Introduction and guest background

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And there's ways to prevent it. There's ways to avoid getting an eye injection every month and losing your vision. So the first thing I'll just say is, nutrition is so key.

So there was a study done, and this was done like back in 1994, one of the first nutrition studies on macular degeneration. And they looked at what people were eating.

And they were looking at specifically carotenoids, which is the class of nutrients that are related to vitamin A and beta-carotene. And so there are two i-carotenoids that are called lutein and zeaxanthin.

They're called macular carotenoids. Hard to remember how to pronounce, but these are really important for eye health. And the researchers found that the people who ate the highest levels of these two nutrients had a 43% decreased risk of losing their vision.

This is Dr. Talks. Real Talk from Real Doctors on the issues that matter to you most. Welcome to Vitality Made Simple. This is the podcast that equips you to feel better, look better, and to enjoy better relationships.

I'm your host, Dr. Debbie Osmit, and I sincerely thank you for joining me. And today, you're in for a treat. This is Dr. Rudrani Banik and we already have a relationship.

We've gotten to know each other via podcasting. She has a fantastic podcast that we'll be talking about. But Dr. Rudrani, Dr. Ronnie, as she likes to be called is very special in the eye.

physician arena, because she is America's integrative eye doctor. Now she is trained as an ophthalmologist, but then also she's fellowship trained as a neuro ophthalmologist.

So we're going to hear all about that. But interestingly, she's written some great books. I got to got to know her through a cookbook that I want to talk about of hers.

And she's she's not only a clinician, but she's also a professor and a researcher. Welcome, Dr. Ronnie. Oh, thank you so much Dr. Debbie for that kind introduction.

I'm so excited to be here. Oh, I'm so excited to have you. And folks, I've already told Dr. Ronnie, I think this is going to be part one, part one and part two, because she has so much to share.

Have you ever known an eye doctor who's going to tell you how to prevent problems, how to protect your eyes without expensive medications, without expensive procedures?

I mean, that's what we're going to hear about today. So, so first of all, though, Dr. Ronnie, how did you get interested in functional medicine? Yeah, so like many providers, I started off in the traditional world.

I went through medical school. I did my residency, my fellowship. And my first job out of training was in academics. And so I started off teaching and seeing patients and doing surgery and doing research.

And that's really how I thought I would spend most of my career is in academic medicine. And so I worked at a couple of various hospital systems in New York where I live.

And I was, you know, very content. But then, you know, life kind of threw a curveball my way because I developed pretty severe migraine. And if you've ever had a migraine, you know, it is not fun.

It's like, you know, someone's stabbing you in the head, behind your eye. I would wake up with that every single day. Now, most people have migraines.

They have, you know, one episode and attack every once in a while, or they know what their triggers are. But my migraines had gotten to the point where they were every single day.

And I still had to go to work. I had to see my patients. I had to do surgeries. I had to take care of my daughter, who was young at the time. My husband and I had just moved.

We were renovating our apartment. There was a lot going on in life, and I still had to get up and do all those things. and be present and serve other people because that's what I do in my profession.

Functional medicine journey through chronic migraine

So it was really challenging to live with chronic daily migraine and I went to basically all the top headache doctors in New York City and you know one after another they just wrote me prescription after prescription after prescription try this new drug try this try nothing worked and And the worst part was a lot of those drugs made me feel like a zombie, like I couldn't function.

They put me in a brain fog, and I just wanted to go to sleep. So I couldn't take those drugs and go to work and do what I was doing. So at some point, after about four years of chronic daily migraine, when I had gotten, I had given up on the traditional medical system, I said there must be a better way.

There must be something else I can do that will rid me of these headaches or at least give me a better quality of life. And so I started researching. And lo and behold, I found that there's so much out there that not a single one of my headache doctors had talked to me about.

what I was eating, how much caffeine I was having, how much I was sleeping, and nutrient deficiencies like magnesium and riboflavin. And it was just shocking to me.

You know, this is kind of, you know, it's kind of embarrassing, like I myself as a doctor never really looked into this, that there was all this literature out there about lifestyle medicine and nutrition and mindset when it comes to migraine.

So then my colleagues, what's that? Oh, I'm sorry to interrupt you, but I want you to really talk about mindset a lot. I didn't know mindset was part of migraines.

Yeah, it is. You know, there's like, when you have a migraine, it's kind of anticipation of the next one. And it creates this anxiety, like, am I going to wake up with it?

Is it going to be a good day? Is it going to be a bad day? It can be really a burden, you know, like a mental burden of having to live with this type of chronic, invisible disease.

And it was, again, it was a very difficult few years of my life. And, you know, I didn't know back then that, you know, if I had tried to change my mindset a little bit, like, okay, this is a part of me, I accept it, and I can manage it, instead of getting upset about it, you know, maybe some of those days would not have been as tough.

And maybe if I had opened up and leaned on more people, very few people knew that I was going through this. Like, none of my colleagues knew. I would never tell any of them that, oh, today is a really bad headache day, today is like a 10 out of 10 headache day.

I would never say anything like that. Now many of them know because I talk about it on my podcast, I talk about it

on my social media, but back then it was like a secret.

And I think just opening up and it was part of my healing process, like letting people know this is what I'm going through and maybe to give me some space sometimes.

That also we have to ask for that. So basically, I was going through this research and I was talking to one of my colleagues, who happens to also be a neuro-ophthalmologist, so I was telling him about my migraines, and he said, well, have you ever tried an elimination diet?

And I said, What's that? I'd never heard of it before. And I was so intrigued. I was so curious. What's an elimination diet? He's like, okay, well, let's start from the beginning.

Like, there could be certain food triggers that are triggering your migraine and not an allergy, but a sensitivity. And, you know, you kind of have to eliminate some potentially inflammatory foods and see how you do.

And also maybe consider your mitochondria, like supporting your mitochondrial health. And I said, well, how do I do that? And he said, OK, maybe if you're interested in kind of learning more about this, maybe you should take a course sponsored by the Institute for Functional Medicine and see if you can learn anything that may help you there and how you can change your diet and lifestyle, et cetera.

So I was just intrigued. I never heard of functional medicine before, ever. Being a physician for so many years, no one ever talked about these types of approaches, root cause medicine.

diet is, you know, food is medicine, like no one ever talked about that in traditional training. So I went to my first course and I was blown away and I was like, oh my goodness, why didn't anybody tell me about any of these things in medical school?

Why? You know, there are biochemical pathways. We may have learned about it in our first year or two, but then it kind of gets forgotten and it doesn't get translated into clinical practice.

And I said, this just makes so much sense. Inflammation, toxicity. Again, I had mentioned we were going through a renovation, so there was probably a lot of off-gassing.

There was probably mold in my environment. There were so many potential toxins in my environment. Stress, sleep. I was sleeping like three or four hours a day.

And now thinking back on it, no wonder I had chronic migraine. And I never thought that was a problem, because none of my doctors ever said that was a problem.

I was drinking, and Dr. Debbie, you're going to cringe when I tell you this. Probably not. You're going to cringe. I was a junk food addict for most of my life going into my early adult years.

I used to live on pizza, ice cream, and diet cherry coke. But Dr. Ron, isn't that what we do in school? Because we don't have any time to cook. And then when you get out and start in practice, you know, I had a bag of Oreos under my car seat.

four years and you're probably naturally thin. So it probably didn't matter. You didn't think it mattered, you know, diet Coke. Well, how, you know, actually diet Dr.

Pepper, how bad could that be? So, and also Dr. Ronnie, I mean, these are the foods you found in the hospital, correct? Yeah. Yeah. But I have to say, though, I had grown up with those foods.

So maybe my parents didn't buy the healthiest foods growing up. So I had that pattern in me. But yes, absolutely. Going through training, you only have a short period of time to have your meal.

Because if you're on call and an emergency comes in, you're not going to have time. So you eat quickly, and then you go see your patients. That's what I lived off of.

That's what was in the hospital cafeteria. That was in the vending machine. And so, yeah, I lived that way for many, many years. And no one ever, ever, ever mentioned, like, maybe you should think about what you're eating.

Maybe you should look at that and maybe make some changes, maybe include some fresh fruits and vegetables. Everything I was eating was processed, everything.

And not only diet, Diet Cherry Coke, I also used to have, and this is again, I cringe now when I think of this, eight to 12 caffeinated beverages a day.

8 to 12. And maybe that's why I could get by on three or four hours of sleep. I don't know. But I mean, it's just so obvious now when I think about it, now what I know.

And I'm just, you know, I'm so fortunate that I found functional medicine and that really helped me heal. And now I use a lot of those principles for my patients.

And the ironic thing is I also take care of a lot of patients with migraine because I'm a neuro-ophthalmologist. And a lot of people have visual symptoms with migraine.

They have aura where they see zigzag flashing lights. They have light sensitivity. They have eye pain. So I deal with a lot of migraine and its symptoms.

And yet, I didn't know how to fix myself. But finally, things started to get better. I changed my diet, really like drastically changed my diet. I seriously cut down on caffeine.

I drank more water. I mean like the simple things. I slept better. I'm still working on the sleep part of it. So now I usually get like six to eight hours depending on the day, but it's definitely better than three or four hours.

But it's made such a difference. And again, I'm so fortunate that I discovered functional medicine. I got certified, like you did, Dr. Debbie, and it's really, it's what I do now.

I share these principles with my patients, whether they have migraine, whether they have eye issues, I apply these principles, and I really do think it is the way we should all be practicing, not just to put patients on medications or tell them to do a surgery to fix their problem, or in your case, maybe a procedure, try to get to the root cause, like where is it coming from, and address it from there.

You know, I got chills as you told your story. I think it's ironic, you know, Dr.

Preventing macular degeneration with nutrition

Ronnie, that you suffered, you know, you suffered so much and in your own field of expertise were really not given hope or options, you know, in the integrative field.

I mean, you, I don't, I know you graduated from, um, the Icahn School of Medicine, correct? Actually, that's where I teach. I graduated from Brown, Brown University.

Brown University. Yeah. So, you know, great school, just excellent schools. And it's through your own misery that you are helping people now and, you know, taking time to explain all of this.

I mean, it's, you really are a visionary in so many ways. You're so much. You are changing the world. I just so appreciate your podcast. When you realize, okay, there's another side to being healthy, and it's not just, again, like doing a procedure, doing your annual checkups.

It goes so much deeper than that, and then explaining it to patients. And then seeing the light bulb go off in their heads, like, oh, I never made that connection.

Maybe I should change my habits. Maybe I should do this. Maybe I should do that. And it's just such a powerful aspect of health that I think most providers are just not taught.

And it's not their fault. Most of us were not taught. And that's what I'm trying to change now. That's been my mission for the past few years is to educate my colleagues.

in ophthalmology, in optometry, in neuroophthalmology, that there are things we can add into our treatment protocols which can really improve the lives of so many, you know, hundreds, thousands, hopefully hundreds of thousands and millions of people down the road.

Well you're giving them hope and I'm so sorry I interrupted you earlier with mindset but you know hope is powerful medicine and my mother has macular degeneration and so I've been to lots of eye appointments with her at the best eye I institute here in Oklahoma, and she's asked, is there anything different that I need to be eating?

Is there anything I can do? And Dr. Ronnie, she's repeatedly told, no, no, this is a genetic disease, nothing you can do about it. people are told so often in all kinds of arenas, but especially I think with the vision that it's genetic.

So please. That breaks my heart, Dr. Debbie. It really breaks my heart that she's been told that because there is so much people can do. And my message is also empower yourself.

Your providers may not tell you do this, do that, because they don't know. But you can go out there and you can find out. There's so much now on the internet.

Of course, you have to get it from a trusted source. But when it comes to prevention of something like macular degeneration, we can talk about it for a little bit, because I think it's definitely on people's radar.

And now we see, if you turn on the TV, you see ads for all these medicines that get injected into the eye. And who wants to get an eye injection every month, right?

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So there was a study done, and this was done like back in 1994, one of the first nutrition studies on macular degeneration. And they looked at what people were eating.

And they were looking at specifically carotenoids, which is the class of nutrients that are related to vitamin A and beta-carotene. And so there are two i-carotenoids that are called lutein and zeaxanthin.

They're called macular carotenoids. Hard to remember how to pronounce, but these are really important for eye health. And the researchers found that the people who ate the highest levels of these two nutrients had a 43% decreased risk of losing their vision from macular degeneration.

43%, which is mind-boggling, because if you think about the drugs, those injectable drugs, I mean, they can stabilize things, they can, you know, prevent some worsening, but if you get to that stage, you've already lost a lot of your vision.

But if you'd only, maybe five years, 10 years, 20 years prior, known, oh, if I eat enough leafy greens that have these nutrients, if I have enough egg yolk, if I have enough orange and yellow peppers, and there's such a wide variety of foods that are rich in lutein and zeaxanthin, so if you don't like one group of foods, you can always find another group of foods to eat.

If you eat enough of those foods, you can decrease your risk by 43%. And the even sadder thing is that most eye

doctors have never heard of this study.

Never heard of it. In the 90s. 1994. And she's the lead researcher is Dr. Joanna Seddon. She's out of Massachusetts. She's a leading macular degeneration researcher.

Everyone knows her, but how many people know this study? Right? So it's shocking. And yes, people can take a supplement. You know, there's the AREDS2 supplements out there for macular degeneration.

I'm not sure if your mother takes these supplements, but most people with macular degeneration, if they have advanced stages, yes, they're told to take them.

The supplements, they can decrease progression by about 28%. So yes, they help, but if you have the right foods in your diet, that's 43% decreased risk, which is huge.

And there was another study more recently, just I think it was 2018, it was published, looking at the Mediterranean diet and people who were on the Mediterranean diet.

So lots of plants like leafy greens, nuts, seeds, legumes, lots of fiber, very little, very little alcohol and some animal products. So not a lot, but some.

They also had about a 40, 41% reduced risk of macular deterioration. So diet is key. It is the foundation of eye health and eating those specific foods, like I mentioned, leafy greens, like spinach, kale, arugula, romaine lettuce, like whatever you like, Swiss chard, you know, include that in your diet and have a lot of it.

You need to get to the highest, like top 80% of intake, which basically equates to, if you're having leafy greens, it's about three to five cups a day.

Three to five cups a day is what you should be striding for. Now, if you're having other foods too, like if you're having like three cups of spinach and then maybe some egg yolk, you know, or eggs, you know, with breakfast or whenever you're having some other foods that are rich in these nutrients, then maybe you don't have to do the five cups.

Just do the three cups and then have some of the other foods like during the course of the day. But it's not that hard to do. It really isn't. I think people just need to be made aware of it.

Absolutely. And you know, I think with vision is it's what we would say in Oklahoma, you don't miss the water till the well runs dry. You know, you, you don't miss your vision until you have vision problems.

We take it so for granted. Now I know Dr. Ronnie, that you also talk to your patients about gut health. I mean, the foods you mentioned obviously are going to improve gut health.

What else do you recommend for people? So there's something interesting that we are learning about called the gut-eye axis. So there is this connection between the gut and our vision.

Many people have heard about, you know, the gut-brain axis or the gut-immune system axis, the gut-skin axis, the gut-heart axis, and there's also the gut-mouth axis, right, the oral microbiome.

But when it comes to our eyes, Our gut has so many roles in terms of regulating or modulating the immune system, modulating neurotransmitters, playing a role in inflammation.

So researchers are looking at connections between gut issues like gut dysbiosis when the gut microbiome is off and how that may impact or increase the risk of certain eye conditions like macular degeneration, like dry eye, which is another big one.

Dry eye is so common. It's like an epidemic. honestly, especially in women, especially in women post-venopause or

menopausal, even perimenopausal, so, so common.

And then this is going to be interesting for you, Dr. Debbie. So when it comes to glaucoma, researchers have found some links between oral microbiome dysbiosis and glaucoma.

So now there are some glaucoma doctors that are starting to ask about people's dental hygiene and asking to look inside their mouths. Can I see, like, what do your teeth look like?

Do you have a lot of dental caries? Do you have gum disease? And then sending them along to their dental providers to get that addressed. So I think this is the tip of the iceberg when it comes to this exciting research about the link between our gut and what's going on.

We don't yet know specific species. You know, is there like one particular species that's linked to macular degeneration? We're not there yet. But what I would say is, and to answer your question about like, what do I recommend?

I recommend trying to maintain a healthy gut by eating live probiotics.

Gut health and the eye-gut axis

Like when you're eating, you know, planning your diet, your breakfast, lunch, dinner, make sure at some point during the day you're getting some kind of live bacterial culture.

Not just take, you can take a probiotic, sure, you can take something off the shelf, but try to get it the way nature intended. So fermented foods, whether that be miso or kimchi or yogurt, you know, whatever it is that you enjoy, try to include that.

And then also have lots of prebiotics. So the foods that those bacteria thrive off of are really important. So typically foods that are rich in fiber are prebiotic foods.

So I tell my patients, make sure you're getting your probiotic and your prebiotic. And then if necessary, if we think that there may be some gut issues going on, let's test.

Let's do a stool test. And I know you do this as well in your practice, Dr. Debbie, like let's find out exactly what the problem is and then let's address it.

I actually had a young patient, young gentleman in his early 30s who had these chronic headaches and he just couldn't get rid of them. And they didn't exactly fit into migraine.

They were kind of like migraine, tension, but we tried a lot of different things and he just wasn't getting better. And finally, I said, let's look at your gut microbiome.

And we looked, and it turned out that he had a few species of these gram-negative bacteria that were way, way, way out of proportion. And so I talked to him about that.

I ended up putting him on a very targeted antibiotic and giving him, again, lots of probiotics and then other things to try to heal his gut. He also had leaky gut, by the way.

So he had gut dysbiosis, but also leaky gut. And so, you know, gradually he started to get better. He still gets headaches once in a while, but he definitely feels the difference after and also generally he feels healthier after fixing his gut microbiome issues or partially fixing his gut microbiome issues.

that I have never heard of the eye-gut axis, but that makes sense. I mean, it really makes sense. The eye-gut brain axis, I guess, would be more accurate.

So, Dr. Ronnie, I want you to tell everything you know about dry eye. People complain so much to me about dry eye, and of course, we always want to make sure it's not Sjogren's disease or is some autoimmune problem, but many people just have dry eye.

What do you recommend that they can do at home or maybe more natural interventions? Sure, yeah, and you're absolutely right. It's so common. Even in younger people these days, we typically think of dry eye as, you know, as you get older, you're more likely to have it, but even young people like children, teenagers, can get dry eye.

And one thing that a lot of people may not realize with dry eye is that It's basically when you're blinking and then your tears evaporate off the surface of the cornea.

So it's not that you're not producing enough tears. Most people actually do produce enough tears, unless it's like Sjögren's disease or another autoimmune disease where they're not producing enough tears.

The vast majority of people can produce enough tears. The problem is that those tears are not stable and they evaporate off the surface of the eye, and that's when the dryness sets in.

Since we're talking about root causes, let me… Let me see if I have this here. I'm going to show you a little show and tell. So when we talk about dry eye, this is probably, for the vast majority of people, this is something they've never heard of before.

We have glands in our eyelids. So this is a picture of somebody where their eyelid is pulled down. And this is with an infrared camera I use in my office.

I take a photograph of their eyelid glands. And these are called, they have a name, they're called my bulmian glands. And these glands, they kind of look like fingers.

You can see they look like these columns. And they produce oils. And they're in the eyelid, just kind of behind where the eyelashes come out. They're in the eyelid.

We have about 25 to 30 glands in each eyelid, so lower and upper. And they produce oils to prevent the tears from evaporating. And so in a lot of people with dry eye, the root cause of their dry eye is not that they're not producing enough tears.

It's the tears are evaporating because these glands are not working properly. So the glands can get clogged up. They can structurally be abnormal. They can get inflamed.

You can get mite infestation in the glands. Like we have mites on our eyelids and our eyelashes that can infest the glands and cause disruption. So there's so much that could be happening to these glands where they're not secreting healthy oils and then it leads to dry out.

So 85% of people with dry eye actually have a gland problem. So let me show you. This is somebody with a healthy eyelid. This is somebody who has chronic dry eye.

And you can see the glands just do not look healthy. They look distorted. They look distended, like they're congested. And then, this is really important, right here, there's gland loss.

So you see the glands are missing. And over here, the glands are starting to get a little bit short. So they're starting to shorten and shrink and die off.

Now the glands, once we lose them, we can't grow them back. Unfortunately, they're gone. They're gone for good. So the goal is to keep these glands healthy.

So this is somebody with chronic dry eye that had a lot of inflammation. The glands are clogged. They're just not getting better. We need to treat the glands to keep these glands healthy, to restore them to their healthy state.

And this is somebody on the bottom. Now, this is really a serious case of dry eye.

Understanding dry eye and meibomian gland dysfunction

So hopefully you can see this, Dr. Debbie. But this, you see, most of this person's glands are gone. This is somebody with autoimmune disease, combination of rheumatoid arthritis and lupus.

And so probably their autoimmune condition has affected their glands and destroyed their glands basically. So in these tiny little nubbins, these like little whatever's left, these fragments of the glands, it's just not enough.

to create enough oils to lubricate the eye or keep the eyes lubricated. So this type of case is really, really severe. There's still things, many things we can do, but the goal is, we were talking earlier about not letting it get to where the well dries out, right?

Don't let it get to this stage. My goal is to, I do this test on basically all my patients as a baseline, even if they're healthy, they're coming in for their general checkup.

I do the test because we want to know where you're at. And surprisingly, even younger people can be somewhere between here and here. Because you would think that this is an older person's problem.

It's not my problem. I have no eye problems. But when we do the testing, sometimes we find there's gland loss, and we want to maintain this gland. So that's where we intervene.

So this is, again, it's a non-invasive camera that I use in the office. There are different ones, but I've been using this, oh, probably for about seven, eight years now.

And it's like a really, it's such a useful tool to give us an idea of what's going on. And there are other metrics we can do. we can measure how long the tears last.

So we just, it's called tear breakup time. And normally when we blink and open our eyes, the tears should last on the surface of our eyes for about 10 to 12 seconds.

But when people have gland dysfunction, their tears are evaporating, there are many people where their tears are only lasting two or three seconds and then they're poof, they're gone.

And so you can imagine like it causes a lot of friction because here's the surface of your eye, here's your eyelid. If there's nothing to lubricate between there, it's going to cause friction, it's going to cause discomfort, burning, irritation, redness.

It's going to cause blurry vision because the surface is not nice and lubricated. So that's where dry eye comes from in the vast majority of people. And so if anyone's listening and they've been diagnosed with dry eye, ask to get the imaging done.

Say, can you take a picture of my glands? I want to see what my glands look like. And hopefully they had the equipment in their office to do this test because it's so, so essential and it's treatable.

It's definitely treatable, but we have to catch it early enough. So this leads me to want to know about makeup. You know, a lot of, and a lot of people are wearing, you know, false eyelashes.

To me, that would impact those glands. I mean, what do you think? Yes, so it depends where the makeup is applied. So if you look really close in the mirror, you pull your eyelid down and you see your lashes, right?

And on the inside of the lashes, you see these tiny little dots. Those dots are the openings to these glands. That's what you're seeing when you pull your eyelid down and you look in the mirror and you see the little dots.

And if you press a little bit, you should see like a little bit of oil come out, like healthy oil should be clear. If the oil that comes out is kind of like cheesy material or yellow, you know that your glands are clogged and that's a problem.

But with makeup, what many people don't realize is they'll put eyeliner right over those glands. So they're tight. It's called tight. Yeah, they'll do it on the inside.

No, no, I know it looks great, but it's a no, no, because you're directly blocking the oil glands all directly. know people I'm sure they have if they have skin issues like acne when you block the glands they're gonna get clogged up they're gonna get infected you're gonna get an acne cyst the same thing's gonna happen to your glands they're gonna get blocked so please please please if you wear eyeliner Don't cover up.

It's called the water line. Don't put it on the water line. Put it just outside where your lashes are coming out. That's okay. It's much safer than blocking those glands.

Now, that being said, if you have an event and you do it once in a while, that's okay. But people are doing it every day, and that's a no-no. The other thing, Dr.

Debbie, you were mentioning earlier about false eyelashes. I just cringe when I see some of my patients come in with, you know, they look great. Some of these false eyelashes, they look amazing.

Some of the glues that are used are very toxic. They can be toxic. They can irritate the surface of the eye. They can destroy the lash follicle even. And some of them even have formaldehyde.

So you really have to be very, very careful with what you're putting around your eyes and your eyelids and your eyelashes because it could be contributing to damage and inflammation and irreversible issues.

One tip I would say is if you like to wear the false eyelashes, please don't get the type with glue. Instead, there are magnetic lashes. So it's like a black eyeliner that has a magnetic component to it.

So basically you put the eyeliner on, you know, basically just outside of where your lashes are coming out. And it's magnetic. And then you take your false eyelashes.

It also has a magnetic backing on it. And it just kind of snaps into the eyeliner that's magnetic. And then you can remove it. And that is much safer to use the magnetic lashes than to use the glue.

So please, please, please don't use the glue. It really just makes me cringe. Thank you so much for speaking to that. I totally agree. And I even wonder like long term, maybe the magnetic lashes occasionally, like you said, but there's obviously metal in there that who knows what in the heck in the long run that would do.

This reminds me when I was in college, I probably used the same, you know, mascara for four years, you know, because I didn't have any money, but I developed Shalasia.

I think Shalasia, I'm not even looking back, you know, 45 years here. But the doctor said it was probably from my mascara being contaminated. And as I said, who knows how old it was.

So now I change mascara once a month. I mean, on the first of the month. That's amazing. Yeah. I mean, I know it's costly, but you can either, and we typically recommend like throwing it out every one to three months, depending.

But what you can do is to make your mascara last longer is you can just get disposable wands so that you use it and you put it on and then you throw it out so you're not recontaminating the bottle.

And that, or the, you know, the, I'm not sure what they call it, I guess it's a bottle. A little container. Yeah, a little container. Yeah, and that at least, you know, whatever, because there's a lot on our eyelashes.

We have, just like we have an oral microbiome, we have an eye, an ocular surface microbiome. There are bacteria on the surface of our eyelids and our eyelashes.

There are mites that live within our eyelash follicles and in these glands. And so you don't want to keep contaminating that tube, so just throw it out.

They're not expensive at all, those disposable ones, and toss them. And also, if you're prone to things like styes, please don't use the same one for both eyes.

Use one for one eye and then use the one for the other eye. And actually, I'll just share something with you, Dr. Debbie. is basically when one of these glands gets plugged up, so imagine like it's completely blocked and then it gets infected.

And that is what causes a stice, like a bump on the eyelid because the gland is blocked out. Now there's something else which is, there's another name for it called a hortiolum and that's when it's really red and inflamed and that's the lash follicle getting infected.

So the gland can get infected or clogged and infected, but also around the lash where the lash is coming out, that can also get clogged and infected. So there's two types of kind of eyelid issues that generally typically we call styes, but there's actually chalazine, which is the gland, and then hordeolum, which is the eyelash follicle.

But both are basically treated the same way. We treat it with hot compresses. You want to get that clogged, whatever it is, that follicle or gland to open up and drain.

And the best way to do that is with heat. And so you can use hot compresses. And this is another thing a lot of people don't realize is when they put a hot compress or maybe they just take a washcloth, run it under hot water and put it on their eye for like Two or three minutes, that's not enough.

We need to have heat apply for a longer period of time. And so typically, if you want to start a drain, you have to use the hot compress for a total of about an hour a day.

which seems like a lot, but you want that gland to open up and drain. So you can split it up. You can do 15 minutes, 15 minutes, 15 minutes, 15 minutes.

So it's the total of an hour a day. Or you can sit there with your compress on and watch your favorite TV show while you have the compress on. But the goal is to get it to an hour a day.

I'll share something with you. I'd never had styes in my life until I got pregnant and I delivered. And then after I delivered, I started to get styes.

And probably because my hormones were all out of whack and I was getting clogged glands and probably wasn't sleeping enough and stress and inflammation, but I had seven styes.

all different lids, like they would pop up at different times, and they just were not draining. And so this is when one of my colleagues taught me this trick, which is a simple DIY trick, is you can use a hot compress, but Something simple and cheap is you take a potato, a small potato, and you heat it up.

And it retains the heat for a very long period of time. And you hold that potato and you get the heat applied there. And then afterwards you do a little massage and you try to get that gland to open up and drain.

And that's how my style is eventually drained, is I was using the hot potato. So you can heat it up in a microwave or in a steamer, whatever you like.

But wrap it first. Don't put the hot potato directly on your skin because it may burn your skin. You want to wrap it in a wet washcloth or something with a little moisture in it and then let that get to your eyelid glands.

That is a fantastic tip. That is wonderful. So, you know, we don't want to blink at those kinds of great, great tips. That's incredible. So what about mites?

What do you recommend for mites prevention as well as treatment? Yes, I want to just first of all say mites may sound like icky and I want to have mites.

It's a parasite. But honestly, most people have them. And they've done studies where they've looked at like different age groups. And by the time someone's in their 70s, 80s, 90s, almost 100% of people have eyelid mites.

And they just kind of live on us. They live inside the lash follicle. Like I was saying, they live on our eyebrows. I mean, I was shocked to learn that, but I just learned that they're actually in our eyebrows too.

And most of the time we don't notice them. And they're benign. They live there. They do their thing. But when they overgrow, that's when it becomes a problem.

And how do you know that they've overgrown? If you get a lot of kind of dandruffy-like material on your lashes, like you wake up and you have crust and you have like this whitish material at the base of your lashes.

So imagine like this is your lash coming out and there's this white material kind of like at the base of it like this. That is a telltale sign that you have mite infestation and it's overgrown.

And these mites, they're called Demodex mites. They can be very inflammatory when they overgrow and they can cause redness and irritation and it's something that we call blepharitis.

So if someone's eyelids are like really red and irritated and just kind of swollen and you have a lot of dandruffy like stuff, that's probably mite infestation.

And there's a couple of things you can do.

Eyelid hygiene, mites, and safe eye makeup

You can definitely do the warm compresses, like once or twice a day, but also you can use an eyelid wipe, like a cleanser wipe with tea tree oil in it, and it can clean off the base of your lashes and it basically stabilizes the pH of the surface of your eye and stabilizes the ocular surface microbiome.

So actually I do have these on my website. I have a brand that I use that I sell called Bruder, and they're infused with tea tree oil, and they're wonderful to try to calm down the mite infestation.

The second thing you can do is, and by the way, if anybody wanted to do a DIY, If you're going to use tea tree oil and you're going to make this at home, make sure that you dilute the tea tree oil considerably.

So less than five percent, because otherwise it will really sting and burn and you don't want to get that tea tree oil inside your eye. So make sure that you're just using it on the outside, like, you know, just cleaning it from the outside and don't get it inside your eye because your eyes will not like that.

But again, less than 5% solution of tea tree oil. The other thing that can really help to stabilize mites is hypochlorous acid spray. Now, hypochlorous acid is a very weak acid.

It's 0.02% that we can use. And we know that it's antimicrobial. We know that it kills off certain bacteria. And it was really popular during COVID times as hypochlorous acid spray.

And but there's you can get you can get a spray and actually I also do have this on my website called Buddha hypochlorous acid spray and you basically you clean first with the tea tree oil wipe and then you close your eyes and you spray it on your eyelids and you just let it air dry and And that is a wonderful way to restore the atular surface microbiome, get rid of any pathogenic bacteria that are growing, help to combat some of these mites, the

mite infestation.

And it really is very, very calming and soothing. So kind of I like that combination of things. So doing a warm compress first, and then doing the eyelid cleansing wipe.

And also you can use it as a makeup remover wipe. You can kind of use it for dual purpose. And then doing the hypochlorous acid spray. So I like that trio right there.

That's fantastic. Now, do the mites contribute to any vision problems in any way? They can contribute to dry eye because they irritate. So there's two kinds of mice that live in and around our eyelids and eyelashes.

There's Demodex follicularum, which is the longer one that lives inside the lash follicle. And then there's a shorter one, Demodex brevis, or short, which is what brevis means.

And that's what lives inside the glands. And when you get an overgrowth of brevis in the gland, it can cause inflammation, it can cause unhealthy oils to be secreted or not enough oils to be secreted, and it can contribute to dry eye.

So nothing that would cause permanent vision loss, but certainly a lot of chronic issues like chronic dry eye, chronic eyelid inflammation, a feeling of just discomfort.

and irritation, and when someone's eyelids are not healthy, cosmetically it also makes a difference. People just don't look well. They look like, okay, there's something going on.

There's swelling and irritation. So again, I like the trio that I said. Again, I do sell these on full disclosure. I do sell this on my website. So the warm compress, followed by the eyelid cleansing wipe, followed by the spray.

Yeah, that's a great strategy. There's a lot I read about castor oil to help people grow eyelashes. And you all can tell I don't hardly have any. I mean, they're blonde, the ones I have.

But I still don't have very many. What do you think about castor oil in terms of eye health? Not cosmetically, but eye health. That's what we care about.

Sure. Yeah. So I'll tell you this story. My father-in-law, he has dry eye. And so he said, Ronnie, I bought this online. I bought this castor oil. Can you take a look at it?

And I said, Dad, what are you doing with the castor oil? Like, where are you putting it? And he said, oh, it comes in a dropper, and I just put it inside my eye.

It's like my dry eye drop. I don't use the over-the-counter dry eye drops. I use castor oil. And I said, that's not such a good idea. So he showed it to me.

And yes, it was organic. And yes, it was Ayurvedic, coming from India. But there is no quality control with that type of substance. And I would say, if you're going to use castor oil, please do not put it inside the eye.

Because it's not made for ocular use. You can, however, use it. There are many people who swear by this. They use it to grow their eyelashes. So you can potentially, if you're careful, just apply it to the base of the eyelashes, but each of your brows, yes, there have been lots of people who benefit with brow hair growth and eyelash growth from castor oil, but please do not get it inside your eye.

And a few years ago, actually, there were quite a few FDA recalls of various types of drops that were contaminated. And this is why I say, please don't use anything that's not FDA approved inside your eye.

These drops were contaminated with various bacteria and fungi. And there were even some people who used the drops. And unfortunately, not only did they get corneal infections, the microbe actually got into their bloodstream

and caused sepsis and pneumonia.

There were even two or three people who sadly died because they were using contaminated eye drops. And you would think, oh, this is a good thing. It's going to help my dry eye.

I'm going to use this. It's going to help me. But you need to get it from a trusted source. And that's why I say, even with things that say organic on them, there is no guarantee that this is made in a sterile facility, that it's made for the eye, that it's pH balanced for the eye.

So whatever you're using, make sure that it's for ophthalmic use. And it's not just something you're buying from your favorite online retailer or even from a health food store.

You just have to be a little bit cautious about what you're putting inside the eye. No, I think we're all becoming more savvy about reading labels and checking out sources.

We've just learned so much that natural means nothing, organic means nothing. So many of the labels that used to look good don't. And I appreciate that you have it on your website.

You have a robust website. Thank you for that. There's also a class for our listeners about macular degeneration and how to prevent it. So for someone like me who's, you know, it's in my family, that's a class that I'm going to take to make sure that I'm doing every single thing that I can possibly do.

You also have some very great cookbooks. The one I have is Dr. Ronnie's Visionary Kitchen, which I love, plays on words. So, Dr. Ronnie, in all of your different publications, I know you've got several books.

What do you think are the, say, three top foods or nutrients that people are absolutely overlooking that could be impacting their eye health and then conversely what three things are are we eating that maybe we shouldn't be eating that we think are good.

Yeah, so okay, we'll talk about the three good things first and then the three not so good things. So the first goes back to what I was saying earlier about the macular carotenoids, lutein, zeaxanthin.

There's actually a third one also called mesozeaxanthin. So there's three of them. So make sure you're getting enough of those. And again, you want to strive to be in the highest 80% of intake.

So not just like having a little leaf of lettuce on your burger, that is not enough. Or not having a little side salad, that's not enough. You need to have more volume.

And one thing I love is green smoothies. So you can easily pack in three to five cups of your favorite leafy green and then mix it up and I'll share a recipe in just a moment once I share the other two classes of nutrients that are really important.

The second class would be bioflavonoids. Now these are typically plant compounds that are designed, they're made by the plant to protect the plant against infection, against disease, against oxidative stress, and protect its own DNA.

So when we ingest some of these compounds that are found in plants, those benefits get conferred to us. So they're very potent antioxidants. There's many, many bioflavonoids in nature.

Some of them have been studied for eye health. For example, curcetin, which is the active ingredient, or it's a bioflavonoid found in certain things like cherries and red apples and red onions.

You see that there's a color theme here also. So curcetin is a very potent antioxidant that, again, can help with eye health. The other group of bioflavonoids I really like are anthocyanins.

And I hate to overwhelm people with a lot of these scientific terms, but anthocyanins… What's that? I have the smartest listeners. It's okay. And maybe your listeners are already familiar with some of these terms, which is fantastic.

But anthocyanins are pigments that are found usually in dark colored berries.

Eye-healthy foods and harmful dietary patterns

And dark berries like blackberries, blueberries, bilberries, depending on where you live, you can find different varieties of berries. You can also get anthocyanins in red berries like goji berries or raspberries, strawberries.

But basically, the darker the berry, the more rich the anthocyanin content. and anthocyanins. This is really interesting. We didn't talk too much about glaucoma, but there are studies to show that extracts of these berries that have these high pigment concentrations of anthocyanins can help to reduce eye pressure.

and enough of a reduction of two to three points, which is similar to what a lot of the eye drops on the market can claim to do or what the studies have shown.

So taking a supplement with these pigments has been shown to lower eye pressure. And my belief is always try to get it the way nature intended, so from real food.

So try to include half a cup to one cup of berries a day. to get that anthocyanin content. And there's also some early research that shows that anthocyanins can also help with eye strain and eye fatigue, and maybe even decrease myopia progression in kids.

So there's a lot of research that's kind of just, you know… at the cusp of like really making it, you know, making huge strides in our understanding of how these compounds can help our eyes.

And then the third group of class of nutrients would be the omegas. And we've heard about the omegas for many other benefit. There are many benefits, brain health, heart health, et cetera.

But for eyes, I'll share another interesting fact, Dr. Debbie. The highest concentration of DHA, which is an omega-3, is actually found in our retinas.

The structural backbone of our retinal photoreceptors, the cells that capture light energy, is made out of DHA. So we need a healthy supply of DHA for our eyes.

And our retinal cells are constantly turning over their cell membranes when they capture light and they process light energy. So we constantly need a good supply of DHA.

And EPA as well, which is the other omega-3. So DHA, EPA are really important. And there are lots of studies that show that they're important for macular health, for dry eye.

So if you have enough DHA, EPA in your diet, if you eat fish, that's a great way to get it from fatty fish like salmon, mackerel, tuna, sardines. Herring, those are the smashed fish, I believe.

And if you don't eat fish, then other ways to get these omegas would be through seeds, flax seeds, hemp seeds, chia seeds. They have the precursor, which is ALA, alpha-linolenic acid that then gets converted into DHA and EPA.

So if you wanted to put all this together, like I mentioned three things, like leafy greens, colorful plants like berries, and then your omegas, you can have a green smoothie.

This is one of my favorite recipes that I share, that I also share in my cookbook. I have many variations of this. But a green smoothie with three to five cups of leafy greens.

You can put in whatever you like, spinach, arugula, kale, dandelion greens. That's a great one to add. Add half a cup to one cup of berries. Add about one to two tablespoons of seeds, so chia seeds, flaxseeds, hemp seeds, and then add whatever else you like.

If you want to add a little bit of your favorite milk, you can add some ice, you can add, I also like this, I love to add some dates. dates add just the right amount of sweetness to balance the bitterness of the leafy greens.

I love adding dates to this green smoothie. And it also adds a little bit of fiber and some other amazing minerals. So add a few dates, blend it all up, and you have probably about 16 ounces of a green smoothie.

chock full of nutrients that your eyes will love and they will benefit from. So you get your eye nutrition in one go in a green smoothie. So that's something that is so simple to do.

Make it part of your daily routine and your eyes will thank you for it. You may not realize it, but what you're doing now is going to impact your eye health 10, 20, 30, 40 years down the road.

So do it now, make it a habit, teach your kids even, make it a habit, and that way you'll be supplying your eyes with everything they need to stay healthy.

Fantastic. So I know we're getting short on time, but Dr. Ronnie, tell our listeners, say three things that they're eating that might be damaging their vision today and later.

Clarify that for us. Sure. So we know from some research studies that the SAD diet, the Standard American Diet, is detrimental to our eye health. So a lot of people eat a lot of rice.

white, you know, white foods, white bread. And you may think that, you know, it's healthy because, you know, maybe some cultures, you know, it's part of a staple of your diet is rice.

But that gets converted into simple sugars and that can raise blood sugar. And we know that elevated blood sugar is a risk for diabetes and it can negatively impact one's health.

So if you're having those white types of foods, try to switch it out for whole grains instead. And you get more of the natural nutrients of whatever you're eating.

And it has an instructive, it's B vitamins, et cetera, and minerals. And that's one thing. The second thing is to think about what type of oil you're cooking with.

If you do is use cooking oil. There are some people who don't. There are some people who don't use any kind of oil whatsoever. But if you do use cooking oil, I try to shoot for polyunsaturated oils.

Actually, I love to cook with olive oil, which happens to be a monounsaturated oil. It's oleic acid, which is anti-inflammatory. So I try to switch out my oils.

If you're cooking with canola oil, corn oil, try to switch that out for another type of oil. And then the third thing would be avoid, and this is probably pretty obvious to most people, is avoid processed packaged foods.

There's a lot of chemicals in there, and we know, especially with inflammatory conditions of the eye, like macular degeneration, dry eye, you want to just keep your body's tendency towards inflammation low.

And it starts with what you're putting in your body, so try to avoid a lot of those pro-inflammatory processed foods. Well, I think many of those processed foods that are supposedly healthy, you know, as we talked about earlier, are not healthy.

I just discovered Dr. Ronnie, that olive app, it's a little, you can scan things. So I've been even in natural grocers and, you know, good grocery stores, scanning things, scanning things, and they have to try it.

What is it called? Olive? called olive you'll love it I mean I just discovered it yeah because they don't take money from anybody so you pay five dollars a month to use it so therefore it's very objective and I've been very very impressed with the the results I mean because some foods that you know are labeled all of those all of those good things that you think you would you know I would have certainly didn't feed my children you know I did it all wrong in those days 30 years ago thinking I was feeding them healthy foods but things that we know now are not healthy so all of that is really good so thank you for that yeah I love it It's really fun.

So for our listeners, tell them about your podcast. It's called IQ, and it's fantastic. Sure. So my podcast, it's fairly new compared to yours, Dr. Debbie.

I've had it for a little over a year now. It's called the IQ Podcast, and I bring on guests, and then I do some solo episodes as well, and I talk about the whole range of eye disease.

So, for example, I recently interviewed one of my colleagues about cataracts. Like, what is a cataract? What are ways to prevent it from happening? And then if one does need surgery, what are the options?

How do you choose? Do you get a regular cataract surgery? Do you get a premium lens? How do you make that decision? So, the whole range from, again, like from prevention to treatment.

You know, there are so many treatments out there for dry eye. I just touched on a few of them that are DIY home treatments, but then there are many evolving innovative treatments out there.

So we talk about that. We talk about macular degeneration, floaters, kids' eye health. So there's a lot of information on eyes. And because I am a neuro-ophthalmologist, I do also talk about some neuro-ophthalmic conditions like migraine.

like autoimmune conditions that affect our brain or our eyes, like multiple sclerosis or myasthenia gravis or thyroid eye disease. So I have episodes on all of those topics.

Sometimes these are actually some of my most fun episodes where I bring on patients. Patients I've seen in their journey from beginning to where they're at now, and they share their journey, their shared or struggles, how they got diagnosed, what they did, where they're at now, how their treatment is going.

So I love having them share their personal stories. And I'm so appreciative that they're willing to do that, you know, with my audience. So there's a lot.

And then I also talk a lot about functional medicine. So for example, I interview you, Dr. Debbie, and I would love for my listeners to learn about oral health and how they can improve that.

And so I'm so excited to share your tips with them. And I bring on functional medicine doctors and all kinds of providers who have interesting things to share that can impact vision health, brain health, but also our overall well-being because it's all so important.

Well, thank you, Dr. Ronnie, for your relational personality. I've never met an eye doctor like you. And have you? I haven't. There's dentists like you.

Well, thank you. But I've been around a lot more years than you have. And it's so refreshing, because there's nothing transactional about you. You're fully relational.

You care so much about your patients. always curious and that, you know, I just want to send you a hug across the airways because it's really big. And, and then of course giving hope to people because I think so many people.

just think their eye health is out of their hands and you're changing that paradigm one patient at a time as well as training medical doctors to to think differently.

So thank you for that and you know if time permits in a few months I would certainly like to have part two. I'd like to hear more about glaucoma. I'd like to talk about retinal health.

I'd like to talk about type 2 diabetes and how you can really see that in eye exams. So thank you for being here. I would love to come back. I will share one more thing.

So earlier this year, I hosted an online event called the Eye Health Summit, and it was a free event. We had 36 speakers sharing their areas of expertise.

So if someone is interested in a particular topic, maybe something I mentioned today, or maybe it's something I didn't yet mention, you can probably find it covered in the iHealth Summit because we were so comprehensive in all the topics to be covered.

So I can share that link with you. It was in May of 2025, so it already happened. We're going to make this an annual event, so we already started planning for 2026, but you can still access some of the recordings from the 2025 Summit.

Fantastic. Fantastic. You know, we want to be proactive about every area of our vitality. We want to live a life to the fullest so that we can have these rich relationships and feel good to invest in those and not be spending our money on trying to get well.

So thank you, Dr. Ronnie, for all of your many tips. I recommend your cookbook highly. There's a lot of good things in here. Just look at Dr. Ronnie's website.

That will be in the show notes. And check out what she's doing. And thank you for listeners for joining me. I think we're in 150 countries now, and I don't know, 5,500 cities.

And because you're sharing, because you know, I'm really kind of a social media loser in a lot of ways. But join me on Instagram. Join Dr. Ronnie on Instagram.

We're having some fun there. Share this with anybody. It can help. Everybody has eyes that they want to be healthier. And please comment, subscribe, and blessings until next time.

Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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