Eye on UV Light: Risks and Benefits of Sunlight Exposure Transcript

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Introduction and Guest Background

I remember when COVID first started and our practices were closed and then we slowly reopened our practices. I saw more and more patients who had eye strain, dry eye, et cetera.

And because what was happening was everybody was working from home and all of a sudden they were spending many more hours or working on their computer, working on their iPad, working on their iPhone, et cetera.

So it was causing much more eye strain. And we would typically get the question about blue light blocking glasses, et cetera, blue light, et cetera, just to let's just step back and say, when is sunlight helpful?

And we know sunlight is helpful throughout our life for mood, et cetera, but we need the sunlight in the morning, 20, 30 minutes, two, three days a week to help with our circadian rhythm.

We need sunlight to help Hello, everyone, and welcome back to the Eye Health Summit. I'm your host, Dr. Rani Banak, and today I have the honor of speaking with Dr.

Ravi Goyal, who is an ophthalmologist based out of New Jersey who has a tremendous amount of experience taking care of countless patients with eye issues.

Thank you so much, Dr. Goyal, for joining us on the Eye Health Summit. Thank you, Dr. Banak, for the opportunity to speak with you today. Absolutely. I know you are a wealth of information from basic depth of topics from cataract surgery to dry eye to, but one thing I really wanted to speak with you about today is light exposure for our eyes.

and the various different wavelengths of light that our eyes are exposed to, which are good, which are maybe not so good, and how we can best protect our eyes.

But before we get into all of those amazing topics, can you just share with our listeners what interested you about eye health that made you become an ophthalmologist?

Ronnie, if I may, when I was in medical school, I thought that mentorship was a little bit lacking. And I wanted to find a specialty which was cutting edge, which was moving forward.

And I found ophthalmology. Ophthalmology really is the primary care of the eye, of the ocular system. We deal with patients who have chronic diseases, who have acute diseases.

And when I was in medical school and when I was in residency, I found that eye health, was very important. Just like you could think about high blood pressure, hypertension, we think about something called glaucoma.

Just as we think about diabetes affecting multiple organ systems, diabetes affects the eye, the small vessels in the eye. And there we see patients who have macular degeneration, dry eye, lifestyle issues, et cetera.

So vision is an important part of mobility. Vision is a critical part of quality of life. And that's what got me interested in eye health, eye safety, and protecting sight.

That's wonderful to hear. And I think for many of us who are in eye care as providers, just being able to give people the gift of sight is really so impactful to be able to help someone function again and do all of the activities they love.

There's really no better reward than to be able to do that. So I'm in complete alignment with you on that, Dr. Goyal. So let's talk a little bit about Day to day, many of us spend time, whether it's outdoors or on screens, our eyes are constantly exposed to light.

Understanding Light Wavelengths and UV Exposure

Can you review for us, basically give us like a 30,000 foot view of the different wavelengths of light that our eyes take in and process and where those different wavelengths come from?

Like what are the main sources of those various wavelengths of light? Most of the wavelengths of light come from the sun. And when we think about, if you think about wavelengths of light, think about wavelengths, the electromagnetic magnetic field, et cetera.

You think about radio waves. We listen to the radio in the 40s, 50s and 60s, and that's one wavelength of light going all the way to infrared, the other end of wavelengths of light.

We think about something called the visual wavelengths of light that we can see, something called ROYGBIV, red, orange, yellow, green, blue, indigo, violet.

That was the old ROYGBIV we had to learn when we were in grade school growing up. But the last one's violet goes, so the visible light is between 400 and 700 nanometers.

If we go below 400 nanometers, that's where violet is. Now violet has ultraviolet ray A, B, and C. And just to get a little technical here, UVA goes from 400 to about 320 nanometers, UVB goes from about 320 to 280 nanometers, and UVC goes from 280 down to 100 nanometers.

Now, those are different ultraviolet wavelengths of light. Now, we think about what can be damaging to the eye and to the skin and to the body, We have to think about UVA, UVB, and UVC.

Thankfully, we can ignore UVC, because UVC is taken up by the ozone and the atmosphere. Absolutely. So what I'm hearing from you, Dr. Goll, is that there are many different wavelengths of light that we're exposed to.

There's visible light, which is the colors of the rainbow that we typically think of. And then there's invisible light, which can be either really short wavelengths, which are in the UV spectrum, or really long wavelengths that are in the infrared spectrum.

And you're now talking about the UV spectrum, UVA and UVB perhaps being the most risky to our eyes. Is that safe to say, Dr. Goll? Dr. Monaghan, as I was preparing for this talk, let's look at what ultraviolet radiation can cause damage to the body.

It can cause damage all over the body. And especially we think about the skin. If you want to think about, hey, skin cancer, skin screening, et cetera, we're thinking about what does UV rays, what does UV damage cause to the skin?

And we understand that conceptually, the epidermis, the dermis. So as I was reviewing the damage that UV rays can cause to the eye, I went to the skin because we were thinking about skin screenings, dermatology, friends who have melanoma, basal cell carcinoma, squamous cell carcinoma, et cetera.

All of these issues with ultraviolet radiation can cause damage to the eye. We know about the skin. When I go golfing, I'm always putting on sunscreen.

And before I really got into eye health, maybe I wasn't as cognizant to use sunglasses and use hats, et cetera, to protect my eyes. But it's just as important it is to think about the skin.

You have to think about the eyes and the potential for ultraviolet radiation to cause damage to multiple layers of the eyes. I'm so glad that you made that analogy of UV damage to the skin and UV damage to the eyes.

A lot of people are, as you said, cognizant of their skin. They go see their dermatologist regularly, some every six months, even three or four months, depending on what your skin issues are.

But for our eyes, let's talk about, are there any protective mechanisms that the eye naturally has to try to filter out some of these rays that may cause problems?

What's interesting is that UV radiation can cause damage to multiple layers of the eye. For example, if you're sun gazing, if you're looking at the sun intensely, you can cause photo damage to the cornea.

You can have something called a sunburn. A patient who I had the worst pain I've ever seen as a resident in ophthalmology was a gentleman who was doing blowtorching on a Saturday night.

He came in, his eyes were just like severe pain. UV radiation can cause dry eye. And then it can also cause damage to the cornea and also to the natural lens of the eye.

UVB can change something called oxidative stress, changing the proteins in the natural lens, causing a cataract. Or ultraviolet radiation can cause damage to the retina.

where things we think about macular generation, if you're thinking about sun gazing, you're talking about solar retinopathy, etc. So we do have some natural protection.

UV Damage, Eye Protection, and Surface Growths

Ultraviolet rays can cause something called trisiums, where they can reprogram the tissue around the white part of the eye, the sclera, something called the sclera, the conjunctiva, you're reprogramming those tissues and they're causing changes to the they're causing stress to those cells and they're causing the cells to grow and that leads to how can we protect the eyes and I would I have I think there are three things we can do to protect the eyes I love the power threes one is sunglasses one is brimmed hats and the third is something I call it we call the 2020 rule where every 20 minutes you should look 20 feet away for 20 seconds The first is sunglasses.

When I speak to a typical patient in the lane, they say, Dr. Gold, can I pick up these sunglasses over the counter? Can I do this, do that? I say, look, the sunglasses you want to look for should have one of two designations.

Either it should say 100% UVA, UVP protection, or it should say UV400. then you should have reassurance that those types of sunglasses are going to protect you as much as possible, 90 plus percent, from damages from ultraviolet rays.

The second is getting… Could I just interrupt for a moment? Sure. So if someone wears proper UV protection, is there still a chance that they could develop some of these issues like dry eye or corneal burns or tritium or pinguecula?

Can that still happen? I think the risk goes down. Don't forget, there's a difference between wearing glasses, which I wear, and which have transitions in them, which have protection, or wearing wraparound sunglasses.

Even when you're wearing, and this is the same analogy I gave earlier, with the nose causing some natural protection, or even the brow, except just some natural protection to the eyes, you still can have light rays coming from the side that are going to be that can cause issues.

So there's never 100% protection obviously with anything, but I think that you still have to live your life. I think you still have to be as protected as possible.

I think that you can, I recommend if you Someone who, there's a difference between somebody who's going out day to day and somebody who's a postal worker, a UPS driver, a FedEx driver, et cetera, who's out in the sun all day.

I just saw one of those patients just today, actually, a patient who drives trucks, you know, and they're out all day. So they're at a higher risk. They don't realize that in their 20s, 30s, or 40s, you think you're invincible.

And in your lower 50s, early 60s, you're getting earlier cataracts. You have tritium, you have pingueculum, etc., which can be a big risk factor for overall eye health.

Now, I wanted to go back to this, the topic of tritium that you brought up. Now, just to give a visual for our listeners and our audience, Trigia typically happens, as Dr.

Goll was saying, on the middle part, the inside part of the eye, and it's like a little bit of an elevated kind of a growth, right? And sometimes it may be a little red, it can get inflamed, and then sometimes it can grow over the cornea like a little triangular wedge that grows over and blocks the cornea.

Have you seen, I'm sure you must have seen a lot of patients with Trigia in your career, Dr. Goll. Oh, yeah. Actually, it's funny. I saw two or three today as I was preparing for the talk.

I took some videos just to say, oh, you have tritium. Yes, those are gross. At some point, and then pinguecula, which you mentioned earlier, can you explain what a pinguecula is compared with a tritium?

What's the difference? Sure. The pingueculas are relative, are commonly non-malignant. There's these raised, yellow, white, we call them lesions. It's between the lids, so the interpalpebral conjunctiva, the nasal part.

and they're gross and they're called from degeneration of collagen, sub-epithelial collagen. The fancy term is elastotic degeneration of sub-epithelial collagen.

It's light exposure typically, like lots of youth exposure. Okay, you can have acute and you can have chronic, right? So we say, hey, this is long-term, typically long-term damage activating cells, sunlight that can cause these growths of these, again, this yellow-white lesion.

But yeah, it's from long-term chronic exposure. Typically, in my experience, it typically looks very different than a terigium because it typically looks like little bubbles or round areas on the surface, whereas the terigium is more like a wing.

Actually, I think the origin of the word terigium comes from the word wing. I don't remember which language it is, Greek or Latin. I don't remember that.

greek greek trigios meaning wing yes so it looks like triangular but i feel them on the other hand is more just like a bubbly around area if somebody starts to develop one of these two things from sun damage can they reverse can they just go away or is that not possible it typically doesn't go away i typically counsel patients if they come in and they're they somebody see i mean somebody sees it for the first time whatever and they come in in a panic i say look You've probably had this for many years.

Now our smartphones are so good. I say, why don't you take pictures of it? We'll monitor it over time, take pictures at home. But we typically don't remove them.

unless they're causing visual symptoms. And what that means is typically a pingueculum, which is that white-yellow lesion, that'll be flat, it'll be a little elevated.

It's so common, I actually don't even document it. Often in my electronic medical records, I see it so commonly. But if it's causing secondary symptoms, dryness, something called Dellen, all these other symptoms where it's causing damage to the cornea, damage to the visual system, then we might address it.

The tritium, typically, it has to grow onto the eye a fair amount. Or when patients come up for cataract surgery, they have tritium, and sometimes it can affect the measurements.

So somebody can have something called a stigmatism, where the best way to think about a stigmatism is you imagine bouncing a basketball. You bounce a basketball up and down, that has no stigmatism.

If you imagine your eye being shaped like a football, you bounce a football, it's going to bounce off to the side. a tritium, as you have that wing growing onto the cornea, it can sometimes cause a secondary astigmatism effect.

So you can have some distortion, not only from your cataract, from the natural lens of the eye, you can have some distortion from the tritium. So typically, those patients, I may recommend that the tritium be removed prior to cataract surgery, meaning three to six months before cataract surgery, because we want to have So the best data we have in gives us the best results coming out.

So we want to have the best ocular surface before we consider cataract surgery. And that plays into dry eye and other issues that a patient can be susceptible to throughout their life, but also during the time of surgery.

Absolutely. Now, just for our listeners, this is the kind of a fun fact about becoming an ophthalmologist. Trigium surgery is one of the first surgeries we learn when we're doing ophthalmology residency.

And we're actually very cautious about deciding which patients undergo the surgery. We actually don't recommend it for the vast majority of cases, like Dr.

Gold was saying, only select cases. And when we do surgery, we use specific techniques, but one of the risks is that they can grow back. Have you seen that in your practice, Dr.

Gold? You take off a terrogium, or maybe the patient had surgery 10, 15 years ago, and there it is, it's back again? Yeah, and there is the risk of recurrence of tritium, and that can be addressed.

And I think that we can use different techniques, different modalities. Sometimes you can use something called amniotic membrane grafts, or you could use different sort of chemicals, hopefully to decrease the risk of the recurrence.

But that's why you should see an ophthalmologist in your local community who is dedicated to protecting site and to address those issues. As ophthalmologists, we're trained to be conservative, right?

So we try not to, we're not going to remove atrigium unless it's causing symptoms. It can have some cosmetic effect for a patient. We're really looking at, hey, how is it affecting your quality of life?

How is it affecting your activities of daily living? And in the case of cataracts and secondary effects, those can be very important also to determine, should we address this surgery?

Should we remove it to help the patient? Yeah, just to share a story with you. So I did my residency out in California and Southern California at UC Irvine and our facility was very close to Disney Disneyland.

And so we oftentimes saw some of the Disney princesses come in with these Trigia because they're out in the sun all day long and they have these growths on the surface of the eye from chronic sun exposure.

And for those patients, even though it may not have impacted their vision, they wanted it removed for cosmetic reasons. So yes, sometimes we do it for cosmetic reasons, but the vast majority of patients is because they have a visual disturbance because of their tritium.

Dr. Goll, one of the other risks of too much UV exposure could be something more serious on the surface of the eye. Could you explain a little bit more about what could happen when people don't wear sunglasses or large wide brimmed hats?

Surface Eye Lesions and Surgical Considerations

Sure, Dr. Vonnegut. As I would recommend that patients undergo screenings by their dermatologist to look for skin cancers throughout their whole body.

And that's very important, especially for the folks who spend many hours outside in the sunlight unprotected. However, we are particularly concerned with eyelid periocular malignancies, skin cancers, including, I'll bring up two points.

One is basal cell carcinoma. Basal cell carcinoma is the most common eyelid cancer and it encompasses about 90% of eyelid malignancies. And there's a strong link to chronic UV exposure, which causes damage to basal skin cells.

Also, there's a disease called squamous cell carcinoma of the eyelid. That is less common, but it's more aggressive than basal cell carcinoma. And that can spread to nearby tissues also, which requires early interventions.

If you have sort of a non-healing growth on the eyelid, if you have something called crusting or ulceration or bleeding lesions, or if you have loss of eyelashes in the affected areas, you can be at risk for basal cell carcinoma, squamous cell carcinoma, melanoma.

When we think about ocular melanoma, we think about something in the back of the eye, the cororoid, something called crudal melanoma, which is behind the retina, deep to the retina.

Patients, when you think about the skin's the largest organ in the body, there is skin around the eyes, and we are very concerned about eyelid malignancies.

So patients should be checked by their ophthalmologist, and in the case of the skin, by their dermatologist. Yeah, and I want to echo what you just said.

If there's anything suspicious that's growing that's not healing, get it checked out. Go to your eye doctor, get it checked out. And then also, some of these growths may actually happen or these malignancies may actually happen on the surface of the eye.

Isn't that correct, Dr. Goll? Yes, you can have CIN, it's called, different malignancies that can occur on the surface of the eye, or as I mentioned, we're very concerned about deep retina, choroidal melanomas, cancers around the eye or in the eye that can cause vision loss, cause decreased quality of life, that might be metastatic, et cetera.

So patients should be certainly checked by the age of 40, and then they should be checked at appropriate intervals when they see their ophthalmologist.

So again, there can be growths on the surface of the eye that are malignant, on the conjunctiva, which is like the skin part of the eye, but also in the back of the eye.

And that's why dilated exam is so important. I always tell my patients, please do not skip that annual dilated exam because without that, we sometimes may miss something that could be potentially not just vision threatening, but life threatening.

This has been such an interesting discussion so far, Dr. Gull. I've learned a lot from you. We've shared a lot of insights. We're going to take a very short break, hear from one of our sponsors, and we'll be right back with more on the iHealth Summit.

So stay tuned. Hello, I'm Dr. Rani and I'm here to talk about something we often take for granted, our vision. In my book, Beyond Carrots, Best Foods for Eye Health A-Z, I delve into how crucial it is to be proactive about your vision health.

Certain eye issues are quite common, such as dry eye and eye strain, while others frequently develop with age like cataracts, macular degeneration, diabetic retinopathy, and glaucoma.

Some of these types of eye conditions can be debilitating and even lead to loss of vision. The good news is that many of these sight-stealing conditions are preventable if you take the right steps.

Your eyes are precious and they deserve the best care possible. To ensure healthy vision for life, you need to provide your eyes with the proper nutrition they need.

Nutrients like lutein, zeaxanthin and bioflavonoids, also omega fatty acids, are like fuel for your eyes, keeping them strong and vibrant. But here's the truth, sometimes our diets have gaps.

That's where my Agile Size supplement bundle comes in. It's the result of years of research and my passion for eye health. The Agile Size bundle contains the three essential supplements I recommend to my patients.

Let's start with Fortify, a blend of powerful ingredients that protect against stressors like blue and UV light, eye strain, free radicals, and oxidative stress.

Next is Nourish, a complete multivitamin. Nourish provides the foundational building blocks your eyes need for cellular function and repair, along with powerful bioflavonoids that support the delicate structures within your eyes.

And then there's Soothe, a unique complete blend of omegas, three, six, seven, and nine. This blend of omega supports a healthy inflammatory response, nourishes dry eye, and helps fight against macular degeneration.

Remember, taking care of your eyes isn't just about today, it's an investment in your future. By being proactive now, you can enjoy healthy vision for years to come so you can continue reading, using a device, staying independent, and seeing the faces of your loved ones.

So, join me in taking the first step towards a lifetime of clear, vibrant vision. It's time to introduce your eyes to the Ageless Eyes Bundle. I invite you to learn more on my website about each of the powerful supplements that make up the trio in the Ageless Eyes Bundle.

Let's embark on this journey together because your eyes deserve nothing but the best. The Ageless Eyes Bundle.

Skin and Eye Cancers from UV Exposure

See the world with clarity and confidence. Welcome back to the Eye Health Summit, everyone. Today we're chatting with Dr. Ravi Goel, a leading ophthalmologist based out of New Jersey.

And we're chatting about different light wavelengths that may impact our eyes. Now, Dr. Goel, I wanted to ask you about, we've talked about sunlight and the various wavelengths and what it can do to our eyes, but let's talk about artificial light.

Now that most of our world is on screens, many of us spend 8, 10, 12 or more hours a day in front of a screen, we're constantly getting bombarded by blue light that's coming from our screens.

Tell us more about this blue light. Is it bad? Is it good? What are some of the potential consequences of this excessive blue light exposure? Dr. Vanek, that is a great question.

I remember when COVID first started and our practices were closed and then we slowly reopened our practices. I saw more and more patients who had eye strain, dry eye, etc.

And because what was happening was everybody was working from home and all of a sudden they were spending many more hours or working on their computer, working on their iPad, working on their iPhone, et cetera.

So it was causing much more eye strain. And we would typically get the question about blue light blocking glasses, et cetera, blue light, et cetera. Let's just step back and say, when is sunlight helpful?

And we know sunlight is helpful throughout our life for mood, et cetera, but we need the sunlight in the morning, 20, 30 minutes, two, three days a week to help with our circadian rhythm.

We need sunlight to help us with vitamin D production, et cetera. And so that is where sunlight can be helpful. Now, when you talk about like blue light and blue blocking glasses, et cetera, like I'm guilty where I will use my iPad, my iPhone, all my devices up until the time I go to sleep.

And I think that I gotta, in terms of melatonin production, et cetera, the recommendation is to like not be on your systems for at least an hour or two before you go to sleep.

But in terms of blue light blocking glasses, the science simply isn't there for me to say that they have benefit where people should invest a lot of money into them.

I do think that generally, Generally, when patients come to me with these types of symptoms, I say, look, 20, 20, 20. Every 20 minutes, look, 20 feet away for 20 seconds, that's going to help your eye strain, et cetera.

And it's actually funny because I have family, niece and nephews who are in high school who know about the 20, 20, 20 rule. So I think this goes into the whole, like, the myths of sun gazing.

Is there a huge benefit from sun gazing? And I'm like, oh, my God. Like, I remember when we had the solar eclipse in 2017, I was doing research for my blog and I found a U. S.

soldier who was, there's actually a case report from the 1940s, who was sun gazing in the 1940s and he caused damage to his retina, solar retinopathy.

So I think that we have to try to debunk this if it's part of the iHealth Summit. And the iHealth Summit, my take would be that blue blocking glasses may not be worth the investment.

I think that taking frequent breaks from working, respecting the last hour or two before you go to sleep, I think that would help your sleep cycles with circadian rhythm, et cetera.

And I think that would be my feedback. Thank you for those insights. I think debunking myths is very important, and that's one of the reasons why we're talking about some of these topics on the iHealth Summit to get expert advice.

I want to share something with you, a study that I read about blue blockers. So basically, Consumer Reports, which is a pretty reputable company, they have a magazine where they review different products.

Blue Light, Screens, and Eye Strain

So this is pre-pandemic. They reviewed several of the leading blue blockers on the market. And they looked at three of the top selling blue blockers. And what they found was that one was like a very light yellow tint, and one was a little bit darker yellow, and one was really deep orange, amber in color.

So the really lightest one only blocked about 10% to 20% of the blue light. The middle one only blocked about 30 to maybe 40 percent of the blue light.

The deeper one blocked the majority of the blue light. So the truth is most blue blockers, this is my take, the most blue blockers on the market don't really block significant amounts of blue light.

10 to 30 percent max. And most of them are light in color. Some of them even look clear. Those clear ones are hardly blocking any of the blue light. But if you feel like you want to block blue light, if it's interfering with your sleep, if you're using devices at night and can't go to sleep, if you feel like you're having a lot of eye strain, get the really deeply pigmented blue blockers, the red ones, the dark orange, the amber ones.

What are your thoughts about that, Dr. Goel? Dr. Banaga, I have to defer to the fellowship-trained neuroophthalmologist from Johns Hopkins Hospital. You are the expert on these issues and on quality of life.

So I think the patients, the nice thing is that Yeah, there can be a placebo effect for some of these devices. And I

think that some patients swear by them.

And I certainly maybe time will will change our minds on some of these technologies. But I do agree that I think that if you're going to go in, you should go all in respecting the safety, etc.

And I think that I think that certainly sleep is so important. For 500 days, I was watching a TED talk a day during the pandemic. I was trying to make myself a little more educated on these high yield topics.

And I got really into the value of sleep and especially for the eyes in terms of respecting sleep. And I think that is one of the great wonders of the world is the value of sleep.

Absolutely. And we can go back and forth about some of these topics. But the one thing I wanted to ask you, Dr. Gull, is with all this blue light exposure, is there any evidence that it actually does any permanent damage to our eyes?

Are we hurting ourselves being on screens for 10, 12, 14 hours a day? I'm not sure about the evidence, but I think that in terms of eye strain, headaches, that sort of thing, I think that on a day-to-day basis, I think that we should be cognizant of the stresses to the system that can occur from being on our devices.

I know we can go to the 2020s, the myopia pandemic we have around the world. we want to make sure i think china like different countries that that we want to get kids outside for one or two hours a day to decrease the amount of myopia nearsightedness or nearsightedness over time because we have shown that nearsightedness where the eye gets longer it has more you could have more, we call morbidity, more issues later in life.

So I think that this goes back to what I was saying earlier, where we want to make sure that folks go outside safely and for vitamin D production, for circadian rhythm, et cetera, especially in younger kids spending an hour or two outside a day with UV protection, but still hopefully decrease the incidence of myopia over the course of your lifetime.

I think it's very important. And we're not sure. The studies have definitely shown that's important for kids to be outdoors and to playing or not on screens, basically, or not looking at doing your work for two hours a day.

But we're not yet sure. Is it the sunlight that's reducing the risk of myopia? Is it the type of the distance that the child is focusing at that's making the difference?

We don't yet know. But the general recommendation is get outdoors. Do some physical activity, rest your eyes from screens, and get those healthy habits started in childhood.

Don't wait until it's too late, until you're very myopic. And at that point, like as Dr. Gull was saying, there could be other complications of myopia, especially high myopia, which is nearsightedness.

This has been such an enlightening conversation, Dr. Golov. I've enjoyed talking with you and learning from you. Again, we're dispelling a lot of myths here on the Eye Health Summit.

Is there one myth or misconception about our eyes with relation to light that you would really just love to dispel today for our audience? Well, I want to go back.

I think about safety first. And I remember when we had the solar eclipse in 2017, and I was fearful over what the risk was of people gazing the sun intensely for those few moments.

So I think sun gazing, blue blocking, those sorts of risks, I think we typically should be mindful of. But I think going back to my top three pearls, one is sunglasses.

Second is wearing a nice brimmed hat. You either can wear this or if you're down in Mexico or down somewhere else, you can wear a nice good brimmed hat, especially if you're playing golf.

And third is the 2020-20 rule, which I love. We think about the old Snellen visual acuity chart from the 1860s, 2020, which is the letters on the chart in nine millimeters for 2020. But 2020, every 20 minutes, look 20 feet away for 20 seconds.

That'll give you time to relax your eyes, help you to decrease your dryness, help to decrease eye strain, and help you to live a healthier life. Absolutely.

First of all, Dr. Gold, I love your hats. I love your pops. Very stylish, very stylish. But you know, what Dr. Gold just shared, those are truly words of gold.

One of the other themes of our iHealth Summit is an ounce of prevention is worth a pound of cure.

Prevention Tips and Closing Remarks

And when it comes to light exposure, UV exposure, healthy screen habits, it's really so much better to prevent issues from happening than to wait until they happen and then try to chase after the consequences.

Wouldn't you say, Dr. Gold? Like it's frustrating for us as eye care providers to try to chase after something once it's already started. So try to prevent it as best as you can.

Absolutely. Thank you Dr. Goh for sharing your insights with us and spending some time with us here on the iHealth Summit. If anyone wanted to learn more from you perhaps follow your blog or follow you on social media or even become a patient.

How could they find you? They can go to my professional website or they can just find me on it's very easy protectingsite.com which is or just my first name my last name md.com they'll get to my blog and they can they can follow me and find links to my practice etc.

Wonderful. We will share all of those links right below the interview and please anyone reach out to Dr. Cole. He is again a wealth of information and so experienced.

So again, thank you for joining us and thank you all for sharing some time with us on the iSummit and we will see you all soon for the next interview.

So stay tuned. Thank you. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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