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HOLISTIC HEALING

LET THE LIGHT IN WITH
LUTEIN

Natural support for macular degeneration

Michael T. Murray, ND

The macula is the area of the retina where images are focused. It is the portion of the eye responsible for fine vision. Age-related degeneration of the macula is the leading cause of severe visual loss in North America in persons aged 55 years or older.

Individuals with macular degeneration may experience blurred vision; straight objects may appear distorted or bent; there may be a dark spot near or around the centre of the visual field; and while reading, parts of words may be missing. People with macular degeneration generally have good peripheral vision; they just can’t see what is directly in front of them.

CAUSES
The major risk factors for age-related macular degeneration (ARMD) are smoking, aging, atherosclerosis (hardening of the arteries), and high blood pressure. Apparently, the degeneration is a result of free-radical damage as well as decreased blood and oxygen supply to the retina.

DIETARY FACTORS
A diet rich in fruits and vegetables may be associated with a lowered risk for ARMD. Presumably, this protection is the result of increased intake of antioxidant vitamins and minerals. However, various nonessential food components, such as lutein and the flavonoids from blueberries, are proving to be even more significant in protecting against ARMD than traditional nutritional antioxidants, such as vitamins C and E and the mineral selenium.
Taking a lutein supplement may help to halt and even reverse macular degeneration.

Several studies have now shown that taking a lutein supplement increases both the lutein content as well as that of a related carotene, zeaxanthin, within the macula. It appears that increasing the lutein content within the macula is linked to improvements in visual function in people suffering from ARMD.

For example, in one study (the Lutein Antioxidant Supplementation Trial, or LAST) it was shown that patients who took 10 mg of lutein daily experienced a 50 percent increase in macular pigment density. This may have led to improvements in several symptoms, including glare recovery, contrast sensitivity, and visual acuity.

**DAILY DOSE**

In population studies, participants showing protection from macular degeneration were estimated to have eaten about 6 mg of lutein per day from food. This amount appears to be a reasonable supplementation level for prevention. In individuals with existing macular degeneration, my recommendation would be to take 20 mg daily for a minimum of three months to achieve saturation levels within the macula. After this time, a maintenance dosage of 6 to 10 mg is sufficient.

Michael T. Murray, ND, is the author of more than 20 books, including The Encyclopedia of Healing Foods (Atria, 2005). Dr. Murray is director of product development for Natural Factors.

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**Q:** Is iron important for fertility and pregnancy?

**A:** The highest risk group for iron deficiency is women in their childbearing years. Iron levels can plummet during pregnancy and breastfeeding if iron intake is inadequate to meet the demands of increased blood supply during pregnancy and to establish iron stores for the baby in the first six months of life.

Adequate iron is required for optimum fertility and to ensure proper placenta development at conception. The Danish Food Directorate reports "clear iron deficiencies" in fertile women who are planning a family; only 1/5 of fertile women have adequate iron stores (40-70 ug/l). Fatigue, pale skin, dark circles under the eyes, poor concentration, difficulty exercising and increased infections are signs of iron deficiency. This deficiency is linked with low birth weight babies, pre-term labour, postpartum depression and iron deficiency in infants.

Iron consumption must increase during pregnancy to 30 mg/day. Supplementation makes sense – but many iron supplements can cause constipation. I recommend Floradix® Liquid Iron because it is non-constanting and clinically proven to normalize low iron levels. Floradix® is a low-dose supplement designed for maximum absorption. This low dose is supported by a recent study that recommended just 20 mg of iron per day during pregnancy. This dosage reduced iron deficiency anemia and iron deficiency at delivery and postpartum – without constipation. Another study found that supplementing 30 mg of iron throughout pregnancy significantly reduced small birth weight babies and pre-term labour, whereas supplementation at the end of pregnancy made no difference for these complications.

I personally have been supplementing with Floradix® since I was 15 years old and have used it in my practice for 12 years with proven results.

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