Testimony on Macular Degeneration - Wednesday, April 06, 2011

I have an 81 year old customer who has had a complete reversal in Macular Degeneration. He used RX for a Healthier Life (Cinch, Vivix, Vitalizer Gold, Nutriferon) plus 2 Carotomax and 2 Zinc every day.

He was legally blind when I met him in April, 2010 --- and in December, 2010 he was able to read every line on the eye chart without the use of any glasses.

His ophthalmologist who does not believe in supplements is now a Shaklee Member on AutoShip.

Debbie G

Macular Degeneration Improved With Carotomax

In March, 1999, I was diagnosed with Macular Degeneration and was told to take vitamins (Macularx) and to return in 6 months. Returning to the doctor 6 months later, I was told my condition had deteriorated because I had brushed off the idea of taking vitamins. But the doctor had said that I must take them now not for preventative measurers but, for therapeutic therapy. In talking to my daughter, who is an avid Shaklee user, she had suggested I contact a Shaklee representative. The representative suggested I try Carotomax, which I did. Upon my next visit to the doctor, this March, 2000, I was thrilled that my eyes had improved greatly!!!! The doctor told me to continue taking the vitamins. …*Evelyn S.*

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Do Shaklee supplements work? I believe you can SEE the difference!

I can vouch for that. The last two eye check-ups I've had, have resulted in my vision getting better, which means new glasses - but with a weaker prescription both times. (My wife's optometrist says that is unheard of!!!!) Also, my last blood work continues to puzzle my M.D. My LDL (BAD) cholesterol continues to go down, but my HDL (GOOD) continues to increase. My coronary risk factor is down to 1.3. The average for men is 3.6. Those numbers are with very little exercise. Many of you know that I have histoplasmosis in both eyes and have a great possibility of going blind because of the condition. Since there isn't anything medically that can be done to prevent or treat the disease, I decided to use a nutritional approach to hopefully curb the disease. I've steadfastly stayed on a regime of Shaklee Protein, Vita-Lea, Alfalfa, B-Complex, Vita-C 500, Vita E and Formula I. I have also taken CartoMax and Acuity sporadically but not on a consistent basis. Bottom line is YOU CAN SEE the difference with Shaklee Nutritional Supplements. There is an old axiom in Shaklee..."The only way Shaklee Nutrition won't work for you is - If you don't take them at all or if you don't take enough." To Your Health - Eugene Danner

PS. Macular Degeneration and Cataracts, even Glaucoma can be stopped and sometimes even reversed with the proper nutritional program: Heavy on CarotoMax (6-8 per day), and Zinc (6 per day--seems like alot, but people with eye problems need more), CoQ Heart, Vita E, and SR C. Vita Lea, B-Complex and Energizing Soy Protein round of the program.

--I am attaching a sheet that I made up for Jim's mom. I know she is taking everything on the list, but I couldn't say how many. It was a big thing for her to take this many "pills." If you know the elderly, they don't like swallowing a lot of pills. Anyway, she began taking the Beta Carotene, then CarotoMax came out. She switched to CM (I bought all her BC bottles as incentive to change). She didn't go back to the doctor for a few months after switching to CM, so the improvement might have come quite quickly--we just don't know. Anyway, I am also forwarding a couple emails that give testimonies about CM--the first one is the one that encouraged us to tell his mom to try CM. Then, I sent an email to the Chaneys about Jim's mom's success and they sent it out, so I have a copy in my email file. If you have any further questions, let me know. Donna

MACULAR DEGENERATION

Macular degeneration causes a progressive visual loss due to degeneration of the macula, the portion of the retina responsible for fine vision. Macular degeneration is the leading cause of severe visual loss in the United States and Europe in people over fiftyfive years old. This loss of vision may appear suddenly or it may progress slowly. Usually peripheral and color are unaffected. There are two types of macular degeneration: atrophic (or “dry”) and exudative (“wet”). In the latter type, the degeneration of the macula is accompanied by hemorrhaging or leaking of fluid from a network of tiny blood vessels that develop under the center of the retina. This results in scarring and loss of vision.

Macular degeneration is probably the result of free radical damage similar to the type of damage that induces cataracts. Factors that predispose a person to developing macular degeneration include aging, atherosclerosis, hypertension, and environmental toxins. Heredity may play a role as well.

Nutrient Suggested Daily Dosage Comments/Benefits

Take 2-3 CarotoMax Good for all eye disorders daily. Increase if you don’t see improvement in 2-3 weeks. **Carotomax** contains Lutein, Lycopene and Zeaxanthin **Vitamin E With Selenium** Each week add one more Important antioxidant and 400 I.U. until taking 6 a day* Free radical destroyer **Zinc** Take maximum of 150 mg per day. Deficiency has been linked to eye disorders. Use vegetarian Formula 120 mg of Ginkgo Biloba, Hawthorn, Bilberry + more. Take 3 **Mental Acuity** caplets daily. Increases blood flow to the brain and to the eyes: improves circulation. 2-5 Vitamin **Sustained Release C** tabs (1,000-2,500 mg) 4x a day. Important antioxidant; also relieves pressure from cataracts

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12/29/2005

Antioxidant intake and age-related macular degeneration (AMD).

Source: JAMA

Macular degeneration is a major cause of gradual, painless, central vision loss in the elderly. Previously known as "senile macular degeneration," the name has been changed to age-related macular degeneration, due to the unflattering reference to advanced age. The actual incidence of the disease depends upon how it is defined. The Framingham Eye Study revealed that ARMD affects about 2% of Americans aged 52-64 years: 11% aged 65-74 years; and 28% aged 75 years and older.[1] As with most diseases, however, it has been determined that there are some apparent risk factors that are associated. Two of these are hypertension and cigarette smoking. Other suggested risk factors include far-sightedness and the normal risk factors

associated with cardiovascular disease. Years ago, scientists thought there was a relationship between light and the development of ARMD. However, more recent studies found no correlation to either visible light nor a light iris color and increased risk. More recently, the role of ocular blood flow in ARMD has been studied to see if there is a relationship between blood flow and the disease itself.

A recent study published in the Journal of the American Medical Association investigated dietary intake in relation to AMD risk. Participants were taken from the Rotterdam Study and completed a semi-quantitative food frequency questionnaire. A total of 4,170 participants completed this study. After average follow-up of 8 years, AMD was diagnosed in 560 people. The results found that intake of vitamin E and zinc were both inversely associated with AMD risk. Beta-carotene and vitamin C also showed an inverse association. The authors of this study concluded that, “high dietary intake of beta carotene, vitamins C and E, and zinc was associated with a substantially reduced risk of AMD in elderly persons.”[2]

1. Leibowitz HM. The Framingham Eye Study Monograph: an ophthalmological and epidemiological study of cataract, glaucoma, diabetic retinopathy, macular degeneration, and visual acuity in a general population of 2631 adults, 1973-1975. Surv Ophthalmol. 1980;24(Suppl):335-610.
2. van Leeuwen R, et al. Dietary Intake of Antioxidants and Risk of Age-Related Macular Degeneration. JAMA. 2005;294:3101-3107.

What should I know about Macular Degeneration?

Macular degeneration is a major cause of gradual, painless, central vision loss in the elderly.(1) Previously known as "senile macular degeneration," the name has been changed to age-related macular degeneration, (ARMD), due to the unflattering reference to advanced age. The average age at onset of visual loss is about 75 years. After the age of 50 years, the incidence steadily increases; over one-third of people in their ninth decade of life are affected.(2) The actual incidence of the disease depends upon how it is defined. The Framingham Eye Study revealed that ARMD affects about 2% of Americans aged 52-64 years: 11% aged 65-74 years; and 28% aged 75 years and older.(3)

Despite its prevalence there is a lot about macular degeneration that remains unclear. Researchers have implied that certain conditions may contribute to the disorder. Some of these are arteriosclerosis, oxidative damage, photic damage, inflammation, diet, vitamin and rare element deficiencies, and genetics. The genetic factors that are suspected in being involved are hard to quantify due to the fact that parents and siblings may not be alive, and children may be too young to display any symptoms that could be traced leading to the disease. A recent study has suggested that depression may contribute to ARMD as well.(4)

As with most diseases, however, it has been determined that there are some apparent risk factors that are associated. Two of these are hypertension and cigarette smoking. Other suggested risk factors include far-sightedness and the normal risk factors associated with cardiovascular disease.

Years ago, scientists thought there was a relationship between light and the development of ARMD. However, more recent studies found no correlation to either visible light nor a light iris color and increased risk. More recently, the role of ocular blood flow in ARMD has been studied to see if there is a relationship between blood flow and the disease itself.(5)

Statisitics / Macular Degeneration Foundation, 1999.

• 1 in 3 Americans are affected.
• Macular Degeneration is the leading cause of central vision loss and blindness in the Western World.
• Over 15 million victims have this disease.

American Academy of Ophthalmology, 1999.
• 90% of cases are "Dry" form.
• 10% of cases are "Wet" form.
The Schepens Eye Research Institute, 1999.
• "Wet" form accounts for 90% of all cases of legal blindness
Signs and Symptoms
Ophthalmologists can detect the presence of macular degeneration during a complete examination by observing the changes in and behind the retina. Small yellow clusters of deposits occur that can only be seen through an ophthalmoscope. Age related macular degeneration occurs in both eyes, is occasionally treatable, not preventable, and generally worsens over time. While some patients may have no symptoms, the symptoms most commonly seen include blurred central vision, decreased reading ability, especially in dim light, distortion in central vision, and trouble adapting to darkness. Macular degeneration occurs most often in patients over 50 years old.
The following list does not insure the presence of this health condition. Please see the text and your healthcare professional for more information.
General
Increasingly blurred central vision
Decreased reading ability, especially in dim light
Distortion in central vision
Trouble adapting to darkness
Occurs most frequently in both eyes
Occurs most often in patients over 50 years old
Footnotes
1 Horton JC. Disorders of the eye. In: Fauci AS, Braunwald E, Isselbacher KJ, et al, eds. Harrison's Principles of Internal
Medicine, 14th ed. New York: McGraw-Hill; 1998:168.
2 Edwards MG, Bressler NM, Raja SC. Macular disorders-Age-related macular degeneration. In: Yanoff M, Duku JS, Augsbuger JJ, et al, eds. Ophthalmology, 1st ed. London, UK: Mosby International; 1999:8-28.1--8-28.9.
3 Leibowitz HM, Krueger DE, Maunder LR, et al. The Framingham Eye Study Monograph: an ophthalmological and epidemiological study of cataract, glaucoma, diabetic retinopathy, macular degeneration, and visual acuity in a general
population of 2631 adults, 1973-1975. Surv Ophthalmol. 1980;24(Suppl):335-610.
View Abstract
4 Rovner BW, Casten RJ, Tasman WS. Effect of Depression on Vision Function in Age-Related Macular Degeneration.
Arch Ophthalmol. 2002;120:1041-1044.
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5 Friedman E, Krupsky S, Lane AM, et al. Ocular blood flow velocity in age-related macular degeneration. Ophthalmology.
1995;102:640-646.