

BEH PODCAST EPISODE 42

WILL VITAMINS ALONE HELP MY EYES

The topic that I wanted to talk about today is one I get frequently from people who are first considering the program. They've been told they have some serious eye problem. They've been told by their doctors there's nothing that can be done, except maybe take some eye vitamins. The thing I wanted to address is what happens if you only do what your eye doctor recommends, which is only to take the basic vitamins, something like the AREDS formula or the OCUVITE. What could you expect? What would happen if you did not do anything besides that?

The reason I pose this as a question and address this today is that the answer to that is very well known. The reason that this is well known result are studies dating back to the 1950s and 60s, which attempted to look at the effects of different vitamins and formulas and supplements on the natural history of these diseases. When I say these diseases, I mean things like Macular Degeneration, Retinitis Pigmentosa and Stargardt disease - these degenerative retinopathies or degenerative retinal diseases. The results of hundreds, thousands of studies are interesting. One of the things they've shown is that there is no vitamin that anyone has ever tried has stopped or reversed these diseases. They simply slow down the course of these diseases.

The natural history of all these diseases is that over time, your eyes gradually get worse. There is no point on the course of these diseases, where there is remission or things get better for a while. What's more typical is that you may have something

happen and you lose a certain amount of visual function and then you may plateau. Your vision may stabilize and stay that way for a few years. But then it will slowly keep drifting down. Then if you have a disease especially something like Macular Degeneration, there is a complication in the later phases of this diseases where you can leak or bleed into the retina. That can cause damage very quickly. Damage meaning, loss of vision and physical damage to the retina. That's why doctors are so aggressive about treating this problem. What you hear today in 2016 about treatments for Macular Degeneration are not treatments so much as treatments for the complications.

I use Macular Degeneration as the common term for all these diseases. That's because number one, this is the most common of these problems. But number two, I feel it's fair to lump them all together because genetically, these diseases are more alike than different. There's one gene ABCR gene that can look like Macular Degeneration if you have that genetic defect. It can look like RP or it can look like Stargardt. So these diseases are much more alike than they are different. They all have a very similar natural history. One of the differences is that for things like RP and Stargardt disease, the onset, or the beginnings of problems, can be early in your life. They can happen while you are still relatively young. But, the natural history is just to put it simply progressive loss of vision and progressive damage to the retina.

The natural history does not include any kind of remission or period where things get better. One of the reasons I say that is that you have to understand that this is well described, and well-studied. So, when something comes along like the program we're doing, where even a few people get better, that is so outside the norm, that it is

remarkable. Even with documented cases of people getting better, it has been very hard to get mainstream medicine interested in this program.

One of the hardest things in medicine is defining what's called the null set. What happens if you do nothing. So one of the reasons that the standard for research and medical research is the double blinded placebo control study is that you can examine results from a study if it's a double blinded placebo control study and you can decide if the results are significant and meaningful or not - even if you can't define the null set. The classic would be a disease like rheumatoid arthritis. In something like rheumatoid, people can go into remission, where they may have a bit of damage to their joints, but all the inflammation goes away and they are suddenly ok. You know if you are doing a study to do a treatment in a disease where it's possible that things can just get better on their own, it's hard to know if the improvement that you see is due to the treatment you did or whether its just a natural healing.

When you're talking about a disease like Macular Degeneration, things never get better on their own. Never, ever, ever do they get better on their own. That essentially defines the null set. The reason that is important is that even if you have just a few isolated cases, case reports. Even that data becomes meaningful because you know the definition of the null set. You know what happens if nothing is done, so if something is done and people get better it is by definition, significant.

So, I just say this because a lot of people feel that they just want to not do anything, take their chances, and just take the vitamins their doctor recommends. And they're just essentially resigning themselves to a lifetime of seeing their vision dissipate and go away. So that's all I want to say about that. I'm not saying this to be negative, because

all of you who are on this call are doing something that's at the very least, I would expect, to stabilize your vision, so you're not going to lose any more.

One of the reason we've added these additional calls with me to the program, you know the 3, 6 and 9 moth calls is to keep better track of this and to look for other things in your health that might be obstacles to your eyes getting better. So, it's important to realize that if you're doing everting we're asking you to do and you're not getting better, then we need to be talking. That means there's something we're missing, because this should work for everybody. That's the goal, because this is supposed to be a program that just flat out works for everybody.