Nutritionally Oriented Physical Exam: Eyes

Transcript

After we finish with measurements, it's a good idea to look at the eye. So before we begin, let's just make sure that you are aware that any of the information I'm presenting here is not intended to replace a one-on-one relationship with a qualified healthcare professional. It's also not medical advice.

And when you are presenting to your clients, you need to be really careful and make sure that they are aware that what you are presenting and what I'm presenting here today is intended as a sharing of my knowledge, information, clinical research and clinical experience over many years.

I encourage you, and you should encourage your clients, to make their own healthcare decisions based upon your research and in partnership with a qualified healthcare professional. This is especially true for people who are on any medications. I just want to make sure that the things that we talk about in terms of nutrition are not going to interfere with the protocols.

Now you are not an opthalmologist, you are not an optometrist so we are not here to get really detailed pathologies out of the way. What we are looking at is functionally how is the eye doing; and functionally there are parts of the eye, the skin around the eye, the eye itself, the lids that are indicative of imbalances elsewhere in the body.

I put the eye anatomy picture here just so you can see. The cornea goes over the pupil, the iris is the colored part, the sclera is the white part or so it should be, you can see that marked there. And then in between, in the back, is the optic nerve. If you actually have an ophthalmoscope that you can look inside the person's eye, you can actually see the optic nerve and the macula and the back of the retina and you can see the blood vessels on the retina.

If you are able to look in people's eyes you get a really good indication of their cardiovascular system.

You can see indications of hypertension, of diabetic retinopathy, of arthrosclerosis; and you can see that by the way that the vessels present themselves on the back. But in our case what we are looking functionally at is the pupil and we are going to look at whether it constricts and dilates appropriately.

We are looking at the iris, the color of the iris and markings on the iris. We are going to be looking at the sclera whether it is truly white or they are discolorations. We are going to be looking at the lids themselves and what color they are. Do they droop? Are they swollen? And then functionally: again shining a light on the eyes, and the opening and closing the eyes.

Let's take a look at the exam page. We've got the eye exam. The very first thing you're going to do is, in a darkened room, shine a small light (penlight is fine) into one of the eyes and watch the pupil: it should constrict especially if you are in a darker room. You can do this in a daylight lit room, you might want to have them facing away from the window.

But if you have lights in the room definitely turn them off so it's as dark as you possibly can get it, so there is a distinction between shining the light in the eye, and it should constrict even if it's in a fairly bright room. The pupil here, this should constrict so this black should get much smaller and ideally if everything is working properly you should be able to hold that for 20 seconds.

Then at about 20 seconds maybe it starts to waver but you quit the test if they make it to 20 seconds, quite frankly most people don't. Adrenal weakness is indicated if they can't keep the pupil open for 10 seconds or longer and a slight adrenal weakness might be if they can't between 10 and 20 seconds.

But they definitely have some adrenal issues if after two or three seconds or five seconds the constricted pupil then starts to waver and pulsate and dilate and open again so that's an important thing to note, how many seconds does it take before you start to lose the constriction and you jot that down here.

Then there are all sorts of other things we can look at. We can look at a white ring around the iris. If they had a white ring out here around the iris that can be due to excess calcium or aluminum, it can be related to salicylate poisoning which is the chemical compound in aspirin, or even atherosclerosis.

Now when you see one of these signs, it doesn't mean that this definitely exists. We are going to be putting together clues, and you'll see when I show you the interpretation page, you put together the clues and then you get a sense of whether the person has a certain condition. If this is the only sign they have of atherosclerosis, it's unlikely that they have atherosclerosis.

Let's say they have a perfect cholesterol level, no family history, the only thing that shows up is this white ring around the eye, it's probably not related to arthrosclerosis but it could be an overdose of calcium or aluminum and you want to ask them about their exposure to that.

If they have a gray ring around the cornea again possible atherosclerosis but also could be related to Alzheimer's disease or liver issues. Again we are going to be looking at all the clues; the history that we've taken, the labs that you take as well as the physical findings and basically it's like solving a mystery.

A gray pupil is indicative of cataract, okay it's kind of a hazy gray. A green pupil can be indicative of glaucoma and if you suspect anything like glaucoma or cataracts then you want to refer them to an optometrist or an ophthalmologist to get things checked out. When the pupil doesn't constrict when the light is shined inside, that's indicative of weak adrenals.

If there is a black discoloration below the bottom eyelids, that can again be a sign of adrenal exhaustion. If there is a brown discoloration below the bottom eye lid that can also be adrenal weakness and also kidney weakness. So again we are going to be putting this together with the rest of the history and the lab findings. Puffy bags under the eye; that can be kidney or bladder weakness. It can be edema and the edema could be related to allergies, it could be related to insufficient sleep.

It could be related to an overall inflammatory process going on in the body. And then yellow discoloration below the bottom of the eyelids can also be liver and gallbladder stress and when we look next at the sclera, you are also going to be putting that together with a yellow discoloration on the sclera, which is this white part here.

When the eyes "bug-out", and you've seen that I'm sure where the eyes just seem to "bug-out", that's often indicative of a hyper-thyroid condition. The next set of findings is related to the sclera, which is this white part or should be white part of the eye. It should be a nice, really clear white without a lot of red spots. If you do you want to start asking questions about their sleep patterns, about their alcohol patterns and such like.

If it's yellow or brown it can be indicative of liver or gallbladder stress, it can be a sign of jaundice. If it's clear but has a bluish tint to it, it might be poor circulation or anemia, then you may actually be seeing some of the caves, the color from the veins below because there is a thinning of the sclera. If it's red it could be conjunctivitis so this little red stuff you see over here in the corner, you'd see this throughout. And more than just seeing the arteries there you actually see the little hazy red around here. That would be kind of throughout it when you've got conjunctivitis, which is an inflammation or an infection in the sclera.

It could also be inflammation in the GI tract or the liver. There is something called ‘liver fire rising’ in Chinese medicine, which is heat in the liver and that can cause redness in the eyes. In Chinese medicine, the eyes are very connected to the liver so when people are explaining that they have loss of eyesight or some issues with their eyes you want to start looking and examining for liver issues.

What we find also is when people go on cleanses and detoxes they suddenly report that their vision is better and that’s because of the relationship between the vision and the eyes. If it’s actually green that’s very much related to the liver and poor bile formation. If it’s pasty or off-white it could be lymphatic congestion, lack of drainage of lymphatic, which is part of your immune system that’s helping you fight off infection and inflammation.

Finally gray sclera can be indicative of constipation or sluggish bowels. And you are just going to be marking this if you are examining someone or having them mark this themselves when they are examining themselves. If you are working long distance with people you can have people do this themselves. You can also show them how to take a picture of their eye. The pictures of the eyes are tricky to do to get such a clear picture as this, but there are some techniques that can be done. Most iridologists know how to do that.