

History of Iridology

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Iridology may have begun in ancient Egypt and Central Asia over a thousand years ago. Ancient physicians from these periods examined the eyes of their patients to determine methods of treatment. Did they use Iridology like we do today? Not likely, but we do know for sure that they gathered much information from not only the iris, but the sclera as well. Modern Iridology started in the mid 1800TMs. This is the earliest time that organ mapping of the iris started. It was thought that Ignatz Von Peczely of Budapest, Hungary, was the first practitioner and researcher in the field of Iridology. But in the same time period, Reverend Nils Liljequist from Sweden was practicing, too. If we look at the work of both of these men, we find many similarities. They never knew one another and since there was no Internet at that time, they were unable to compare notes.

In the late 1800TMs there was another man named Pastor Felke from Sweden who was such a famous Iridologist that there is an institute in Germany named after him. In the late 1800's, Henry Edward Lane, who was an Austrian medical doctor, brought Iridology over to the United States. Henry Lindlahr was a student of Lane and published many articles on Iridology.

In the same time period (early 1900TMs) was a man named Dr. Kritzer who wrote a textbook called *The Book of Irisdiagnosis*. He also published one of the first Iridology charts in America.

During the early 1900TMs we had poor communication with Germany due to two world wars, so new information stopped coming over to the U.S. When a chiropractor named Bernard Jensen began learning Iridology, he learned from the teachings of Lane, Lindlahr and Kritzer.

Color photography was not used in Iridology until the 1950TMs, so most of the pictures in early textbooks were paintings or drawings. Dr. Jensen is the man who kept the candle burning for Iridology without the aid of new research findings from Europe. He is known as the Father of American Iridology and rightly so. He is also responsible for keeping the candle burning for Natural Healing, Nutrition and Chiropractic. As of this year (2002), he has been writing and studying Iridology for over 70 years. He accomplished this doing countless case studies and taking many photographs. His work has been so valuable to the science of Iridology. His studies were done without many of the tools of modern research. Meanwhile, over in Europe, Josef Deck, Theodore Kriege, Rudolph Schnabel and Josef Angerer of Germany were able to work with universities, hospitals, autopsies and x-rays to verify their iris findings. They had many more resources at their disposal, so it really magnifies how much Dr. Jensen accomplished with what he had.

It was not until the early 1980TMs, when the cold war finally ended, that we had the opportunity to learn about all of the many new findings from Germany and Russia. German books were finally being translated into English so we could compare American and European models.

The two people who were at the forefront of spreading this new information in America were Harri Wolf and Dr. Bill Caradonna. They founded an organization called NIRA in 1982. NIRA (National Iridology Research Association) is an organization dedicated to bringing the best information based on research from America and Europe together. Harri originally called this Applied Iridology.

The name has recently been changed to Comprehensive Iridology and the organization's name is now The International Iridology Practitioners Association. Its president is Dr. Ellen Tart-Jensen, a long-time student of Dr. Bernard Jensen, who worked with and assisted him for many years. She is the only person who has written permission from Dr. Bernard Jensen to place his seal on his Iridology certificates and sign for him in his absence.

This manual is designed to teach you Comprehensive Iridology. IridologyTMs history will continue to grow beyond IIPA and Dr. Jensen. Like any science, research will discover new things and prove old teachings to have some faults. So consider yourself a part of history now as you take this course. We hope that your name will be mentioned one day with these other people.

Here is an outline of the people up to the present time who have made a major contribution and impact on the field of Iridology. Dr. Ignatz Von Peczely MD 1822-1922, (Hungary) § The father of Iridology. He created one of the first organ mapping Iris charts.

Reverend Nils Liljequist 1851-1936 (Sweden) § The other Father of Iridology who was practicing during the same time as Von Peczely. He also created one of the first Iris charts. His chart bore an amazing resemblance to Von PeczelyTMs, even though he did not know Von Peczely. Pastor Felke 1856-1926 (Sweden) § Pastor Felke was a minister who later became a Naturopath. He was the man who carried on the work of Von Peczely and Liljequist. Felke was famous for being put on trial for his works in Iridology. The medical establishment mocked him. After his death the Felke Institute was established in Germany. It is an institute devoted to supporting the science of Iridology.

Henry Edward Lane, MD (Austria and America) § was responsible for bringing Iridology to the United States. When he was in Europe he was a student of Nils Liljequist. He was also the one who taught Dr. Henry Lindlahr Iridology.

Henry Lindlahr, ND 1862-1924 (American) § Was a student of Henry Edward Lane and published many articles on Iridology in his natural magazines. He also published a book titled *Irisdiagnosis and Other Diagnostic Methods*.

Dr. J. Haskel Kritzer, MD (England and America) § Wrote the book titled *The Book of IrisDiagnosis*. Rudolph Schnabel 1882-1962 (Germany) § A famous German teacher who greatly influenced Josef Angerer and Josef Deck. He did very extensive studies on pigments and pupil abnormalities.

Josef Angerer 1907-1994 (Germany) § A pupil of Rudolph Schnabel. Author of many German Iridology student textbooks. He is also famous for his work on the pupil border and pupil signs.

Josef Deck died 1992 (Germany) § Was mainly responsible for developing the constitutional approach to Iridology. He devoted over 50 years of his life to research and wrote two textbooks titled *Principles of Iris Diagnosis* and *Differentiation of Iris Markings*. He is also responsible for discovering many types of Lacunae and Syndromes.

Theodore Kriege (Germany) † Famous for his works on linking specific Iris signs to be a potential for specific diseases and specific treatments. He is the author of *Fundamental Basis of Irisdiagnosis* and *Disease Signs in the Iris*.

Dr. Bernard Jensen, DC 1908-2001 (America) † The father of North American Iridology. Learned from the teachings of Ed Lane and Henry Lindlahr. He started in Chiropractic in 1929 and was still writing books from his wheelchair up until a month before his death. He wrote many books on colon cleansing, nutrition and Iridology. In all, he authored more than fifty books. He taught more people Iridology over the last 70 years than many of his predecessors combined. He was one of the pioneers in using color iris photography.

Dr. H.W. Schimmel (Germany) † He is responsible for dividing the three main constitutions into many subtypes. He is the author of *Constitution and Disposition from the Eye*.

Dr. Sigfried Rizzi (Italy) † Co-founder of the Italian Iridology Organization and teacher of Dr. Danielle Lo Rito. Dorothy Hall, ND (Australia) † Is considered the mother of Iridology in Australia. She, like Dr. Jensen, has kept the light burning for Iridology. Only she did this in Australia and New Zealand.

We would like to mention the works of our brothers in Iridology in Russia, but as of this year (2002) we have no textbooks translated. The works we do know of in Russian are *Iridodiagnosis*, by E.S. Velkover, N.B. Shiplina, Z.A. Alieva and F.N. Romashov, printed in 1988. These Russian iridologists formed the Russian approach to Iridology. Another book, from the Chernobyl studies in 1995, is titled *Clinical and Experimental Iridology*, by G.P. Potebnya,

G.S. Lisovenko and V.V. Krivenko. Dr. Velkover also published a book titled, *Practical Iridology*. He is to Russia what Dr. Jensen was to America and what Dr. Deck was to Germany.

Currently, there are more than 5,000 professional Iridologists in Russia who are either doctors or scientists. IIPA has translated some studies on resiliency and pigments into English.

Here is a list of current pioneers who are working towards advancing and supporting the science of Iridology.

Dr. Ellen Tart-Jensen (United States) † President of IIPA and Vice President of Bernard Jensen International. A long-time student of Bernard Jensen, who helped him with slide cases, iris photography and the writing of some of his books. She also teaches internationally on how Iridology and Nutrition can be used together. She is the Dean of Iridology at Westbrook University. Ellen is the one person Dr. Jensen passed the torch to in order to keep Iridology burning in our hearts.

John Andrews MH (U.K.) † An Iridologist and Master Herbalist who is responsible for translating many European Iridology research documents into English. He is the head of the Advanced Iridology Research Programme U.K., and publisher of its journal.

Denny Johnson (United States) † Creator of the system called Rayid Iridology. The Rayid model identifies personality characteristics and psychological/emotional influences. Dr. Pierre Fragnay (France) † President of The French Iridology Association and founder of the school of Chromoreflexology. Chromoreflexology is the science of using colored laser light in the iris and pupil to stimulate healing in various organs and systems.

Dr. Danielle Lo Rito (Italy) † Pioneer of Time Risk Iridology and EC Tech Therapy. Time Risk is used to locate traumas and when they occurred, whether they are emotional or physical. EC Tech is the therapy to release them on the cellular level. Danielle is also the leading authority on the study of the pupil border. The pupil border can reveal physical and emotional information.

Dr. Vincenzo Di Spazio, MD, ND (Italy) † Is the Professor of Iridology at the University of Urbino, Italy. In 1987 he co-founded the Italian Association of Iridology. He is known for his work with the pupil border, with Dr. Lo Rito.

Harri Wolf (United States) † Was the co-founder of NIRA, now IIPA. He is responsible for getting a great deal of information from Germany translated into English in the early 1980's. He also works with Dr. Lo Rito teaching in Italy and is responsible for organizing many key International symposiums here in the U.S.

Dr. Bill Caradonna (United States) † Co-founder of NIRA. He worked with Harri Wolf to spread the new information from Europe all over the United States. He is also a past president of IIPA and is the director of the research department.

Dr. Toni Miller (Australia) † An accomplished Naturopath and Iridologist who has developed software and educational programs down under. She is a pioneer in the field of Sclerology and has done much research in the field of reproductive health with Iridology.

Josef Karl (Germany) † A student of the Angerer School and member of the Felke Institute. One of three authors of the new German book titled *Iridology 1 Information on Structure and Color*.

This book is from the Felke Institute and has recently been translated into English.

Willy Hauser and Rudolph Stolz (Germany) † These two men were students of Dr. Josef Deck and are the other two authors of the new Felke Institute book.

Dr. Jack Tipps (United States) † The leading authority and teacher in the field of Sclerology. Sclerology is the science of interpreting signs in the sclera of the eye.

Dr. Leonard Mehlmauer (United States) † Iridologist, Sclerologist, and researcher who has written a book on Sclerology and teaches it.

It is very important to know where Iridology has come from and where it is going. All of these people must be acknowledged and there are many more we could probably mention.

Please take time to get to know these people and give thanks for their lives of devotion to Iridology.

Anatomy and Physiology of the Eye

The Eye A remarkably adaptive organ, the human eye is able to focus on distant mountains or inspect a tiny grain of sand. The eye detects a broad range of color in daylight and still provides a black and white framework of the world around us when the sun goes down. Light rays transmitted through the lens hit the retina, at the back of the eye. There, they are converted to impulses that travel along the optic nerve to the brain™s visual cortex, which creates the images we see. Is Because each of our two eyes has a slightly different view of an object, the brain merges the images to create a three-dimensional (stereoscopic) effect, allowing us to perceive depth and distance.

Illustrations by John Karapelou

Lacrimal (tear) gland: An almond-shaped gland lying within the eye socket and just above the eyeball, the lacrimal gland provides most of the fluid for tears. Mixing with oily secretions from other glands around the eye, tears reduce friction in the eye, remove debris, prevent infection and transport oxygen and other nutrients to the conjunctiva. Tears are excreted from ducts in the conjunctiva, drain through two tiny tear ducts into the lacrimal sac and then finally flow into the nose. This is why heavy crying makes your nose run.

Eyelid: The eyelid protects the eye by shutting automatically if an object approaches it and by distributing tears across the eye™s surface as it closes. In addition, eyelashes block debris from entering the eye. Tiny glands directly behind the lashes excrete an oily substance that prevents the lid from sticking during sleep.

Iris: Behind the cornea lies the iris, the circular band of pigmented tissue that gives the eye its color. The *pupil*, an opening in the center of the iris, widens and narrows to control the amount of light entering the eye.

EYE FACTS

- Ten percent of men have some form of color blindness, an inherited trait that occurs because one type of cone is either missing or functioning poorly.
- Eye color is determined by the black-brown pigment granules in the iris. When there are many granules, the eye appears brown; when it has few granules, it looks blue. Pigment density determines the other shades.
- For perfect vision, the lens must focus an image directly on the retina. Nearsightedness (myopia) occurs when the image falls in front of the retina, and farsightedness (hyperopia) when the image falls beyond the retina. Another cause of blurred vision, astigmatism, results from an imperfect curvature of the cornea.
- Images land on the retina upside-down, and the brain automatically converts them to right side up. In experiments with volunteers wearing glasses that intentionally invert images, the brain adjusts to see them right side up within a few days.
- A retina scanner bounces an infrared beam against the back of the eye to record a person's unique pattern of blood vessels, which may someday be used, like fingerprints, as a form of identification.
- Glaucoma, caused by a buildup of pressure in the front compartment of the eye, can cause partial or full blindness if not treated.

ANATOMY OF THE EYE

ANATOMY AND PHYSIOLOGY OF THE IRIS

1. The eye is actually an extension of the brain.

Embryonic development stems from the mesoderm and neuroectoderm composing the optic cup. By approximately the 7th month in utero the iris is functional. Dr. Josef Deck, Europe's foremost Iridologist, says the iris continues to develop until the child reaches 6 years of age.

2. Iris size: Approx. 12 mm. = size of a dime!

3. Layers of the iris:

-Anterior border layer

-Stroma

-Muscle layer

-Posterior epithelium

4. Pupillary ruff: Inner edge of posterior epithelial layer which curls toward anterior aspect of the pupil.

5. Pupillary zone: Relatively flat and circular. Sphincter muscle: Primarily enervated by parasympathetic aspect of ANS entering the eye through the long ciliary nerves, arising in the ciliary ganglion, whose branches come from the third cranial nerve and originate in the oculomotor nucleus. It has sympathetic nerves as well. This area reflects the stomach and GI tract. Those organs are also enervated by the PSNS.

6. Ciliary zone: Outside ANW wreath to iris periphery. 3-4 layers of iris fibers or trabeculae. Also called vascular arcades; blood vessels with connective tissue covering- theoretical. Varying topographical markings; inherent weaknesses, cramp rings - cramp rings follow underlying patterns of posterior epithelium and furrows of dilator muscle. This area reflects conditions of all major organs and systems of body other than stomach and GI tract.

Dilator muscle: Made of cells characteristic of both pigment epithelium and muscle.

Mostly sympathetic enervation arising from thoracic segments of spinal cord around 1st thoracic.

NOTE: Pigment epithelium and muscles are formed from the neurectoderm, the same tissue that makes up the brain and spinal cord. This similarity is postulated to reflect genetic inheritance of the individual. Muscles of the iris are the only muscles in the body derived from neurectoderm.

7. Several nerve pathways and functions to the iris:

- a. Sympathetic and parasympathetic controlling iris muscles.
- b. Vasomotor nerves that regulate nerve flow.
- c. Sensory nerves

Sensory and vasomotor nerves come from the trigeminal or fifth cranial nerve, entering the iris root from the ciliary body and spreading throughout the stroma to end near the iris fibers.

i. The network of nerves is extraordinarily rich, so much so that... every stromal cell and chromatophore receives its own nerve supply. - System of Ophthalmology, Volume II, Stewart Duke-Elder.

- The iris has been estimated to contain 28,000 nerve endings. Medical science, so far, has found no apparent function for these nerve fibers that seem to end blindly in the stroma.

- The tissue of the eye is nourished by 33 separate arteries.

Anatomy of the Eye

Pupillary Border

Footnotes

Duke-Elder, S. - *System of Ophthalmology* - Volume II. (Published by Henry Kimpton, London, 1961.) This leading authority states that, "The network of nerves is extraordinarily rich, so much so that in the opinion of Wolfrum (1992) every stromal cell and chromatophore receives its own nerve supply." J. R. Walter and R. R. Knoblich - *Pathway of Centrifugal Fibers in the Human Optic Nerve*.

London: British Journal of Ophthalmology 49:246, 1965.

In this study, it is concluded that connections are found between the eye and the brain in the form of fibers in the human optic nerve tract that conduct impulses from the cerebral cortex to the eye. In fact, it was shown that about ten percent of the nerves in the human optic tract are centrifugal or efferent.

ANATOMY OF THE IRIS

A. ANTERIOR ENDOTHELIUM

This is a single layer of flattened cells. It is a continuation of the posterior surface of the cornea. Due to its microscopic nature, this layer will have little significance in our study of the iris.

B. ANTERIOR BORDER LAYER

This consists of intertwining processes of connective tissue and pigment cells. Depending on its density and pigmentation, this layer has a great deal to do with the color of the iris. In the blue iris, this layer is thin and has only a few pigment cells; in the brown iris, it is thick and densely pigmented.

C. STROMA

The stroma constitutes the bulk of the iris. In it are blood vessels running radially, giving rise to the streaks which can be seen on the anterior surface. These are enmeshed in connective tissue. NOT MUSCULAR.

D. POSTERIOR MEMBRANE

Also known as the dilator layer, consists of a thin layer of plain muscle fiber. When it contracts, it draws the pupillary margin inward and this dilates the pupil.

E. POSTERIOR EPITHELIUM

Consists of two layers of highly pigmented cells. These line the back of the iris and curl around the pupillary margin, GIVING RISE TO THE BLACK FRINGE, OR PIGMENT RUFF, which can be seen with the naked eye. This darkly-pigmented layer serves to prevent the penetration of light through the iris into the posterior chamber of the eyeball.

NOTE: When pigments start accumulating in a specific area of the iris, this is where the pigments come from.

Iris Map

Sections of the Map

Zones

ZONE 3

(Dark blue on Applied Iridology Chart)

Humoral = Blood & Lymph

Separated from the second zone by the collarette, reflects the dynamics of transformation and distribution. Here we find reflected the humors (blood and lymph) and the organs responsible for their transport. The major blood and lymph vessels as well as the endocardium are found here. In this zone, are also found the adrenals, pituitary gland and pancreas. Signs limited to this zone often reflect the state of nourishment to the organ reflected by the overlapping reaction field.

ZONE 4

(Light blue on Applied Iridology Chart)

This is the first zone of utilization. This division is principally associated with the musculature. Lacunae extending to this zone in the heart reaction field, for example, will suggest insufficiency and lack of nourishment of the myocardium. Or, let us consider the reaction fields at 40 to 45 left iris and 15 to 20 right iris. Fibrous separation most conspicuous in the fourth division overlapping these sectors will suggest back muscle weakness. This principle of overlapping is applicable to many regions of the iris map where anatomical and physiological considerations permit.

ZONE 5

(Dark green on Applied Iridology Chart)

Ultimate Utilization

This is the zone of ultimate utilization. This division will often reflect the extent of nutritional insufficiency by stromal variations. It may also reveal degrees of intoxication through pigmentary and deposition signs. The bony structure is also reflected here. The spinal vertebrae is found in this zone. Note, however, that the spinal nerve behavior is not reflected here. The condition of the pupillary ruff will often indicate disturbance of the spinal nerve energy in relation to the adjacent iris segment.

ZONES 6 & 7

Detox

Elimination

The sixth and seventh divisions are labeled the zones of detoxification and elimination.

Many liver and uro-genital complaints are associated with signs in this division. The mucous membranes of organs in overlapping reaction fields are reflected here. In addition, the conditions of the superficial lymph and blood supply, the orifices of the body as well as the nourishment to the skin are shown here.

Former

Autonomic Nerve Wreath

Lesions

Lesion

Nerve Rings/Stress Rings

Cholesterol Ring

Venous Congestion

Lymphatic Rosary

Radii Solaris

Psora

Scurf Rim

Pupillary Ruff

Rheumatic Eye

Murky Eye/Dishwater Eye

Weak Constitution

Strong Constitution

Bowel Pockets

Newer

Collarette

Lacunae

Lacuna

Contraction Furrows

Corneal Arcus, Corneal Opacity

Lipemic Diathesis

Circulatory Ring/Venous Congestion

Lymphatic Rosary or

Flocculations of Tophi

Hydrogenoid Subtype

Radial Furrows

Pigment

Scurf Rim

Pupillary Ruff

Inner Pupillary Border

Febrile Subtype

Do not use/Could be Biliary

Connective Tissue Subtype

Neurogenic Subtype

Resilient

Collarette Crypts

Iridology Terms

IRIS SIGNS

ANGLE OF FUCH[™]S

This is when the collarette is extremely raised (looks like a mountain range) and it means that there is difficult assimilation, absorption and putrefaction.

CENTRAL HETEROCHROMIA

A pigment in nutritive zone or around the collarette. This indicates tendency to malabsorption and toxins in nutritive zone. Color varies according to which organs or tissue systems are involved.

CHORD

Bundle of iris fibers bunched together. Indicate agitation and irritation in the organ area they are located in.

CILIARY ZONE

This is the area of the iris outside the collarette to the iris edge. (Where you see the iris fibers).

COLLARETTE

In American Iridology is known as the ANW. It separates the nutritive zone from the rest of the ciliary body. If it is light it shows stricture, contraction, irritability and inflammation.

Undefined collarette indicates spasms, colic, neurological disturbances and epileptic symptoms.

Thick and raised collarette indicates gastro-intestinal problems, food intolerance, lymphatic insufficiency and environmental sensitivity. Misshapen, thick and indented collarette indicates stricture, deformation and motor disturbances. An absence of collarette indicates spasms, appetite disorders and mineral absorption problems. If the collarette is jagged it shows irritation to the gastro-intestinal system.

PERSONALITY: Wide Collarette = outgoing, more sensitive, can get scattered easily.

Tight Collarette = reserved, uses caution. Outside stress causes retreat, introverted.

CONTRACTION FURROWS

Have been called stress rings or nerve rings. Created from generations of stress to the iris fibers causing them to buckle into grooves. Pay attention to where they are located and the shape they are presenting.

CRYPTS

Very small black lacunae. Topostabile to the area they are in. Indicate serious potential disorders.

DEFECT SIGNS

Or defect of substance signs. Very small black crypts. Indicate serious potential disorders. Topostabile to the area they are in.

DENSITY

Is measure of resistance (inherited strength). How well you resist negative influences. For example, a strong body will be able to resist all negative influences for a longer period of time.

FERRUM CHROMATOSE/TIGER STRIPING

Aggregations of brown pigments that look like iisnuff tobaccoli has been dropped on the iris in that area. Often appears in radial streaks like iitiger stripes.Is Indicates wear and tear of the liver. Ask about tendencies for anemia.

NUTRITIVE ZONE

This is the area between the pupil and the collarette, (the gastro-intestinal system).

PERIFOCAL LIGHTENING

A dark lacuna bordered by a white chord. An area that shows tremendous weakness with little energy to cleanse itself along with agitation and irritation.

PIGMENTS

Aggregations of melanin that form spots of color in various areas of the iris. A Russian theory is that they form to protect the organs represented in the areas of the iris they are located in from sun light irritation. Have also been called psora. Pigments may be brown, orange, fluorescent orange, red, yellow.

PINGUECULA

A yellow fatty iablobn in the conjunctiva. This indicates that the body is not handling fats properly.

PROLAPSUS OF TRANSVERSE COLON

This only means that there is connective tissue weakness in colon. It does not mean that the transverse colon has dropped down or is sagging.

PTERYGIUM

This is thick white growth appearing on the sclera of the eye and is usually caused by trauma or constant irritation to the eye, such as blowing dust.

PUPIL BORDER

Shows the condition of the nervous system. Also, when you are looking at the pupil, you are looking at live nerve tissue that connects directly to the spine through the optic nerve. Work with the Pupil Tonus Chart. Constriction of the pupil is caused by the sphincter pupillae, a muscle encircling the pupillary margin deep inside the stroma layer. The posterior membrane, also known as the dilator layer, consists of a thin layer of plain muscle fiber. When it contracts, it draws the papillary margin inward and this dilates the pupil.

PUPILLARY RUFF OR PIGMENT RUFF

Is located around the pupil. Darkly pigmented layer, an extension of posterior epithelium. If the Pupillary Ruff appears to have iaholesly in it, this means diabetes. The normal color is reddish brown.

RADIALS

Iris fibers that run radially out from the pupil to the iris edge. They are also known as trabeculae and are enmeshed in connective tissue. The vessels become wavy as the pupil dilates and straighten out as the pupil constricts.

RADIAL FURROWS

Radial grooves in the iris of the eye. Have been called radii solaris. Areas where there is a lack of nerve energy represented in body. Where there is a lack of nerve energy, toxic wastes settle so there is a tendency for parasites to dwell there.

RAREFACTION

Separation of fibers, but not lacuna or crypt.

SECTORAL HETEROCHROMIA

A sector of color formed by pigment in the iris of the eye. Pay attention the organs this sector represents. Part of a sector is called Partial Sectoral Heterochromia.

SHADING

Reactivity (contrast between light and dark). Light = more reactivity, inflammation, elimination or pain. Dark = suppressed, body cannot react sufficiently. NOTE: When there is lightness next to darkness this means the body is trying to right an extreme chronic condition.

STOMACH RING

Sphincter Muscle showing through in the stomach zone due to deficiency of fiber density. A gray ring indicates a potential for underactive digestive ability. Often a lack of hydrochloric acid and a difficulty with protein digestion and digestion in general. A white stomach ring indicates a potential for overactivity or a potential for excessive stomach acids. These people need to avoid acidic foods and take papaya tablets and aloe vera juice.

TOPHI

Collagen bundles that look like cotton balls around the periphery of the iris located in the third, fifth or sixth zone. Can turn yellow as chronicity develops. Indicate potential for lymphatic congestion and make up the lymphatic rosary. We can also say, iaflocculations of tophils are located in a certain region of the iris.

TOPOLABILE

Any marking in iris that indicates a weakness in specific organ but can be found anywhere in the iris. Significance is determined by its structure or color, not by its location on the iris map. For example, a brown pigment indicating liver weakness, located near the heart area.

TOPOSTABLE

Marking found in the iris in a specific area of body which affects that related part of the body. In other words, a marking found in the liver area, which specifically means a weakness in the liver. Map specific.

TRABECULA OR TRABECULAE

Normal radial fibers in the iris of the eye that extend from the pupil to the iris edge. Trabecula is singular and trabeculae is plural.

TRANSVERSAL

A fiber that travels across the iris irgrain. If it is white, this means inflammation or pain. The body is reacting to an abnormal situation. Significance can range from inflammation to sensitivity. Can also indicate agitation/irritation to the organs represented in the areas it transverses.

VASCULARIZED TRANSVERSAL

Is a transversal that is missing the Schwann sheath or the Schwann sheath has been worn off (connective tissue). Is a more serious sign than the white transversal. Joseph Deck states that the Vascularized Transversal indicates an inherited tendency to malignancy. Is pink or red in color. Can indicate serious tissue changes, high degree of congestion and sometimes pain.

WHITE FIBERS/RAISED

Agitation and irritation to the organ they represent. Potential for fevers and discharge of mucus.

THE HEALTH EQUATION (1)

The *Health Equation* for each individual consists of:

1. **Physical Inheritance** expressed through the iris constitution of the individual and the iris areas lacking vitality.

2. **Environment (Diet + Lifestyle) + Emotional/Spiritual**

Is expressed through how the individual handles what they were born with in terms of diet, stress, exercise, rest and play, spiritual, emotional activities. Does the individual listen to or ignore the disease signals or symptoms (proceeding from lesser to more serious ailments) given by the body and spirit when they want to go into balance.

3. **Age** When we are young we have more reserves in our physical and emotional bank account that are spent as we get older and we no longer have our unlimited feeling of energy.

4. The equation is expressed as:

**HEALTH STATUS =
PHYSICAL INHERITANCE +
ENVIRONMENT (DIET + LIFESTYLE) +
EMOTIONAL/SPIRITUAL + AGE.**

Major Iris

Types

Lymphatic

Biliary

Hematogenic

LYMPHATIC

LYMPHATIC IRIS CONSTITUTION

OBSERVE: Delicate blue or blue-gray iris, often a white collarette (ANW). The fibers are easily viewed and may be straight and silk-like, or slightly wavy and moderately spaced or may be loosely arranged and open. You may see other colors in various locations within this blue eye. A genetic blue color indicates the Lymphatic constitution; variations will be considered in the subtypes.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Catarrhal (mucous) afflictions arising from an overactive lymph system.
2. Overactive immune system.
3. Allergies.
4. Superficial infection of the mucous membranes; mucousy disposition & release.
5. Common reaction sites: tonsils, upper respiratory, lungs, nasal or sinus congestion, enlarged adenoids, uro-genital tract, lining of stomach, intestines.
6. Skin afflictions such as eczema, dandruff, dry skin, and psoriasis.
7. Arthritis, rheumatic disorders, stiffness and aching muscles.
8. Kidneys over stressed, adrenals, thyroid insufficiency, and digestion weakness.

OBSERVE: White/Gray color to iris. Straw yellow color may also be seen.

POTENTIALS: Over acidity; more stress on kidneys; arthritis.

NUTRITIONAL CONSIDERATIONS:

1. Vigorous exercise for the lymphatics; pump arms, legs & breathe to move the lymph. Trampoline exercise is very effective (i.lymphosizerle).
2. Drink more water! At least 8 cups a day. Distilled is best.
3. Elimination of mucous-forming foods (all dairy, wheat, especially white flour products, & sugar) often make an immediate improvement.
4. Assist elimination of the lymphatics by opening the 4 major eliminative channels: kidneys, bowel, lungs, & skin. This may include colon cleanse, sweating and skin brushing, breathing exercises, drinking more liquids, fasting, etc.
5. Lymphatic massage is very helpful.
6. Increase intake of vegetables (raw and lightly steamed) and fresh vegetable juice.
7. Fasting-begin with 1 day a week. After a few months, increase to 3 days in a row each month. After several months, increase to 7 day fast every 4 months.
8. Improve digestion-enzymes with meals and between meals.
9. For kidney/bladder support in an over acid system: Drink more water, parsley tea, watermelon juice and watermelon seed tea, cranberry juice (unsweetened), and lemon juice in water (unsweetened). No coffee, chocolate, alcohol, citrus, dairy, sugar, white flour.
10. Diet of living foods high in enzymes (sprouts, fruits, vegetables, soaked nuts and seeds), would help the cleansing ability of the lymphatic constitution.
11. Herbs, vitamins, minerals, nutrients.

BILIARY (MIXED)

BILIARY (MIXED) IRIS CONSTITUTION

OBSERVE: A slight to moderate brown pigmentation of the anterior border iris layer with the underlying stroma layer reflecting a lighter or almost whitish appearance. May be concentrations of gold-brown to red-brown pigments encircling the collarette (ANW), and radiating outward in spoke-like fashion. Many people with this color will say they have brown or hazel colored eyes, but when observed more closely, the underlying lighter base color shows through. Fibers will be seen in this constitution. This iris is prone to pigmentary changes and may be observed to lighten or darken with time.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Liver and gall bladder insufficiencies.
2. Weakness in pancreas function.
3. Gastrointestinal disturbance and digestive errors, especially if the pupillary zone is more densely pigmented.
4. Disturbances such as constipation, diarrhea, flatulence, blood sugar highs and lows, liver and gall bladder problems may all be known.

NUTRITIONAL CONSIDERATIONS:

1. Eliminate all heated oils and deep-fried foods from diet.
2. Learn to differentiate between good fats and harmful fats. Choose from good fats such as cold pressed flax, borage, pumpkin seed, and olive oils. Cook only with olive oil. Eliminate animal fats and hydrogenated oils. May use a small amount of organic butter.
3. Eliminate all sweets from the diet; include fruit temporarily if blood sugar is very low.
4. Increase vegetable intake, especially green, red, and orange vegetables.
5. Drink fresh juices such as mixed carrot, celery, beet, spinach, parsley, cucumber, greens.
6. Digestive enzymes and high enzyme (live foods) diet.
7. Bowel tonics and colon cleanses.
8. Drink at least 8 cups of pure water a day. Distilled is best.
9. Delete mucous forming and constipating foods (dairy and wheat especially).
10. Eliminate sweets, salt, alcohol, drugs, caffeine, and pork.
11. Eat lots of fresh salads with lemon and pure olive oil dressing.
12. Chlorophyll supplements.
13. Herbs, vitamins, minerals, and nutrients: Milk Thistle, Burdock, and Yellow Dock.

HEMATOGENIC

HEMATOGENIC IRIS CONSTITUTION

OBSERVE: True pure brown iris. Densely pigmented anterior border layer with little or no fibrous display. Microscopic examination will disclose the underlying fibers only in iris sectors reflecting organ insufficiencies (lacuna). Areas of irritation will appear lightened. (Note: brown pigment in sclera is normal for this iris type.)

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Imbalance in blood composition; thick blood.
2. Inability to store essential minerals.
3. Constriction and hardening of lymphoid tissue.
4. Gastrointestinal tract needs: digestive, eliminative.
5. Anemia; circulatory system insufficiency.
6. Glandular system needs (thyroid, adrenals, pineal, pituitary, pancreas, thymus, and gonads).
7. Liver, gall bladder, spleen insufficiency.

NUTRITIONAL CONSIDERATIONS:

1. Increase blood-building foods such as: greens of all kinds, beets, black berries, black cherries, red cabbage, concord grapes, strawberries, apples, spinach, alfalfa, watercress, celery, oats, barley.
2. Vegetable juices including: Carrot, beet, greens, and wheat grass juice.
3. High fiber foods (vegetables, whole grains, legumes, fruits, nuts, seeds) and extra fiber can be added with oat bran and rice bran. Do not eat processed or devitalized foods.
4. Avoid all fried foods and heated oils; avoid junk food and refined foods. A diet of fresh fruits and vegetables, whole grains, legumes, soaked nuts and seeds, extra fiber, will keep this gastrointestinal system in a healthy condition.
5. No ice-cold beverages with meals; no hot liquids with meals; room temperature pure water in a very small amount, only to sip with meals is best.
6. Improve digestion with high enzyme (live foods) diet. Supplement with food enzymes.
7. Clean the blood.
8. Mini-fasting sessions for cleansing the body.
9. Chlorophyll supplements and nutrients for blood cleansing and building.
10. Cleanse the lymphatics as needed.

11. Foods high in mineral content: especially calcium by eating green leafy vegetables, carrots, sesame seeds and tahini, soy products, almonds, asparagus, brewers yeast, broccoli, cabbage, blackstrap molasses, carob, collards, dandelion greens, dulse, figs, filberts, kale, kelp, mustard greens.
12. Colon tonics and colon cleanse program.
13. Liver tonics and liver cleanse.
14. Mineral and vitamin supplements as needed.
15. Trace minerals may be supplied through sea vegetables or trace mineral supplementation.
16. Glandular support as needed.

Lymphatic Constitution

Sub-Types

Overacid
 Febrile
 Hydrogenoid
 Uric Acid
 Scurf Rim
 Lipemic Diathesis

OVERACID

FEBRILE

OVERACID CONSTITUTION

OBSERVE: Blue iris with whitish fibers.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Acidic body.
2. Arthritic tendencies.
3. Kidneys may require extra support.
4. Allergies.
5. Fibromyalgia.

NUTRITIONAL CONSIDERATIONS:

1. Avoid over acid foods such as red meat, pork, dairy products, sugar, coffee, alcohol, white flour, and citrus.
2. Drink plenty of good water. Distilled may be helpful.
3. Eat foods rich in natural sodium such as celery, strawberries, and okra.
4. Follow the Nutritional Considerations for the ihLymphatic Constitution's type.

FEBRILE IRIS CONSTITUTION

OBSERVE: Extremely white fibers, white blue, or according to Kriege, irsteel grayla.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Acute, exudative conditions.
2. Tendency to have fevers, especially as a child.
3. Arthritis.
4. Respiratory infections.

NUTRITIONAL CONSIDERATIONS:

1. Drink lots of water.
2. Eliminate acidic foods as described under over acid type.
3. Practice being calm and peaceful.
4. Yoga, walking in fresh air and sunshine, hiking, and swimming.

HYDROGENOID/LYMPHATIC ROSARY

HYDROGENOID IRIS SUB-TYPE CONSTITUTION

(Lymphatic Rosary)

OBSERVE: Blue or blue gray iris with small, white to off-white flocculation™s in the outer zone parallel to the iris edge. These are also called tophi and reflect a lymphatic bundles condition. They commonly appear in the iris in the areas of lungs, breast, neck, groin, diaphragm, head, nasal areas, which show specific areas of possible lymph congestion. When the tophi are yellow or brown/yellow in color, this may indicate chronic congestion.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Lymphatic congestion throughout the body or in certain areas.
2. Tendency to retain fluids.
3. If tophi are distinct in the lung area, may be ancestral history of tuberculosis, which taints the vital force of the person.
4. Allergies; digestion weak; proteins difficult to break down.
5. Rheumatoid arthritis may be in family history.
6. May reveal a dormant or active antigen-antibody reaction (allergy). The immune system may be kept on alert, though not acutely active. The system can be aggravated by certain foods, pollens, and dusts with reactions such as eczema, asthma, diarrhea, arthritis, bronchitis, and more.
7. i.Lymphatic ConstitutionIE data would apply as general information.
8. RING OF HARMONY: These people have difficulty with discord and disharmony. They don't want to rock the boat; they want to keep everything harmonious. The lymph system in the body serves two major functions. One is to bring healing body defenses to particular areas and the other is to take away toxins, cellular by-products, or garbage. What does a Ring of Harmony person do? They say, iaHere, give me your garbage, I™ll take care of it.lh They take care of everybody else™s because they want to make everything harmonious exactly the wrong thing for their physical nature. Lesson is to see the harmony in the disharmony and to set boundaries and learn to say iaNola. Just by vibrating harmonious energy into our world, you help the healing process. You don™t have to take on anyone else's i.stuff.le

NUTRITIONAL CONSIDERATIONS:

1. Follow the Nutritional Considerations for the ihLymphatic ConstitutionIs type.
2. Specific herbs, vitamins, minerals, nutrients as needed.
3. Exercise and lots of water are extremely important.
4. Deleting all mucous forming foods is extremely important.

URIC ACID DIATHESIS**(FATHER)****(SON)****URIC ACID DIATHESIS IRIS SUB-TYPE CONSTITUTION**

OBSERVE: Thick grayish-white plaques which are interspersed around the mid-zone of the iris. Seen in blue and blue/gray eyes.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Rheumatic or arthritic conditions.
2. Gout or gouty arthritis.
3. Kidney inflammation, possible stones.
4. High levels of uric add; tendency to reabsorb and retain excessive amounts of uric acid; inherent structural weakness makes for inability to tolerate uric acid buildup, therefore kidneys inflame easily.

NUTRITIONAL CONSIDERATIONS:

1. Eliminate all meats from the diet.
2. Salt or intake of any inorganic minerals (not from plants) should be avoided.
3. Juices high in organic sodium, such as celery juice, can be an aid in keeping inorganic minerals flushed out of the body. Small amounts of parsley juice can benefit the urinary tract.
4. Avoid dairy and processed flour products.
5. Avoid brewer's yeast, organ meats, and coffee.
6. Drink lots of pure water, distilled is best.
7. Herbs, vitamins, minerals, nutrients as needed.

SCURF RIM**SCURF RIM**

OBSERVE: Dark distinct ring in the outer ciliary zone just inside the iris edge.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Suppressed skin elimination.
2. Skin disorders such as acne, psoriasis, and eczema.

3. Kidneys over stressed.
4. Increase in mucous production.
5. Tendency for poor circulation and cold hands and feet.
6. RING OF PURPOSE: Feeling of special purpose or mission. Constantly searching for mission in life. Nebulous plans. Not clear about how to accomplish objectives and goals. Fear of failure. Trouble with focus. May become indecisive and stagnant. Through focus and diligent work, can manifest their dreams and experience their own special life's purpose.

NUTRITIONAL CONSIDERATIONS:

1. Foods high in silicon such as oatstraw tea, horsetail herb, bell peppers.
2. Oils rich in essential fatty acids such as flax oil and borage oil.
3. Skin brushing.
4. Bowel cleanses.
5. Herbs that support the kidneys such as juniper berries, parsley, and corn silk.

LIPEMIC DIATHESIS

LIPEMIC DIATHESIS SUB-TYPE CONSTITUTION(CHOLESTEROL RING)

OBSERVE: At the iris periphery adjacent to the sclera, a white or cream colored, opaque deposit in the cornea, varying in depth and intensity. May be seen in any color iris.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. This ring has been commonly known as the calcium-cholesterol ring (those that have also called it a sodium ring have been inaccurate according to the European Iridology research). Suggestive of high cholesterol or blood fats in the blood stream or high calcium build up in the joints and tissues of the body.
2. By noting the position of the arcus (deposit), we can differentiate risks to certain areas. A frontal arcus indicates cerebrovascular insufficiency. A medial or temporal arcus indicate coronary and/or pulmonary artery blockages. A ventral arcus reflects insufficiencies of hip thigh and leg arteries.
3. Recognizing that there is a chemical imbalance in the system, it is important to realize that this sign suggests the following:
 - (A) A liver dysfunction with disturbed fat and/or glucose metabolism (a yellowish lipid deposit in the sclera is yet another indication).
 - (B) A cardiovascular degenerative process.
 - (C) Thyroid, adrenal, mineral deficiencies and insufficiencies.
4. The ring may be a result of a lifetime accumulation of calcium or cholesterol; or it may be a characteristic indicating that the individual is predisposed to the above mentioned tendencies. Cardiovascular risk is more significant when seen in the 30THs and 40THs in age.
5. DETERMINATION RING: Determination can be very handy in life, providing you apply it appropriately. Too much rigidity can cause constriction. There is a need here to let go and develop spiritual certainty and trust.

NUTRITIONAL CONSIDERATIONS:

1. Avoid any inorganic minerals such as table salt, dolomite, oyster shell calcium etc.
2. Eliminate meats, concentrated fats (butters, margarine, oil), fried foods, dairy products, coffee, alcohol, non-dairy creamers, processed and refined foods, white bread, black tea, tobacco.
3. Increase green vegetables and supplements high in chlorophyll such as Spirulina, Blue-Green Algae, Wheat Grass Juice. A Spirulina fast with carrot and celery juice or lemon and distilled water is most beneficial on a monthly basis: consult health practitioner.
4. Water soluble fiber is very important in reducing serum cholesterol; it is found in: barley, beans, brown rice, fruits, glucomannan, oats, oat bran, rice bran.
5. Include ample amounts of fiber and bulk (whole grains, fruits and vegetables) in your diet. Only animal foods contain cholesterol. Countries that eat a diet of primarily grains, vegetables, and fruits yield lower blood cholesterol.
6. Pure virgin olive oil helps reduce serum cholesterol. Do not heatuse as a salad dressing with a small amount of flax oil, and fresh lemon juice and herbs.
7. Liquefy a small handful of parsley and alfalfa sprouts in a cup of unsweetened pineapple juice in a blender, sip slowly.

8. For improved circulation: make a tea of 1 tsp. Elder Flowers (herbs) steeped in 1 cup boiling water for 3 minutes, strain, sweeten with a little honey if desired; brings on perspiration, good for skin also.

9. Drink potassium broth: cook red potatoes and carrots (leave skins on) with onions, garlic, parsley, celery, and cabbage in water for about 45 minutes. Strain vegetables, save broth and drink.

10. Potassium cocktail: In a vegetable juicer, make 1/4 cup celery juice, 1/2 cup carrot juice 1/4 cup spinach juice, beet top juice and parsley (small amounts of each). Combine and drink. Carrot juice helps to flush out fat from the bile in the liver and this helps lower cholesterol.

11. Garlic is an excellent aid in eliminating cholesterol buildup.

12. Foods such as Bee Pollen, Royal Jelly and Propolis reduce blood fat.

13. Oat bran, lecithin, certain herbs, vitamins, mineral and other nutrients as needed.

14. Cayenne powder (capsicum) is known to increase circulation and help clean the veins and arteries. Add to your food.

15. Liver cleanse, bowel cleanse, support for the heart, and circulatory system.

16. Exercise is very important; barefoot sand walks; gradual slant board and scalp massage

The Eyes Have It

A white ring around the eye's cornea is a sign of high cholesterol. Results of a new study, published in the Journal of the American Optometric Association, show that, regardless of age, patients with the white ring-known as a corneal arcus-had a higher blood cholesterol levels and thus a greater risk of heart disease. Previously the ring was considered a normal part of aging.

Optometrists who conducted the study recommend that people who have a corneal arcus see their physician and have their cholesterol checked.

Reader's Digest, June 1990

Biliary Constitution

Sub-Types

Ferrum Chromatose/Tiger Striping

Hydrogenoid

Lipemic Diathesis

FERRUM CHROMATOSE/TIGER STRIPING

FERRUM CHROMATOSE/TIGER STRIPING

OBSERVE: iBSnuff tobacco's like pigments that accumulate on the surface of the iris forming bands of color. (Pay attention to areas in the iris where pigment is located. Pay extra attention if it is accompanied by other signs.)

POTENTIAL CHARACTERISTICS:

1. Liver insufficiencies.
2. Digestive errors.
3. Liver disorders.
4. Possible difficulty with fat metabolism.

NUTRITIONAL CONSIDERATIONS:

1. Avoid fried foods and heated oils.
2. Eat lots of bitter greens such as kale, beet tops, cilantro, and arugula.
3. Drink raw juices such as wheat grass, parsley, spinach, and beet.
4. Lemon juice and olive oil salad dressing can be beneficial to the liver.
5. Digestive enzymes with meals.
6. Use herbs such as milk thistle, yellow dock and burdock...as suggested by your Health Practitioner.

HYDROGENOID

HYDROGENOID IRIS SUB-TYPE CONSTITUTION

(Lymphatic Rosary)

OBSERVE: Blue or blue gray iris with small, white to off-white flocculations in the outer zone parallel to the iris edge. These are also called tophi and reflect a lymphatic bundles condition. They commonly appear in the iris in the areas of lungs, breast, neck, groin, diaphragm, head, nasal

areas, which show specific areas of possible lymph congestion. When the tophi are yellow or brown/yellow in color, this may indicate chronic congestion.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Lymphatic congestion throughout the body or in certain areas.
2. Tendency to retain fluids.
3. If tophi are distinct in the lung area, may be ancestral history of tuberculosis, which taints the vital force of the person.
4. Allergies; digestion weak; proteins difficult to break down.
5. Rheumatoid arthritis may be in family history.
6. May reveal a dormant or active antigen-antibody reaction (allergy). The immune system may be kept on alert, though not acutely active. The system can be aggravated by certain foods, pollens, and dusts with reactions such as eczema, asthma, diarrhea, arthritis, bronchitis, and more.
7. i.Lymphatic ConstitutionIE data would apply as general information.
8. RING OF HARMONY: These people have difficulty with discord and disharmony. They don't want to rock the boat; they want to keep everything harmonious. The lymph system in the body serves two major functions. One is to bring healing body defenses to particular areas and the other is to take away toxins, cellular by-products, or garbage. What does a Ring of Harmony person do? They say, Here, give me your garbage, I'll take care of it. They take care of everybody else's because they want to make everything harmonious exactly the wrong thing for their physical nature. Lesson is to see the harmony in the disharmony and to set boundaries and learn to say iaNola. Just by vibrating harmonious energy into our world, you help the healing process. You don't have to take on anyone else's stuff.

NUTRITIONAL CONSIDERATIONS:

1. Follow the Nutritional Considerations for the Lymphatic Constitutionals type.
2. Specific herbs, vitamins, minerals, nutrients as needed.
3. Exercise and lots of water are extremely important.
4. Deleting all mucous forming foods is extremely important.

LIPEMIC DIATHESIS

LIPEMIC DIATHESIS SUB-TYPE CONSTITUTION (CHOLESTEROL RING)

OBSERVE: At the iris periphery adjacent to the sclera, a white or cream colored, opaque deposit in the cornea, varying in depth and intensity. May be seen in any color iris.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. This ring has been commonly known as the calcium-cholesterol ring (those that have also called it a sodium ring have been inaccurate according to the European Iridology research). Suggestive of high cholesterol or blood fats in the blood stream or high calcium build up in the joints and tissues of the body.
2. By noting the position of the arcus (deposit), we can differentiate risks to certain areas. A frontal arcus indicates cerebrovascular insufficiency. A medial or temporal arcus indicate coronary and/or pulmonary artery blockages. A ventral arcus reflects insufficiencies of hip thigh and leg arteries.
3. Recognizing that there is a chemical imbalance in the system, it is important to realize that this sign suggests the following:
4. A liver dysfunction with disturbed fat and/or glucose metabolism (a yellowish lipid deposit in the sclera is yet another indication).
5. A cardiovascular degenerative process.
6. Thyroid, adrenal, mineral deficiencies and insufficiencies.
7. The ring may be a result of a lifetime accumulation of calcium or cholesterol \dot{S} or it may be a characteristic indicating that the individual is predisposed to the above mentioned tendencies. Cardiovascular risk is more significant when seen in the 30's and 40's.
8. The DETERMINATION RING: Determination can be very handy in life, providing you apply it appropriately. Too much rigidity can cause constriction. There is a need here to let go and develop spiritual certainty and trust.

NUTRITIONAL CONSIDERATIONS:

1. Avoid any inorganic minerals such as table salt, dolomite, oyster shell calcium etc.

2. Eliminate meats, concentrated fats (butters, margarine, oil), fried foods, dairy products coffee, alcohol, non-dairy creamers, processed and refined foods, white bread, black tea, tobacco.
3. Increase green vegetables and supplements high in chlorophyll such as Spirulina, Blue-Green Algae, Wheat Grass Juice. A Spirulina fast with carrot and celery juice or lemon and distilled water is most beneficial on a monthly basis: consult health practitioner.
4. Water soluble fiber is very important in reducing serum cholesterol; it is found in: barley, beans, brown rice, fruits, glucomannan, oats, oat bran, rice bran.
5. Include ample amounts of fiber and bulk (whole grains, fruits and vegetables) in your diet. Only animal foods contain cholesterol. Countries that eat a diet of primarily grains, vegetables, and fruits yield lower blood cholesterol.
6. Pure virgin olive oil helps reduce serum cholesterol. Do not heatuse as a salad dressing with a small amount of flax oil, and fresh lemon juice and herbs.
7. Liquefy a small handful of parsley and alfalfa sprouts in a cup of unsweetened pineapple juice in a blender, sip slowly.
8. For improved circulation: make a tea of 1 tsp. Elder Flowers (herbs) steeped in 1 cup boiling water for 3 minutes, strain, sweeten with a little honey if desired, brings on perspiration, good for skin also.
9. Drink potassium broth: cook red potatoes and carrots (leave skins on) with onions, garlic parsley, celery, and cabbage in water for about 45 minutes. Strain vegetables, save broth and drink.
10. Potassium cocktail: In a vegetable juicer, make 1/4 cup celery juice. 1/2 cup carrot juice 1/4 cup spinach juice, beet top juice and parsley (small amounts of each). Combine and drink . Carrot juice helps to flush out fat from the bile in the liver and this helps lower cholesterol.
11. Garlic is an excellent aid in eliminating cholesterol buildup.
12. Foods such as Bee Pollen, Royal Jelly and Propolis reduce blood fat.
13. Oat bran, lecithin, certain herbs, vitamins, mineral and other nutrients as needed.
14. Cayenne power (capsicum) is known to increase circulation and help clean the veins and arteries. Add to your food.
15. Liver cleanse, bowel cleanse, support for the heart, and circulatory system.
16. Exercise is very important; barefoot sand walks; gradual slant board and scalp massage.

Hematogenic Constitution

Sub-Types

Lipemic Diathesis

LIPEMIC DIATHESIS

LIPEMIC DIATHESIS SUB-TYPE CONSTITUTION(CALCIUM-CHOLESTEROL RING)

OBSERVE: At the iris periphery adjacent to the sclera, a white or cream colored, opaque deposit in the cornea, varying in depth and intensity. May be seen in any color iris.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. This ring has been commonly known as the calcium-cholesterol ring (those that have also called it a sodium ring have been inaccurate according to the European Iridology research). Suggestive of high cholesterol or blood fats in the blood stream or high calcium build up in the joints and tissues of the body.
2. By noting the position of the arcus (deposit), we can differentiate risks to certain areas. A frontal arcus indicates cerebrovascular insufficiency. A medial or temporal arcus indicate coronary and/or pulmonary artery blockages. A ventral arcus reflects insufficiencies of hip thigh and leg arteries.
3. Recognizing that there is a chemical imbalance in the system, it is important to realize that this sign suggests the following:
 4. A liver dysfunction with disturbed fat and/or glucose metabolism (a yellowish lipid deposit in the sclera is yet another indication).
 5. A cardiovascular degenerative process.
 6. Thyroid, adrenal, mineral deficiencies and insufficiencies.
 7. The ring may be a result of a lifetime accumulation of calcium or cholesterol or it may be a characteristic indicating that the individual is predisposed to the above mentioned tendencies. Cardiovascular risk is more significant when seen in the 30's and 40's.

8. The DETERMINATION RING: Determination can be very handy in life, providing you apply it appropriately. Too much rigidity can cause constriction. There is a need here to let go and develop spiritual certainty and trust.

NUTRITIONAL CONSIDERATIONS:

1. Avoid any inorganic minerals such as table salt, dolomite, oyster shell calcium etc.
2. Eliminate meats, concentrated fats (butters, margarine, oil), fried foods, dairy products coffee, alcohol, non-dairy creamers, processed and refined foods, white bread, black tea, tobacco.
3. Increase green vegetables and supplements high in chlorophyll such as Spirulina, Blue-Green Algae, Wheat Grass Juice. A Spirulina fast with carrot and celery juice or lemon and distilled water is most beneficial on a monthly basis: consult health practitioner.
4. Water soluble fiber is very important in reducing serum cholesterol; it is found in: barley, beans, brown rice, fruits, glucomannan, oats, oat bran, rice bran.
5. Include ample amounts of fiber and bulk (whole grains, fruits and vegetables) in your diet. Only animal foods contain cholesterol. Countries that eat a diet of primarily grains, vegetables, and fruits yield lower blood cholesterol.
6. Pure virgin olive oil helps reduce serum cholesterol. Do not heatuse as a salad dressing with a small amount of flax oil, and fresh lemon juice and herbs.
7. Liquefy a small handful of parsley and alfalfa sprouts in a cup of unsweetened pineapple juice in a blender, sip slowly.
8. For improved circulation: make a tea of 1 tsp. Elder Flowers (herbs) steeped in 1 cup boiling water for 3 minutes, strain, sweeten with a little honey if desired, brings on perspiration, good for skin also.
9. Drink potassium broth: cook red potatoes and carrots (leave skins on) with onions, garlic parsley, celery, and cabbage in water for about 45 minutes. Strain vegetables, save broth and drink.
10. Potassium cocktail: In a vegetable juicer, make 1/4 cup celery juice. 1/2 cup carrot juice 1/4 cup spinach juice, beet top juice and parsley (small amounts of each). Combine and drink . Carrot juice helps to flush out fat from the bile in the liver and this helps lower cholesterol.
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15. Liver cleanse, bowel cleanse, support for the heart, and circulatory system.
16. Exercise is very important; barefoot sand walks; gradual slant board and scalp massage.

Physical

Integrity

Neurogenic

Connective Tissue

Polyglandular

Anxiety Tetanic

RESILIENCE (or DENSITY) (1)

1. Density = Resistance (or Resilience) = Structural Integrity.

2. Physical resiliency is about our genetic makeup, our inherited strengths. It shows us the abuse capacity of the body.

3. Resiliency is measured by the thickness and depth of the iris fibers. The iris fiber are:

A. Tight.

B. Close together.

C. Richly deep appearing and have depth.

4. Fiber density is a measure of the resistance of the body towards negative influences whether that influence is in the form of external toxic material or internal metabolic wastes or negative influences from negative emotions, accidents, or traumas.

5. Iris density represents the structural integrity of the body. Any deviations in the structural integrity will tell us about deviations in the ability of the body to function harmoniously.
6. Very dense fibers that are close together indicate good structural integrity. The person can resist negative influences and compensate without much awareness of the compensation occurring in the body. Very resilient individuals have few complaints.
7. Resiliency/Resistance (or density) is a measure of our ability to:
 - A. Work hard.
 - B. Reduce physical stress.
 - C. Decrease frequency of illness.
 - D. Increase our recuperative powers when we do become ill.
 - E. Live longer with greater ease.
8. There is no good or bad judgment about resiliency or lack of it! Resiliency is about what you do with what you have.

1. Course on Video. *Iris Signs and Constitutional Types* by Harri Wolf (Tape 1), Ellen Tart class notes, Physical Resiliency Measurement Video by Bill Caradonna.

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PHYSICAL RESILIENCY MEASUREMENT (1)

The four factors that determine the physical resiliency of a client

1. **Overall Physical Resiliency** (*density and depth of fibers*)

2. **Weave of Fibers**

Connective Tissue Neurogenic (*loose weave fibers*) (*straight, stretched, thin/delicate fibers*)

3. **Glandular Resiliency**

Polyglandular (*daisy petal eye*)

SIGNIFICANT MODERATE MILD

4. **Anxiety and Neuromuscular Stress**

Anxiety Tetanic (*contraction furrows*)

MILD MODERATE SIGNIFICANT EXTREME

1. Physical Resiliency Measurement Video by Bill Caradonna.

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 MILDLY MODERATELY RESILIENT VERY

MODERATE

SIGNIFICANT MILD DEFICIENT ROBUST

NEUROGENIC

NEUROGENIC IRIS SUB-TYPE CONSTITUTION

OBSERVE: Tight, delicately arranged, thin stretched appearance of iris fibers. They appear to be like fine silk. Common to find a small measure of fiber separation in the lung field and the uro-genital areas. Most common in the blue and blue/gray.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Weakness in nervous system, central and autonomic.
2. Afflictions such as headaches, vascular spasms, vascular crisis with special risk for cerebral vessels, ulcers, possible skin eruptions due to affliction of the nervous system such as herpes or shingles.
3. Hard worker, natural drive, industrious, diligent; all this can lead to heightened physical and emotional exhaustion and sensitivity.
4. **STREAM / KINESTHETIC NATURE:** Resilient physical integrity. Balancers, trying to be in the middle, balancing each side of the seesaw, bringing people together, acting as the conduit of information. The ihglue that holds the world together. They are glued together pretty well. Tight fibers provide them with resilient nature. In spite of the resiliency, which allows them to take care of people all the time, to bring people together, to be the mediator or diplomat, they may need to give it a rest before they get sick take care of self. Constantly in motion, they need to balance this with stillness to rest their empathic nature and heighten their intuitive sensitivity.

NUTRITIONAL CONSIDERATIONS:

1. Avoid stimulants such as coffee, sugar, caffeine, carbonated beverages, cigarettes, and junk foods.
2. Stay away from foods that create stress on the system such as fried foods, white flour products, potato chips, colas, alcohol, etc.
3. Foods high in B vitamins are supportive of the nervous system, such as: whole grains, blackstrap molasses, legumes, soaked nuts and seeds, brewer's yeast, green leafy vegetables, brown rice, wheat germ, lecithin, soybeans, rice bran, barley, black walnuts, alfalfa sprouts, rice bran syrup, egg yolk.
4. Mineral support is essential from plenty of green leafy vegetables, whole grains, legumes, soaked nuts and seeds, some fruits.
5. Relaxation therapy, muscle therapy, mental and emotional rest.
6. Stress reduction therapies.
7. Exercise therapy will bring about an active lymphatic system while the oxygen-starved nervous system will benefit as well.
8. Avoid excessive noise—turn down the TV, radio, music, etc.
9. Skin brushing before a nightly warm bath and a cup of chamomile tea before bed will help relax the nerves and support a good night's sleep. Avoid eating late and mental stimulation before sleep.
10. Outdoor activity, exercise, deep breathing, walks in nature, all relax the nerves.
11. Learn to live with change, work with joy, bring soothing music and color into your life.
12. Release the emotions that need expression so that you may feel calmer.
13. Be in the company of people who uplift your being and your energy.
14. Build your self-esteem, increase your positive attitude.
15. Release worry and fear and increase levels of trust and faith.
16. Herbs, vitamins, minerals, and nutrients as needed: consult with health practitioner.
17. Drink teas of oat straw and chamomile.

CONNECTIVE TISSUE

CONNECTIVE TISSUE IRIS SUB-TYPE CONSTITUTION

OBSERVE: Very loose, widened iris fibers with many crypts, lacunae, flowers, and many openings. The autonomic nerve wreath is often of an erratic nature. Because of the shape of the wreath and/or the many lacunae, it is difficult to realize specific organ insufficiencies.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Connective and elastic tissue weakness.
2. Possible dropping or prolapse of organs, especially abdominal.
3. Varicosities, hemorrhoids, spinal anomalies, subluxations, scoliosis, hernias, sway back, postural difficulties, easy to injure.
4. Minerals don't hold well in body, especially calcium.
5. Bowel and organs won't be held in place as strongly.
6. Weakened veinous structure, circulatory system weakness.
7. Any large, widened lacunae in the abdominal, pelvic, uro-genital and spinal areas should be given special attention. Check for adrenal weakness.
8. Requirements include moderate to greater recuperation, depending upon the degree of fibrous separation and variables of the physical environment and therapies.
9. FLOWER PATTERN: This type of person needs lots of support. They respond to their world in a feeling, emotional, spontaneous manner. Excited easily, radiating this energy, then later are excited about something else. Brings beauty into the lives of others.

Needs to put its roots into the ground and pull up nutrients to be able to support the blossoming. Not a weak individual; someone, who with a lot of abuse, may not bounce back as fast. However, with supportive therapies, they will be able to do whatever they want without being slowed down.

NUTRITIONAL CONSIDERATIONS:

1. Eliminate all junk foods, devitalized and processed foods, sugar, caffeine, alcohol, tobacco, and other stimulants.
2. Support the system with a natural, whole foods diet, balanced with vegetables, fruits whole grains, vegetable proteins, legumes, soaked nuts and seeds, sprouts, juices, plenty of water.

3. Improve circulation with exercise.
4. Vegetable broth and juices: potassium broth.
5. Support organs and systems that need this.
6. Get plenty of rest and take adequate rest breaks during the day.
7. Cleanse the colon and improve digestion with enzymes, proper diet, and food combining.
8. Don't work standing on your feet for hours.
9. Herbs, vitamins, minerals, nutrients as needed: consult health practitioner.

POLYGLANDULAR

POLYGLANDULAR IRIS SUB-TYPE CONSTITUTION

OBSERVE: Lacunae and honeycombs positioned in a indaisy petally or geometric pattern around the autonomic nerve wreath. You will see tight fibers underneath and a pattern more symmetrical than the Connective Tissue Type.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Weakness in the glandular system, overall.
2. Weakness in the gastrointestinal system and irregularity of the bowels.
3. Glandular function insufficiency: digestive, pancreas, gall bladder, adrenal, pituitary, pineal, thyroid, parathyroid, and gonads. Decreased hormonal or endocrine glandular function.
4. Possible weakness in heart, liver, kidneys.
5. FLOWER PATTERN: Emotionally oriented, changeable, creative energy and excitement for life, may burn out without rest, needs to be aware of their own particular yardstick of how much they can get away with, where their flag is. Recuperation time brings forth the bubbly personality once again for all to enjoy.

NUTRITIONAL CONSIDERATION:

1. Diet should be whole foods, all natural, void of any denatured, processed, refined foods. High fiber diet, eaten very slowly, chewed well, combined well, and eaten in quiet, peaceful and enjoyable environment.
2. A diet of whole grains, vegetable, fruits, soaked nuts and seeds, legumes, sea vegetables, bee pollen, blue-green algae's, etc., would be a supportive way to eat.
3. Long fasts are not recommended. Maintain blood sugar balance by eating complex carbohydrates and vegetable proteins consistently throughout the day.
4. Bowel tonics, colon cleanses, and digestive support: Please consult health practitioner.
5. Support the glands with herbs, vitamins, minerals, and nutrients as needed: consult health practitioner.

ANXIETY TETANIC

ANXIETY TETANIC IRIS SUB-TYPE CONSTITUTION

OBSERVE: Circular arcs or portions of arcs spread throughout the iris. Also called cramp rings, stress rings, contraction furrows, sensitivity rings, or accomplishment rings. Caused by a buckling of the fibers due to prolonged excessive stress. Can be seen in any color iris.

POTENTIAL CHARACTERISTICS, BEHAVIORS, RISK FACTORS:

1. Psychosomatic disorders with an affinity to the neuro-muscular system; such as tense muscles, jaw clenching.
2. May aggravate colitis, tachycardia, angina pectoris, circulatory disorders, spinal subluxation, temporal-mandibular (TMJ) joint disorder, blood sugar metabolism errors.
3. These individuals often create lots of stress in their lives; feel victimized by their stress. Inclined toward ioType-AId behavior. Often highly diversified, motivated, ambitious. They have many things going on at once. They feel they are under a great deal of tension in life and this tension is usually of psychosomatic origin.
4. Possible headaches, heart stress, thyroid deficiency, muscle tension.
5. Gastrointestinal disorders such as ulcers, colitis, nervous stomach, intestinal spasms.
6. Often lured toward the use of artificial stimulants in order to compensate for the decline in natural energies. This behavior weakens vital dynamics and helps bring about more complaints. This also masks any symptoms of needed rest.
7. Signs may include depression, mood swings, crying, hysteria, and other emotional expressions.

8. Body calcium is usually taxed.
9. If rings are broken, often a ifcrabbyly disposition.
10. ACCOMPLISHMENT RINGS: Productive drive and nature, in a state of tension and being wound up. Inflexible. If this person takes this behavior and goes in exactly the wrong direction for exactly the wrong length of time, they may experience nervous breakdown. Needs lot of support and reassurance. Needs to take action on areas that need attention in their life so they can let go and relax.

NUTRITIONAL CONSIDERATIONS:

1. Eliminate all artificial stimulants including sugar.
2. Adequate rest and relaxation: 20 minute rests, 4 times a day!! Good night's rest with full 8 hours sleep; exercise is vital.
3. Rescue Remedy (Bach Flower Remedy) for emotional support during times of extreme stress.
4. Stress reduction; meditation; stillness.
5. Follow guidelines for ioNeurogenic Iris Sub-TypeIn which gives suggestions for over-all support of the nervous system.
6. Herbs, vitamins, minerals, and nutrients as needed: consult health practitioner.
7. Massage therapy.
8. Learn to say NO and prioritize areas of most importance and let go of the rest. You don't have to do it all!

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IRISPIGMENTATION

Bill Caradonna R.Ph.

Introduction

The iris of the eye provides two characteristics for observation and analysis: structure and pigmentation. There are differing perspectives as to the significance of these indicators. This article will examine the origin and types of iris pigmentation and discuss the evolution of their interpretation.

Eye Color

Throughout the ages, humankind has poetically called the eyes windows of the soul. True emotion hidden elsewhere is often revealed here. But what creates this window? What are we really looking at? Overall eye color is dependent upon the quantity of melanin pigment present. Dark brown eyes are heavily pigmented, obscuring underlying iris fibers. Light brown eyes have less melanin, with off-white or yellowish appearing stroma. In blue eyes, there is only a small quantity of scattered melanin granules which reflect light. This is similar to light reflected from suspended particles in the air creating the appearance of a blue sky. Albinos lack melanin and the light reflected from the retina imparts a reddish color. Most Caucasian babies are born with blue eyes, which change color according to genetic determination. The melanocyte granules fill in over the ensuing months. Babies of Asian and African origin are born with murky brown eyes which become darker over time. The incidence of eye color is dependent upon population composition. Also, coloration definitions must be identical for comparison purposes. The following are two example of eye color analysis:

- 1) 7000 White Maryland school children:
 - a) 31% blue-eyed (deep blue, light blue, light gray)
 - b) 36% hazel-eyed (remainder of colors)
 - c) 33% brown-eyed (hazel brown, dark brown)
- 2) 400 patients in Southern Germany
 - a) 62% blue-eyed (deep blue, light blue, light grey, hazel)
 - b) 12% light brown
 - c) 26% dark brown

While these figures are similar when adjusted to either brown or blue colors, this indicates the subjectivity of categorization. Combinations of pigment patterns create various shadings. Hazel can appear from a basic blue eye with whitish or yellowish overtones. A blue eye with heavier than usual pigmentation in the inner and outer iris zones is often confused with a light brown eye.

European researchers have recognized the importance of iris color as indicators of inherited physical dispositions (constitution). Iris color has also been recognized to delineate differences in motor performance, (3) dental pain,(4) dystonic syndromes, (5) stimulus arousal, (6) and behavioral sensitivities and inhibitors.(7)

Eye Color Determination

Several factors influence eye color. This includes both heredity and pigment stimulating factors:

Heredity: Eye color is an observable expression of the genetic constitution. Choice of eye color (alleles) are found in a specific position (locus) on the chromosome. If brown-eyed parents have identical alleles for brown eye color (homozygotic), then all their offspring will have brown eyes. If the parents' alleles are heterozygotic (both brown and blue choices), then the iris color is inherited in a mendelian manner with blue recessive to brown. This means that an average one out of four children will have blue eyes. If one parent has brown eyes and one parent has blue eyes, but the brown-eyed parent is homozygotic, then all the children will have brown eyes. Two homozygotic blue-eyed parents will have only blue-eyed children. (see table 1, page 4)

Pigment Formation: Embryologically, the pigmented cells of the posterior surface of the iris arise from the neuroectodermal cells that separate from the outer wall of the anterior portion, which reflects iris color, arises from the mesoderm and cells that migrate from the neural crest. Both sympathetic cells and melanocytes also originate from the neural crest. Under sympathetic influence, these mobile melanophores travel into the iris and choroid. Without influence of the sympathetic nerves, the iris remains hypopigmented because the chromatophores fail to migrate. Therefore, the sympathetic nervous system has an important influence on the development of melanin and iris color. Melanin is found in the cytoplasm of melanocytes by oxidation of the amino acid tyrosinase, a copper containing enzyme located in the mitochondria. Melanin is iron-free. The melanocyte stimulating hormone (MSH) of the intermediate lobe of the pituitary gland influences melanin deposition in skin melanocytes but NOT iris melanocytes. Therefore, MSH is not involved in iris color changes. Melanin of the skin, brain, iris, and meninges is bound to various proteins. This may account for the differences in pigmentation.

Other specific pigments, or iridofreckles, are seen in the iris, as well. Rufin, a lipochrome, is responsible for orange and reddish colors. Carotenes are bright orange/red unsaturated hydrocarbons. Pure yellow xanthophylls are oxidation products of alpha carotene. Another yellow pigment is thiochrome which has characteristic fluorescence and results from the oxidation of thiamine.

Heterochromia

Major and minor variations of iris color can occur. When two eyes have different overall colors, this is called binocular heterochromia. This can be genetically inherited as an irregular but uncomplicated auto-somal dominant trait. It can also indicate other inherited syndromes (i.e., Horner's, Waardenburg's). Sympathetic nervous system disturbances secondary to injury, tumor, etc, is the other reason for this occurrence. Partial pigment variations from the base color occur more frequently and are known as sectoral heterochromias. The size of the heterochromia sector can vary from a few degrees to 90° of the iris. This presence is also related to either hereditary anomaly or sympathetic disturbances.

Occasionally, this results in a hypopigmented sector (hypotrophic sectoral heterochromia).

In the Maryland study of white children age 12-14, (7) an incidence of .75% was observed for heterochromia. Once brown eyes were eliminated, the incidence rose to 1% (10/1000). Though heterochromia is observed in brown eyes, it is rare. Heterochromia was seen slightly more in males. A study of 8,000 Belfast children, aged 4-7, produced a similar result. 9/1000 children were observed to have had heterochromia. No adjustment was made for brown eyes and the percentage of brown eyes in the study was not noted. (8) An Austrian study observed an incidence of .25% of heterochromia in 25,300 individuals from Vienna. Brown eyes were not eliminated. It was also noted that the most frequently found position for sectoral heterochromia was in the lower 90° of the iris. Age and sex variations were also seen. 5/6 of all heterochromias were found between the age of 2-19 years, and in significantly higher incidence in females than in males. (9)

Iris Color Changes – An Historical

Review

Current iridology practice has its origins in the late 1800TMs, first with Ignaz Von Peczley, an Hungarian physician, and then Nils Liljequist, from Sweden. Von Peczley concluded, that blue is the normal color of the eye in the Caucasian race; that allopathically treated diseases darken the color of the eyes. LiljequistTMs observations were stimulated by the decline in his own health after vaccinations in his early teens. Having repeatedly taken prescribed quinine and iodine, he concluded that these drugs were responsible for a shift in his eye color from blue to greenish with red spots by his early 20's. Henry Lane, an Austrian M.D. and student of Liljequist's, emigrated to the U.S. and authored the first American iridology text in 1904. Much of the foundations of beliefs regarding iris color change in America originated here. These beliefs included:

- 1) All newborn children of healthy parents have blue eyes. Further references were made to the superiority of the blue-eyed individual. (This followed the Eugenic beliefs of this period that racial groups had genetically based differences in intelligence and behavior.)
- 2) The darker the color change, the more morbid the condition, and furthermore, expelling morbid matter will create a lightening of the iris color.
- 3) Blue-eyed parents infected with scabies would bear children with brown eyes, or at least with pigments or scurf rims.
- 4) Pigmentation is caused by drug deposits. Allopathic remedies said to influence eye color included mercury, quinine, iodine, arsenic, phosphorus, strychnine, lead, salicylic acid, creosote, turpentine, glycerine, opium and derivatives, and potassium bromate. Subsequent American authors Lindlahr (1919) and Kritzer (1921) furthered this belief by associating eye color changes with other chemicals such as sulfur, coal tar, sodium, iron, potassium, lime and magnesium.

These early pioneers suffered from a lack of diagnostic capabilities that we take for granted today. While they had only limited power magnifying glasses, we have microscopes capable of 50X magnification. They had to rely on color drawings for records. We now have high quality photography. Modern medicine has also provided us with an understanding of genetics,

physiology, and pathology unknown then. In light of these advances, let us review these beliefs involving pigmentation:

1) Blue-eyed babies are the result of genetics, not healthy parents.
2) The belief that all brown eyes should be blue. Is unfair to a majority of the world's population.
3) Scabies, a mite infestation causing itching, was rampant in the 1800TMs and early 1900TMs. It was assumed that such infections and the absorption of its protein products was the cause of some of the pigmentation in the iris. Specific iris pigments were often referred to as Psora or Psoric Itch Spots.

4) The concept of drug spots in the iris also does not stand up to modern scrutiny. The types of chemicals or drugs we are exposed to has changed drastically, yet this belief has persisted with newer drugs being substituted for old ones. Actual drug deposition in the eye has been seen with only a handful of drugs with MSH-like action. This includes mephenytoin, chloroquine phosphate, chlorpromazine, and bisulfan. While having pigmentation effects on the skin and sclera, they do not appear to affect iris color. Other hormones that are known to influence skin pigmentation, but not iris color, include corticotropin, estrogen, progesterone, androgen, thyroid, cortisone acetate, and epinephrine.(10)

5) The issue of color changes is greatly overemphasized. Numerous people have detoxified and recovered from illness without a concurrent color change. Cases of eye color lightening have also been observed without corresponding cleansing or healing. Certain types of irises may reflect color changes more frequently, i.e., the mixed brown eye (transitory eye S Kriege), hazel eyes, or eyes with central heterochromia presence. Other influences on the perception of eye color include size of the pupil, light quality in the room, and clothes the subject is wearing. Inconsistent photography must be recognized for its major role in perpetuating color misperceptions. Before and After comparison photos have been proven un-reliable. Variables influencing the accuracy of color reproduction include camera model and capability, flash consistency, film types, and development process. Evidence of these errors as iris color change can be observed in several American iridology texts. *Eyes Windows of the body and the Soul* (p. 56-62) (11) contains numerous after photos taken with a red free filter attachment. This removes much of the brownish pigments from the photo, increasing a blueish appearance. It is evident because the sclera and eyelids also have a blue hue. The author admitted its use. *Iridology Simplified*. (12) (p. 26) contains a patient case of recovery from serious illness. The before and after pictures are quite different in color due to glaring photographic inconsistencies. Also, the appearance of changes in iris tissue openings emphasized by the author are from large differences in pupil size. Recent advances in camera systems (i.e., the LENA system), have reduced the possibility of photographic error, supporting the observation that much of the color change issue was caused by equipment inconsistencies. Current computerized iris analysis has not been helpful in further illuminating this issue. Color gradations are derived from iris photos, not the naked eye, duplicating the photographic inaccuracies. *It is noteworthy that the American emphasis on color change is virtually absent in European approaches.*

What Does Happen

Pigments come from pigment-releasing cells in the iris. Specific pigments are rarely seen in young children, but appear to aggregate over time. Deck interprets the occurrence of specific pigments as primarily genetically regulated. He recognized that specific types of pigments, especially in the area of other defect signs, reflects a defensive focus. Therefore, the sign can precede demonstrable pathology. Other smaller pigment aggregations are seen as a response to pathological reactions. The exact mechanism by which the chromatophores in the iris are stimulated to form an aggregation of pigment is still a mystery.

Several German researchers detailed pigment significance according to color, shape, and location. Rudolf Schnabel (1882-1952) devoted a whole volume to this subject, *Iridoscopy*, published in 1959 after his death.

Deck further delineates pigmentation into topo-stable (location specific) and topo-labile (to overall color and pattern more significant than location).

Pigments

IRIS ANALYSIS BY GLENDA SCHNEIDER

PIGMENTS:

Light yellow, straw color:

Disturbed urinary metabolism often found close to the wreath.

Dirty, pus-colored yellow:

Usually has wreath involvement, reveals long-term chronic inflammation or low-grade infection such as sinusitis, staph infections, tonsil infection, inflammation of female organs. When found at the top of the wreath with no other signs present, it can be suggestive of chronic catarrh in the sinus.

Dark or Ocher Yellow:

Hereditary liver/gall bladder weakness.

Orange:

Liver malfunction or pancreas malfunction.

Dark Brown spots anywhere:

Hepatic/Pancreatic disturbance.

Brown or Rust color inside wreath:

Central heterochromia is pigmentation concentrated at the wreath in large amounts. Suggestive of constipation, hemorrhoids, blood in stool, etc. It is a sign of definite digestive and eliminative disturbance with under activity of gastric secretions. It is also indicative of liver/gall bladder/pancreas disturbance.

True red pigment:

Malfunction of the kidneys.

Dark rod near the wreath or in large pigments:

Liver-pancreas malfunction.

Rust:

Blood sugar disorders, pancreas/liver malfunction.

Red-yellow:

Liver/kidney complications.

Brown-yellow:

Liver and bowel influence.

Pigments in the sclera (white of the eye):

Yellowish lipid deposits as well as brown pigments in the sclera, attest to disturbed fat metabolism and liver function.

Rust brown pupillary edge:

Blood sugar disorders.

Straw Yellow - Disturbed urinary metabolism, often found close to the wreath.

Nutritional Suggestions:

1. Juniper berry, corn silk, uvaursi, watermelon seed teas; eat lots of organic watermelon, pomegranate juice.

Orange - Liver or pancreas malfunction

Nutritional Suggestions for Liver:

1. Avoid fried foods and heated oils.

2. Eat lots of bitter greens such as kale, beet tops, cilantro, and arugula.

3. Drink raw juices such as wheat grass, parsley, spinach, and beet.

4. Lemon juice and olive oil salad dressing can be beneficial to the liver.

5. Digestive enzymes with meals.

6. Use herbs such as milk thistle, yellow dock and burdock. . .as suggested by your health practitioner.

Nutritional Suggestions for Pancreas:

1. Avoid refined white sugar.

2. Eat whole grains, soaked nuts and seeds - foods metabolize slowly.

3. Eat raw honey, dates, molasses, and maple syrup in small amounts.

4. Use Stevia to sweeten herbal teas. Stevia is a sweet herb that balances the pancreas.

5. Take chromium picolinate as suggested by your health practitioner.

Fluorescent Orange - Gallbladder deficiencies.

Follow Nutritional Suggestions for Liver.

Collarette Wreath

Signs

Placement: Atonic/Floppy Balanced/Normal

Constricted/Tight

Appearance: Thin/Wispy Japped/Starshaped

Thick/Raised

Intermittent Double

*Remember to observe surrounding tissue integrity and other corresponding signs.

COLLARETTE WREATHS (1)

Wreath Placement in Relationship to the Pupil

1. Balanced and Normal Wreath

↳ No negative influence on bowel behavior.

2. Constricted and Tight Wreath (constipative pattern from constriction)

↳ Introvert

↳ Intestines are narrowed

↳ Contraction and stricture

3. Atonic, Floppy, Distended, Relaxed and Mega Colon Wreath (constipative pattern from lack of tone).

↳ Extrovert

↳ Usually a Pluriglandular Constitution, gastric type, collarette is widely distended and appears flowery.

↳ Primary inherited weakness of intestinal glands.

↳ There is a general atony of the intestinal tract.

↳ Motor disturbances, low tonus, poor peristalsis, slow motility.

↳ Constipation. Poor absorption of nutrients.

↳ People with distended collarette are recommended to eat small meals as often as needed.

↳ Suitable environment for parasitic invasion, yeast, fungus or bacteria.

1. Course on Video Circular Phenomena of the Iris, Part 3, Harri Wolf and Ellen Tart Class Notes and

NIRA Digestive signs Chart #2

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COLLARETTE WREATHS

Wreath Quality

1. Thick and Ropy or Raised Wreath (overactive)

↳ Excessive energy in the stomach, too much peristalsis. This collarette type has a high reactivity, with diarrhea, colic, spasms, gastrointestinal motor disturbances.

↳ A lot of fermenting is going on. Always ask about food intolerance.

↳ Look for disturbances in the acid base balance.

↳ Generally you may find quite a lot of lymphatic disturbances and insufficiency of the lymphatic system. This probably arises from debris accumulating around the lymphatics of the intestines. It causes inflammation and irritation of the peripheral lymphatics.

↳ Environmental sensitivities, weather sensitivities.

↳ Strong disposition to rheumatic diseases in later years.

↳ Pay close attention to any needs of the iris section that adjoins thickened portions of the collarette.

2. Thin and Wispy or Delicate Wreath (sensitive, irritable).

↳ Lack of nerve energy, lacks stamina, very sensitive nerve system.

3. Absence of Wreath or Overshadowing by Pigmentation (underactive)

↳ Tendency to spasms, appetite disorders.

↳ Poor absorption of minerals, such as magnesium and calcium.

Poor assimilation of vitamins especially Vitamin A.

↳ Deficiency in digestive enzymes, delicate digestion.

↳ Fatigued, tired, weak, not enough nerve energy.

Examine the organs outside of breaks in the collarette.

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COLLARETTE WREATHS

Wreath Shape

1. Jagged and Star Shaped (loose stools under stress)

↳ Spastic colon type with irritability, strictures and inflammation in the intestinal tract.

↳ Ferrum Chromatose type has problems with iron absorption and is predisposed to liver problems.

↳ Compromised nerve energy at the jagged points.

↳ Sometimes constipation and sometimes diarrhea.

↳ Often found in drug addicts or those who have a long history of medication.

↳ Examine iris areas adjacent to the jagged points.

2. Double (too much energy, extra sensitive and irritable)

↳ Hyper-motility, spasms, moves fast and has diarrhea and constipation, goes from one extreme to the other, too sensitive for psyllium.

↳ Can have prolapse from weak connective tissue, with stomach pressing on the colon giving fish hook effect where acids puddle in the bottom of the stomach and have a burning effect.

3. Intermittent (irregular pattern of over and underactive)

- ↳ Tendency to spasms, appetite disorders.
- ↳ Poor absorption of minerals, such as magnesium and calcium. Poor assimilation of vitamins especially Vitamin A.
- ↳ Deficiency in digestive enzymes, delicate digestion.
- ↳ Fatigued, tired, weak, not enough nerve energy. Examine organs outside of breaks in the collarette.

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COLLARETTE WREATHS

Other Types of Wreaths

1. Mirshom Iris

- ↳ Whole nervous system is involved.
- ↳ Collarette is contracted towards the pupil.
- ↳ White halo in nutritive zone, collarette is ill defined in many areas overshadowed by exaggerated whiteness.
- ↳ Tendency toward spasms, colic.
- ↳ Neuromuscular irritability and neurologic disturbances throughout the entire system. Hyperactive.
- ↳ Epileptic type.
- ↳ Chronic gastrointestinal catarrh, ulcers are common.

2. V-Line and Parallel Tracks

- ↳ This iris sign indicates that there is an instability of the nervous system as a whole. Use the collarette as an analog for the nervous system in this case.
- ↳ The parallel tracks are like roof-tile lacuna.
- ↳ There is a tendency toward neuralgia and spastic conditions, not necessarily in the iris reaction field itself.
- ↳ Weather sensitivity affects the person on a physical as well as an emotional level.
- ↳ Person feels a lot of anxiety.
- ↳ Sometimes a delicate, fine, thin pupillary edge will be seen along with this phenomena. The fine edge indicates a sensitive nervous system and a nervous insufficiency, which corresponds well with the parallel tracking of the collarette.

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COLLARETTE WREATHS

Other Types of Wreaths

3. Angle of Fuchs Wreath (misshapen, thick, indented, almost touching pupil edge in areas)

- ↳ Collarette is so raised that it seems to be dislocated from the iris surface causing dyspepsia.
- ↳ Indicates a lot of stricture, deformation of the intestinal tract, dystermenias and motor disturbances, poor peristalsis.
- ↳ Pancreatic functions are reduced.
- ↳ Exocrine and Endocrine disturbances.
- ↳ Disposition to diabetes mellitus.

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STOMACH ZONE

The Stomach Zone

The stomach zone is located just around the pupil and is the first zone of the iris. When a complete round circle shaped like a doughnut is visible in zone one, it is because the sphincter muscle is showing through. The sphincter muscle is responsible for the contraction of the pupil when the eye is being exposed to very bright light. It can be seen clearly in some irises, but in others, it is not visible. When the muscle is visible, it has been called by some the stomach ring.

What causes this phenomenon? The fiber structure of the iris in the stomach zone has a different density in each person. In some people, the fiber structure in the stomach zone is dense and tight. In these people, the sphincter muscle cannot be seen. These people have a strong resiliency in the stomach zone and have inherited a strong potential for good digestion. In some people, the density

of the fibers in the stomach zone is very thin which causes the sphincter muscle to show through. Thin iris fibers without density, represent a lack of resiliency.

These people have inherited a potential for digestive disorders. The sphincter muscle may also show through in an iris with a loose weave. Separated fibers are also a measure of low resilience and represent an inherited potential for digestive disturbances.

The color of the stomach zone is also important to pay close attention to. When the stomach zone is white, whiter than the rest of the iris, there is a potential for overacidity in the stomach. These people tend to have burning, burping and bloating especially after a meal. They need to avoid acidic foods such as coffee, citrus fruits, sodas and black tea. These foods and beverages can worsen the acidic condition in their stomachs. They may complain of loose stools and diarrhea. Foods that can help improve the overacid stomach are papaya, aloe vera, slippery elm, marshmallow, and flaxseed tea.

When the stomach zone is gray or darker than the rest of the iris, the person has inherited the potential for a lack of hydrochloric acid and digestive enzymes. They will have trouble with digestion, especially with foods such as proteins. These people will tend to have constipation. Plant enzymes can be very helpful to these people. Chlorella tablets that have had the cell wall shattered are also quite beneficial when taken along with a teaspoon of flaxseed oil.

PUPILLARY RUFF

The Pupillary Ruff

There is another phenomenon that occurs in the stomach zone that is often misunderstood. Some have called this iris sign the absorption ring. This is a dark ring that is present in some irises just around the outer edge of the pupil border. The pupil border or pupillary ruff should be visible in everyone and its normal color is black. The pupillary ruff is an essential part of the eye anatomy. The pupil border is actually made of brain, nerve and spinal chord tissue. When observing the pupillary ruff, you are observing living brain tissue. This tissue is sensitive to light. When a person enters bright sunlight, the pupillary ruff will signal the sphincter muscle with messages that will cause the pupil to contract. When a person enters a dark room, the pupillary ruff will signal the dilator muscle with messages that will cause the pupil to open wider in order to let in more light so the person can see. Therefore, the pupillary ruff plays a vital part in one's ability to see in bright or dark places. When it is out of balance due to the overconsumption of drugs or adrenal exhaustion, the pupillary ruff can appear to be moving back and forth continuously. This is called hippus and represents a tremendous disturbance in the central nervous system. The eyes of these people are constantly taking in too much light and not enough light.

Just around the border of the pupillary ruff in zone one, a dark ring is sometimes visible. This ring has been called the absorption ring. It represents a tendency for difficulties in the absorption of nutrients. But what actually causes this ring to appear? This ring is actually an extension of the pupil border which is hidden in resilient irises. When the fibers of the iris in zone near the pupil lack density or are of a loose weave, the extension of the pupillary border will show through those fibers and look like a gray or dark gray ring. In Iridology, dense and tight fibers equal resilience. Resilient areas of the iris represent organs that genetically have stamina and the ability to function well. When the dark gray ring appears around the papillary ruff, we know the fibers in the stomach zone are loose and thin or we would not be able to see that ring. We can conclude when we see this ring that the person has inherited a deficiency in the stomach and ask them questions about absorption.

QUICK IRIS ANALYSIS FOR VITALITY AND DIGESTION(1)

The four sets of common Iris combinations are:

1. Large Pupil with a Small Collarette Narrowed Toward the Pupil.

- ⌘ Uses energy quickly.
- ⌘ Has a minimal reserve of energy.
- ⌘ Suffers from over excitement of digestive tract (spasticity, cramps, and colic).
- ⌘ Requires a lot of food.
- ⌘ Digestion and absorption capability is fairly limited.
- ⌘ Advised to consume small quantities of high quality food.

- ⌘ Stay away from empty calories and sugars, as they are not reliable sources of energy.
- ⌘ Large ciliary zone indicates that the formation and use of energy is large.
- ⌘ Since there is only a moderate energy reserve, this person is capable of performing for only a short time without rest to rebuild the energy reserve.

Summary: This person has small digestive ability, lowered energy reserve, energy gets used up quickly and has low stamina.

2. Large pupil with an Expanded Collarette

- ⌘ Lowered metabolic rate tends to accumulate unburned substance.
- ⌘ Expend large amounts of energy.
- ⌘ Great intake of food but very little is used.
- ⌘ Person is often concerned with quantity rather than quality.
- ⌘ Is often plagued by flatulence and gas.
- ⌘ Narrowed ciliary zone indicates formation of energy and reserve to be slight.
- ⌘ This person can only perform best for short periods of time.

Summary: This person expends a large amount of energy, eats great quantities of food and gathers large amounts of metabolic wastes.

1. Course on Video. Part 1, *Iris Signs and Constitutional Types* by Harri Wolf (Tape 1) Fundamentals of Iridology 4/8/97 Compiled by Maureen Smith Copyright 1996 Serenity Enterprises

QUICK IRIS ANALYSIS FOR VITALITY AND DIGESTION (continued)

3. Small Pupil with a Small Narrow Collarette

- ⌘ Metabolizes well.
- ⌘ Stores a great amount of energy.
- ⌘ Little energy demand on the body.
- ⌘ Intensive utilization of the energy available with little waste.
- ⌘ Large ciliary zone means large reserve of energy making it possible to use more energy on demand over a longer period of time.
- ⌘ Most ideal combination.

Summary: This person metabolizes well and stores energy, is best suited to small meals and has great stamina.

2. Small Pupil with a Large Distended Collarette

- ⌘ Little energy demand.
- ⌘ Great demand for food but little energy utilization.
- ⌘ Lot of waste produced.
- ⌘ Narrowed ciliary zone indicates little metabolic activity and little utilization of energy.
- ⌘ This person is sluggish, chilly with little vitality.

Summary: This person has a great requirement for food, but has poor energy utilization, is cold, slow and has low vitality.

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Pupil Tonus

Signs

Pupillary Change: Pupil Tonus

The specific purpose of the pupil is to allow light into the eye. The muscles in the iris structure which accomplishes this action is the sphincter pupillae and dilator pupillae. Both muscles are under control of the autonomic nervous system, namely the sympathetic and parasympathetic. When there is a pressure on the nerve root of the spinal cord, such as in the case of a spinal subluxation, a reflex action occurs and the pupil flattens across from the area that is serviced by the particular nerve supply. For example, if there is nerve root pressure in the upper cervical spine, say C-1, the pupil will flatten on the frontal portion (12 o'clock). In this way, the pupil can tell the iridologist where there is nerve interference in the entire body and which areas it is affecting. According to research, by correcting the nerve root pressure in the body, the pupil will eventually return to its corrected shape.

The pupil tonus is a term used in iridology that refers to the observation of pupil flattening and deformation. To the iridologist, pupil tonus can be another means of clarification and crosscheck for

iris signs found in analysis. The observance of pupil tonus is noted as a i.sectoral flatnessly to various sides of the pupil, such as frontal, temporal, nasal, and ventral. The occurrence of pupil deformation signifies the deviation of the circular shape of the pupil and indicates a severe disturbance. The pupil tonus chart developed by Harri Wolf is a valuable chart for observation of pupil tonus and deformation.

Pupil Tonus

Make a drawing for each term.

Anisocoria Š pupils of different size

This may show damage from diphtheria, meningitis, or familial history of syphilis.

Miosis Š small pupil

Small pupils indicate that the parasympathetic nervous system is dominant in the body. People with small pupils are concerned about getting enough food. They place an over emphasis on sex. They often have feelings of underlying guilt. These people usually exhibit a marked changeability. One day they may be rigid and the next day flexible, praising and sarcastic, religious and atheistic, egotistical and insecure. Such people often have a slow heart rate, contracted blood vessels, and debris in the urine or feces.

Mydriasis Š large pupils

The sympathetic nervous system is dominant. These people have problems with poor digestion, weak peristalsis, little or no appetite, fatigue, and exhaustion. It is better for these people to consume small meals. They often have trouble with the urinary tract, adrenal exhaustion, and anemia. They have a faulty assimilation of nutrients, high metabolic rate with a mineral deficiency. Some of these people have asthma, epileptic attacks, and stones. There is a tendency for spastic conditions and women usually have dysmenorrhea. They tend to be very generous, enthusiastic, sensitive, and intuitive. They often become scientists or artists.

Hippus Š pulsating pupils, extreme change from mydriasis to miosis

These people swing back and forth with physical and psychological traumas. This can lead to shattered nerves. The constant swing back and forth between mydriasis and miosis shows a disturbed synergism between the sympathetic and parasympathetic nervous systems which leads to a rapid consumption of strength. This often manifests in nervous conditions, spasmophilia, and even epilepsy.

PUPIL DEFORMATIONS AT A GLANCE

1. Vertical Ellipse
2. Horizontal Ellipse
3. Frontal Diverging Ellipse
4. Ventral Diverging
5. Right Oblique Ellipse
6. Left Oblique Ellipse
7. Unilateral Ellipse
8. Unequal Pupil
9. Inferior Temporal
Diameters Flatness
10. Inferior Nasal
11. Superior Nasal
12. Superior Temporal
Flatness Flatness Flatness
13. Medial Nasal
14. Lateral Temporal
15. Ventral Flatness
Flatness Flatness
16. Frontal Flatness

Fundamentals of Applied Iridology (Part 2 Circular Phenomena of the Iris) 9/1/95

Lacuna Types

TYPES OF LACUNAE AND CRYPTS (From Ellen Tart class notes)

Open and closed lacunae, crypts and defects are discussed in depth in the basic iris signs section.

1. Honeycomb Lacuna

Honeycomb lacuna (or worm nests) look like a webbing. Honeycomb lacunae can be found anywhere and they are topostabile in the organ where found.

They are a conglomeration of small crypts together and can be a location for parasites or bacterial infestation. The honeycombs are a weakness much like an Achilles' Heel. They are drainage, point for the toxic debris produced by the parasites, which turn the body into a sewerage system. Honeycombs indicate a lack of nutrients, lack of circulation, stagnant energy and lowered vitality.

The local section of the body is deficient in nutrients and becomes a stagnant pool because without the proper nutrients, the area atrophies, activity declines, the lymph channels are subdued, and the nerve supply is broken.

2. Stairstep (or Root Tile) Lacuna

It indicates a very serious condition in the area, possible malignancy. It is topostabile for the organ where it is located. Crypts are also called defect signs and are topostabile.

3. Torpedo (or Cigar) Lacuna

Are located just along the collarette. It indicates a weakness in nerve energy. It is topostabile and can affect any part of the nervous system or bowel. Possible malignancy.

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TYPES OF LACUNAE AND CRYPTS

4. Beak Lacuna (Schnabel)

This lacuna type can affect the whole nervous system. It usually beaks into the collarette. This is a topostabile sign.

A. Straight pointed beak lacunae indicate possible malignant tendencies.

They penetrate the collarette slightly and generally involve the intestinal tract.

B. Curved beak lacunae indicate a benign condition neoplasia. If the beak is straight and doesn't seem to penetrate the collarette then there is a tendency to tumor formation but it is most often benign.

5. Collarette Crypt

This crypt can indicate a familial history of bowel disease and an inherited disposition to gastrointestinal disease. Collarette crypts are adjacent or just inside the collarette or nutritive zone.

This is a genetic marker and indicates a family history of gastrointestinal disease. The disease could range from a simple disturbance in the secretions (lack of pancreatic enzyme secretions), to diverticulosis, or all the way to cancer. Illness usually arises in the 3rd to 4th decade of life.

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TYPES OF LACUNAE AND CRYPTS

6. Lacuna

This lacuna is usually found in the head area and the sinus area. This is a topostabile sign, often polyps in nasal area.

7. Asparagus Lacuna

This lacuna is usually found in the lower extremities. This is a topostabile sign. It indicates a potential chronic, degenerative condition.

8. Shoe Lacuna

This lacuna is usually found in the kidney reaction field. This is a topostabile in the kidney and topolabile in the heart.

9. Medusa Jellyfish Lacuna

This lacuna is topostabile to the lung, bronchus and kidney. It is a precancerous sign. It is familial history sign of severe respiratory or renal, etc. disturbances. This is an open lacuna form.

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TYPES OF LACUNAE AND CRYPTS

10. Neuronal Netting Lacuna (fibers look like square netting)

This lacuna is topostabile. It looks like fish netting, more wispy than the leaf lacunas. It indicates an anxiety state. It is most often found in the lungs. Nets can be scar tissue.

11. Leaf Lacuna (fibers look like the veins in a leaf)

This lacuna is topolabile and topostabile. If it is in the adrenal then look for conditions in the pancreas and gallbladder. It indicates problems in the organs of secretion, gallbladder and adrenals. Leafy lacunas can indicate a possibility for functional weakness when the vital dynamics of the organ goes down or if there is an extreme stress or trauma. It can be just a genetic footprint if there is no darkening in the lacuna.

12. Cardiac Risk Sign

This is a transversal, white or pink raised fiber that is askew, in the heart and spleen area. It is a familial history sign and indicates a tendency to heart attacks. It is topostabile in the heart and topolabile in the spleen.

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TYPES OF LACUNAE AND CRYPTS

13. Polypose Lacuna

This lacuna is topostabile to intestinal polyps. If this lacuna pushes into the collarette, it indicates intestinal polyps.

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Syndromes

Cardio-Abdominal

Cardio-Renal

Pancreas-Syndrome

SYNDROMES

A syndrome is a **group** of **symptoms** that **together** are characteristic of a specific disorder, disease, or the like.

We are going to discuss three very important syndromes:

1. Cardio-Abdominal Syndrome
2. Cardio-Renal Syndrome
3. Pancreatic Syndrome

(Original information with beautiful photographs can be found in J. Deck™s Volumes I & II.)

Note: We are discussing **potential** risk factors or problems. These syndromes are associated with **polyglandular** physical integrity.

CARDIO-ABDOMINAL SYNDROME

(Splenic-Flexure Syndrome)

Description of the Syndrome

1. Large lacuna or honeycomb crypts in the heart and another in the splenic flexure or descending colon. May also appear in the lower bowel and sigmoid region.
2. The collarette is very distended in the splenic flexure or descending colon.

Potential Characteristics of the Syndrome

1. Predisposed to ulcers or tissue degeneration.
2. This is a cardiac risk sign based upon mechanical pressure from a superior displacement of the large intestines with a tendency to prolapses.
3. Some specific physical symptoms of the syndrome are:
 - A. Abdominal distention
 - B. Flatulence.
 - C. Chest constriction.
 - D. Anxiety in the chest.
 - E. Sensation of a pulse in the throat.
 - F. Fluid accumulation in the peritoneum.
 - G. Faintness.

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CARDIO-ABDOMINAL SYNDROME

Large lacuna or honeycomb crypts in the heart. Also, lacuna in splenic flexure, descending colon. Also, lacuna in sigmoid colon, lower bowel.

The collarette is very distended in the splenic flexure as it goes into the descending colon. Often called the Splenic-Flexure Syndrome. There is mechanical pressure due to the colon pushing out in the heart area. Often, we see a prolapse of the colon.

It is a cardiac risk sign. Made worse by stress rings and a spleen-heart transversal. Venous congestion and poor circulation can add to the problem. Hawthorne berry, cayenne pepper, garlic, ginger can be helpful. Predisposition to ulcers and tissue degeneration. Gas problems, abdominal distention.

Take care of digestion S enzymes, acidophilus, chorella, gentian.

Go to bed early and eat well.

Physical Symptoms: Anxiety in chest, faintness, chest constriction, sensation of pulse in throat, flatulence, abdominal distention, fluid accumulation in peritoneum.

CARDIO-RENAL SYNDROME

Description of the Syndrome

1. Large lacuna or honeycomb crypts in the heart and kidney regions.

Potential Physical Characteristics of the Syndrome

2. Weakness of the left ventricle of the heart which affects proper kidney functioning.
3. Results in edema, dyspnea (labored and difficult breathing), enlarged liver and fluid in the peritoneum.

3. Some specific physical symptoms of this syndrome are:

- A. Fatigue.
- B. Wheezing, coughing.
- C. Difficult breathing from exertion or lying down (dyspnea).
- D. Unrest, irritability.
- E. Sweating, palpitations.
- F. Easily chilled.
- G. Weight gain, water retention in legs, hands, whole body.
- H. Abdominal distention.
- I. Right flank tenderness, aching in shoulders and back.
- J. Appetite loss.
- K. Nausea, vomiting.

Potential Behavioral Characteristics of the Syndrome

4. Usually surfaces at middle age or with people who have had stressful lives having deep seated insecurities overshadowed by eccentric indulging of self.

5. Inability to value another™s needs and desires. Inability to surrender to another and to relate from a strong grounded sense of self.

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CARDIO-RENAL SYNDROME

Large lacuna or honeycomb crypts in the heart and kidney regions. The left ventricle of the heart affects the kidney. Tends to come with middle age, especially with people who lead stressful lives. Person has deep-seated insecurities. Often were not allowed to be creative as children. Get angry easily. Often self indulgent.

These people need to be heard, understood and helped. Need to light their creative fire.

Note: Non-lymphatic people who over indulge in eating cakes, ice cream, pies, and cookies will often have the Cardio-Renal Syndrome problems. Pomegranate juice for kidneys, vitamin B6 for releasing fluids, lecithin for heart and nerves. Try to stop eating binges.

Physical Symptoms: Fatigue, irritability, weight gain, wheezing and coughing, aching shoulders and back, sweating, palpitations, easily chilled, water retention especially in legs, nausea, vomiting, abdominal distention, appetite loss, kidneys not functioning properly, enlarged liver.

PANCREATIC SYNDROME

Description of the Syndrome

1. Large lacuna and honeycomb crypts in the pancreas sector, lung area and tracheo-nasal region.

Potential Physical Characteristics of the Syndrome

2. Connective tissue weakness demonstrates presence of fibrosis in pancreas and bronchi and tonsil hyperplasia.

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PANCREATIC SYNDROME

Large lacuna and honeycomb crypts in pancreas sector, lung area and tracheo-nasal region.

Because of this distribution it is often called **The Pancreas Triad Syndrome** (J. Deck, Textbook II, 1983, P. 171-174). The gall bladder is often another focus.

Connective tissue weakness \$ Eliminate all junk foods, processed foods, sugar, stimulants. Improve circulation with exercise; vegetable broth; get lots of rest; put feet up.

Breathing problems.

Overactive tonsils \$ Nasal polyps (bee propolis, vitamin B6, beta-carotene) pancreas and bronchi with fibrosis (formation of fibrous tissue from connective tissue fibroblasts as the result of reactive process). One often has pancreatic cysts. Frequently one will see a **transversal** in the pancreas, especially in tail. Note: The mucous glands in region of the respiratory tract discharge a viscous albumin-rich secretion, which is an excellent bacterial medium. It collects, blocks the lumina of the small bronchi and causes loss of gas from part of the lungs. The infected secretion is the cause of recurrent and chronic bronchitis, bronchial pneumonia.

Contraction Furrows

Concentric furrows: These even furrows go around the iris and are evenly spaced. They are not broken or intersecting. People who have these concentric furrows in their irises can have a mild degree of spasmodophilia when under psychological distress or with imbalanced nutrition. They can suffer from anxiety and mental restlessness.

Humoral furrows: These furrows run through the humoral zone of the iris. Such people tend to have circulatory restrictions of blood and lymph. These furrows are not relative to specific sectors.

Intersecting furrows: One furrow crosses over another. These people can have a family history of neuralgic disorders and spasmodic conditions. There could be some psychosomatic tendencies. If the furrows intersect in the cranial reaction field of the iris, person could have cephalgias (headaches).

Peripheral furrows: These furrows are located in the periphery of the iris or outer edge. There is peripheral restriction of circulation which could cause a person to be cold or have cold hands and feet.

They often have difficulties with skin congestion or poor elimination through the skin. They can have a low resistance to infection and wandering rheumatic pains.

Sectoral opening of furrows: This is when several concentric furrows stop at a point and then begin again. This is an area of muscular tension, pain, or spasms. The related spinal segment could be irritated.

Organs related to that spinal segment could be disturbed.

Sloped furrows: Look for endings of furrows that are bowed. Ask about epileptic symptoms or family history of epilepsy.

Stair step furrows: Several furrows stop beside of each other at uneven points and look like steps. This person could have a family history of epilepsy. When these types of furrows are found in the cranial segment of the iris, there could be vascular spasms causing migraines, inner ear disorders and vertigo, poor circulation to the head and brain.

Conjunctiva/Sclera Signs

Trauma Fork: The branches are usually of equal size and length and point to a sector of the iris where there could be a tumor or trauma to the organ within that sector.

Meandering Vessel: Weakness within the veins and problems with circulation. Symptoms can include varicosities, connective tissue weakness, hemorrhoids, and vascular spasms.

Vessel Pools: Large ones look like a pool of blood within the vessel is causing a bulge and can indicate arterial source of circulatory stagnation. Smaller ones look like a string of pearls and are also called micro pools. They indicate the structural integrity of the blood vessels could be defective. There could be a danger of hemorrhage or aneurysm.

Tangential Vessel: This vessel runs parallel to the iris and is an indicator to pay attention to organs or tissues reflected in the adjacent iris sector.

Spindle: There is a widening of the vessel showing vascular atony. This vessel is not able to contract or dilate as it should to push blood through. According to Josef Angerer there could be liver damage.

Bordered Meander: The person could have arteriosclerosis which causes thickening and loss of elasticity to the arterial walls. If there are also liver indicators consider a potential for enlarged tortuous areas in the esophagus.

Spirals: One of the first warning signs of problems with arterial circulation. This sign could be an indicator of weakening vessels and change in blood flow.

Indicator: These are like pointers to the adjacent segment of the iris. There could be organ dysfunction or chronic stress there. Look to see if there are any iris signs in that sector.

Iridology Articles

Iridology and Nutrition

Tools for Good Health in Modern Times

by Ellen Tart-Jensen, Ph.D.

Iridology is the study of the iris of the eye. It is the study of the texture of the iris as well as the color. When the fibers of the iris are separated, loosely woven together, and look as if they have deep dark holes in places, we know that the person has a potentially weaker constitution than one whose iris fibers are woven tightly together. When an individual has irises with tightly woven fibers, their constitution is potentially strong. The density of the iris fiber equals the ability the person has to resist disease. People who have weak fiber structures in their irises have more difficulty resisting disease. They usually take longer to heal than people who have very tightly woven iris fibers. When iridologists see people who have very loose fiber structures in their irises, they should know to work with them to strengthen their connective tissue. When loops appear around the collarette resembling a daisy petal pattern, iridologists should help these people to strengthen their glandular systems. Connective tissue can be strengthened with oat straw tea and horsetail tea, which are high in silicon. Bioflavonoids, which are found in fruits, build connective tissue. Cabbage and cabbage juice are high in Vitamin P which strengthens connective tissue. Raw pulverized cabbage poultices can be placed directly onto varicose veins for healing. Nuts and seeds are excellent foods for the glands. They are the glands of the plants and therefore build the glands of our bodies. Soaking nuts and seeds for at least twelve hours reduces the amount of fat by half and increases the amount of enzymes and nutrients making them more nutritious and easier to digest. A person who has fibers that are loosely woven together can be just as healthy as a person who has tightly woven fibers, if they will get plenty of rest and take good care of themselves. Very often, people who have strong constitutions take their health for granted and inburn the candle at both ends. When these people push their bodies past their ability to resist, they can also have problems with their health. Everyone, no matter what their iris type, should take responsibility for their lives and their health.

Color also tells us a great deal. When the fibers of the iris are raised and white, we know there is more potential in that area for activity in that reaction field of the body such as discharges of mucus, fevers, colds, or aching in the joints. When the fibers are separated, the posterior epithelium border or the very black, back layer or the iris shows through. A deep black lacuna or hole in the fabric of the iris shows less potential ability for the organ in that reaction field to have the ability to cleanse. So shading from light to dark in the iris shows the iridologist something about the body's ability to react in those particular organs.

A blue iris suggests potential weakness in the lymphatic system. Blue eyed people have more tendencies toward sinus congestion and discharge, lung weaknesses, kidney disorders, and aching joints and are called Lymphatic Types. We have 42 pints of lymph in the body and 12 pints of blood. The lymph flows where the blood cannot flow. When we taste of our tears they are salty. Tears are part of the lymphatic fluid. The main element in the lymph fluid is organic sodium. Organic sodium holds calcium in the bone and keeps the joints lubricated. Dr. Bernard Jensen calls sodium the ihyouth element because of these properties. Organic sodium is found in goatTM's whey, strawberries, celery, okra, and green leafy vegetables. It is most important for blue eyed lymphatic types of people to consume enough organic sodium through these natural foods.

Beneficial herbal teas for the lymphatic type person are Echinacea, Mullein, Fenugreek, and Fennel. These teas cleanse the lymph of extra mucus and catarrh. Blue eyed people should avoid table salt, pasteurized milk, and wheat. These three clog up the lymph and cause the problems that were mentioned for the lymphatic types of people. Milk is high in casein, which is contained in furniture glue. Wheat is high in gluten, which forms paste in the body.

Lymphatic types of people must be sure to get enough exercise daily. The heart pumps the blood but the only thing that moves the lymph is exercise. Skin brushing, massage, and jumping on a mini-trampoline are excellent ways to move the lymph. Some people have inherited beautiful velvety dark brown eyes. These people have a tendency toward blood anomalies and are called Hematogenic Types. They often have an imbalance in blood composition or thick blood. They may have an inability to store minerals and problems with anemia. Sometimes they have a liver, gallbladder, or spleen insufficiency. These people should consume blood building foods such as parsley, kale, spinach, collards, turnip greens, beet greens, alfalfa, and chlorella. These greens are high in chlorophyll which build the blood. Chlorophyll is the blood of the plant and has the same composition as human blood except for the hemoglobin factor. Other excellent foods for these people are foods that are high in iron such as red beets, red cabbage, green leafy vegetables, black cherries, blackberries, raisins, plums, prunes, figs, dates, and blackstrap molasses. Excellent juices for brown eyed people are wheat grass juice, beet juice, carrot juice, and parsley juice. These are all high in organic iron. They must avoid inorganic iron, which is called ferrous sulfate because it can cause constipation and even yellow teeth. Herbal teas that clean the blood are Red Clover, Pau d'Arco, Alfalfa, Parsley, and Chaparral. Brown-eyed people should avoid fried foods, heated oils, processed foods, caffeine, alcohol, and refined white sugar. Good exercises for the brown-eyed person would be aerobics to enhance circulation, hiking, swimming, bicycling, and skin brushing.

The third iris type is called the mixed or Biliary Type. These people have inherited both the brown melanin pigment in the anterior border layer of the iris that is in the brown iris and the lack of pigment which causes the blue iris color. The potential characteristics of these people are liver and gall bladder insufficiencies, weakness in pancreas function, and gastrointestinal disturbances or digestive errors. These people should eat lots of vegetables, including bitter greens such as arugula, cilantro, and dandelion. Bitter greens are very good for the liver. Beets and beet juice are very good for the liver and gallbladder. Chromium is the mineral that is essential in the functioning of the pancreas. These people should eat a diet high in whole grains such as millet, barley, brown rice, and rye. These foods are high in fiber which help to brush the colon clean. They should eat lots of raw foods and live foods because they are high in enzymes.

Olive oil and lemon juice make a great salad dressing for these types because they assist the liver in cleansing. Good teas for the liver and gallbladder are Burdock Root, Yellow Dock Root, Sheep Sorrel, Mistletoe, and Mandrake. Good teas for the pancreas are Licorice, Dandelion Root and Leaf, Huckleberry Leaf, and Blueberry Leaf. Eight glasses of pure water should be consumed daily. Foods for these people to avoid are pork, excessive amounts of red meat, fried foods, pasteurized dairy products, wheat, refined white sugar, caffeine, and alcohol. These people should do the exercises listed above for moving the lymph as well as the blood.

Iridology and nutrition work hand in hand and are powerful tools for helping us to stay well. Iridology tells us what our genetic footprints are - where our strengths lie and where our weaknesses lie. Nutrition gives us the means to correct our weaknesses and enhance our strengths so that we can live happy, healthy, fulfilled lives. APPROACHES: From, Iridology: A Modern Perspective. I. Volume II of the Applied Iridology series, copyright 1985, H. Wolf, M. A.

The following is an excerpt from an interview with Mr. Wolf, conducted by his editor, Michael R. J. Roth. The setting: A secluded hilltop overlooking Santa Fe, N.M., amidst chamisa and pinon pine, a soft wind and nurturing sunlight.

Q: Can you get all the information you need from the eye alone?

A: It gives me data, and from that data I'm drawn to ask certain questions. Why did that experience happen? And I'll look then to see if the iris can answer that question, using, as an instrument, one of the models that I'm aware of. Now, sometimes that question can't be answered by my

knowledge of models. Sometimes it can. The model may vary according to the question, and I may shift to different models according to each person. The models can shift from person to person, or they can shift within the course of one exam with one person. I'm also a lot less definitive in that I recognize that the iris shows predispositions and tendencies, and you have to take into consideration the person's lifestyle, their physical environment, and so forth, before you come to a conclusion that a given sign definitely means something.

Say you have a heart sign in a 20-year old, you know it to be a latent sign. I don't think the risk is as great as that same sign, which may still be latent, in a 50-year old. You have to consider what their jobs are, what their personal relationships are like. Those things can matter. So in a 20-year old with very few risk variables that have anything to do with the heart, I might not even discuss the heart. But I might emphasize them with the 50-year old who's a Madison Avenue executive and on the verge of divorce. So I want to caution people not to use a go down the list approach. Not everything you see in the iris has to be something to discuss. Also, I'd like people to realize that the iris markings show a potential for a process to be unfolded. The process gives the person the opportunity to learn lessons, to develop communicative skills with other people. To basically uplift and enrich their lives. Not everything on the list has to be dealt with, in the sense that it has to be changed.

You want to ascertain from the patient whether the lessons have already been learned; whether the challenge has already been taken. If so, it would be a moot point to discuss it at this stage in the person's life.

Q: Can you tell the difference between the eye of a person who's enlightened and the eye of someone who's really in trouble?

A: Not necessarily. Sometimes you can by the depth of the marker. If they're very dark, it indicates something very chronic, a condition that just sort of grinds away. But if it's on the surface, it could still be a question, as to whether it's been resolved or not. In this case, you have to rely on the patient; you have to have some feedback.

Let's say I look at an eye and see an anger issue; Anger/passion. And let's say I look at this person and I don't get a sense of where they're at with their emotions. They look calm to me. I'll say to them, Look, the iris was just telling me that one of the challenges in your life is to learn to deal with some deep anger issues, or deep resentment, which, by the way, could also manifest itself as a tremendous amount of passion. Are you aware of this range of attitude in you?!

Their response gives me a clue. A lot depends on how I ask the question.

Q: So if they say they're not aware of it, should you suspect some kind of liver trouble going on.

A: Well, if they haven't expressed it, I think there's a greater risk for a manifestation of that imbalance in the physical liver. But it doesn't necessarily mean they already have a liver problem going on. They have a liver dynamic.

Q: You'd want to look for it.

A: Yeah. Then I'd begin to search for other markers in the iris that may emphasize liver, and see if there are a few common denominators that help me focus in on that issue. I do believe that there would be an energy imbalance involving the liver, but not necessarily yet a physical lesion. I believe that energy disorder precedes physical disorder. So their response gives me a clue on another level as to whether this issue has been worked on. If they haven't resolved the anger, I'm very sure that there's an energy imbalance that's going to involve the liver. So there is a risk then, for physical change of the liver. I'll have to look elsewhere. I'll look at the pupil, other markers in the eye, other pigments, liver areas, see if there are any denominators there that emphasize liver.

I don't want people to be hasty about making judgments: Hey, look at my eye, and tell me what's wrong. I got five minutes to do it. I never accept a commission like that. It takes a lot of careful consideration of a lot of different aspects, different areas of the eyes. But the main thing is that I just don't want people to get in the habit of just reading eyes off of photographs.

Because then they're gonna make mistakes, and they're gonna make hasty judgments, without taking into consideration the person's experience, and that reflects badly on Iridology. Because they're going to be wrong. They've been wrong a lot. And people are going to say: Iridology doesn't work. It's simply a tool for a person to reflect back to another person what they see is going on.

The iris doesn't give you all the answers. But it gives you the ingredients that you have to consider in identifying the problem. And maybe inherent in that formula of ingredients you get some idea of what therapy to use.

WHAT TO LOOK FOR

Q: How do you begin an exam? What do you look for first?

A: First, I look at the basic eye color, and I associate that with one of the constitutional types, according to Deck's model. However, I've learned to expand that model for myself, so I'll also look at the structural signs, pigment distribution, pupil behavior, all of which will then help me understand how that fits into my initial understanding of the constitution.

For example, if I see a constitution that's biliary, if I happen to notice at the same time that there are structural markers for the gall bladder, and structural markings for the bowels, then I know that the constitutional constant is really strong; it has a strong pull on this person in that direction. Are there any other markers? Well, yeah, there's a pupil that's flattened above the nasal quadrant of the right eye that's directly opposite the gall bladder and the liver area. I'm definitely going to have to consider that. Now I have three common denominators, two of which amplify the first denominator, which is my definition of the constitution. And then I'll ask, are there any issues on the emotional level, which are known to enhance the liver-bile trouble? And I may say to the person, even without looking at the iris, following the Chinese model, Look, are you dealing with any anger right now, or do you feel like you're suppressing any anger? And if they say, Well, I've suspected that, I'll look in the iris to see if what they just said is confirmed by the iris markings. It doesn't mean that I'll look at the iris first and see anger and then feed it back to them. I may already have presumed that there's some of that issue going on. And I'll look to the iris to see how it's expressed.

So suppose the person comes to me and says to me, Yeah, I'm dealing with a lot of anger. I look in the iris and see that the anger may be a mental kind of anger: I'll get even or maybe an anger that is more like blame. (Rayid)

So then I may say, okay, let me explain to you a little bit about your anger, or how I see your anger. But it was really still the person who told me they were angry. There's a feedback loop.

Q: If it were a biliary type, you'd look at the liver first?

A: Actually, I'd look at the bowels first. The fundamental rule behind the biliary type is that problems arise from digestive error. So if I look at the digestive area and I find, for whatever reasons, be it central heterochromia or structural markings, that there are indications for an imbalance in that area, then I know that I've already found the bottom line. (physically)

Q: What about the other types?

A: Lymphatic type. There's a special affinity for the upper respiratory channels. I'll look in the throat area, the sinus, and I'll also look at kidney, skin, and lungs. Now, that's not to say I won't look at those areas in the other types, if for some reason or other they scream out. It's just that there's a greater likelihood of finding sort of a path of disturbance in those areas that I've mentioned, for each of the types.

A hematogenic type, which is basically composed of a combination of gastrointestinal and blood and endocrine imbalances, of course I'll look in those corresponding organ areas reflecting those markings.

A formula that I sort of follow is that the health status is a function \hat{S} of the sum of the constitutional markings, the genetic markings, the phenotypes, which are markings that come in to act on the genetic, plus reflective signs, which could be like acute signs, plus the history, i.e., the person's feedback. I call it environment, or physical environment.

So built into my understanding of the health status has to be constitution, genetic structural signs, the awakening of the genetic structural signs, any reflexive signs or other acute things that are coming into play, and the person's experience. If I'm missing even one of those things, I don't feel like I've completed the job. The following information is summarized from Harri Wolf's book Iridology: A Modern Perspective, Vol. II.

The Constitutional classification system we will study is based on the work of two famous Iridologists in Europe:

Josef Deck, ieGrundlagen Derrisdiagnostikl (Rayi Theodore Kriege, irFundamental Basis of Iris Diagnosis)lt text.

A valuable feature of iridology is its ability to offer an overview of the individual's constitution. Kriege writes, irby Constitution, one understands the total of inherited and acquired factors which may be modified within certain limits by environmental influences occurring during the course of life (domestic circumstances, nutrition, social factors).lc i. Kriege then suggests that we understand the constitution in terms of chemical and biological function and that the basic eye color is the principle criterion for constitutional classification.

Dorland's medical dictionary defines constitution as, ,The makeup or functional habit of the body determined by the genetic, biochemical and physiological endowment of the individual and modified in great measure by environmental factors. There is no suggestion in either of these definitions that disease itself is inherited; only that the factors which compose a predisposition are inherited. The iris of the eye demonstrates the truth of this principle. These factors take the shape of iris signs and the overall patterns that they form. While I am in agreement with the above definitions, I urge full consideration of emotional and mental factors which we are learning to understand as time goes on. I would like to offer the following definition of the human constitution: It is the TOTALITY OF PHYSIOLOGICAL, EMOTIONAL, AND MENTAL PROPERTIES THAT FUNCTION TO KEEP EVERYTHING IN A BALANCED ORDER TO HELP THE INDIVIDUAL MERGE WITH THE SURROUNDING ACTIVITIES. One's health status is conditioned by the effects of external events upon the CONSTANTS OF THE CONSTITUTION. Since the external factors are a continuous influence, it is advisable to cultivate coordination between constitutional properties; to discover and acknowledge ones strengths and weaknesses. This places the individual in a position to maneuver around and flow with any crisis. I don't recognize one's ability to deny external assault as a measure of constitutional strength. Rather, I regard one's ability to recognize the external forces and to react efficiently and benignantly as testimony to a SUPERIOR CONSTITUTION. For classification of the typical primary patterns, ITM refer to the work of Josef Deck of Ettlingen, Germany. It is valuable for the simple reason that it offers a system of comparison as well as orientation. According to Deck, the constitution can be identified by the basic eye color and certain structural and deposition signs. His primary constitutional types are the Lymphatic, Hematogenic, and Biliary (Mixed). These are genotypic and reveal certain kinds of pathologies likely to occur in an individual. Please note that these pathological behaviors are not entirely limited to only one type of constitution. But, any one type of constitution will have demonstrated a statistical and empirical disadvantage towards particular disorders.

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IRIDOTHERAPY

Early Remarks in the use of Iris Chromotherapy

Dr. Daniele Lorito

~Oriago, Italy

Introduction

In this modern era of Iridology, Iris topography has been defined and used for diagnostic purposes. Now, an entirely new dimension has been added S eliciting a therapeutic response in the body by stimulating specific iris areas with light and color. We are on the threshold of a major breakthrough in iris science, psycho-neuro immunology, and natural medicine as a whole.

We applaud Dr. Daniele Lorito for his pioneering efforts. Iridotherapy is born!

I set up the first machine for iris chromotherapy in 1985, in order to verify whether it was possible to obtain therapeutic results by stimulating the iris with different colors.

We put filters and colored silks in front of a light source that could be adjusted both in intensity and in the emission of impulses (frequency). The light was carried by an optic fiber, and with the help of a converging lens we could obtain a luminous point of 2 mm (projected onto the iris). The first experiments were carried out with S. Rizzi in Laces (Bolzano).

The responses were so intense and immediate that we wondered about the possible homeopathic aggravations, or worsening reactions.

I myself underwent an experiment with white, pulsated light (4 impulses) in the kidney area of my left iris. This experiment was carried out by S. Rizzi and Mr. and Mrs. Lattuada.

Immediate reactions were: a sense of heaviness in the bilateral kidney area, a sense of cold with shivering lasting about half an hour, a sense of bruising all over my body, slight nausea, abundant and light diuresis, weakness, and a sense of emptiness in my head.

About the Author

Daniele Lorito is a physician specializing in ear, nose and throat problems. He practices medicine in Oriago, Italy. He is a student of the late S. Rizzi, one of Europe's foremost iridologists. Dr. Lorito is Scientific Secretary for the Italian Iridology Association and is also a founding member of the European Association for Applied Iridology Research.

After a few hours these sensations decreased until they slowly disappeared, without leaving any physical trouble. In other cases, projecting the light in the heart area, we observed clear signs of intense and prolonged tachycardia with sweating, warmth and thoracic pressure.

As a result of the appearance of these significant symptoms for the patient, we decided not to continue the experiments. Even though we did witness some positive effects, to achieve these effects the patient would have to go through an intense and uncontrolled worsening. Following the discover of the *eye-heart reflex* (riflesso oculocardico \hat{S} R.O.C.) by Dr. Fragnay obtained through the analysis of the iris (report at the Conference on Iridology \hat{S} Paris, September 1991), I resumed the chromatic technique. When we project a color onto the iris there are areas or zones which evoke the R.O.C., and this is detectable by feeling the pulse, which indicates to us that this is the area which must be treated with that color. Thanks to this finding, the undesirable effects of light stimulation have been reduced. Since the area to be stimulated with the impulse is controlled through the R.O.C. both as to site and duration of the light exposure, when the pulse reflex disappears, we know the chromatic light is not necessary any longer.

The effects of such stimulation are immediate, sudden, and they appear within a few seconds after the light stimulation. I carried out various studies on the chromatic application, and now I will introduce two meaningful examples in order to illustrate the magnificent power which lies in colors and light.

FIRST CASE

A patient suffering from psoratic arthritis who had been complaining of pain in her feet for several months (at the metatarsal-phalangeal joints) was exposed to an emission of light in the zone indicated by the R.O.C. A pulsed light, used for a few seconds, corresponded exactly to the thymus area bilaterally, and to 6 o'clock in the feet area.

Immediate reactions were:

- Ł tingling sensations
- Ł warmth in both feet
- Ł almost complete disappearance of pain
- Ł improved movement in toes

Absence of pain for 4-5 days and consequent decreased anxiety and depression, along with a sense of serenity and well being. Following the second application a few days later, the patient showed the same reaction as the first time, with the disappearance of pain lasting for approximately 10 days.

First Case \hat{S} Right Eye SECOND CASE

A patient suffering from allergic asthma with dyspnea and cough had been treated for many years with broncho-dilators and cycles of cortisone. She was also treated with homeopathic products for some months. We stimulated the area of one lung and of the bronchi bilaterally, including also the adrenal area.

Second Case \hat{S} Right Eye

Immediate reactions were:

- ↳ warmth in the thoracic area and in the head
- ↳ increased stimulus of diuresis with a slight burning for one day
- ↳ increased cough in the initial phase
- ↳ tachycardia
- ↳ improvement of the sense of smell
- ↳ less dyspneic breathing, decrease of cough until disappearance
- ↳ decreased use of broncho-dilator spray

The effects lasted for approximately 7 days. Through what mechanism does the iris respond so rapidly to a small amount of a brief but selective stimulus?

There are many hypotheses:

1. Reflexogenic \dot{S} through the utilization of specific afferent and efferent nervous pathways.
2. Through the electro-magnetic and magneto-electric stimulation.
3. Through the release of local and remote chemical substances. (We recall the presence of NGF at the iris level.)
4. Through the stimulation of luminous receptors which lie outside the retina. Alteration of the magnetic field. The developments of these methods may lead us to more precise insights regarding the various organs which are topographically displayed on the iris, to a non-invasive form of therapy, to the possible use of colors in psycho-somatic disorders, etc.

I am grateful to those who through their studies or contributions continue to expand our knowledge of being.

We welcome your article submissions.

See Page 1 for details.

Editors Comments

I would remind the reader that the iris is not the first organ to be explored for extravisceral reflexive properties. The human ear has been shown to be an effective gauge in diagnosing and treating illness. A hypothetical map of different bodily regions appears on the external ear as an inverted fetus. With the head represented toward the lower labule, the hands and feet at the uppermost portion of the auricle, and the body in between. Dr. Oleson, Director of Research of the UCLA Pain Clinic, said that through ear diagnosis, we can question in more detail the subtle problems which the patient often does not report to the doctor. The healing capacity of ear acupuncture has been thoroughly documented in a ten year study which involved more than 20,000 patients and was conducted by the Chinese government. The scientists discovered that ear acupuncture was successful when other methods, including drugs, had failed. It is our hope that the somatopic mapping of the human iris will someday be explored and utilized in the same manner as in auriculotherapy. I believe that the initial studies by Dr. Lorito offer a glimpse of what is to come as the interest in Iridology continues to expand around the globe. S H. Wolf.

Definitions and

Charts

DEFINITIONS

1. pupil: an opening in the form of a circle in the iris of the eye. The pupil lies behind the cornea and in front of the lens. The pupil is the window of the eye through which light passes to the lens and the retina. Its size changes with contraction and relaxation of the fibers of the iris as the eye responds to light, emotions, and other signals.

2. iris: a circular, contracting disc suspended between the cornea and the crystalline lens of the eye. Dark pigment under the translucent tissue of the iris is arranged in different people to produce different colored irises. Albinos have no pigment. In blue eyes the pigment cells are only on the back surface of the iris, but in gray eyes, brown eyes, and black eyes the pigment cells appear in the front layer.

3. conjunctiva: two membranes in the eye. The palpebral conjunctiva lines the inner surface of the eyelids. It is thick, dull and supplied with blood vessels. The bulbar conjunctiva covers the front part of the white of the eye (sclera). It is thin and transparent.

4. sclera: the tough white opaque outer covering of the eyeball, composed of tough, white fibrous tissue and encasing the eyeball. It does not include the iris, but is contiguous with it. The sclera is the white visible portion of the eyeball, and helps the eyeball hold its shape. The muscles that move the eyeball are attached to the sclera. The sclera contains fine blood vessels which are easily irritated.

5. choroid: a thin membrane, richly supplied with blood, that covers the white of the eyeball. It begins near the iris and wraps around the back of eye. The choroid supplies blood to the retina. It conducts nerves and arteries to the front of the eye.

6. retina: a 10-layered microscopically thin layer of nervous tissue membrane lining the back of the eye, parallel with the optic nerve. It receives images of outer objects and carries sight signals through the optic nerve to the brain. The retina contains specialized receptor cells, called rods and cones, that are transmitted to the brain by the optic nerve. The nerve cells of the retina transform light energy into electrical messages that are transmitted to the brain by the optic nerve. The retina is soft, semitransparent, and contains visual purple (rhodopsin), which gives it a purple tint. The outer surface of the retina is in contact with the coating of the eye (choroid), the inner surface with the watery part of the eye (vitreous body). The retina is thinner in front, where it reaches nearly as far as the eyelids (ciliary body), and thicker toward the back, except for a thin spot in the exact center of the back surface where focus is best.

7. retinal: referring to the retina of the eye.

8. fovea (or fovea contrails): an area at the center of the retina where the cells that see color (cones) are concentrated and where there are no cells that detect dim light (rods). The fovea is the area of aculosi vision.

9. cornea: the transparent front part of the eye. It is a fiber like structure with five layers. The cornea is dense and even in thickness. It projects like a dome beyond the white of the eye (sclera). It is clear and glassy and lies under the conjunctiva, a thin protective membrane. The cornea lets light rays into the eye and bends, or refracts, them. The iris lies just behind the cornea. The amount of curve varies in different persons and it can also change since the cornea tends to flatten with age.

10. ciliary body: the part of the eye that joins the iris with the blood vessel layer (choroid).

11. lens: the clear, thin elastic membrane that surrounds the lens of the eye

12. rectus muscle: any of many muscles of the body with a somewhat straight form. Some rectus muscles are rectus abdominis, rectus capitis anterior, and rectus capitis lateralis.

13. hyaloid canal (also known as the canal of Stilling): a thin fluid filled canal with a membranous lining extending through the center of the vitreous body from the optic nerve to the lens. This canal develops from a blood vessel in the embryo that branches to supply the inside of the eye, developing part of the blood supply to the eye lens. The hyaloid artery disappears from the fetus in the ninth month of pregnancy, leaving in its place a leftover, hyaloids canal, which remains in the adult as a narrow passage through the eye.

14. Optic nerve: the second cranial nerve made up primarily of rough fibers starting in the retina, traveling through the thalamus at the base of the brain, and joining with the visual cortex at the back of the brain. At the optic chiasm the fibers from the inner half of the retina of each eye cross to the optic tract on the other side. The fibers left over from the outer half of each retina are uncrossed and pass to the visual cortex on the same side. The visual cortex works both to sense light and shade and to sense objects by decoding nerve signals from the retina. The optic nerve is the second cranial nerve and comes from the front part of the brain. The optic nerve fibers therefore are matched with a tract of fibers within the brain.

15. central retinal artery: The arteries and veins of the retina ensure a constant blood flow to the eyes. They pierce the optic nerve and run to the center of the vitreous body. The central retinal artery is the first (and one of the smallest) branches of the ophthalmic artery, running for a short distance within the dural sheath of the nerve. It obliquely pierces the optic nerve about a half-inch behind the eyeball. Then enters the globe of the eye through the prous opticus. It then bifurcates into an upper and lower branch, which then further divides into a nasal and temporal branch, continuing to branch off to form a capillary network, which supplies blood to the eye.

16. stroma: the supporting tissue or matrix of the iris. It consists of fibers (delicate bundles of fibrous tissue mostly radiating toward the pupil) and cells.

17. sphincter muscles: a muscle that widens the iris, narrowing the pupil of the eye. This muscle is located in the pupillary regions, just below and firmly connected to the stroma. Innervated by the parasympathetic nervous system.

18. dilator muscles: a muscle that contracts the iris of the eye and widens the pupil. This muscle is innervated by the sympathetic nervous system, and is comprised of cells that share characteristics of both epithelial and muscle cells.