

Effects of cataracts.

The earliest symptom of a cataract may be an increase in near sightedness ("index myopia"). For someone who is farsighted to begin with (uses a "plus" spectacle prescription for driving or television), this may mean they can use a weaker prescription or even do away with distance glasses altogether, and reduce the strength of the reading correction required (the one possible benefit of early cataract). Of course, a nearsighted individual will simply require stronger lenses than before.

At this stage, there may be little or no change in the quality of vision, just a change in the prescription required to obtain that particular "best corrected visual acuity". As things progress there may be some loss of the vividness of colors and brighter lights may be needed for any detailed tasks. The most useful reading lamp is a sort of spotlight, angled from over the left shoulder (if you're right handed).

Later on there may be a sense of fogging of the vision and one may develop the pointless habit of cleaning one's eyeglasses more and more frequently - since the change in vision is similar to looking through dirty spectacles.

Sometimes haloes are seen around lights - but this can have other causes and does need to be checked out by an optometrist. Eventually a little double vision is common. Not usually as two separate, distinct images, but more like an overlapping at sharp edges, with the "false" image being fainter (often called "ghosting").

By this stage, most people are bothered by their vision sufficiently to seek a professional examination and the diagnosis of cataract is made. Normally, cataract surgery is the only option discussed.

Just a note on one particular form of cataract: in posterior sub-capsular cataract, brighter illumination may not help with reading. In this type, sometimes caused by steroid medication, the opacity is usually situated at the center of the back surface of the lens. When the pupil is wide enough, vision may remain reasonably good, because some light will pass through the clear periphery of the pupil, and escape the blurring caused by the cataract. But pupil narrowing, caused by a bright light, may make the vision worse as all the light now has to pass through the cataract.

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