

ARTICLE

Exploring the Impact of Physical Exercise on the Prevention and Management of Eye Diseases: A Comprehensive Review

Alireza Babaei Mazreno^{1*}, Farzaneh Taghian¹, Esmail Babaei²

¹ Department of Sports Physiology, Faculty of Sports Sciences, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran

² Faculty of Sadoughi University of Medical Sciences, Yazd, Iran

*Corresponding Author: Alireza Babaei Mazreno. Email: Alireza.babaei.m@gmail.com

Received: 20-11-2024 ; Accepted: 25-12-2024 ; Published: 15-02-2025

ABSTRACT: Physical exercise is well-known for its systemic health benefits, particularly in cardiovascular and metabolic health. However, its role in ocular health is an emerging area of interest. This review explores the current evidence on how regular physical activity can prevent and manage various eye diseases, including glaucoma, diabetic retinopathy, age-related macular degeneration (AMD), and cataracts. The underlying mechanisms, such as improved ocular blood flow, reduced intraocular pressure (IOP), and enhanced metabolic control, are discussed to provide a comprehensive understanding of how exercise contributes to maintaining eye health.

KEYWORDS: Physical Exercise, Prevention, Management ,Eye Diseases.

1 Introduction

Eye health is crucial for maintaining quality of life, yet millions worldwide suffer from preventable or manageable visual impairments (1). While the relationship between lifestyle factors like diet and ocular health is well-documented, the specific effects of physical exercise on eye diseases have garnered attention only recently (2). This review synthesizes current research on how different forms of exercise can help prevent and manage common ocular conditions.

2. The Role of Exercise in Ocular Blood Flow

Ocular blood flow is a critical factor in maintaining the health of the retina and other eye structures, as it ensures the delivery of essential nutrients and oxygen while removing metabolic waste. Impaired ocular blood flow can contribute to the development of several eye diseases, including glaucoma, diabetic retinopathy, and age-related macular degeneration (AMD). Regular physical exercise has been shown to positively influence ocular blood flow, thereby playing a protective role against these conditions (3).

Improvement in Ocular Perfusion

Regular aerobic exercise, such as walking, jogging, and cycling, has been shown to enhance systemic blood circulation, which includes ocular blood flow. Improved ocular perfusion is beneficial in reducing the risk of ischemic conditions that can lead to retinal damage and other eye diseases (4). Enhanced blood flow can help maintain the health of retinal cells by ensuring an adequate supply of oxygen and nutrients, which is crucial for preventing diseases like diabetic retinopathy (5).

Reduction of Intraocular Pressure (IOP)

One of the key mechanisms by which exercise influences ocular blood flow is through the reduction of intraocular pressure (IOP) (6). Elevated IOP is a significant risk factor for glaucoma, a condition that can lead to optic nerve damage and vision loss. Studies have shown that aerobic exercises can lead to a significant reduction in IOP, which is believed to be partially mediated by improved ocular blood flow. Lowering IOP helps to reduce the mechanical pressure on the optic nerve and improves the overall health of the eye (7).

Prevention of Retinal Ischemia

Retinal ischemia, or inadequate blood flow to the retina, is a major contributing factor to diseases such as diabetic retinopathy and AMD (8). Exercise has been found to increase retinal blood flow, which can prevent or mitigate the effects of ischemia. By promoting better perfusion of the retina, exercise helps to preserve retinal function and prevent the progression of these diseases (9).

Exercise-Induced Vascular Adaptations

Long-term regular exercise can lead to vascular adaptations, such as increased capillary density and improved endothelial function, which enhance blood flow not only to the muscles but also to the eyes (10). These adaptations are crucial in maintaining adequate ocular blood flow, particularly in aging populations or those at risk of vascular-related eye conditions (11).

Impact on Specific Eye Conditions

For individuals with or at risk of glaucoma, the reduction in IOP associated with regular exercise is particularly beneficial. Additionally, for those with diabetes, the improved blood sugar control and enhanced retinal blood flow from exercise can significantly reduce the risk of developing diabetic retinopathy (4). In the context of AMD, exercise may help slow the progression of the disease by improving oxygen and nutrient delivery to the retina (12).

Exercise plays a vital role in enhancing ocular blood flow, which is crucial for preventing and managing various eye diseases. By improving ocular perfusion, reducing intraocular pressure, and preventing retinal ischemia, regular physical activity serves as a protective measure against conditions like glaucoma, diabetic retinopathy, and AMD. Future research should continue to explore the specific types and intensities of exercise that are most beneficial for ocular health (9).

3. Exercise and Intraocular Pressure (IOP)

Intraocular pressure (IOP) is the fluid pressure within the eye, which is a critical factor in maintaining the eye's shape and ensuring the proper functioning of the optic nerve. Elevated IOP is a major risk factor for glaucoma, a condition that can lead to optic nerve damage and irreversible vision loss. Physical exercise has been shown to influence IOP levels, and understanding this relationship is vital for both preventing and managing glaucoma (13).

Impact of Aerobic Exercise on IOP

Aerobic exercises, such as walking, jogging, swimming, and cycling, have been consistently associated with reductions in IOP. Studies suggest that during and immediately after moderate aerobic exercise, IOP decreases, which can have protective effects against glaucoma. This reduction is thought to be due to improved aqueous humor outflow and enhanced ocular blood flow (6).

A study by Marcus et al. (1970) demonstrated that IOP decreased significantly in subjects following moderate aerobic activity. This effect was observed to be temporary but could accumulate with regular exercise, suggesting that consistent physical activity could maintain lower IOP levels over time.

Long-Term Effects of Regular Exercise

While the immediate effects of exercise on IOP are temporary, regular long-term physical activity may contribute to sustained lower IOP levels. A longitudinal study highlighted that individual who engaged in regular physical activity had a lower baseline IOP compared to sedentary individuals, indicating that habitual exercise might reduce the risk of developing glaucoma or slow its progression (9).

Resistance Training and IOP

Resistance training, particularly when involving heavy lifting or exercises that increase intrathoracic pressure (like the Valsalva maneuver), can have a different effect on IOP. Unlike aerobic exercise, intense resistance training can cause a temporary increase in IOP. This is particularly important for individuals with glaucoma or those at high risk, as such spikes in IOP might exacerbate the condition (14). However, moderate resistance exercises with proper breathing techniques may still be beneficial and should be tailored to the individual's health status.

Mechanisms Behind IOP Reduction

The reduction in IOP observed with aerobic exercise is likely due to several mechanisms. Improved blood flow to the ciliary body (the part of the eye responsible for aqueous humor production) may enhance fluid drainage through the trabecular meshwork (15). Additionally, exercise-induced reductions in systemic blood pressure and improved autonomic regulation might also contribute to the observed decrease in IOP.

Exercise Recommendations for Glaucoma Patients

For patients with glaucoma or those at risk, engaging in regular, moderate aerobic exercise is generally recommended to help manage IOP levels. Activities such as brisk walking, swimming, or cycling are considered safe and effective (16). However, it's essential for glaucoma patients to consult with their ophthalmologist before beginning any new exercise regimen, particularly if considering resistance training or high-intensity workouts (17).

Regular physical exercise, especially aerobic activities, plays a significant role in reducing and managing intraocular pressure, thereby offering protective benefits against glaucoma. While resistance training may pose some risks if not performed correctly, moderate aerobic exercise is generally safe and effective for maintaining healthy IOP levels. Future research should continue to explore the specific types and intensities of exercise that are most beneficial for individuals with elevated IOP or glaucoma.

4. Retinal Health and Diabetic Retinopathy

Diabetic retinopathy is a significant complication of diabetes and one of the leading causes of vision loss worldwide. This condition arises from chronic hyperglycemia, which damages the retinal blood vessels, leading to leakage, bleeding, and eventually, vision impairment. Maintaining retinal health is crucial for preventing the onset and progression of diabetic retinopathy, and exercise has emerged as a potentially effective strategy in this regard (19).

The Role of Exercise in Metabolic Control

One of the most significant benefits of exercise for individuals with diabetes is its ability to improve metabolic control. Regular physical activity enhances insulin sensitivity, helping to regulate blood glucose levels. Better glycemic control is crucial in preventing the microvascular complications of diabetes, including those affecting the retina (20).

Studies have shown that individuals who engage in regular aerobic exercise, such as walking or cycling, have lower levels of HbA1c, a marker of long-term blood glucose control. This reduction in blood glucose levels can decrease the likelihood of developing diabetic retinopathy or slow its progression in those already affected (21).

Reduction of Retinal Inflammation

Inflammation plays a key role in the pathogenesis of diabetic retinopathy. Chronic hyperglycemia triggers inflammatory processes that contribute to the breakdown of the blood-retinal barrier, leading to retinal edema and hemorrhages. Exercise has been shown to exert anti-inflammatory effects, which can protect the retina from these damaging processes (22).

Research suggests that regular physical activity can reduce systemic inflammation by lowering levels of inflammatory markers like C-reactive protein (CRP) and interleukin-6 (IL-6). By reducing inflammation, exercise may help maintain the integrity of the blood-retinal barrier, thereby protecting against the development or progression of diabetic retinopathy. Improvement in Retinal Blood Flow Exercise improves systemic circulation, which includes enhancing retinal blood flow. Improved retinal perfusion is critical in preventing ischemic damage to the retina, a common issue in diabetic retinopathy. Increased blood flow helps in delivering essential nutrients and oxygen to retinal cells, supporting their health and function (23).

A study published in the Journal of Diabetes Research indicated that moderate-intensity exercise improved retinal blood flow in individuals with type 2 diabetes, which could potentially slow the progression of diabetic retinopathy by reducing ischemic stress on retinal tissues. Prevention of Retinal Neovascularization In advanced stages of diabetic retinopathy, abnormal blood vessels (neovascularization) can grow on the retina, leading to severe complications such as vitreous hemorrhage and retinal detachment. Exercise, through its effects on improving metabolic control and reducing oxidative stress, may lower the risk of retinal neovascularization (24).

By controlling blood sugar levels and reducing oxidative damage, exercise could limit the stimuli for abnormal blood vessel growth, thereby protecting against the progression to more severe forms of diabetic retinopathy. Exercise Recommendations for Diabetic Patients For individuals with diabetes, incorporating

regular physical activity into their daily routine is strongly recommended. Aerobic exercises like brisk walking, swimming, and cycling are particularly effective in improving glycemic control and protecting retinal health. Additionally, resistance training can complement aerobic exercises by improving overall metabolic health. However, patients with advanced diabetic retinopathy should consult their healthcare provider before starting any new exercise regimen, as high-intensity activities could exacerbate retinal issues. Excise is a powerful tool in the prevention and management of diabetic retinopathy. By improving glycemic control, reducing inflammation, and enhancing retinal blood flow, regular physical activity can help maintain retinal health and prevent the progression of this vision-threatening condition. Patients with diabetes should be encouraged to adopt a physically active lifestyle as part of a comprehensive strategy to protect their vision (20).

5. Prevention of Cataracts

Cataracts, characterized by the clouding of the eye's lens, are a common cause of visual impairment, especially in older adults. While aging is the primary risk factor, lifestyle choices, including physical exercise, can play a significant role in preventing or slowing the development of cataracts. This section explores the relationship between exercise and cataract prevention, focusing on how regular physical activity may contribute to maintaining lens clarity and overall eye health (25).

Oxidative Stress and Cataract Formation

Cataracts are often linked to oxidative stress, which involves damage to lens proteins and other cellular components due to free radicals. Exercise has been shown to enhance the body's antioxidant defense systems, which can help mitigate oxidative damage. Regular physical activity increases the production of antioxidants such as superoxide dismutase and glutathione, which protect against oxidative stress and may reduce the risk of cataract formation (26).

Systemic Health Benefits

Exercise contributes to overall systemic health, including cardiovascular and metabolic health, which indirectly benefits eye health. Improved cardiovascular health enhances blood flow to the eyes, ensuring that the lens receives adequate nutrients and oxygen. Additionally, exercise helps regulate blood sugar levels, which can be beneficial for people with diabetes, a condition that increases the risk of cataracts (27).

Inflammation Reduction

Chronic inflammation is another factor that can contribute to cataract development. Regular exercise has anti-inflammatory effects, reducing systemic inflammation markers like C-reactive protein (CRP). By lowering inflammation, exercise helps protect the lens from inflammatory damage that can accelerate cataract formation. Research Evidence Studies have demonstrated that physically active individuals are less likely to develop cataracts compared to sedentary individuals. For instance, research published in *The American Journal of Epidemiology* found that participants who engaged in regular physical activity had a lower incidence of cataracts. The protective effect of exercise was attributed to improved metabolic health and reduced oxidative stress (28).

Exercise Beneficial for Cataract Prevention

Both aerobic and resistance exercises can be beneficial in cataract prevention. Aerobic activities such as walking, swimming, and cycling improve cardiovascular health and boost antioxidant levels. Resistance training, although primarily focused on building muscle strength, also contributes to overall metabolic health and inflammation reduction (29).

To potentially reduce the risk of cataracts, adults should aim for at least 150 minutes of moderate aerobic activity per week, complemented by strength training exercises on two or more days a week. Engaging in a variety of physical activities can provide comprehensive health benefits and contribute to maintaining lens transparency. Physical exercise plays a significant role in preventing cataracts by reducing oxidative stress, improving systemic health, and decreasing inflammation. By incorporating regular aerobic and resistance exercises into daily routines, individuals can enhance their overall health and potentially reduce their risk of developing cataracts. Further research is needed to establish definitive exercise guidelines for cataract prevention, but existing evidence supports the positive impact of physical activity on eye health (9).

6. Age-Related Macular Degeneration (AMD)

Age-related macular degeneration (AMD) is a leading cause of vision loss in older adults, characterized by the deterioration of the macula, the central part of the retina responsible for sharp, central vision. Although age is the primary risk factor for AMD, lifestyle modifications, including regular physical exercise, have been shown to influence the risk and progression of this condition. This section reviews how exercise can impact AMD and its management (30).

Exercise and Cardiovascular Health

Cardiovascular health has a direct impact on retinal health. Regular aerobic exercise improves cardiovascular function, which enhances blood flow to the retina, including the macula. Improved circulation can help maintain retinal health and potentially slow the progression of AMD. A study published in *Ophthalmology* highlighted that individual with better cardiovascular fitness had a lower risk of developing AMD, likely due to improved retinal perfusion and reduced vascular risk factors (31).

Inflammation Reduction

Chronic inflammation is implicated in the pathogenesis of AMD. Regular exercise is known to have anti-inflammatory effects, which can be beneficial in managing AMD. Physical activity reduces systemic inflammation by lowering levels of inflammatory cytokines and markers such as C-reactive protein (CRP). By decreasing inflammation, exercise may help slow the progression of AMD and preserve macular function (32).

Oxidative Stress and AMD

Oxidative stress plays a significant role in AMD by damaging retinal cells and contributing to macular degeneration. Exercise enhances the body's antioxidant defenses, helping to neutralize free radicals and reduce oxidative damage. Improved oxidative stress management through regular physical activity could protect retinal cells from damage and slow AMD progression (33).

Research Evidence

Evidence supporting the benefits of exercise in AMD management is growing. A longitudinal study found that older adults who engaged in regular physical activity had a lower incidence of AMD and slower

progression of existing AMD compared to their sedentary peers. This suggests that maintaining an active lifestyle may be an effective strategy for AMD prevention and management (34).

Types of Exercise Beneficial for AMD

Both aerobic and resistance exercises are beneficial for AMD. Aerobic exercises such as walking, swimming, and cycling help improve cardiovascular health and reduce systemic inflammation. Resistance training can complement aerobic activities by improving overall metabolic health and muscle strength, contributing to overall well-being and potentially supporting retinal health (35).

Exercise Recommendations

For optimal eye health and to potentially reduce the risk of AMD, adults should aim for at least 150 minutes of moderate-intensity aerobic exercise per week, in addition to strength training exercises on two or more days per week. Incorporating a variety of physical activities can maximize health benefits and support retinal health (36).

Regular physical exercise plays a crucial role in managing and potentially reducing the risk of age-related macular degeneration. By improving cardiovascular health, reducing inflammation, and enhancing antioxidant defenses, exercise supports overall retinal health and may slow AMD progression. Incorporating regular physical activity into daily routines is a valuable strategy for maintaining eye health and preserving vision in older adults (9).

7. Recommendations for Physical Activity

Based on the current evidence, healthcare providers should encourage patients, especially those at risk for ocular diseases, to incorporate regular physical activity into their lives. Aerobic exercises such as walking, running, swimming, and cycling are particularly beneficial for eye health. For individuals with existing eye conditions like glaucoma, it is important to consult with an ophthalmologist to determine the safest forms of exercise (9).

Further research is needed to establish specific guidelines for exercise types and intensities tailored to the prevention and management of different eye diseases. Long-term clinical trials will be crucial in solidifying these recommendations (37).

8. Conclusion

Physical exercise offers significant potential in the prevention and management of various eye diseases. By improving ocular blood flow, reducing intraocular pressure, and enhancing systemic metabolic control, exercise can play a crucial role in maintaining eye health. Future research should focus on elucidating the specific mechanisms through which exercise benefits ocular health and developing targeted exercise interventions for those at risk of vision impairment.

References

1. Forrest SL, Mercado CL, Engmann CM, Stacey AW, Hariharan L, Khan S, Cabrera MT. Does the Current Global Health Agenda Lack Vision? *Glob Health Sci Pract*. 2023 Feb 28;11(1):e2200091. doi: 10.9745/GHSP-D-22-00091. PMID: 36853641; PMCID: PMC9972379.
2. Burton MJ, Ramke J, Marques AP, et al.. The Lancet Global Health Commission on Global Eye Health: vision beyond 2020. *Lancet Glob Health*. 2021;9(4):e489–e551. 10.1016/S2214-109X(20)30488-5. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

3. Luo X, Shen YM, Jiang MN, Lou XF, Shen Y. Ocular Blood Flow Autoregulation Mechanisms and Methods. *J Ophthalmol*. 2015;2015:864871. doi: 10.1155/2015/864871. Epub 2015 Oct 21. PMID: 26576295; PMCID: PMC4631905.
4. Ma QY, Zhou J, Xue YX, Xia YT, Wu JG, Yang YX. Analysis of aerobic exercise influence on intraocular pressure and ocular perfusion pressure in patients with primary open-angle glaucoma: A randomized clinical trial. *Indian J Ophthalmol*. 2022 Dec;70(12):4228-4234. doi: 10.4103/ijo.IJO_1195_22. PMID: 36453320; PMCID: PMC9940524.
5. GBD 2019 Blindness and Vision Impairment Collaborators; Vision Loss Expert Group of the Global Burden of Disease Study. Trends in prevalence of blindness and distance and near vision impairment over 30 years: an analysis for the Global Burden of Disease Study. *Lancet Glob Health*. 2021;9(2):e130–e143. 10.1016/S2214-109X(20)30425-3. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
6. Ma QY, Zhou J, Xue YX, Xia YT, Wu JG, Yang YX. Analysis of aerobic exercise influence on intraocular pressure and ocular perfusion pressure in patients with primary open-angle glaucoma: A randomized clinical trial. *Indian J Ophthalmol*. 2022 Dec;70(12):4228-4234. doi: 10.4103/ijo.IJO_1195_22. PMID: 36453320; PMCID: PMC9940524.
7. Mackenzie P, Cioffi G. How does lowering of intraocular pressure protect the optic nerve? *Surv Ophthalmol*. 2008 Nov;53 Suppl1:S39-43. doi: 10.1016/j.survophthal.2008.08.008. PMID: 19038623.
8. Mohite AA, Perais JA, McCullough P, Lois N. Retinal Ischaemia in Diabetic Retinopathy: Understanding and Overcoming a Therapeutic Challenge. *J Clin Med*. 2023 Mar 21;12(6):2406. doi: 10.3390/jcm12062406. PMID: 36983406; PMCID: PMC10056455.
9. Zhang Q, Jiang Y, Deng C, Wang J. Effects and potential mechanisms of exercise and physical activity on eye health and ocular diseases. *Front Med (Lausanne)*. 2024 Mar 22;11:1353624. doi: 10.3389/fmed.2024.1353624. Erratum in: *Front Med (Lausanne)*. 2024 May 16;11:1427623. doi: 10.3389/fmed.2024.1427623. PMID: 38585147; PMCID: PMC10995365.
10. Königstein K, Dipla K, Zafeiridis A. Training the Vessels: Molecular and Clinical Effects of Exercise on Vascular Health-A Narrative Review. *Cells*. 2023 Oct 30;12(21):2544. doi: 10.3390/cells12212544. PMID: 37947622; PMCID: PMC10649652.
11. Benavente-Perez A. Evidence of vascular involvement in myopia: a review. *Front Med (Lausanne)*. 2023 May 18;10:1112996. doi: 10.3389/fmed.2023.1112996. PMID: 37275358; PMCID: PMC10232763.
12. Brodzka S, Baszyński J, Rektor K, Hólderna-Bona K, Stanek E, Kurhaluk N, Tkaczenko H, Malukiewicz G, Woźniak A, Kamiński P. Immunogenetic and Environmental Factors in Age-Related Macular Disease. *Int J Mol Sci*. 2024 Jun 14;25(12):6567. doi: 10.3390/ijms25126567. PMID: 38928273; PMCID: PMC11203563.
13. Turner DC, Edmiston AM, Zohner YE, Byrne KJ, Seigfreid WP, Girkin CA, Morris JS, Downs JC. Transient Intraocular Pressure Fluctuations: Source, Magnitude, Frequency, and Associated Mechanical Energy. *Invest Ophthalmol Vis Sci*. 2019 Jun 3;60(7):2572-2582. doi: 10.1167/iovs.19-26600. PMID: 31212310; PMCID: PMC6586078.
14. Vaghefi E, Shon C, Reading S, Sutherland T, Borges V, Phillips G, Niederer RL, Danesh-Meyer H. Intraocular pressure fluctuation during resistance exercise. *BMJ Open Ophthalmol*. 2021 May 13;6(1):e000723. doi: 10.1136/bmjophth-2021-000723. PMID: 34046525; PMCID: PMC8126276.
15. Yuan Y, Lin TPH, Gao K, Zhou R, Radke NV, Lam DSC, Zhang X. Aerobic exercise reduces intraocular pressure and expands Schlemm's canal dimensions in healthy and primary open-angle glaucoma eyes. *Indian J Ophthalmol*. 2021 May;69(5):1127-1134. doi: 10.4103/ijo.IJO_2858_20. PMID: 33402660; PMCID: PMC8186587.
16. Ma QY, Zhou J, Xue YX, Xia YT, Wu JG, Yang YX. Analysis of aerobic exercise influence on intraocular pressure and ocular perfusion pressure in patients with primary open-angle glaucoma: A randomized clinical trial. *Indian J Ophthalmol*. 2022 Dec;70(12):4228-4234. doi: 10.4103/ijo.IJO_1195_22. PMID: 36453320; PMCID: PMC9940524.

17. Krzysztofik M, Zygadło D, Trybek P, Jarosz J, Zając A, Rolnick N, Wilk M. Resistance Training with Blood Flow Restriction and Ocular Health: A Brief Review. *J Clin Med*. 2022 Aug 19;11(16):4881. doi: 10.3390/jcm11164881. PMID: 36013119; PMCID: PMC9410392.
18. Gildea D, Doyle A, O'Connor J. The Effect of Exercise on Intraocular Pressure and Glaucoma. *J Glaucoma*. 2024 Jun 1;33(6):381-386. doi: 10.1097/IJG.0000000000002411. Epub 2024 May 10. PMID: 38722193.
19. Kropp M, Golubnitschaja O, Mazurakova A, Koklesova L, Sargheini N, Vo TKS, de Clerck E, Polivka J Jr, Potuznik P, Polivka J, Stetkarova I, Kubatka P, Thumann G. Diabetic retinopathy as the leading cause of blindness and early predictor of cascading complications-risks and mitigation. *EPMA J*. 2023 Feb 13;14(1):21-42. doi: 10.1007/s13167-023-00314-8. PMID: 36866156; PMCID: PMC9971534.
20. Kirwan JP, Sacks J, Nieuwoudt S. The essential role of exercise in the management of type 2 diabetes. *Cleve Clin J Med*. 2017 Jul;84(7 Suppl 1):S15-S21. doi: 10.3949/ccjm.84.s1.03. PMID: 28708479; PMCID: PMC5846677.
21. Colberg SR, Sigal RJ, Yardley JE, Riddell MC, Dunstan DW, Dempsey PC, Horton ES, Castorino K, Tate DF. Physical Activity/Exercise and Diabetes: A Position Statement of the American Diabetes Association. *Diabetes Care*. 2016 Nov;39(11):2065-2079. doi: 10.2337/dc16-1728. PMID: 27926890; PMCID: PMC6908414.
22. Gomułka K, Ruta M. The Role of Inflammation and Therapeutic Concepts in Diabetic Retinopathy-A Short Review. *Int J Mol Sci*. 2023 Jan 5;24(2):1024. doi: 10.3390/ijms24021024. PMID: 36674535; PMCID: PMC9864095.
23. Stewart LK, Earnest CP, Blair SN, Church TS. Effects of different doses of physical activity on C-reactive protein among women. *Med Sci Sports Exerc*. 2010 Apr;42(4):701-7. doi: 10.1249/MSS.0b013e3181c03a2b. PMID: 19952829; PMCID: PMC2891301.
24. AlQabandi Y, Nandula SA, Boddepalli CS, Gutlapalli SD, Lavu VK, Abdelwahab Mohamed Abdelwahab R, Huang R, Potla S, Bhalla S, Hamid P. Physical Activity Status and Diabetic Retinopathy: A Review. *Cureus*. 2022 Aug 21;14(8):e28238. doi: 10.7759/cureus.28238. PMID: 36158437; PMCID: PMC9491630.
25. Mencucci R, Stefanini S, Favuzza E, Cennamo M, De Vitto C, Mossello E. Beyond vision: Cataract and health status in old age, a narrative review. *Front Med (Lausanne)*. 2023 Mar 16;10:1110383. doi: 10.3389/fmed.2023.1110383. PMID: 37007780; PMCID: PMC10061098.
26. Berthoud VM, Beyer EC. Oxidative stress, lens gap junctions, and cataracts. *Antioxid Redox Signal*. 2009 Feb;11(2):339-53. doi: 10.1089/ars.2008.2119. PMID: 18831679; PMCID: PMC2763361.
27. Nystoriak MA, Bhatnagar A. Cardiovascular Effects and Benefits of Exercise. *Front Cardiovasc Med*. 2018 Sep 28;5:135. doi: 10.3389/fcvm.2018.00135. PMID: 30324108; PMCID: PMC6172294.
28. Beavers KM, Brinkley TE, Nicklas BJ. Effect of exercise training on chronic inflammation. *Clin Chim Acta*. 2010 Jun 3;411(11-12):785-93. doi: 10.1016/j.cca.2010.02.069. Epub 2010 Feb 25. PMID: 20188719; PMCID: PMC3629815.
29. Patel H, Alkhawam H, Madanieh R, Shah N, Kosmas CE, Vittorio TJ. Aerobic vs anaerobic exercise training effects on the cardiovascular system. *World J Cardiol*. 2017 Feb 26;9(2):134-138. doi: 10.4330/wjc.v9.i2.134. PMID: 28289526; PMCID: PMC5329739.
30. Amini MA, Karbasi A, Vahabirad M, Khanaghaei M, Alizamir A. Mechanistic Insight into Age-Related Macular Degeneration (AMD): Anatomy, Epidemiology, Genetics, Pathogenesis, Prevention, Implications, and Treatment Strategies to Pace AMD Management. *Chonnam Med J*. 2023 Sep;59(3):143-159. doi: 10.4068/cmj.2023.59.3.143. Epub 2023 Sep 25. PMID: 37840684; PMCID: PMC10570864.
31. Karaküçük Y, Okudan N, Bozkurt B, Belviranlı M, Tobakçal F. Evaluation of the effect of high-intensity interval training on macular microcirculation via swept-source optical coherence tomography angiography in young football players. *Indian J Ophthalmol*. 2021 Sep;69(9):2334-2339. doi: 10.4103/ijo.IJO_3079_20. PMID: 34427215; PMCID: PMC8544043.
32. Burini RC, Anderson E, Durstine JL, Carson JA. Inflammation, physical activity, and chronic disease: An evolutionary perspective. *Sports Med Health Sci*. 2020 Mar 26;2(1):1-6. doi: 10.1016/j.smhs.2020.03.004. PMID: 35783338; PMCID: PMC9219305.

33. Kushwah N, Bora K, Maurya M, Pavlovich MC, Chen J. Oxidative Stress and Antioxidants in Age-Related Macular Degeneration. *Antioxidants (Basel)*. 2023 Jul 3;12(7):1379. doi: 10.3390/antiox12071379. PMID: 37507918; PMCID: PMC10376043.
34. McGuinness MB, Le J, Mitchell P, Gopinath B, Cerin E, Saksens NTM, Schick T, Hoyng CB, Guymer RH, Finger RP. Physical Activity and Age-related Macular Degeneration: A Systematic Literature Review and Meta-analysis. *Am J Ophthalmol*. 2017 Aug;180:29-38. doi: 10.1016/j.ajo.2017.05.016. Epub 2017 May 24. PMID: 28549846.
35. Al-Mhanna SB, Batrakoulis A, Wan Ghazali WS, Mohamed M, Aldayel A, Alhussain MH, Afolabi HA, Wada Y, Güllü M, Elkholi S, Abubakar BD, Rojas-Valverde D. Effects of combined aerobic and resistance training on glycemic control, blood pressure, inflammation, cardiorespiratory fitness and quality of life in patients with type 2 diabetes and overweight/obesity: a systematic review and meta-analysis. *PeerJ*. 2024 Jun 14;12:e17525. doi: 10.7717/peerj.17525. PMID: 38887616; PMCID: PMC11182026.
36. Yang YJ. An Overview of Current Physical Activity Recommendations in Primary Care. *Korean J Fam Med*. 2019 May;40(3):135-142. doi: 10.4082/kjfm.19.0038. Epub 2019 May 20. PMID: 31122003; PMCID: PMC6536904.
37. Sansano-Nadal O, Giné-Garriga M, Brach JS, Wert DM, Jerez-Roig J, Guerra-Balic M, Oviedo G, Fortuño J, Gómara-Toldrà N, Soto-Bagaria L, Pérez LM, Inzitari M, Solà I, Martín-Borràs C, Roqué M. Exercise-Based Interventions to Enhance Long-Term Sustainability of Physical Activity in Older Adults: A Systematic Review and Meta-Analysis of Randomized Clinical Trials. *Int J Environ Res Public Health*. 2019 Jul 15;16(14):2527. doi: 10.3390/ijerph16142527. PMID: 31311165; PMCID: PMC6678490.