

Wegovy Linked to Rare 'Eye Stroke' That Can Cause Sudden Blindness

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STORY AT-A-GLANCE

- Researchers found that Wegovy showed the strongest reported association with a rare optic nerve injury that can cause sudden vision loss, raising new questions about the safety of high-dose semaglutide formulations
- Men using Wegovy showed the highest reported risk in the FDA safety database, with odds of optic nerve injury appearing substantially higher than those reported for women
- Analysis of more than 400,000 online discussions revealed that many GLP-1 users frequently reported fatigue, low energy, menstrual changes, chills and hot flashes — symptoms that receive far less attention than digestive side effects
- Real-world patient conversations and artificial intelligence analysis are helping researchers identify emerging drug safety signals much faster than conventional reporting systems alone
- Your body already produces its own GLP-1 hormone through gut microbes that generate butyrate, and restoring this natural system through better gut health supports appetite control and metabolic function without relying on injections

GLP-1 drugs have become some of the most widely prescribed weight-loss medications in the world, and interest in them continues to grow. Researchers are now studying these drugs not only for obesity and Type 2 diabetes, but also for a growing list of other

conditions. As millions more people begin using them, scientists are gaining a clearer picture of how these medications affect the body outside the tightly controlled environment of clinical trials.

Much of the public conversation around drugs such as Wegovy and Ozempic focuses on weight loss results. Yet every medication produces effects that extend beyond its primary purpose. Some of those effects are expected and well documented. Others emerge only after large numbers of people begin using a drug in everyday life, creating opportunities for researchers to identify patterns that weren't obvious during the approval process.

Two recent investigations approached this issue from very different angles. One examined reports submitted to a major federal safety database, while the other analyzed hundreds of thousands of online discussions from people sharing their experiences with these medications. Together, they offer a broader view of what researchers are learning as GLP-1 drugs move to mainstream use.

The findings reveal how modern safety monitoring extends far beyond conventional clinical trials and why researchers are paying close attention to new signals as these medications reach an ever-larger population. One of the most concerning discoveries involved a rare vision-threatening complication that appeared more frequently with one specific GLP-1 formulation than researchers expected.

Wegovy Showed the Strongest Signal for a Rare Eye Stroke Linked to Vision Loss

An analysis published in the British Journal of Ophthalmology examined more than 30.6 million reports submitted to the U.S. Food and Drug Administration's (FDA) Adverse Event Reporting System between 2017 and 2024.¹

They wanted to determine whether semaglutide drugs, including Wegovy, the weight-loss version, and **Ozempic**, the Type 2 diabetes version, were associated with ischemic optic neuropathy (ION), a condition that damages the optic nerve and **threatens vision**.

Among 31,774 semaglutide-related reports, researchers searched for unusual patterns that might indicate a rare but serious safety concern.

- **Wegovy stood out from every other semaglutide product** — Although Ozempic generated more reports overall because it reached the market earlier, Wegovy showed by far the strongest association with optic nerve injury.

Researchers identified 28 reports linked to Wegovy and 47 linked to Ozempic, yet Wegovy produced a much stronger safety signal than would normally be expected. Statistical analysis showed that Wegovy users had nearly five times greater odds of reported optic nerve injury than Ozempic users after adjustments for other factors.²

- **The difference between the drugs was substantial** — Researchers use a measurement called a reporting odds ratio to identify unusual safety patterns. On this scale, a value near 1 means a side effect appears about as often as expected. Wegovy reached 74.89 and Ozempic 18.81 — both far above baseline, but Wegovy in a class of its own.

This means reports of optic nerve injury appeared far more frequently with Wegovy than researchers would expect to see by chance alone. Because both drugs contain semaglutide, the findings suggest that dose and formulation matter, not just the active ingredient itself.

- **Men showed the highest reported risk.** When researchers analyzed the reports by sex, male Wegovy users produced the strongest signal in the entire study, with odds more than 116 times higher than expected. Additional statistical analysis found that men had more than three times greater odds of reported optic nerve injury than women across semaglutide products. Researchers didn't identify the reason for this difference, but the magnitude of the gap drew significant attention.
- **Higher doses and faster absorption could help explain the findings** — Wegovy is prescribed at higher doses than Ozempic, resulting in greater semaglutide exposure over time. The authors suggested that larger doses could contribute to blood

pressure fluctuations, fluid loss and disturbances in autonomic nervous system function, which controls automatic processes such as heart rate and blood vessel regulation.

Reduced blood flow from these changes could place the optic nerve under stress because it depends on a continuous supply of oxygen and nutrients. Researchers also noted that no ION cases were reported for Rybelsus, the oral tablet — though far fewer people take it, so the absence isn't conclusive. Still, its slower absorption and lower drug exposure fit the pattern that dose, not just the active ingredient, may drive the risk.

- **Researchers believe the findings warrant urgent investigation despite important limitations** — The FDA database can't prove that Wegovy directly caused optic nerve injury, nor can it determine how frequently the complication occurs among all users. Reporting patterns can also be influenced by media coverage and public awareness.

Even so, the researchers described their findings as the first evidence of a formulation-dependent and dose-dependent association between semaglutide products and ION, with Wegovy showing the strongest signal observed to date. They called for urgent prospective studies to determine whether certain users face a greater risk and whether additional safeguards are needed.

Thousands of GLP-1 Users Reported Side Effects That Clinical Trials Overlooked

A study published in Nature Health by researchers at the University of Pennsylvania examined 410,198 Reddit posts discussing semaglutide and tirzepatide medications, such as Zepbound and Mounjaro, between May 2019 and June 2025.³ Like semaglutide, tirzepatide is used for weight loss and Type 2 diabetes, but it works on two appetite- and blood sugar-regulating hormones instead of one, which is why it is often described as a next-generation version of the same general drug class.

Using artificial intelligence (AI) to sort through the discussions, researchers identified 67,008 people who reported taking one of these drugs and analyzed the side effects they described in their own words. The goal was to determine whether patients were experiencing symptoms that clinical trials and official reporting systems fail to capture.

- **Nearly half of users reported at least one side effect** — Researchers found that 43.5% of users discussed one or more adverse effects while taking these medications. Digestive complaints dominated the conversations, but the study uncovered a much broader range of concerns than those typically highlighted in drug advertisements or prescribing information.

The findings suggest that everyday quality-of-life symptoms often become apparent only after large numbers of people begin using a medication in the real world.

- **Fatigue emerged as one of the most frequently discussed problems** — Many users described feeling unusually tired, drained, weak or lacking motivation after starting these medications. Fatigue ranked among the most common complaints in the dataset, yet it receives far less attention than nausea, vomiting or digestive symptoms.

For many people, persistent low energy affects exercise, work performance, concentration and daily productivity, making it a significantly disruptive side effect that's reported by users.

- **Women repeatedly reported changes in reproductive health and body temperature** — Nearly 4% of users who discussed side effects also reported menstrual irregularities, including heavier bleeding, bleeding between cycles and changes in cycle timing.⁴ Researchers also identified recurring reports of chills, feeling unusually cold, hot flashes and fever-like sensations.

These symptoms are not widely recognized as hallmark side effects of GLP-1 drugs, yet they appeared often enough across discussions to stand out as an emerging signal that deserves further investigation.

- **The study revealed a gap between clinical trials and everyday experience** — Clinical trials excel at identifying major medical risks and measuring effectiveness, but they don't always capture the symptoms that affect daily life the most. Online communities give people a place to compare experiences freely, creating a large body of information that helps researchers identify patterns that would otherwise remain hidden.
- **AI is becoming an early warning system for drug safety** — Researchers used advanced language models to recognize that different descriptions often referred to the same symptom, allowing them to organize hundreds of thousands of conversations into meaningful trends.

Study author Sharath Chandra Guntuku noted that well-known side effects appeared prominently in the analysis, confirming that the system was detecting genuine signals, while lesser-known symptoms came directly from patients without prompting.⁵

As GLP-1 drug use continues to expand, researchers believe this type of real-time monitoring could identify emerging concerns far faster than conventional safety systems, helping patients make more informed decisions about the risks of these medications.

Restore Your Body's Natural GLP-1 System

The studies in this article raise important questions about the long-term **safety of GLP-1 drugs**. These drugs do produce weight loss, but they do it by flooding your body with a single synthetic signal at doses that may carry real costs. A different approach asks why your body stopped producing that signal well on its own, and works to restore it. Your gut microbes produce short-chain fatty acids (SCFAs), especially **butyrate**, which fuel specialized intestinal cells that release GLP-1 naturally.

When this system works properly, your body regulates hunger and metabolism through its own signals rather than through a drug. Many people produce very little butyrate, however, because modern diets and lifestyle habits disrupt the microbes responsible for making it. As butyrate levels fall, gut barrier function deteriorates, inflammation rises and the metabolic signals that help control appetite become less reliable. Rebuilding this system addresses the root cause rather than replacing it.

- 1. Restore butyrate production by eliminating seed oils** — Your first goal is to create an environment where beneficial gut bacteria can thrive again. Seed oils high in **linoleic acid** (LA) interfere with colon health and make it harder for intestinal cells to use butyrate efficiently. As oxygen levels rise inside the colon, beneficial bacteria decline and inflammation increases.

I recommend reducing LA intake below 5 grams daily, with a target closer to 2 grams. Replace seed oils with more stable fats such as grass fed butter, ghee and tallow. As your gut environment improves, the bacteria responsible for producing butyrate regain their foothold, helping restore natural appetite regulation.

- 2. Calm your gut before increasing fiber intake** — Your gut bacteria produce SCFAs when they ferment certain carbohydrates and fibers. But if you struggle with bloating, gas, abdominal discomfort or irregular bowel habits, avoid the temptation to immediately add large amounts of fiber. A damaged gut often responds poorly to aggressive fiber supplementation.

Start with simpler foods like fruit and white rice, which reduce excessive fermentation and endotoxin production. **Endotoxins** are inflammatory compounds released from certain gut bacteria that escape into circulation when your intestinal barrier becomes compromised. Allowing your gut lining to recover first creates a stronger foundation for rebuilding a healthy microbiome.

- 3. Gradually rebuild microbial diversity with the right carbohydrates** — Once digestion becomes more predictable, begin expanding your intake of foods that nourish beneficial microbes. Most adults do best with roughly 250 grams of carbohydrates

daily, with more needed by physically active individuals.

Begin with whole fruits, root vegetables and well-cooked starches such as white rice. These foods provide glucose needed for healthy cellular energy production while remaining relatively easy to digest. Add non-starchy vegetables next. Beans, legumes and minimally processed whole grains come later and only if your digestion tolerates them comfortably.

- 4. Feed the bacteria that specialize in making butyrate** — Certain foods provide fuel for microbes that excel at butyrate production. Cooked-and-cooled potatoes and slightly green bananas are two of the easiest sources — a fist-sized portion most days is a reasonable start. Both contain resistant starch, a carbohydrate that resists digestion in the small intestine and arrives in your colon intact, where butyrate-making bacteria feast on it.

As butyrate-producing bacteria expand, your intestinal barrier becomes stronger, inflammatory compounds remain contained within your digestive tract and communication between your microbiome and metabolism improves. This process helps restore the natural signaling pathways that regulate appetite and body composition.

- 5. Activate your own GLP-1 production instead of relying on injections** — Your intestine already produces GLP-1. Drugs such as Wegovy and Ozempic attempt to replicate a signal that your body evolved to create on its own. The real goal isn't lifelong dependence on a medication but restoration of the biological systems that regulate hunger and metabolism naturally.

When your microbiome produces adequate amounts of butyrate and other beneficial SCFAs, the cells responsible for GLP-1 release receive the fuel they need to function properly. Appetite regulation may become more stable.

Metabolic health may improve. Fat loss may become easier to sustain because it's driven by your body's own physiology rather than by an external drug. My book, [**"Weight Loss Cure: Melt Fat Naturally with Your Own GLP-1,"**](#) now available in ebook

and hard copy, explores this process in far greater detail and outlines practical strategies for restoring the natural GLP-1 system your body already possesses.

This article is for informational purposes only and does not constitute medical advice. Consult a qualified healthcare provider before making changes to your health regimen.

FAQs About Wegovy and Eye Risks

Q: What is the rare eye condition linked to Wegovy?

A: Researchers investigated a condition called ION, which occurs when blood flow to the optic nerve becomes reduced or blocked. The optic nerve carries visual information from your eye to your brain. When its blood supply is disrupted, symptoms such as sudden vision loss, blurred vision or blind spots can occur, and some cases result in permanent vision damage.

Q: How did Wegovy compare to Ozempic in the study?

A: Although both medications contain semaglutide, researchers found that Wegovy showed a much stronger safety signal for reported optic nerve injury. Statistical analysis suggested that Wegovy users had nearly five times greater odds of reported ION than Ozempic users. Researchers believe the higher doses used in Wegovy could play a role in this difference.

Q: Who appeared to face the greatest reported risk?

A: Men showed the strongest association with reported optic nerve injury in the FDA safety database. Male Wegovy users had the highest odds observed in the study, and researchers found that men had more than three times greater odds of reported

ION than women across semaglutide products. The reason for this difference remains unclear.

Q: What side effects did GLP-1 users frequently discuss online?

A: In addition to common digestive complaints, users frequently reported fatigue, low energy, menstrual irregularities, chills, feeling unusually cold and hot flashes. Researchers identified these patterns after analyzing more than 400,000 Reddit posts discussing semaglutide and tirzepatide medications.

Q: Is there a way to support GLP-1 naturally without injections?

A: Your body already produces GLP-1 in specialized cells located in your intestine. These cells are fueled by butyrate, an SCFA produced by beneficial gut bacteria. Supporting butyrate production through improved gut health, reducing seed oil consumption, rebuilding microbial diversity and eating foods that nourish butyrate-producing bacteria helps restore your body's own appetite-regulation system rather than relying solely on medications.

Test Your Knowledge with Today's Quiz!

Take today's quiz to see how much you've learned from [yesterday's Mercola.com article](#).

What is Google's mosquito-release program designed to do?

[Reduce mosquito populations and disease spread](#)

[Increase mosquito breeding in cities](#)

[Replace all local insect species](#)

[Eliminate the need for public health programs](#)

Sources and References

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