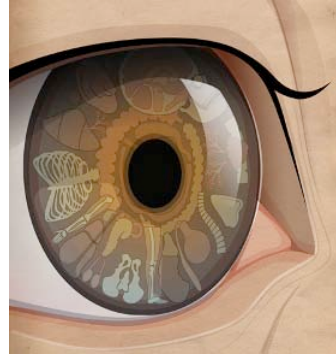


Lesson 1

Introduction & Building the Iris Chart



Introduction

What is iridology? It is a method that enables us to know the tissue strength of the various parts of the body. It is the science, and no less the art, of analyzing body conditions from examination of the iris of the eye. Iridology is a very cosmopolitan field. Practitioners from around the world have spent the last century examining the correspondences between certain iris features and human psychology/physiology. Iridology is widely used by herbalists and homeopaths to assist them in discovering the individual predispositions of their clients. You can spend a lifetime studying the iris. Many scholars have!

The basic principles of iridology are thankfully much easier to explain and demonstrate. The charts on the following two pages list some of the things that Dr. Bernard Jensen, the father of North American Iridology, feels that iridology **can** and **cannot** do. Don't worry if some of the terms or concepts are not familiar to you at this point. Not all iridologists agree with all the elements of Dr. Jensen's lists, but can you spot the pattern from the two charts?

Stated simply; *iridology can tell us a great deal about the state of health of an individual, but doesn't indicate specific disease.* Iridology tells us the **condition** of the tissue. It doesn't specify what is **flowing through** the tissue.

For example, iridology cannot tell that a person has low blood sugar but it can tell the condition of the pancreas and adrenal gland. By their condition we are directed to ask specific questions about the person's lifestyle and symptoms that would indicate if they indeed did have low blood sugar syndrome. Iridology indicates if there is damage or inflammation in the tissue itself. Iridology can show if the nervous system is being overstrained by, let's say, eating too fast or by too much stress.

The goal for the novice iridologist is to acquire the knowledge and develop the skills to analyze the most obvious health indicators ... then work toward learning the subtle signs and cues that experienced practitioners can spot.



What Iridology can indicate: (Jensen & Bodeen, Vision of Health, 1992)

- The primary nutritional needs of the body.
- The inherent strengths or weakness of organs, glands and tissues.
- Constitutional strength or weakness.
- Which organs are in greatest need of repair and rebuilding.
- The relative amount of toxic settlement in the organs, glands, and tissues.
- Where inflammation is located in the body.
- The stage of tissue inflammation and activity.
- Under activity or sluggishness of the bowel.
- Spastic and ballooned conditions of the bowel.
- The need for acidophilus in the bowel.
- Prolapses of the transverse colon.
- A nervous condition or inflammation of the bowel.
- High-risk tissue areas in the body that may be progressing toward a disease.
- Pressure on the heart.
- The circulation level in various organs.
- Nerve force and nerve depletion.
- Hyperactivity or hypoactivity of organs, glands, and tissues.
- The influence of one organ on another, or the contribution of an organ to a condition elsewhere in the body.
- Lymphatic-system congestion.
- Poor assimilation of nutrients.
- Depletion of minerals in an organ, gland, or tissue.
- The relative ability of an organ, gland, or tissue to hold nutrients.
- The results of physical or mental fatigue or stress on the body.
- The need for rest to build up immunity.
- Tissues areas contributing to suppressed or buried symptoms.
- High or low sex drive.
- A genetic pattern of inherent weakness and their influence on other organs, glands, and tissues.
- The effects of iatrogenic conditions.
- The preclinical stages of diabetes, cardiovascular conditions, and many other diseases.
- Miasms
- The recuperative ability and health level of the body.
- The buildup of toxic material before the manifestation of a disease.
- Genetic weaknesses affecting the nerves, blood supply, and mineralization of bone.
- The genetic influence on any symptoms present.
- Healing signs indicating an increase of strength in an organ, gland, or tissue.
- The potential for varicose veins in the legs.
- Positive and negative nutritional needs of the body.
- A probable allergy to wheat.
- Sources of infection.
- Acidity of the body and catarrh development.
- Suppression of catarrh.
- The condition of tissues in any one part of the body, or in all the parts of the body at one time.
- The climate and altitude that are best for the patient.
- The potential for senility.
- The effects of a polluted environment.
- Adrenal exhaustion.
- Resistance to disease.
- The relationship or unity of symptoms with conditions in the organs, glands, and tissues.
- The difference between a healing crisis and a disease crisis.
- The accuracy of Hering's Law of Cure.
- Whether a particular program or therapy is working.
- The quality of nerve force (nerve energy) in the body.
- The body's response to a treatment.
- The whole, or overall, health level of the body.



What Iridology cannot indicate

- Blood pressure levels (normal or abnormal), blood sugar level, and other specific diagnostic findings and laboratory test results.
- Which specific medications or drugs an individual is using or has used in the past.
- What surgical operations a person has had.
- Specifically what foods a person does and does not eat.
- How much uric acid is in the body.
- The time and cause of an injury to the body.
- Whether a snakebite is poisonous and if the snake venom has entered the bloodstream.
- The correlation between tissue-inflammation levels and specific diseases or symptoms or disease.
- Diseases by name.
- Whether a subject is male or female.
- Whether asbestos settlements or silicosis exist in the body.
- If hair is falling out and why.
- The number of organs with which a person was born.
- The presence of a yeast infection, such as Candida
- Which tooth is causing problems.
- The presence of lead, cadmium, aluminum, or any other metallic elements in the tissues.
- If a woman is on birth control pills.
- If a woman is pregnant.
- Whether an operation is necessary.
- Whether a tumor is present and what size it is.
- Whether hemorrhage exists in the body or where it is located.
- The difference between drug side-effect symptoms and the symptoms of actual diseases.
- Whether irregular menstrual periods are caused by the thyroid.
- The presence of multiple sclerosis, Parkinson's disease, or bubonic plague.
- Whether healing signs indicate a raising of the general health level.
- The presence of syphilis, gonorrhea, or another sexually transmitted disease.
- Orientation toward homosexuality.
- The presence of AIDS.
- The presence of gallstones or kidney stones.
- Whether a cardiac artery is blocked.



Now as I have said, not everyone agrees with this above lists:

Carol Magna ND in her work book *Iridology – A Focus Study* in 2004 stated her research and beliefs simply as:

“Iridology is an analysis technique, interpreting the signs and markings observed in the iris. It should always be used in combination with other holistic evaluation techniques to gather all information possible in order to reveal the true story of the client. It is important that both the client and the iridologist understand what this science can and can not reveal, its potential and limitations.”

Iridology can reveal:

- a person's inherent strengths and weaknesses
- the body's constitution
- acid level tendencies
- areas of potential congestion/toxic accumulation
- potential chemical and nutritional needs
- client's response to treatment (clarity)

Iridology cannot reveal:

- diseases
- health level of organs
- drug accumulation
- stages of inflammation
- pregnancy
- gall stones or kidney stones
- gender
- events in real time
- presence of parasites

From my point of view I would have to agree with my colleagues to a large degree, but with a few exceptions. First of all it is important to note that even though I have used Iridology as one of my major assessment tools for the last 35 plus years, I have to acknowledge that **Iridology is not 100% accurate**. I have seen studies that suggest it is more or less about 75% accurate and that sounds pretty good to me. I would like to say that **Iridology doesn't tell us anything specific**. It is **showing us a set of patterns** that serves to **stimulate thought and aids in directing the areas in which we should question of our clients**. It is very good at focusing our discussion with the client into those areas in need of the most attention.

Having said that, I believe Iridology is a good tool that can indicate the presence of intestinal parasites, Candida overgrowth, kidney or gallstones. In some of these conditions, we can use Iridology to observe changes, depending on the lifestyle and healing efforts of the client.



History

The origin of iridology is lost in the past ... quite likely arising from ancient medicine in pre-history. Pictures of eyes have been found on “Runes”, (oracle stones) in Northern Europe from the times of the Ancients. Tens of thousand of years ago, in Central Asia (now Siberia and Mongolia), Runes have been found depicting whole eye inscriptions. In Western Asia, the Chaldeans (an ancient Semitic people (1000 BCE) ruled in Babylonia and used the eyes to reveal the body’s health condition. In Chinese medicine, the practice of looking to the eyes (both iris and sclera) to determine activities in the body goes back at least 5,000 years. In the Mediterranean we can find records of using the eye for assessment in the writings of Hippocrates, and the medical schools of Salerno and Philostrolus. Even Egyptian hieroglyphs depict healers peering into the eyes of patients.

In more recent times we can find rudimentary iris analysis in Germany, **Philipus Meyens** (1600’s) and Dr. Dresden in 1670 in *Chromatica Medica*. Dresden analyzed in great depth where parts of the body are reflected in the iris. Doctors and Shamans have been peering into the eyes for millennia, so what about modern times?

Modern Iridology



The discovery (or should we say rediscovery) of iridology in its present form is credited to both **Dr. I. Von Peczely** and Rev. **Nils Liljequist**. Both claimed to discover it independently in 1857.

The story goes that **Von Peczely** noticed that irises reflected situations in the body at the age of 10 in 1837. During the capture of an owl in his family's garden, the owl's leg was broken. While fixing the leg, Von Peczely noticed a new mark at "six o'clock" on the iris of one of the bird's eyes. Later in life, after Von Peczely had become a doctor, he studied patient's irises to see if he could develop correspondences between iris marks and their ailments. From this, he developed the first charts of such correspondences.



Rev Nils Liljequist

Liljequist, on the other hand, was first introduced to iris change through personal experience. During the 1860's this Swedish clergyman observed a link between his own iris coloration and ingested drugs. He created over 250 drawing of the iris, with corresponding organ issues. He went on to create an iris chart, which has close relationship to Von Peczely's work, and modern charts.

From the late 1800's onward, many people contributed to the construction of iris correspondence charts, primarily from Switzerland and Germany. The German school of iridology included the practitioners and teachers **Emanuel Felke**. He was a pastor and never published well he was alive, due to political issue, but his students did publish his works and set up the **Felke Institute** in Germany that still thrives to this day. Felke also influenced Magdalene Madaus to publish several books and to set up the first Association of Iridologists.



Manuel Felke
Portrait of Emanuel Felke (1812-1856 - 16.11.1920)

In Germany, **Rudolph Scnabel** and **Josef Angerer** both worked on the pupil's border in early 1900's. **Josef Deck** dedicated more than 50 years of his life's research to this study and established the **Institute for Fundamental Research and Iris Diagnosis**. His work is still used to this day in Europe, especially his constitutional typing and syndrome identification that we will look at later in this course. **Theodor Kriege** contributed over 40 years experience in relating specific markings and signs to areas of the body. Their work has been widely translated and provides the basis for a vibrant European tradition of iridology. German iridology has been widely associated with homeopathic physicians and their research into multi-generational constitutional disease.



Dr. Josef Deck

In Spain and Russia we find great Iridologists like Ferrandiz, Velkhover, Romanshov, Potebnya, Lisobenko and Drivenko all contribute to the knowledge we now have to use with our clients, via the eyes.



Iridology comes to the Americas



Henry Lindlahr, M.D.



Dr. Bernard Jensen

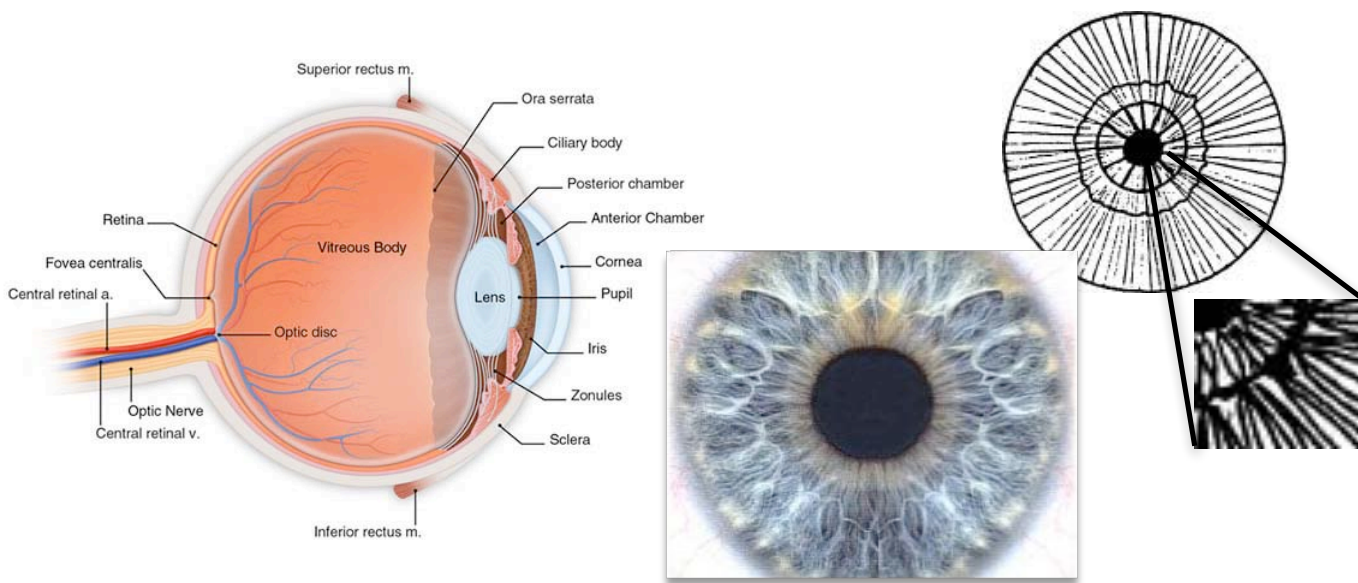


Dr. J.R. Christopher

The North American link in the development of Iridology was an Austrian, **Dr. Henry Edward Lane**. He was a medical doctor who worked in a sanitarium in Illinois. He was a student of Liljequist in Europe and created quite a following in North America. One of his students was a health practitioner named **Dr. Henry Lindlahr**. Lindlahr published a book call *Iridiagnosis* in 1919. He worked a lot with Hering law of Cure and the Healing Crisis concept. Dr Lindlahr had a big influence on a young **Bernard Jensen**. Jensen, who began practice, as a chiropractor in 1929, is the man credited with the most commonly used English chart ... which he published in *The Science and Practice of Iridology* in 1947. A second book, published in 1982, *Iridology: The Science and Practice in the Healing Arts, Vol. II*, established Jensen as a leading researcher and practitioner across half a century. For this introductory course, we will start with the 1980 version of the Jensen chart, which reflects considerable refinement, simplification and testing. Bernard Jensen is considered the Father of North American Iridology spending 70 years in the area of nutrition, health and Iridology research. He was one of my major teachers in this area. I also spent time with **Dr. John R Christopher**, who also contributed to my early understanding of iridology in the mid 1970's.

The work of Jensen in North America and the German scholars in Europe has since been complemented by iridology analysis from around the world. Iris analysis systems, which assess zones, sectors or "polarity" of iris signs, have been developed and in the last several years, some systems have questioned the entire concept of iris change during the individual's lifetime (apart from the period of childhood up to the age 8). These newer systems propose that the iris is a permanent record of the person's energetic structure ... and is not subject to substantial change or modification. Needless to say, widespread debate and controversy greeted this proposal and iridology continues to be the subject of discussion and further research. Rather than drop the new student right into the middle of this debate, Iridology I course will begin with a survey of the classic iris analysis chart developed by Bernard Jensen. Once you are familiar with that chart (and the "dynamic" model of iris analysis), the course will turn to some of the other competing theories of iris analysis.





Parts of the Eye

Before we go much further, let's make sure that the basic parts of the eye relating to iridology are familiar to you. The iris is actually composed of individual fibers (trabecula), which cross over each other at the autonomic nerve wreath. The contraction and relaxation of the iris tissue alters the shape and size of the pupil, in turn allowing differing amounts of light into the eye.

The lens, which allows the focusing of light on the back of the inside of the eyeball (retinal surface), lies behind both the pupil and the iris and is suspended with its own set of ligaments.

Sclera - is the white of the eye, often containing visible blood vessels. A translucent layer called the cornea covers it.

Iris - a colored, muscular ring, which controls the amount of light entering the eye. It lies underneath the cornea, in front of the lens and within the sclera.

Pupil - is the aperture within the iris, which allows light to enter the eye. Behind the eye sits a translucent lens which focuses the incoming light. Lens can become cloudy, a condition known as cataracts.

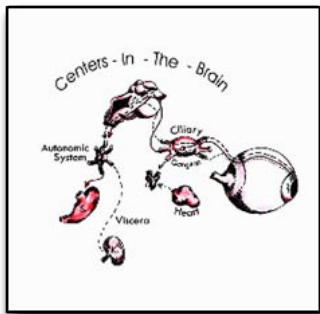
Cornea - the transparent layer of tissue, which covers the eyeball.



Three Theories of How Iridology Works

Now that we've reviewed a bit of history and anatomy, let's look at the competing theories which seek to explain iridology's effectiveness.

Nerve/Reflex Theory



A commonly accepted theory is the **nerve/reflex theory**, which proposes that there are nerves travelling from all the various parts of the body to the iris. In this theory, a nerve will carry signals from, say, the right kidney to the appropriate spot in the right iris. Problems in the kidney are "reflexively" represented in the iris in the same way that our leg will jerk if someone hits the right spot on our knee. However, in looking at the kidney area of the iris in more detail, we find that smaller parts of the kidney are also accurately represented. Does this mean that there are several nerves going from the right kidney to the right iris? Proponents of the theory say "yes". The optic nerve feeding the eye consists of hundreds of thousands of nerves. Whether there is an individual nerve for each reflex or there is some sort of "summary" nervous connection, the nerve/reflex theory requires a direct link from body part to iris. This theory is considered "materialist" or "positivist" because it seeks a concrete physical explanation for iris correspondence.

If this theory is correct, we would have to consider this same "multiplication effect" at work in some one hundred other locations in each iris (as they appear in the commonly-used iris chart).

The original charts developed in the late 1800's have undergone much refinement and diversification. Some researchers have independently studied a small area of the iris relating to the brain or psychological functioning and identified even smaller subsections. Others have found purely psychological or constitutional reflections in the iris. The nerve theory therefore seems to require many, many nerves!

Iridology is not the only practice in the healing arts where correspondence between the body and its features is ascribed to nerve connections. Meridian acupuncture (with hundreds of points), auricular



(ear) therapy with over 300 points, foot reflexology, hand reflexology, polarity therapy, Vita-flex and many other disciplines have been "explained" with the nerve/reflex theory. One or more nerves are held to link one portion of the body with the points or locations elsewhere. As you can imagine, if all of these therapeutic systems have some validity (and there is every reason to feel they do), a nerve theory explanation requires a very complex crisscross of nerve fibers ... starting virtually everywhere and ending virtually everywhere.

The mechanical problems of finding these reflexive links have led some researchers to look for another body process that might pass information from one part of the body to another.

Lymphatic Theory

One group of researchers proposes **lymphatic** vessels as the messaging system, with functional operation similar to that of the nerve theory. The **lymphatic theory** shares the complexity of the nerve theory. Somehow information on body states has to be passed from one body part (say the lung) to all the areas that practitioners have used to judge body condition ... hands, ears, irises, face, soles of the feet, etc. The lymphatic theory avoids the structural limitations of the nerve/reflex theory but still leaves a lot of explaining to do.

Electromagnetic/Holographic Theory

The proposal with the strongest rationale in light of the discoveries of the last thirty years is the **electromagnetic/holographic theory**. This theory suggests that the body projects its own biomagnetic or holographic field. Each organ, tissue level and vital function, having a physical or non-physical location, contributes to the total magnetic field and has its own influence... much as a single current in the ocean or a small low pressure area in a storm contributes to the overall pattern. A holographic image (which can be subdivided without losing information) is the basis of much of (w)holistic therapies. This creates a fractal relationship to the whole.

This Electromagnetic theory (or Biomagnetic theory), based as it is on subtler forms of body structure and inter-relatedness, avoids the problem



of finding a material or mechanical process for transferring so much information.

The movement of such biomagnetism (variously also known as *qi* or *ch'i*) can be mapped into pathways. The medical systems developed by the ancient East Asian cultures (China, India) described such energetic pathways as meridians. Many of these magnetic pathways do correspond in location to actual nerves but the underlying biomagnetic energy supports both the magnetic fields and the nerves ... not the other way around. One way to say it is "the spirit manifests the body rather than the body acting to manifest the spirit".



When everything is running smoothly in the body, the currents also flow smoothly. When some or all of the magnetic fields of the body encounter disharmony, whether physical or not, the magnetic flux is disturbed. This also causes disruption of other parts of the body, small as they may be. A sore or stiffened spot in the sole of the foot or an alteration in the texture or color of the iris is an example. Again this is a fractal relationship

Let's use an analogy. The silt and fine grit that gets caught up in a river or stream is only deposited in areas where the current flows the slowest. The same is true of our bodies. When the magnetic "currents" are flowing along, we get magnetic disharmonies collecting in the peripheral areas. At these points, crystals, toxins and lesions appear as messengers to give information about the tides of the body. This accounts for the success of hand reflexology, foot reflexology, ear acupuncture and iridology (an iris is a peripheral nerve, an appendage of the brain). The iris reflects fractal changes in the magnetic field of the body and these changes may be charted and analyzed. The visual presentation of iridology seems to give the most accurate results.

Iridology gives us a picture of the whole body at a glance. This matrix helps us determine if one area of the body is affecting another. For example, a tipped uterus might be caused by a prolapsed transverse colon, which in turn might be caused by a weak lower back and weak abdominal muscles. If we knew only that the person had a tipped uterus, our suggestions for improving their health might be compromised. To be able to see a "pattern" or "pathway" of such problems takes a thorough knowledge of the chart and lots of practice!



"Describing" the Iris

As the lessons in this course unfold, we will be looking at a number of different perspectives on what the iris can tell. Nonetheless, all these systems begin with the same "raw material" ... the human iris. The human iris has three dimensions. It has a circular shape (2 dimensions) and it has "depth" (third dimension).

All iris analysis techniques therefore work with two fundamental elements:

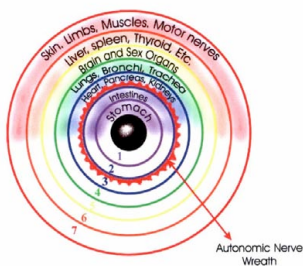
1. features
2. locations

Each system might name the features or map the locations differently (and find different meanings in the combination of particular features and particular locations) but they all must link the features and locations. If you keep these two elements in mind, the terminologies and obsessions of the different systems will be less confusing. Again, to watch for the two primary elements, remember:



1. Features will be described with colour, texture, structure and shape.
2. Locations can be mapped and described by a co-ordinate system which adapts to the iris's circular shape and depth (e.g. "hours of the clock", radial sectors, concentric rings or zones, layers of depth (going from the front of the eye or the human body toward the back)).

Building the Iris Chart

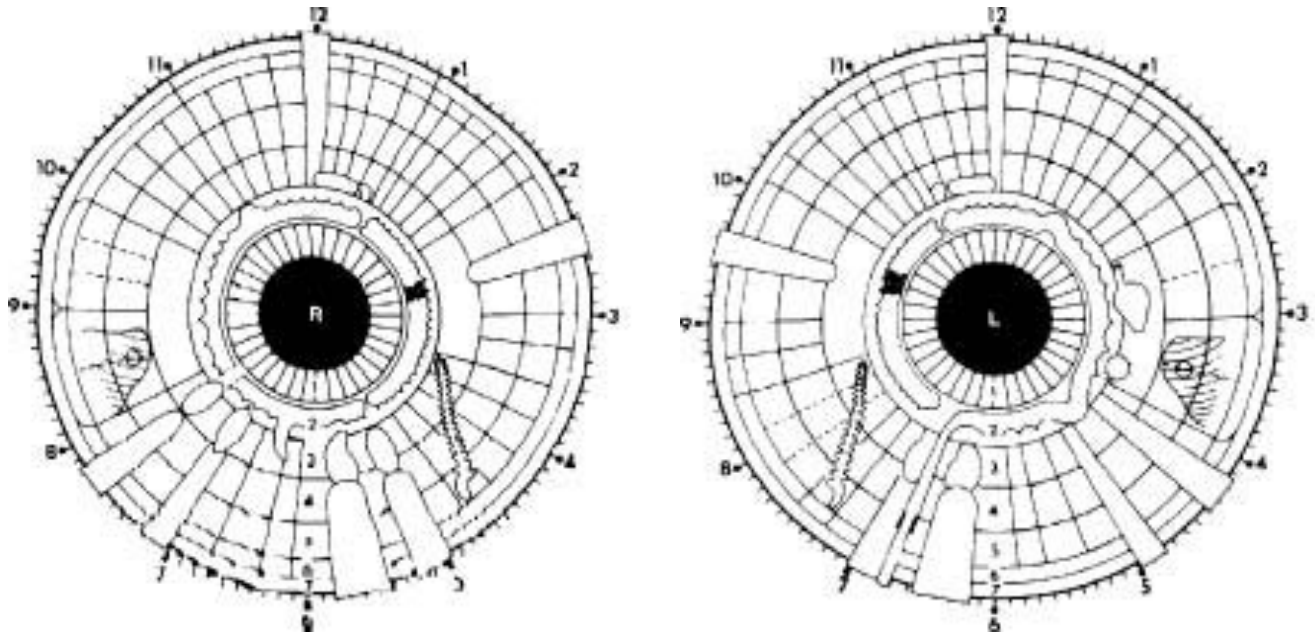


Let's begin mapping the body onto the irises of the eye. Use the blank chart below (two additional, larger chart can be found at the end of this lesson) to systematically follow the process of "filling in" the correspondence between body and eye. We are going to begin with the North American 1980 Jensen chart. In later lessons, we'll broaden our knowledge by looking at other systems.

Notice how the blank chart above uses **two** numerical orientation systems:

1. **Hours of the clock** (e.g. "12 o'clock " is the top).
2. **Iris zones** (7 concentric rings starting from the pupil and extending outward to the sclera).



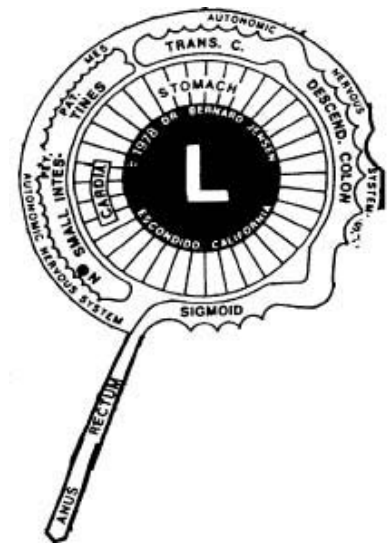


Left Iris

We begin, as we would during an actual iris examination, with the left eye, at the centre. Because the iris chart is an idealized example, we use the pupil of the eye to orient us and adjust the location systems. An off-centre pupil can squeeze or expand parts of the chart.

Remember that the left eye is actually the eye that **you** will see on your right. The center zone in the iris, right next to the pupil, is the **stomach zone**. The left iris represents the left side of the body; the right iris, the right side of the body. Similarly, the stomach zone in the left iris represents the left side of the stomach ... the fundus or part of the body of the stomach. This includes the cardiac sphincter attached to the esophagus.

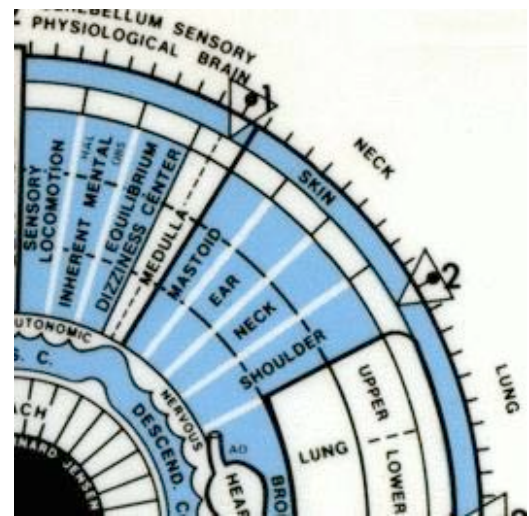
Wrapped around the stomach zone on the iris is the **intestinal zone** or Zone 2. On the "nasal side" (i.e., the side of the iris toward the nose), is the small intestine. There is a small area at the 9:30 position of the clock called the **Peyer's Patch**. At the top of the iris in Zone 2, we have the transverse colon. At approximately one o'clock, the colon takes a bend. The bend is called the **splenic flexure** (*splenic* - close to the spleen, *flexure* - bend in the colon). On the temple side of the iris (i.e., toward the side of the head) in Zone 2, we have the descending



colon. Again at about **4:45**, the colon bends forming the sigmoid flexure. At the bottom of the iris in Zone 2, from about **5 o'clock** across to **6:45**, we have the sigmoid (or sometimes called the pelvic) colon. Moving out from the centre of the iris at **6:45**, we have first the rectum, then the anus. There is a little mark halfway down this area where we have both the internal and external sphincter muscles of the anus. The internal sphincter is closest to the center of the iris.

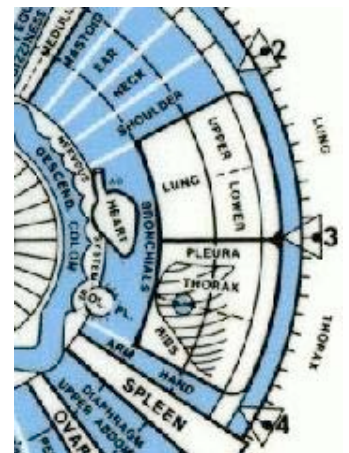
The dividing line between Zone 2 and Zone 3 is the **autonomic nerve wreath**, which will be covered later in this lesson and in subsequent lessons.

Now we move out to Zone 3 and at **1:00** is the medulla oblongata. This is part of the nervous system and part of the brain called the hind brain. The medulla oblongata does a lot of the body's housekeeping ... like controlling the diameter of the blood vessels, for example. Some people also feel that a large proportion of the subconscious is represented here. Others claim that the total memories of past lifetimes influence this location.



At **1:00 - 1:15** is the mastoid area. As far as the iris is concerned, it also includes the upper facial muscles, the temporal muscles (on the side of the skull), extending down to the ear. **1:15 - 1:30** is the ear ... the left ear, of course. The portion of the sector toward the centre is the inner ear. **1:30 - 1:45** is the neck muscle, including the cervical vertebrae.

Between 2:15 and 4 o'clock, the picture gets a bit more complicated but is easily learned. **2:15 - 3:00** is the left lung. The upper lobe of the lung is 2:15-2:30, the lower lobe is 2:30 - 3:00. **3:00 - 3:45** represent the thorax area. The area inside the harp-shaped image is the ribs. The outside zone is the pleura. The circle inside the rib is the left breast. Moving toward the centre of the iris, we have the area representing the bronchials. Still further in, right on the iris feature called the **autonomic nerve wreath** (discussed in detail in Lesson 2), the heart position is found. The tube coming out of the top of the heart is the aorta (note the letters "AO"). Below the heart, the sun-shaped image on the chart is the solar plexus.

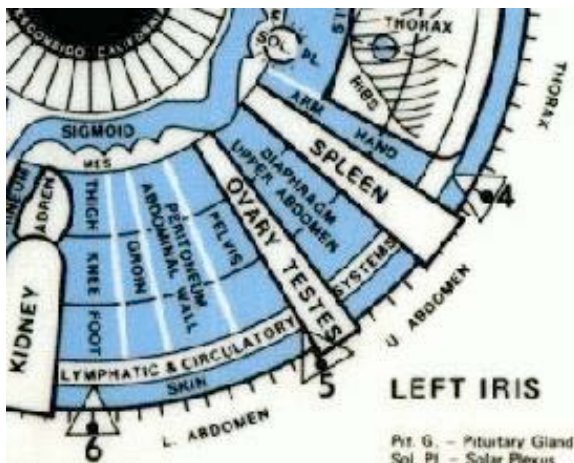


All students are concerned about how difficult it is to identify and distinguish features that are close together! Experience is the only way to build subtle skill. Stick with it!

The tried and true solution:

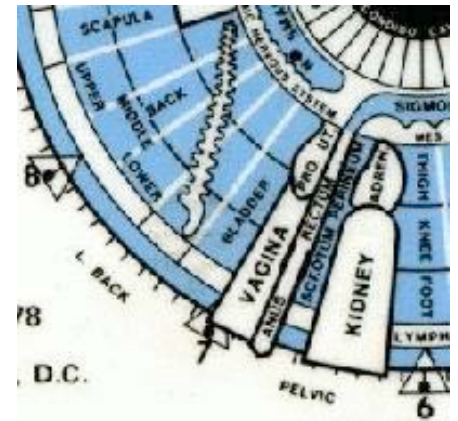
1. Learn the major landmarks first. Build confidence.
2. As you read additional eyes, and observe clients, you will be able to distinguish between locations





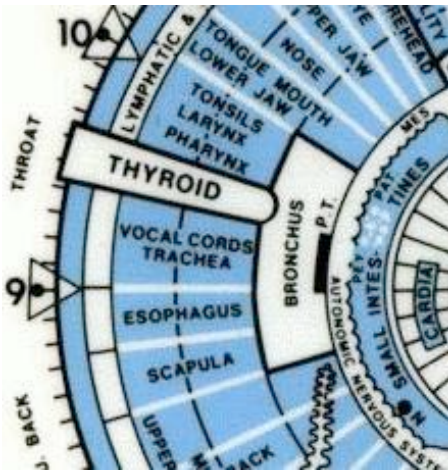
Now the chart returns to relative simplicity. **4:00** is the arm and the hand. **4:15** is the spleen. **4:30** is the diaphragm and upper abdomen. **5:00** is the left ovary or testicle, depending if the subject is female or male. **5:15** is the pelvic girdle. **5:30** is the peritoneum (the lining of the abdominal cavity and the abdominal wall). **5:45** is the groin area. **6:00** is the leg and foot. This sector, and its twin on the right iris, exhibit some strange properties. Recall that we said that the left iris reflects conditions on the left side of the body. At **6:00**, however, sometimes there is crossover ... in other words, the condition of the right leg may show up on the left iris and vice versa. There seems to be no way of predicting ... the crossover seems random

Crossing over to the nasal portion of the iris (which you'll recall is the half of the iris closer to the nose), past "6 o'clock", at **6:15** is the kidney and adrenal glands. This section is mapped out to look much like an old-fashioned keyhole. The top section or the eye of the keyhole is the adrenal gland whereas the main part is the kidney. **6:30** is the scrotum or perineum, again depending on the sex. We discussed **6:45** briefly already because it is the colon, rectum and anus. **7:00** is the vaginal cavity. Closest to the autonomic nerve wreath is the uterus or prostate (depending on the individual's sex). At **7:15** is the bladder.



7:15-8:45 is the back area. The coccyx is found in the outer part of the iris between **7:15** and **7:30**. The structure drawn diagonally through **7:15 - 8:30** is spinal column, with the vertebrae represented as bumps. The surrounding area, again, represents soft tissue of the area. The zones are the lower, middle and upper back respectively moving "up" and "in". The neck and cervical vertebrae are included in this region.

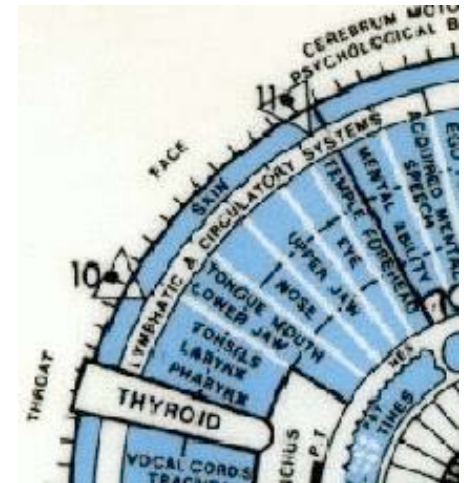




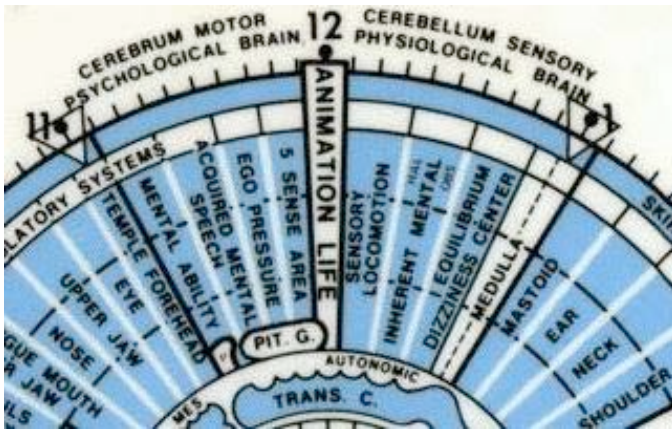
8:30 - 10:00 is structured irregularly (as we saw with 2:15-4:00). The area closest to the autonomic nerve wreath is the bronchus (the first section of the bronchial tubes). **8:30-8:45** is the scapula or shoulder blade. **8:45-9:00** is the esophagus. **9:00-9:15** is the trachea, near the ANW some chart also include the Parathyroid (PT). This area is also reflective of how the immune system works, some people feel it is an alternative location of the Thymus gland. **9:15-9:30** is the vocal cords. **9:30-9:45** is the thyroid ... given a relatively large area on the iris reflecting its importance in the metabolic function of the body.

9:45-10:00 is the area representing the pharynx, larynx and tonsils.

10:15 is the lower jaw and tongue, including the mouth itself. **10:30** is the nose. **10:45** is the upper jaw. And yes ... **10:45-11:00** is an area of the iris which represents the eye itself. Note that minor visual problems (e.g. nearsightedness) will **NOT** show up in the iris ... only substantial damage to the eye itself. **11:00** is the temple and forehead of the skull.



11:00-1:00 represents the mental functions of the individual. **11:00-12:00** are the psychological aspects of the brain while Sectors **12:00-1:00** represent the physiological aspects of the brain.



11:00-11:15 is mental ability. **11:15-11:30** is acquired mental speech. **11:30-11:45** is ego pressure. This area will be affected if a person is overly-dominant or overly-dominated ... both the hen-pecked husband and the hen-pecking wife ... the abusing husband and the abused wife. **11:45-12:00** is the area where any damage or problems with the five senses will be indicated.

Right at **12:00** is the animation life area. Many iridologists feel that this is the iris area reflecting the connection between the physical body and the non-physical body. Weakness in

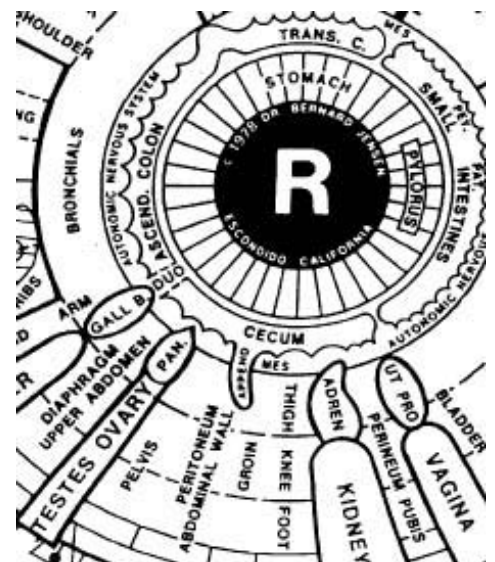
this area often means that the person is a daydreamer. Significant problems in this area often indicate that the person has insufficient interest in present circumstances, a lack of interest in life, generally. At **12:15** is the area of sensory locomotion. At roughly **12:30** is inherent mental ability. At **12:45** is the equilibrium-dizziness center. In peripheral/outer portion of the area, hallucinations and obsessions are reflected. **1:00** returns us to the medulla oblongata discussed earlier.

We have completed a preliminary "geography" of the left iris!

The Right Iris

As you probably noticed, the right iris is basically a mirror image of the left. We can very easily match most areas learned on the left iris to a position on the right iris. There are a few differences however.

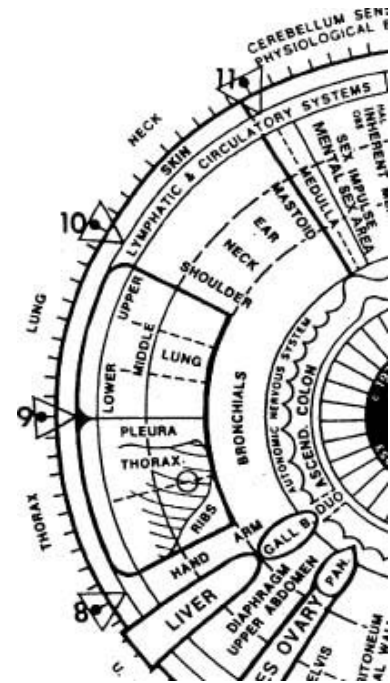
On the right iris, the stomach zone (Zone 1) is the right half of the stomach ... which also consists of the pyloric area. At **7:50**, the little area crossing the intestinal zone (Zone 2) is the duodenum. At **5:00** in Zone 2, where the small intestine meets the large intestine, is the



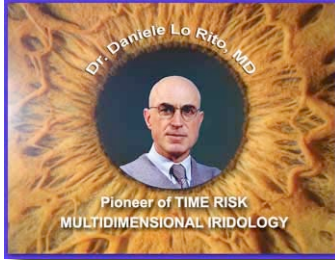
ileocecal valve. Halfway across the lower colon at 6:30 there is the appendix and the cecum colon. From 8 o'clock through 11 o'clock is the ascending colon. At 11 o'clock is the hepatic flexure (*hepatic* - near the liver, *flexure* - bend in the colon). From 11 o'clock through 1 o'clock in Zone 2 is the first half of the transverse colon.

7:00-7:15 of the right iris contains not only the ovary/testes but also (close to the autonomic nerve wreath) the pancreas. 7:45 is the liver/gallbladder. Note that the lung area on the right iris is partitioned into three lobes ... since the right lung has three lobes while the left lung has two. 11:15 represents the sexual impulse/perversion area and indicates people's abnormal sexual appetites. We see this area only if there seems to be a problem with the sexual appetite. Normally, this is caused by feeling guilty about the sexual appetite ... not the sexual feelings themselves.

There you have it! A preliminary look at the human body as it is reflected in the geography of the human iris. You may have spotted items on the chart that weren't discussed. Never fear. We'll look at important ones in later lessons. With this initial map of **iris locations**, in the next lesson we'll identify **iris features** to look for.



History of Iridology Moves On



In the late 1970's **Denny Johnson** started working on a new model of the Iris with the Rayid system. This looked at the Iris as a map for patterns in the emotional, personality, psychological and even a bit of the spiritual realm. The Rayid system is now called Iridology 2, personality Iridology by many. In Australia Dorothy Hall did a lot of research, also showing emotional aspect to the original Iridology charts. Over in Italy **Dr. Danele LoRito** continues to do research on how time events affect our lives from reading the iris and the pupil border.



Dr. Leonard Mehlmauer starting in the 1970's has contributed ongoing research into the area of Iridology, combining the physical Iridology (Iris-1), personality Iridology (Iris-2, Rayid) and Sclerology under the title of Eyology. He is famous for his intensive course he teaches around the world, some of which he has taught at Wild Rose College.

In the U.S in the 1980s **Hari Wolf** and **Bill Caradonna** started a National Iridology Research Association (NIRA). They have integrated much of the German and other European Iridology into their model.

Dr. Leonard Mehlmauer

