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This Simple Nighttime Habit Could Increase Your Glaucoma Risk

Analysis by Dr. Joseph Mercola | March 23, 2026

STORY AT-A-GLANCE

- Glaucoma is an asymptomatic eye disease that quietly damages the optic nerve; it's the second leading cause of blindness worldwide, affecting over 80 million people
- A study in the British Journal of Ophthalmology explored whether using pillows that elevate the head during sleep could affect eye pressure in people with glaucoma
- Sleeping too little or too long, especially when combined with excess body weight, may increase your risk of glaucoma
- Statin use may raise glaucoma risk, with studies showing higher odds even when cholesterol levels are well-managed
- You can start taking care of your vision by doing simple eye exercises, avoiding seed oils, choosing foods that benefit your eyesight, spending enough time in the sun, quitting smoking, and establishing healthy routines

Many Americans today are willing to spend money on a good night's sleep. Case in point: In 2023, the U.S. home-bedding market reached $25.7 billion,[1] a sign of just how important bedtime comfort has become, and pillows play a big role in it. They're easy to replace, and with specialty and luxury options costing $30 to $300,[2] it's no surprise that people try different types to see what helps them rest better.

But even seemingly harmless habits can have unintended consequences. When something as simple as a pillow starts affecting the body in ways most people never consider, it's worth paying attention — especially for older adults who are keeping an "eye" on their health.

A Closer Look at Glaucoma

Glaucoma, often called a "silent thief," is the second leading cause of blindness worldwide, affecting about 80 million people and rising[3] with aging populations. Most people do not notice early changes because glaucoma usually develops without pain or overtly visible symptoms.

- **How glaucoma starts —** The disease progresses when fluid pressure rises inside the eye — a condition called ocular hypertension — and gradually crushes the delicate fibers of the optic nerve. Peripheral vision declines first, followed by central vision as glaucoma advances.
- **Groups who face higher risk —** The risk rises for individuals over age 40, especially those with Black or Hispanic heritage, and with a family history of glaucoma or ocular hypertension, diabetes, high blood pressure, myopia, prolonged steroid use, previous eye injuries or surgeries, and conditions such as pigment dispersion syndrome.
- **Available treatment options —** Aside from relieving pressure in the eye, treatment options include prescription eyedrops or oral medications, laser procedures, surgical drainage techniques, and supportive nutritional approaches. Regular eye exams are also important, because optic nerve damage cannot be reversed.

Can Sleeping with Fewer Pillows Be Good for Your Eyes?

A 2024 observational study published in the British Journal of Ophthalmology[4] examined how sleeping position affects intraocular pressure (IOP) and ocular blood flow in people with glaucoma.

Researchers followed 144 adults with various types of glaucoma and measured their intraocular pressure (IOP) every two hours over a 24-hour period while sitting, lying flat, and lying down with two pillows (also labeled as the high-pillow position) elevating the head by an angle between 20 and 35 degrees. The study evaluated changes in IOP, ocular perfusion pressure (OPP), which refers to the net blood pressure driving oxygen into the eye, and jugular vein blood flow to assess how pillow use influences nighttime eye health.[5,6]

- **Stacked pillows significantly increased eye pressure —** When participants slept with two pillows, average IOP rose from 16.62 millimeters of mercury (mmHg) to 17.42 mmHg, an increase of approximately 1.6 mmHg; 67% of patients experienced a measurable increase in pressure, and IOP fluctuations were greater during pillow use.

- **Pillow use reduced blood flow to the eye —** OPP dropped from 58.71 to 54.57 mmHg when participants used the high-pillow position. That means less fuel reaching the optic nerve precisely when nighttime repair should be happening.

  Lower OPP indicates reduced delivery of oxygen and nutrients to eye tissues, which increases vulnerability to tissue damage from poor blood supply.

- **Neck flexion from pillows impaired venous drainage —** Imaging studies in 20 healthy volunteers showed that stacked pillows narrowed the jugular vein and altered blood flow dynamics. This suggests that neck bending compresses venous outflow pathways, thereby limiting drainage of aqueous humor — the clear fluid that nourishes the eye and maintains pressure balance — and venous blood from the eye, contributing to IOP elevation.

- **Younger adults and primary open-angle glaucoma patients were most affected —** Subgroup analysis revealed that younger participants and individuals with primary open-angle glaucoma experienced greater increases in IOP with pillow use. This indicates that certain patient populations may be more sensitive to postural changes during sleep.

- **Sleep posture matters —** For glaucoma patients, avoiding sleeping positions that flex the neck or compress the jugular veins may help reduce nighttime IOP spikes. While further research is needed, these findings suggest that modifying a simple nightly habit could support long-term eye health and serve as an easy, nondrug strategy for protecting the optic nerve.

- **Findings are preliminary and require confirmation —** As an observational study, causality cannot be completely established, and researchers recommend conducting more research on this topic.

> *"Traditional strategies of nocturnal IOP management are primarily limited to increasing the types and frequency of IOP-lowering medications or supplementary laser therapy. Given the well-documented influence of postural changes on IOP, positional modification emerges as a plausible strategy warranting further investigation,"* the authors noted.[7]

The featured study shows that how you sleep matters — but additional research also suggests that how long you sleep, especially if you carry excess weight, may independently affect eye pressure.

Too Much Sleep or Extra Weight May Strain Your Eyes

A population-based study published in Medicine[8] examined whether nightly sleep duration is associated with open-angle glaucoma (OAG) and whether body weight modifies this association. Researchers used data from Korea's National Health and Nutrition Examination Survey (KNHANES) and looked at 9,410 adults aged 40 and older who completed health interviews, medical testing, and comprehensive eye examinations.

The subjects were grouped based on their sleep duration: less than five hours, five to six, six to seven, seven to eight, eight to nine, and nine or more hours. The researchers also diagnosed OAG using international criteria focused on optic-nerve structure and visual-field loss.

- **Short and long sleep were tied to higher glaucoma prevalence —** The data showed a U-shaped pattern, meaning risk is higher at both extremes and lower in the middle. In plain terms, people sleeping less than five hours had the highest prevalence, followed by those sleeping nine or more hours. Adults in the seven-to-nine-hour range had the lowest prevalence.

- **Overweight adults faced the strongest association —** Among participants with a body mass index (BMI) of 25 or higher, sleeping less than seven hours or nine or more hours significantly increased the odds of glaucoma compared to adults with a lower weight.

- **Abdominal obesity followed the same U-shaped curve —** In people with larger waistlines, glaucoma prevalence was highest among very short and very long sleepers, especially at nine or more hours. The pattern was not observed among participants without abdominal obesity, suggesting that central adiposity is a key amplifier of sleep-related eye risk.

- **Melatonin disruption may be a key factor —** The authors propose that abnormal sleep duration may reduce melatonin, a hormone that regulates circadian rhythms, protects retinal cells from oxidative stress, and has been shown to lower IOP. Reduced melatonin may impair optic nerve resilience, especially in metabolically vulnerable individuals.

- **Long sleep may increase nighttime blood pressure drops —** Extended sleep may worsen nocturnal hypotension, which has been linked to the progression of normal-tension glaucoma by reducing blood flow to the optic nerve during sleep.

- **The results can be a wake-up call —** Despite the study's limitations, the authors acknowledged that self-awareness about your sleeping patterns may help mitigate your glaucoma risk. "These findings suggest that approaches specific to individual sleep patterns and body types may be helpful in the management of glaucoma," they concluded.[9]

What You Should Know About Statins and Eye Health

Statins are widely prescribed for lowering cholesterol levels, and millions of adults take them daily to supposedly reduce cardiovascular risk. But emerging research suggests these medications have unintended effects on eye health, particularly when it comes to glaucoma.

- **Statin use was linked to more glaucoma diagnoses —** A 2024 study published in Ophthalmology Glaucoma analyzed health records from 79,742 adults age 40 and older with high cholesterol in the All of Us (AoU) Research Program. After accounting for age, sex, and medical factors, the researchers found that statin users had a 13% higher likelihood of having glaucoma than non-users.[10]

- **The increased risk was most pronounced even when LDL cholesterol ("bad cholesterol") was well-controlled —** Statin users with optimal LDL levels (less than 100 milligrams per deciliter) had a 39% higher likelihood of glaucoma, while those with high LDL levels (160 to 189 mg/dL) had a 37% higher likelihood. This pattern suggests that the elevated glaucoma risk may stem from the statins themselves, not from poorly managed cholesterol.

- **Age amplified the association —** Adults aged 60 to 69 who used statins showed a 28% higher likelihood of glaucoma, indicating mid-to-late adulthood may be a particularly sensitive window for eye-related effects.

- **What this may mean for patients —** The findings suggest that statins, cholesterol levels, and age may interact in ways that influence glaucoma risk. While statins remain popular for managing cardiovascular health — **a practice I don't recommend due to its well-documented side effects** — the study highlights the need for individualized monitoring, especially in older adults or those with additional glaucoma risk factors.

As concerns grow about medication-related eye effects, many people are exploring nondrug approaches to visual health, including relaxation-based methods and solutions that involve improving one's nutrition.

The Bates Method for Better Eyesight Without Glasses

The Bates Method[11] is one of the most enduring approaches to natural vision improvement. First introduced in 1919 by Dr. William H. Bates, an American ophthalmologist, the method was based on his belief that eye strain and not structural defects caused most vision problems.

Today, this method continues to attract interest from those exploring alternatives to glasses, especially among advocates of relaxation-based wellness. Many natural health teachers and vision coaches continue to adapt Bates' ideas today. In fact, author Aldous Huxley famously credited the method with helping his vision.

- **The method focuses on tension, not eye strength —** Rather than treating blurry vision as a problem of weak muscles, the Bates Method encourages mental and physical relaxation to reduce chronic eye tension. Core practices aim to soften focus habits, restore natural eye movement, and build visual awareness without relying on corrective lenses.

- **Palming is a foundational relaxation technique —** One of the most well-known Bates practices, palming involves gently covering the closed eyes with the palms to block out light and encourage relaxation. Practitioners typically hold this position for a few minutes, allowing eye muscles and the nervous system to settle before returning to visual tasks.

- **It's often confused with vision therapy —** The Bates Method emphasizes "eye exercises," particularly eye movement and shifting focus, which superficially resemble techniques used in vision therapy. However, vision therapy is a clinically supervised, medically supervised approach used to treat conditions such as amblyopia (lazy eye) or convergence insufficiency.

- **This method is still taught today through Bates Method International —** Bates' ideas carry on through organizations such as Bates Method International,[12] which teaches relaxation-based techniques derived from his original work and from his book "The Bates Method for Better Eyesight Without Glasses."

While controlled studies have not confirmed that the Bates Method can reverse myopia or astigmatism, many people report subjective improvements in visual comfort, reduced strain, and greater awareness of visual habits.

Using DMSO for Your Eyes

Dimethyl sulfoxide (DMSO) is an "umbrella remedy" with a unique affinity for the eyes. It has been used to treat a range of visual disorders — even cases of vision loss where conventional therapies have failed. DMSO's potent anti-inflammatory effects make it useful for difficult eye conditions like iridocyclitis[13] and uveitis,[14] while also breaking up adhesions (synechia) that worsen these issues.

- **It may reduce IOP and protect the optic nerve** — Glaucoma involves progressive optic nerve degeneration, commonly linked to elevated IOP, impaired fluid drainage — including within the cornea[15] — or elevated **intracranial pressure**.
- **It may work when eyedrops or surgeries don't** — DMSO can stabilize proteins and solubilize misfolded ones, allowing it to reduce pathologic deposits such as floaters and cataracts.
- **DMSO is supported by animal studies** — In rabbits, a DMSO-brinzolamide gel lowered IOP without toxicity.[16] Another study found that DMSO alone was effective in lowering pressure as well.[17]

In their Substack page, "The Forgotten Side of Medicine," A Midwestern Doctor shares numerous testimonies from patients who've benefitted from using DMSO,[18] many of whom had reported eyesight improvements after using this compound.

> *"I am two months into using 99.9% pharmaceutical-grade DMSO for loss of vision due to glaucoma ... I haven't been able to read letters in over two years with that eye. This week, I can now begin to see specific letters and numbers on my computer and the television screen,"* one patient reported.[19]

Note: DMSO needs to be used responsibly. Only 99.9% pharmaceutical-grade DMSO should be used near the eyes and always diluted to safe concentrations. Always consult a knowledgeable practitioner before beginning use.

Other Ways to Protect Your Vision

While conventional treatments like glasses and eyedrops remain essential in many cases, there are also simple, research-backed strategies you can start using today to further support your eye health. In addition to rethinking your pillow choices, also consider the following strategies:

1. **Cut out harmful seed oils from your diet —** Seed oils — soybean, canola, safflower, sunflower — are loaded with linoleic acid (LA), a polyunsaturated fat (PUF) that, in excess, can impair mitochondrial energy production. Since the optic nerve is one of the most energy-demanding tissues in the body, mitochondrial dysfunction there may accelerate damage.

   You can lower your exposure by replacing seed oils with more stable, nourishing fats such as beef tallow, grass fed butter, coconut oil, or ghee. For optimal health, aim to keep daily LA intake below 5 grams, ideally closer to 2 grams. To easily track your intake, sign up for the Mercola Health Coach app when it becomes available. It includes the Seed Oil Sleuth feature, which helps monitor your LA consumption to a tenth of a gram.

2. **Get enough safe sunlight —** Early-morning sunlight helps your mitochondria generate adenosine triphosphate (ATP), the fuel every cell in your body depends on. Try to expose your skin and eyes to gentle morning light each day. Hold off on midday sun until you've removed seed oils from your diet for at least six months.

3. **Recover with rest and routine —** Your eyes manage stress, including pressure changes, more effectively when your daily routines are steady. Maintaining a regular sleep and meal schedule helps maintain circadian rhythm, which affects IOP stability and nighttime repair processes in the optic nerve.

In the evening, dim the lights after sunset and limit screen time. Gentle lighting prompts your body to relax, boosts melatonin production, and promotes better sleep quality.

4. **Explore vision-friendly herbs —** Bilberry and ginkgo biloba[20] have both shown promise in supporting circulation to the eye, strengthening capillaries, and fighting oxidative stress.

5. **Quit smoking —** Cigarette smoke creates high levels of oxidative stress and damages retinal blood vessels. Smoking significantly increases your risk of developing cataracts, macular degeneration, optic nerve damage, and even heart disease. Quitting is one of the best things you can do for your eyes and your entire body.

6. **Stay active —** Avoiding **prolonged sitting** and adding regular activity improves circulation, flexibility, and metabolic health. Brisk walking, gentle cycling, or swimming at least three times per week can help support optic-nerve resilience and reduce glaucoma-related risk factors.[21]

7. **Boost your melatonin levels —** In addition to regulating sleep, this hormone is also involved in regulating eye pressure. In a small 1988 study,[22] doses as low as 0.2 mg of melatonin reduced eye pressure for up to four hours. While this remains early evidence, it aligns with the broader finding that healthy melatonin rhythms support nighttime eye repair.

   If you're considering supplementation, discuss low-dose melatonin use with your eye care provider, as most commercially available supplements are formulated at higher doses for sleep support rather than eye-specific outcomes.

8. **Take lutein and zeaxanthin —** These carotenoids concentrate in the retina and lens, filtering harmful blue light and protecting against oxidative stress. They've been shown to reduce the risk of cataracts, macular degeneration, and glaucoma.[23] Leafy greens, bell peppers, and pastured egg yolks are great sources.

Frequently Asked Questions (FAQs) About Glaucoma Risk and Eye Health

Q: Why is glaucoma often called the “silent thief of sight”?

A: Glaucoma usually develops without pain or early visual symptoms. Optic nerve damage often progresses slowly, affecting peripheral vision first, which many people don’t notice until irreversible vision loss has already occurred.

Q: Can sleeping position really influence eye pressure?

A: Yes. A study in the British Journal of Ophthalmology found that sleeping with two pillows raised IOP and reduced blood flow to the eyes in people with glaucoma. Neck flexion may impair venous drainage, allowing pressure to build overnight.

Q: How does body weight affect glaucoma risk?

A: Excess body weight and abdominal obesity appear to amplify the effects of abnormal sleep on eye pressure and optic nerve stress. In overweight individuals, both short and long sleep durations were strongly linked to higher glaucoma prevalence.

Q: What role does melatonin play in eye pressure?

A: Melatonin helps regulate circadian rhythms and has been shown to lower IOP. Research indicates that small doses of melatonin can reduce eye pressure for several hours, while disrupted sleep or excessive light exposure may impair this protective effect.

Q: Can lifestyle changes really help protect vision?

A: Yes. Reducing seed oil intake, quitting smoking, getting regular exercise, supporting circadian rhythms with morning sunlight, and eating nutrient-dense foods rich in lutein all support optic nerve health and blood flow to the eyes.

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