Letters

To the Editor,

Open angle glaucoma should be added to the growing list of NAD deficiency diseases. My interest in this grew out of the hypothesis that if the sodium pump can be favorably affected by raising NAD levels as we have seen in hypertension and diabetes, then perhaps glaucoma would also be improved. I contacted Dr. Paul Kaufmann of the U. W. Ophthalmology Dept. and we conducted a literature search by Medline and found the German and Russian literature as well as one Polish article have explored this idea. The Polish article studied 18 cases of simple glaucoma which were given IV infusions of 100 mg nicotinamide in 5% glucose solution once daily for 10 days. They reported improvement in 50% of the cases as measured by visual acuity. Cases of 3 years duration or less were more likely to show improvement. It would have been better to use oral niacin and give it over a longer period as was done by German and Russian researchers. V.S. Zhukovsky in 1973 reported that in 142 glaucoma patients under therapy at various stages of the disease, 131 cases had low N methyl nicotinamide and 131 cases had low blood NAD levels. This study was done to explore the potential that glaucoma might be a form of subclinical pellagra, because it was previously found that niacin therapy was of benefit in these cases. It was found necessary to give 120 mg daily in summer and 150 mg in winter of niacin to these patients to restore the N methyl nicotinamide and NAD blood levels as low as pellagrins. Giving the extra niacin resulted in improved visual function and general health in the Russian study. German researchers have used nicotinic acid in a product called *Cosaldon A+E*® which is given 2 or 3 times daily for improvement of visual fields in addition to the usual eye drops to lower pressure in glaucoma. It contains 400 mg of pentifylin, 100 mg of nicotinic acid, 30,000 iu of vitamin A and 42.5 mg of vitamin E. Visual field defects were decreased or eliminated over the period of 3 to 5 months of therapy. Since multiple agents are used in this product it is more difficult to evaluate the effect of niacin therapy alone in the course of glaucoma, but I suspect it is the critical component of this combination.

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To the Editor,

In the article entitled "New light on chronic fatigue syndrome" which appeared in vol. 3, no. 3 of the *Journal of Orthomolecular Medicine*, Dr. Buist comments on Dr. Mukherjee's finding of red cell deformations in patients with what is increasingly being labeled Chronic Fatigue Syndrome. His discussion reminded me of Dr. Truss' finding (Truss CO. Metabolic abnormalities in patients with chronic candidiasis: The acetaldehyde hypothesis. *J. Orthomol. Psychiat.* 13:66-93, 1984) that patients with candida-related illness had decreased red cell filtration rates (suggesting inability of red cells to enter smaller capillaries) which reverted to normal after treatment.

Perhaps symptoms of both illnesses may be mediated by pathogenic changes in RBC characteristics which reduce their ability to oxygenate tissues. To speculate further, symptoms of non-atopic food reactions may also be at least partly mediated by such a mechanism. (It is a common clinical experience that non-atopic food reactions are often ameliorated by oxygen.) This could explain why there is such extensive symptom-overlap between these three disorders.

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