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Vegetarian Diet is associated with a Lower Risk of Cataract, Especially in Overweight Individuals: A Study of the Future

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whether vegetarianism̂s beneýts outweigh its risks for cataract develop

Objective: To investigate the potential link between cataract risk ar

Design: The research was conducted as a prospective cohort stud

Participants and setting Dalin Tzu Chi Hospital was the location wh Chi Health Study from 2007 to 2009. A validated food frequency questio 40 and older who did not have cataracts at the time of recruitment (3, were followed until they died or developed cataracts at the end of 2014

Cataract incident cases (International Classiýcation of Diseases, 9 were linked to Taiwan̂s National Health Insurance Research Database t years of follow-up. A vegetarian diet was linked to a 20 percent lower ris conýdence interval: 0.65 to 0.99; After controlling for sex, education, smo Tzu Chi volunteer status, hypertension, diabetes, hyperlipidemia, pre index (kg/m2), the results (P = 0.04) People who were overweight (deýn 24 in Taiwan) had a stronger association with this [hazard ratio 0.70, 95

Conclusions: In the study's overweight participants, a vegetarian

Keywords: Vegetarian diet; Cataract; Smoking; Tzu Chi Health Study

Introduction

Oxidative stress in the lens of the eye causes cataracts, and plant-based diets can contain a wide range of antioxidants that protect against damage. However, homocysteine levels can rise in strict vegetarians who don't get enough vitamin B-12, which could make them more likely to develop cortical cataracts. Investigating whether vegetarianism's bene ts outweigh its risks for cataract development is warranted [5].

Our objective was to investigate the potential link between cataract risk and a vegetarian diet in Taiwan.

Chronic diseases have been largely attributed to unfavorable shi s in global dietary patterns [1]. Dietary risk factors were cited as the cause of 11 million deaths and 255 million disability-adjusted life years (DALYs) in 2017. Cancer was followed by cardiovascular disease as the leading cause of diet-related deaths and DALYs (207 million DALYs). Ischemic heart disease (IHD) mortality decreased from 2005 to 2015, but it continues to be the leading cause of death. [6] Consumption of red meat has been linked to a slight increase in the incidence of total, cardiovascular, and cancer mortality in previous studies. To alleviate this problem, the 2019 American College of Cardiology (ACC)/American Heart Association (AHA) Guideline on the Primary Prevention of Cardiovascular Disease recommended eating sh, whole grains, legumes, nuts, fruits, and vegetables to lower cardiovascular risk (Class: I, Evidence Level: BR). Red meat-free diets, on the other hand, have been found to have no e ect on all-cause, cardiovascular, or cancer mortality in recent studies [7].

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such as the post-hoc analysis of the PREDIMED trial, which found a signi cant mortality reduction of 41% with a vegetarian diet. A pescatarian/semi-vegetarian diet was included in antecedent meta-analyses with a similar research question. Adjusted e ect measures were not used, IHD or cerebrovascular mortality was not reported, and so on.

We conducted a meta-analysis of observational studies reporting mortality outcomes comparing a vegetarian diet to a non-vegetarian diet in light of this evidence gap [8].

I sampled two large North American communities using MTurk. In sample 1, the average age was 35.47 (SD = 1.79), while in sample 2, it was 35.44 (SD = 11.23). In sample 1, there were 47% women, while in sample 2, there were 45%; White/European-Americans made up 67% of sample 1 and 73% of sample 2, while Black/African-Americans made up 8% and 7%, Asian/Asian-Americans made up 14% and 10%, Latinos made up 8% and 7%, and other racial groups made up 3% and 3%.

Respondents were asked to indicate whether they were meat-eaters, meat-reducers (i.e., made regular e orts to cut back on meat in general, red meat in particular, or red meat and poultry in particular), or veg*ns (vegetarians or vegans). is question was used to measure respondents' vegetarian status. ere were 759 vegetarians, 186 meat-eaters, and 58 vegetarians. 766 meat eaters, 188 meat-reduced eaters, and 54 vegetarians comprised.

Rather than using clinical measures of acute depressive episodes, this community sample's depression was measured using questionnaires that inquired about the general tendency to experience negative emotions. In sample 1, the depressiveness facet of the BFI-2 and the depressiveness facet of the CAT-PD were utilized, while in sample 2, the PID-5 depressive scale was utilized. "I have no worth as a person" (PID-5), "I am sad most of the time" (CAT-PD), and "I tend to feel depressed, blue" are examples of items. BFI-2 and CAT-PD items are scored on a 0–4 scale, with higher scores indicating more depression, while PID-5 scores are scored on a 0–3. Averaging item scores was used to calculate scale scores. Using between-subjects ANOVAs, LSD post-hoc comparison tests, and a Type 1 error rate of 0.05, the three diet groups were compared on the three depression scores.

e groups' mean depression scores are presented. e overall F-test in study 1 was statistically signi cant ($p = 0.013$) at $2,1000 = 4.34$. Meat eaters had the lowest depression scores, according to post-hoc testing, followed by vegetarians and meat-eaters. However, the di erence between meat-eaters and meat-reduced individuals was the only one with statistical signi cance ($p = 0.004$). In Study 2, the same pattern emerged. BFI-2 depression had a signi cant overall e ect ($F(2,1005) = 4.04$, $p = .018$). Post-hoc testing revealed signi cant di erences ($p = .013$) between meat-eaters and meat-reduced individuals, as well as between vegetarians and meat-eaters. ($F(2,1005) = 2.97$, $p = 0.052$) e overall e ect on CAT-PD depressiveness was not statistically signi cant. Post-hoc testing, on the other hand, revealed a signi cant di erence ($p = 0.017$) between meat eaters and meat-reduced individuals. As would be expected based on the e ect sizes reported in recent meta-

and cataracts [11]. is suggests that the inverse association between a vegetarian diet and cataracts might be stronger among those who have a higher risk of cardio metabolic disease. e nonsigni cant results could be due to the small sample size for subgroup analyses, but it is impossible to say for sure.

Table 4: Major millets cultivated in Attappady tribal belt during 2020-21.

Sl NO	Crop	Area under Cultivations Hectares (Ha)			Season
		Panchayaths			
		Agali	Pudur	Sholayur	
1	Finger Millet (Ragi)	200	300	350	May to August, Sept to Dec
2	Little millet (Chama)	175	200	225	May to August, Sept to Dec
3	Great Millet/ Indian Millet- **Sorghum**	175	200	225	May to August, Sept to Dec
4	Pearl Millet (Bajra)	25	50	50	May to August, Sept to Dec
5	Foxtail millet (Thina)	35	35	45	May to August, Sept to Dec
6	Barnyard millet (kadavapullu)	25	30	40	May to August, Sept to Dec
7	Minor Millets (Kodo millet)	23	30	45	May to August, Sept to Dec

Food Grains	Carbohydrates (g)	Protein(g)	Fat(g)	Energy (Kcal)	Calcium (mg)	Iron (mg)
Finger Millet	72.0	7.3	1.3	328	34.4	3.9
Little Millets	67.0	7.7	4.7	341	17	9.3
Great Millets	72.6	10.4	1.9	349	25	4.1
Pearl Millet (Bajra)	67.5	11.6	5	361	42	8
Foxtail millet (Thina	60.9	12.3	4.3	331	31	2.8
Barnyard millet (kadavapullu)	65.5	6.2	2.2	307	20	5
Minor Millets (Kodo millet)	65.9	8.3	1.4	309	27	0.5
Source:						