Beyond Carrots: The Gut–Eye–Brain Connection to Prevent Vision Loss Transcript

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Macular Carotenoids and Eye Nutrition

So vitamins, minerals, antioxidants, phytonutrients, and also, I would say more important than beta-carotene and vitamin A are the macular carotenoids.

So people just realize, oh, I need to get enough macular carotenoids in my diet, like lutein and zeaxanthin. Those are the two macular carotenoids that are readily found in a lot of foods.

You can reduce your risk of eye disease and vision loss by over 40%. 40% just by having enough of those nutrients in your diet. So I think that's the biggest myth, is that if you just eat carrots, that's going to keep you healthy, your eyes healthy.

It's not true. Yeah, absolutely. Welcome to The Functional Edge. I'm Dr. Julia Ward, and this is where science meets real world strategies for living healthier, sharper, and stronger.

From uncovering hidden environmental toxins to unlocking peak performance and mental clarity, we cover it all. Ready to take control of your health and thrive?

Let's dive in! Hi, and welcome to the Functional Edge podcast. I'm your host, Dr. Julia Ward, medical director and founder of Balanced Body Functional Medicine.

Today, we're honored to welcome Dr. Ronni Banek to the show. In this episode, Dr. Banek will be sharing her unique insights on the powerful connection between vision, brain health, and whole body wellness, highlighting how nutrition, lifestyle, and functional medicine can play a critical role in protecting and restoring eye health.

Introduction to The Functional Edge

So stay tuned for an engaging conversation that promises to empower and inspire your path to wellness. So thank you very much for joining us today. Oh, thank you so much for having me.

So your journey into functional medicine is unique, starting from a traditional surgical specialty into integrative care. What personally led you to embrace functional medicine and look beyond standard ophthalmology?

Well, it really began because of a personal health issue. And I know that a lot of people, a lot of practitioners out there who discovered functional integrative medicine have a similar story.

They either had a personal health issue or a family member or a friend had it, and they were looking for a solution. So for me, it was chronic migraine.

And it got so bad that, you know, I had migraines since I was in my early 20s, but they were pretty episodic, you know, once a year, every two years, not too bad.

But then in my 40s, my early 40s, there were a lot of things going on work-wise, at home, there was a lot of stress, and I developed this chronic migraine.

So if anyone's ever had a migraine, you know it's not a regular headache, it's so debilitating, you feel like there's something stabbing you in the head, you can't look at lights, you're light sensitive, sound sensitive, you just want to crawl under the covers and never come out.

Dr. Banek's Functional Medicine Journey

That's how I felt every single day. And I tried basically all the traditional medical approaches. I live in New York City, so I'd been to see some of the most well-known headache specialists in New York.

And they would just write me prescription after prescription, just one after another. And nothing worked. It gave me side effects, and I just couldn't take it.

So finally, after four years of having chronic daily migraine, I said there has to be a better solution. And I started doing some research on my own, which I should have done before, but I didn't.

But anyway, I got around to doing the research, and I realized that magnesium has been studied, riboflavin has been studied. So many supplements have been studied for migraine, and I was starting to think, well, how come none of my doctors ever recommended anything like that to me?

And I was talking to a colleague who had just actually gotten certified in functional medicine. And I was telling him about my health issues. And he said, well, why don't you try an elimination diet?

And I just looked at him and I said, what's that? What's an elimination diet? And he said, OK, let's start from the beginning. He explained to me what it was.

And then he explained to me what functional medicine was. And he said, look, I think you should go to this course, Institute for Functional Medicine's course on mitochondrial health.

and figure out what's going on with your mitochondria in your brain, try to fix that, and maybe your migraines will get better. So I ended up going to IFM's week-long course.

It wasn't the mitochondrial one, but it was the general one. And my whole world was turned upside down in a good way. But I was just like, wow, my mind was blown.

I was never taught any of this in medical school or even after medical school. And why is this missing in my education? So I started implementing some of the things I learned.

Slowly, I started to get better. I mean, it wasn't overnight, but completely overhauling my diet, starting a supplement regimen, working on sleep and stress and decreasing my caffeine and improving hydration, like the basic things that none of my doctors had ever talked to me about.

And once I did that, I finally started to get better. And then I thought, well, what if I try some of these things on my patients? Because, you know, ironically, I had migraine, but I actually take care of a lot of patients with migraine, too, as a neuro-ophthalmologist.

So I started to suggest that some of them do the same regimen that I was doing, and lo and behold, they were getting better. And I said, wow, there really is, it's so powerful, so impactful.

I ended up getting certified. And now that's what I do. I really bring together the best of both worlds, the traditional medical and surgical approaches to eye care with the integrative and functional medicine approach.

So that's how I got to doing what I'm doing. That's awesome. That's awesome. And I love that it really improved how your patients have been feeling as well.

Yeah, and I'll tell you this one story. I had this one patient who came to see me. She was in her 70s and she'd had chronic migraine for like 50 years since she was in her 20s.

And the last 20 years or so, she didn't even go out of the house. It was so bad. She was basically bedridden and didn't have any social life to speak of.

Her husband basically had to take care of her. And I asked her, like, why did you come to see me? You've been to see so many headache specialists, so many migraine doctors.

Why me? And she said, oh, because you helped my niece. And she said, I should come see you. So I said, OK. And I gave her my regimen. I said, look, I don't know if this is going to work for you.

You have chronic migraine for so many decades. But give it a try. And she came back about two or three months later. And she was like a completely different person.

She wasn't wearing her dark glasses. She was smiling. And she said, Dr. Ben, you turned my life around. You changed my life. And, you know, she was just so ecstatic that she could have normalcy again.

Like, she could be social with her friends. And the one thing her husband didn't like was now that she was able to get out of the house, she started shopping.

And he said, you're shopping too much. And she's, you know, charging too much on her credit card. But other than that, she was extremely, like, just thrilled.

So I was like, this is the way I need to practice. And since then, for all my patients, not just my migraine patients now, I use a lot of functional medicine approaches for all my eye patients as well, whether it be dry eye or macular degeneration or autoimmune conditions.

That's awesome. Yeah, and I remember feeling the same way when I took my first functional medicine course and it was through A4M and just being blown away and, you know, just kind of amazed at how much was not taught to us in medical school, like none of this.

And it was like they were speaking a whole other language when they were talking about supplements and all kinds of methylation. Yeah and you know a lot of people will say well functional medicine you know it's not really based in science but actually if you go to the courses like everything they talk about is biochemistry, nutritional science like you can't get away from that like it's based in in mechanisms of disease in the body and balance within systems and Yeah, so hopefully it gains more traction over the years.

Well, what are some of the most common myths about eye health and nutrition that you encounter in your practice? I mean, the most common one is, oh, if I just eat enough carrots, my vision is going to be perfectly 2020, right?

I wish that were true. It's not carrots. So I don't want to completely say carrots aren't important. They are because they provide beta-carotene, which is a precursor to vitamin A.

And we need vitamin A for our eyes, for our night vision, for prevention of dry eyes. So yes, we need beta-carotene. We need vitamin A. Carrots are one food out of the probably 40 plus foods that can support our eye health.

And it's not just beta carotene vitamin A that our eyes need. We need a whole spectrum of nutrients. And this is what I talk about in my book, Beyond Carrots, that our eye is so complex.

Myths About Eye Health and Carrots

It's a small organ about the size of a golf ball, but it has over 40 different parts to it that all work in concert to give us our vision, and over 200 cell types.

So it's not just one nutrient that keeps all of those different parts running and those cells working properly. It's the whole spectrum. So vitamins, minerals, antioxidants, phytonutrients, and also, I would say more important than beta-carotene and vitamin A are the macular carotenoids.

So people just realize, oh, I need to get enough macular carotenoids in my diet, like lutein and zeaxanthin. Those

are the two macular carotenoids that are readily found in a lot of foods.

You can reduce your risk of eye disease and vision loss by over 40%. 40% just by having enough of those nutrients in your diet. So I think that's the biggest myth is that if you just eat carrots, that's going to keep you healthy, your eyes healthy.

It's not true. Yeah, absolutely. And I would highly recommend your book, by the way. I thought that was fabulous. Yeah, a really nice, easy read and really just lays it all out as far as like what you need for diet.

So you don't have to take a ton of supplements. Yes. Get this through your diet. Ideally, you want to get it through diet and then if you can't get it, if you're traveling, you're busy, then fill in the gaps with supplementation.

Yeah. How do you integrate gut health, inflammation, and systemic metabolism into your assessment of eye and vision issues? Yeah, that's a loaded question, but I'll try to answer it as best I can.

So let's talk about gut health first. We've all heard about the gut-brain connection, the gut-heart connection, the gut-skin and immune connections. But there is a gut-eye axis.

And the gut has so many different roles with the microbiome, producing neurotransmitters, producing vitamins. And when there's inflammation going on caused by gut dysbiosis, Certain types of inflammation can be triggered in the eye.

So we've known this for many, many years before functional medicine even was really established. There are certain microorganisms, particularly gram-negative bacteria like Yersinia and Salmonella strains and Shigella.

When people have gastrointestinal infections with these bacteria, they will have inflammation in the eye. It's a type of inflammation called uveitis. And so we've known that for a very long time, like gut infections can cause eye issues.

But now we're learning that beyond specifically those organisms, those pathogenic organisms that cause disease, even other types of just milder dysbiosis can sometimes increase the risk for macular degeneration or dry eye or even oral microbiome issues with glaucoma.

So We're learning more about the microbiome and I think probably, you know, we're just at the cusp of this research. I think probably in the next five to ten years we're going to understand it a lot better.

So it's not just like, oh, make sure you're taking this one bacterial strain in your probiotic. As I said before, food is most important, so get that diversity for your microbiome through your diet.

Make sure you're having live probiotics in your diet, like fermented foods, whether it's yogurt or kefir or sauerkraut or miso or fermented soy. Have fermented foods.

Even fermented vegetables are great. And then that will support your healthy gut microbiome. And make sure you're getting prebiotics as well. So prebiotics are those foods that the gut bacteria thrive off of.

So you make sure you're getting that plus fiber. Keep your gut healthy. And then that will help to keep your eye healthy. So that's the gut part of the picture.

In terms of metabolic health, A lot of people have said, you know, the eye is a window to our soul. The truth is the eye is a window to our health and we can pick up so many metabolic diseases just from an eye exam.

So we can see it happening.

Gut Health, Inflammation, and the Eye

We can see the damage that high blood pressure causes to our retina, to our optic nerve. We can see the damage that diabetes causes. Diabetes wreaks havoc, by the way, in the eye.

high cholesterol, cardiovascular disease, let's say plaques going from the neck up into the eye and causing strokes and blindness, or heart issues like arrhythmias causing similar issues.

So we can pick up a lot of cardiovascular issues based on what we see, but also you know that cardiovascular disease is causing a vision compromise. So it's very tightly linked.

The eye is, again, so delicate. It's got lots of blood vessels. So anything that damages the blood vessels to the eye, like again, high blood pressure, diabetes, high cholesterol, will ultimately damage your vision.

So they go together, the two of them. Yeah. Can you explain the connection between brain health and vision and why neuroophthalmology is so important for understanding chronic visual or neurological symptoms?

Absolutely. So a lot of people, this is a fun fact. So two parts to this fun fact. The first part is the eye is a direct extension of the brain. So in embryologic development, the eye actually comes out.

It's the optic cup that comes out of the brain tissue. So that's one thing. So they're connected, first of all. The second thing is in the brain, over 50% of our brain's pathways, our circuitry, is dedicated to our visual system in some way.

So whether it's recognizing faces, whether it's seeing movement or color or being able to read or our balance system, which relies on our vision, whether it's our peripheral vision or reading, you know, reading a book, writing, so much is tied to the visual system.

So it's a bidirectional pathway. The eye sends signals through the optic nerve to the brain for processing, but then the brain processes that and allows us to see.

And then there are other signals that go back from the brain to the eye. So they are one in the same. The eye is part of the central nervous system. Yeah, that makes sense.

Yeah, and we actually pick up a lot of neurologic conditions based off of an eye exam. Like as a neuro-ophthalmologist, sadly, I've diagnosed countless patients with brain tumors based off of vision symptoms or visual findings on the eye exam.

Multiple sclerosis based off of an eye exam. Strokes are very common to cause vision loss and vision problems. So that's when it's important to see a neuro-ophthalmologist if you're having visual symptoms that may be related to a neurologic issue.

And there's really some exciting research looking at the eye as a biomarker for neurodegenerative diseases like Alzheimer's or Parkinson's. So we can actually see, well, there are certain devices or specialized cameras, et cetera, technology that can pick up amyloid in the retina.

an amyloid is the protein that gets deposited in neurodegenerative disease. And so it's not yet commercially available, but my guess is probably in the next five to 10 years, we will be able to do that, is take a scan of someone's eye and predict who's going to go on to develop dementia.

That way we can start to intervene. as a functional medicine provider you as well as, you know, I'm sure you know very well. The sooner you start intervening with some of these neurodegenerative conditions, the better, right?

The better the outcome. Yeah. So for someone looking to prevent age-related vision changes, what foundational diet, lifestyle, and supplement strategies do you recommend?

Number one is to eat a lot of different colorful fruits and veggies and this is what I talk about in my book and when I

tell my patients like you need to eat more and I asked them and they say oh yeah I have a you know I have enough I have a salad with dinner and I said well how big is that salad and usually they'll say oh it's about you know this big you know this much and I'll tell them no that's not enough you need to eat three to five cups cups and of colorful plants a day to keep your eyes healthy because that gives you the spectrum of nutrients your eyes need.

And the color is what gives, you know, like for example, like leafy greens are a great source of luteinsia xanthan. Berries are wonderful because they have antioxidants called anthocyanins and they're polyphenols, bioflavonoids.

But the more color you can eat and that volume will give your eyes what they need. That's the first thing. But then all the other lifestyle things that we always talk about as functional medicine doctors like sleep and stress and movement and keeping a healthy weight, like all of this will help support your eyes.

And then of course, you know, screen time. We have to think about our screen time and just be, you know, be cognizant of it and take breaks because we're all on screens.

We can't get away from screens for work or for You know, socializing for entertainment, like right now we're on screens. We can't get away from them because they're so integral to our daily lives.

But we can modulate their potential negative effects on our eyes by just taking frequent breaks. And there is something called the 2020 rule. which is very, very simple, that everyone should try to practice this rule.

People think of 2020 as perfect vision, but what the 2020 rule is, basically every 20 minutes, take a 20 second break and don't look at your screen. Look at something far off in the distance at the horizon, like 20 feet away or more.

And that way, for that 20 seconds, you're giving your eyes a break, a chance to reset, and then come back to what you're doing.

Brain Health, Vision, and Neuro-Ophthalmology

Or I also like the 20-20 rule with palming. So every 20 minutes, take a 20-second break and just rub your hands together, cup your palms, and put them gently over your eye sockets.

And just don't let any light come into your eyes. And give your eyes a rest that way because it's very important to reset your eyes. That's great. I love that.

You emphasize personalized nutrition. How do you balance general recommendations with individual differences such as genetics, lifestyle, and metabolic health?

Yeah, so when it comes to personalized nutrition, you know, everyone metabolizes differently. Everyone has a different genetic makeup. So depending on what someone comes in with, what their medical history may be, what their family history may be, I may do certain tests in the office or send off certain tests.

Of course, we do eye tests, we do scans at the back of the eye to see what's going on, but there are sometimes tests where I'll order, for example, I'll order like a micronutrient profile to see if anyone has deficiencies in certain micronutrients.

Sometimes if I think that there may be gut dysbiosis linked to, let's say, eye inflammation, I will order a stool test. to look for that. Sometimes I'll look for toxins, even mycotoxins, and then general inflammatory markers like ESR, high sensitivity, CRP.

You know, there's a couple of other tests that I would do. But basically, everyone is different. Not everyone gets the same test. And sometimes I'll do tests for zinc sensitivity.

Now, normally you would think, oh, zinc's a good thing. You know, we all need zinc. It's good for our immune

system. It's good for our metabolism, for ATP production.

But certain people may have a sensitivity to zinc, whereby if they take too much zinc based on their genetic makeup, they may be at actually higher risk for macular degeneration.

So in those patients in whom maybe they're at high risk, maybe they have a family history, maybe they have early macular degeneration, I'll do that genetic test because that will guide what type of supplement I recommend for them and also how much dietary zinc I recommend for them.

And, you know, it's something that a lot of providers don't really think about. They think, oh, zinc is a good thing, but sometimes it may not be. Maybe, like, for example, in a lot of the eye supplements out there, the zinc content is extremely high.

It's 80 milligrams in the ARED supplements, which are the macular degeneration supplements that are very common on the market. 80 milligrams is double the upper limit of toxicity.

So the US FDA says that 40 milligrams is the upper limit of toxicity, but they're giving 80 milligrams in their supplementation. So it's really important that people don't just blanketly take a lot of zinc, that they should really be a little bit cautious and maybe get tested.

Yeah, because I think the excessive zinc will push your copper levels down. Yes, that's very true. Yeah, and actually a lot of the macular degeneration supplements that have that 40 to 80 milligrams of zinc, they will put copper in there also to make sure that people don't become copper deficient.

Yeah, interesting. So what role does stress, sleep, and circadian rhythm play in conditions like dry eye, migraines, and degenerative eye diseases? I can tell you that pretty much almost every single patient that comes in with a flare-up of an eye condition, whether that be an inflammatory condition like uveitis or optic neuritis or whether that be dry eye that's really gotten inflamed or even allergies, sties, if someone's had a worsening of their glaucoma, I ask them about their stress level.

And almost always, I'll say, what's changed? What's going on in your life? And they'll say, Dr. Banach, I'm stressed. I'm incredibly stressed. And that's the commonality.

And what the exact mechanisms are, we don't yet fully know. Obviously, it has to do with cortisol levels and the way that that interacts with the immune system and triggers inflammation.

But what's exactly happening in the eye, I can't say. I can't put my finger on it. But I can tell you that stress is a major driver of eye disease. And so part of my protocols is always to find some kind of stress-reducing activity.

I practiced that myself, you know, when I had my bad, you know, four years of chronic migraine. I wasn't doing anything for stress management, yet I was so stressed every single day.

And so now, you know, I take long walks. I listen to music. I listen to podcasts.

Preventing Age-Related Vision Changes

I talk with family and friends. Like, whatever you think will reduce your stress, you need to build that into your day. And it may be different for different people.

Like I had a patient the other day who suddenly developed this autoimmune condition called myasthenia gravis, which affects the muscles. It's pretty rare, but he was in his 70s and he said, why did this happen to me?

And I said, I don't know exactly why it happened to you, but let me ask you this, what's your stress like? And he said, oh, it's through the roof. And so now, you know, he's much better.

He's stabilized. I have him on medications. But I also recommended to him dietary changes and also doing some kind of stress reducing activity. So now he's walking 45 minutes in the morning and at night before he goes to bed, he's reading for an hour.

and that helps to reduce the stress. So find what works best for you and make it a point, it's self-care really, make it a point to incorporate it into your day.

It'll activate your parasympathetic system, lower your, you know, sympathetic overdrive, and it will just put you in a better mental state as well, and help everything else, not just your eyes.

Right, right. That's great advice. So you work with complex conditions such as autoimmune-related eye disease and migraine-associated visual symptoms.

How do you approach these cases differently than conventional care? So it's really being a detective. It's very much so like functional medicine as well, like being a neuropathologist is very similar to being a functional medicine practitioner.

Finding the root cause. Where is it coming from? What's going on? Where did the balance shift? Where is the inflammation coming from, particularly with autoimmune conditions?

Is it the diet? Could someone have a gluten sensitivity or a dairy sensitivity or some other food sensitivity? Is it, again, like an infection that we don't know about?

So being a detective, collecting all the data first, I spend a lot of time with my patients in their intake. Usually most intakes take me at least an hour, sometimes longer, because we go through the entire history and we go through what happened in childhood, what's going on at home, like what is your home environment like, what toxins may you be exposed to.

Where are your stressors coming from? What's your diet like? How much do you drink? What's your hydration like? So that takes a long time to get all those pieces of information.

And then, so I take the data from the intake. I couple it with my exam. I'm looking for very specific things based off of what the patient just told me.

And then on top of that, sometimes I need to order extra testing, meaning maybe sometimes I need to order an MRI to figure out, is there inflammation going on in the brain that's causing this problem?

Sometimes we need to do blood tests. Sometimes we need to do even other neurologic tests, for example, EMGs or even a spinal tap. And I don't want to scare anyone like, oh, my goodness, I need to get all these tests done.

But it's very individualized and I think taking all that data into consideration, being that medical detective is really what's important for, you know, for people, especially when they have undiagnosed conditions.

You know, let's say they've been to five or six providers and they haven't had any answers yet. It's my job to help them figure out what the problem is.

And I dive really deep and I will work with them to try to find the answers that they're seeking. And usually we do. The patient I just told you about with myasthenia, he'd picked to see three providers before me and they did MRIs, they did this, they did that.

But just hearing his story, I immediately knew what it was. This was even before I even examined him. He said, this has got to be myasthenia. He was better in the morning, worse at night.

That's a huge red flag for myasthenia. You know, he had not only double vision, he had droopy eyelids, he had some weakness. Like putting all of those pieces of the puzzle together will give us the answer.

Personalized Testing and Nutrient Balance

Yeah, that's great. What exciting developments in ocular nutrition or integrative eye care are you most optimistic about right now? There are a couple of things.

So one thing that is really fascinating is photobiomodulation, which a lot of people know it as red light therapy or infrared light therapy. But now it is FDA approved for macular degeneration.

This is just the beginning. So there are studies that show, number one, it's safe for the eyes. Even if you're looking into the light, it's safe. Number two, specific wavelengths can support different types of cells in the retina and the optic nerve.

And not only does it have benefits for macular degeneration, but my guess is that it's also going to show to have benefits for glaucoma and other types of optic nerve conditions.

And I think it's going to become like a Probably, again, looking forward five, 10 years down the road, it's going to be like in every eye doctor's office or even in every home.

Like we're all going to have our little unit that I have a unit that I use, red light, infrared light. And then there also are some other wavelengths that are important wavelengths in the 500 nanometer range, which are more like yellow wavelengths, yellow amber.

And so that's also going to be helpful. So some combination device that delivers all that to the eyes Very exciting. And it's not, by the way, if anyone's going to do this, please check with your eye doctor and make sure you're using the right wavelengths.

And it's only three minutes, three times a week. So it's not every day. Three minutes, three times a week is all you need. And you have to do it with your eyes closed.

That's the other thing. OK. When you're doing it at home, you do it with your eyes closed. If you're doing it supervised, like in a doctor's office, they will guide you through it because some parts are with the eyes open and some parts are with the eyes closed.

But if you're doing it at home, be safe. Do it through closed eyelids. Right. So if you have a red light device at home, don't just go stare at it. Yeah, don't just go, you know.

I'll add a little bit more to it then. At least 12 to 14 inches away from your face and your eyes. Eyes closed. Okay, okay, good, good advice. Yeah, I think that really excites me.

Two other things, gene therapy, which we're already doing. So I do research as well. I'm one of the investigators for this clinical trial for gene therapy for very rare type of optic nerve issue.

But, you know, I think gene therapy eventually may be used for other kinds of conditions as well. And then the last thing is stem cells. So stem cells have been talked about a lot.

They've been tried, but they're not yet FDA approved because the safety concern is still there. But I think over the next five to 10 years, the safety concerns will be ironed out and we'll figure out how to deliver stem cells safely for eye issues and perhaps recover, restore vision that has been lost.

That is exciting. Yeah. Your books and programs focus heavily on food as medicine. What's one surprising food or nutrient that most people overlook when it comes to protecting their vision?

So I talked about a couple of different food groups before, but I'll add spices here. Because spices don't get talked about so much for eye health, but they are important.

We know that turmeric, which the active ingredient is curcumin, which is a powerful antioxidant, anti-inflammatory, it's been shown to help so many different eye diseases, from dry eye to uveitis, macular degeneration, a lot of things I talked about before.

So I definitely recommend adding it to meals or to food as you're cooking. Make sure you're adding some black pepper so it gets absorbed better. That's the best way to do it.

Stress, Sleep, and Eye Disease

I know there are some people who take supplements. If you take a supplement, that's OK. But honestly, I think sometimes people overdo it with the supplements.

And so it's better just to get it naturally through food. Another spice that's great for the eyes is, and I talk about this in my book as well, is paprika.

Paprika is basically the ground peppers and the peppers have lutein and zeaxanthin. So you're getting that benefit for your eyes from paprika and also saffron.

So saffron is not so common a spice, it's pretty expensive, but there are studies to show that saffron and saffron plant, the entire plant of the saffron, can help support retinal health in certain cells in the retina called retinal pigment epithelial cells.

So you may see some supplements on the market with saffron in them but definitely if you're able to you can include a little bit to food like I love to have like a little bit of saffron tea and you can actually do like a turmeric saffron tea which is even better it's so good and you know kind of make that part of your even be part of your self-care routine you know having that tea taking a little break from your daily life and having that tea and relaxing.

That's great. Awesome. So what inspired you to create programs like Ageless Eyes? And how do you see prevention fitting into long-term eye and brain health?

Yeah, so I'll answer the second question first, and then that will lead me into the first question. So when you go to the eye doctor, most often it's, you know, if you're having a problem with your eyes, it's very reactionary, meaning your eye doctor sees something on the exam and says, oh, let's do some tests.

Oh, let's treat this. You have a cataract. Let's treat it. Or you have XYZ problem. Let's treat it. It's after the fact. It's after it's already developed.

And with the eye being so delicate as it is, once something's developed, it's very hard to reverse it, to make things go back to the way they were. Scar tissue develops, cells don't function properly, you get atrophy or loss of healthy cells.

So I think the whole paradigm needs to shift from being reactionary in eye care to being preventative. And because prevention is so important, I always tell my patients, It's the old Benjamin Franklin saying, an ounce of prevention is worth a pound of cure.

Prevent it from happening so that you don't have to risk losing your vision 10, 20, 30 years down the road. And so when we talk about prevention, there are so many different parts of it, like we talked about today, nutrition, lifestyle, maybe red light therapy, like all of this plays in.

That's really why I develop my programs, because when I see patients, I can only see one patient at a time.

Autoimmune Eye Conditions and Root-Cause Care

It's one on one. And yes, I mean, that is very effective because I'm giving a patient very personalized information. But when I deliver my programs, I can do this at a bigger scale and reach more people.

And so my goal is, at this stage of my career, is to really reach as many people as I can with the message that your eyes are precious, you need to prevent damage and start it today.

Don't start it, you know, three years down the road when someone diagnoses you with something. start it today so that that day doesn't have to come when you've already lost vision.

That's awesome. That's great. Great advice. And what advice would you give to someone who feels overwhelmed by conflicting information about eye health, nutrition, and chronic symptoms?

It's tricky. You know, there's a lot of information out there. You know, some of it's true and some of it is maybe a little bit of misinformation or disinformation, the number one thing is if you're going to seek advice about your eyes, definitely seek advice from an eye care practitioner, whether that be an ophthalmologist like myself or an optometrist, a licensed eye care practitioners.

I can't tell you, Dr. Ward, how many people I see on social media who are not eye doctors who are giving eye advice. Like, stare at the sun. Stare at the sun for 20 minutes every morning.

No, that's not a good thing to do. That will kill your retina. You'll burn holes in your retina if you do that. Please don't do that. So listen to people who've been trained in the eye and who understand eye diseases instead of your favorite influencer.

They may know a lot, but they don't really know that much about the eye. And they're just regurgitating something they've heard from someone else who's not an eye care provider.

So please go to the source. That's awesome. So looking ahead, how do you see the integration of functional medicine and conventional ophthalmology evolving over the next decade?

Yeah, so this is actually, it's something that I want to be my legacy in eye care is to make that connection and make more eye care providers aware of functional medicine, understand it and understand how to use it and counsel their patients.

So I am planning on creating a certification program for eye care providers so they can get trained. So when I went through functional medicine training, I was working full time.

It took me a long time. It took me like, I think like about, gosh, I don't know, six years to do it because I was busy, I was working and a lot of that information that I, it was fascinating information, but honestly, I don't use a lot of it in my daily practice.

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So I think distilling out the parts that are important for eye care providers and then teaching them that and teaching them like very specifically, okay, this is the protocol for dry eye.

This is the protocol for glaucoma. This is the protocol for a toxic optic neuropathy. This is what we should be doing for our patients. If I could get that information disseminated through a certification program, that is something that I think I would love to do in the next stage of my career.

Right. Right. And then for people who want to get in touch with you, and we'll put your information in the show notes as well. But if you want to just give a shout out to your website and- Sure.

Yeah. Thank you. Yeah. My website is drranibanik.com. So it's D-R-R-A-N-I B-A-N-I-K dot com. And you can find everything there. You can find my books, my programs.

I have a podcast also called the IQ Podcast. So please take a listen if you're interested. I have a lot of different interesting topics and guests. And I'd love to have you as a guest as well, Dr.

Ward, on my podcast. But there's a lot of great information on my website that you can find. And if you wanted to come see me as a patient, I'm in New York City.

A lot of people travel to come see me. You know, they live elsewhere, either a different state or out of the country, and they come, they travel. They spend a couple of days in New York, enjoy New York City and get their eye exam done and their protocols taken care of.

And then I do telehealth as well in certain states that I'm licensed in. That's great. Awesome. Well, thank you so much for joining me on The Functional Edge.

I hope today's episode gave you fresh insights and practical tools to level up your life. If you found value in what you heard, don't forget to hit the subscribe button and share the podcast with someone who needs it and leave a review.

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Programs, Prevention, and Closing Remarks

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