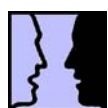


Where a subject has genetically brown eyes but the fibres are not obscured with pigment, much more may be seen, but the brown-eyed subject is never as easy to “read” as a blue eyed one.

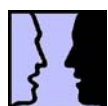
The clearer the iris is from superimposed pigment the better your diagnosis can be because you can see more. This follows from all that has been said above. Nonetheless, the amount and distribution and colour of superimposed pigment does give diagnostic information in its own right, though the value of this is least when the coverage is total.

To have a clear iris is also better from the point of view of the subject also, since the presence of the pigment always means the presence of toxicity. It is not by any means the only way that toxicity shows, though it is an important one. Therefore, the clear-eyed person has the advantage of having no toxicity that expresses itself in this particular way.



TUTOR TALK: I hasten to stress, however, that this certainly does not mean that a person with a great deal of pigment is more sick or chronic than someone without. On occasion there has been some misunderstanding about that and people who find that their eyes are full of obliterating pigmentation have become very worried about their health. Of course, there may be some cause for concern – and most people can improve of their health condition if they wish to – but they are not necessarily at a disadvantage compared to people with other types of eyes.

One aspect that has to be taken into account is that people with certain types of constitution accumulate pigment much more readily than others. Hence, whilst it is true that the superimposed pigment always indicates toxicity, large quantities of it have a lesser diagnostic implication in people of these predisposed constitutional types than it would do in some other types.



TUTOR TALK: The discerning of these people is something which cannot be taught until the Diploma Iridology Course, but it is important at this stage to know that such constitutional types do exist. That helps to avoid getting panicked about possible pigment in one’s own eyes.

2. The Information which Iridology can give us

Through observing the condition of the tissues as they appear in the iris, the iridologist can determine the health of the organs of the body, or weaknesses that may exist in certain organs or systems. Levels of inflammation may be discerned which, when they are severe, are likely to correspond with acute clinical conditions. On the other hand, areas of cellular degeneration may be found, and if the areas of degenerated tissues are extensive enough, these may correspond to identified areas of clinical chronic disease.

But iridology is immensely sensitive to the condition of various organs and tissues. By studying the fibres in the iris, areas of tissue toxicity, which may or may not have proceeded to tissue damage can be discerned long before the patient notices any symptoms. Hence, the technique is almost too sensitive. You can take a person who professes to have no symptoms whatsoever and yet, by examining the iris, find 20 things the matter with them. Clearly, these are areas of reduced vitality, increased toxicity, and, by implication, relatively impoverished nutritional status.

They are, therefore, signals of tissues that are in a naturopathically compromised condition – either just slightly so, or to a medium degree – but reflect conditions in which actual tissue damage has either not started, or only marginally so. Just a very few people show no areas where they are naturopathically compromised – but these people are very few and far between, especially nowadays. This extreme sensitivity of the technique means that one always sees in the iris conditions which the patient (subject) cannot identify with actual health problems. The corresponding health problems have simply not occurred yet. Conditions that are diagnosed from the iris as being more extensive and severe usually do correspond with known health problems in the patient.

However, in iris diagnosis, the mere size of a sign or the dramatic appearance of a particular sign does not determine its significance with regard to the existence of pathology. Some very minor looking signs in the iris are indicative of more serious pathological states, and this may be even more so when a number of relatively inconspicuous, but telling, signs occur together. This simply means that the iridologist must develop the skill to tease out these more subtle relationships and areas of significance.



TUTOR TALK: Newcomers to iridology often expect to obtain diagnosis of illness in terms of Western or Orthodox Medicine, but that is a mistake. That would be a misunderstanding of what iridology is actually about. Iridology is a naturopathic tool and the information it gives comes in naturopathic terms.

Essential naturopathic information which a practitioner would be looking for includes:

1. The level of tissue activity – Hyper or Hypo states.
2. Distinction between Chronic – Acute – Normal.
3. Areas of toxicity and the relative toxin concentrations.
4. The weakness or compromised condition of Organs or Systems.
5. Whether healing is occurring or has occurred.
6. Presence or not of degeneration.
7. Presence of emotional conditions.
8. Presence of tissue acidity.
9. Indicators of tissue nutritional/metabolic imbalance.

The longer the toxins have been in the tissues the longer the damage may need to take to repair, and therefore there could be occasions when the damage would be irreparable. The washing away of all the toxins through elimination is just the beginning of the healing process. It may be hard enough to accomplish. After that the healing process must begin – to whatever extent healing of the tissue damage is possible. The process of getting better from a bad chronic ailment should always be viewed in these two stages – getting rid of the toxins and then repairing the damage. Without this basic concept the process of recovery is not fully possible.



THERAPY NOTE: The emotional and stress-related elements of the iris interpretation should not be overlooked. They are a very important aspect.

Although the teaching of Bernard Jensen, celebrated American Iridologist, tends to concentrate upon the physical and physiological aspects of the subject, his writings make it clear that he is also most conscious of the emotional as well and even the spiritual side. Jensen made statements such as iridology looks into the “heart of Man” or into the “soul” of Man. He would also say that iridology shows “the path a person is on”.

3. The Structure of the Eye and the Iris

The overall structure of the eye is illustrated in the Figure below. This is a diagrammatic representation of a section cut through the eye from front to back. At the very top of the picture is the “cornea” – which is the transparent layer of tissue forming the outermost protection of the eye. This is where a particle will land and adhere whenever you get “something in your eye”. It is kept moist by being bathed in a fluid secreted by the tear gland and delivered onto the front of the eye via the tear ducts. Beneath the cornea is a fluid-filled space. The fluid in this space is called the “aqueous humour” (i.e. “watery fluid”).

Behind that space lies the very important structures, the lens and the iris. The lens acts just like familiar glass lenses (such as those of spectacles) by focusing the light which enters the eye. In other words, as the light passes through it, the path of the light rays is bent so as to produce a focused image on the back of the eye. Here, however, the vital difference from the action of glass lenses is that the lens of the eye can undergo “adaptation” so as to be able to focus light coming from an object which may be either far away or very near. The only way this adaptation can be done with glass lenses is to substitute one lens with another having a different shape. But the eye has only the one lens which “adapts” by altering its shape.

When you change from looking at a distant object to looking instead at one which is close, the lens shape is altered by muscles either side of the lens which either contract tighter, pulling the lens into a flatter shape, or by relaxing enough to allow the lens to revert to a rather more rounded shape.

These alterations of shape determine just how the light rays are going to be bent as they pass through the lens. These very important muscles (ciliary muscles) either side of the lens “adapt” the lens by adjusting the tension under which the lens is held. This permits the focusing of the image onto the back of the eye, no matter what the distance between the object you are looking at and your eye, subject only to some limitation at very short distances of a few inches only.

The iris, as already described, is a ring of muscular tissue composed of fine fibres, having a hole, or gap, at its centre. Therefore, when looked at straight-on, it appears as a circle of coloured fibres with a black circle in the centre (the pupil). However, when seen in cross-section as in the diagram, it simply appears as two flaps of tissue, one either side of the lens, and partially covering the lens. The role of the iris in vision is quite separate from the role that the iris plays in reflecting body conditions as used in iridology.

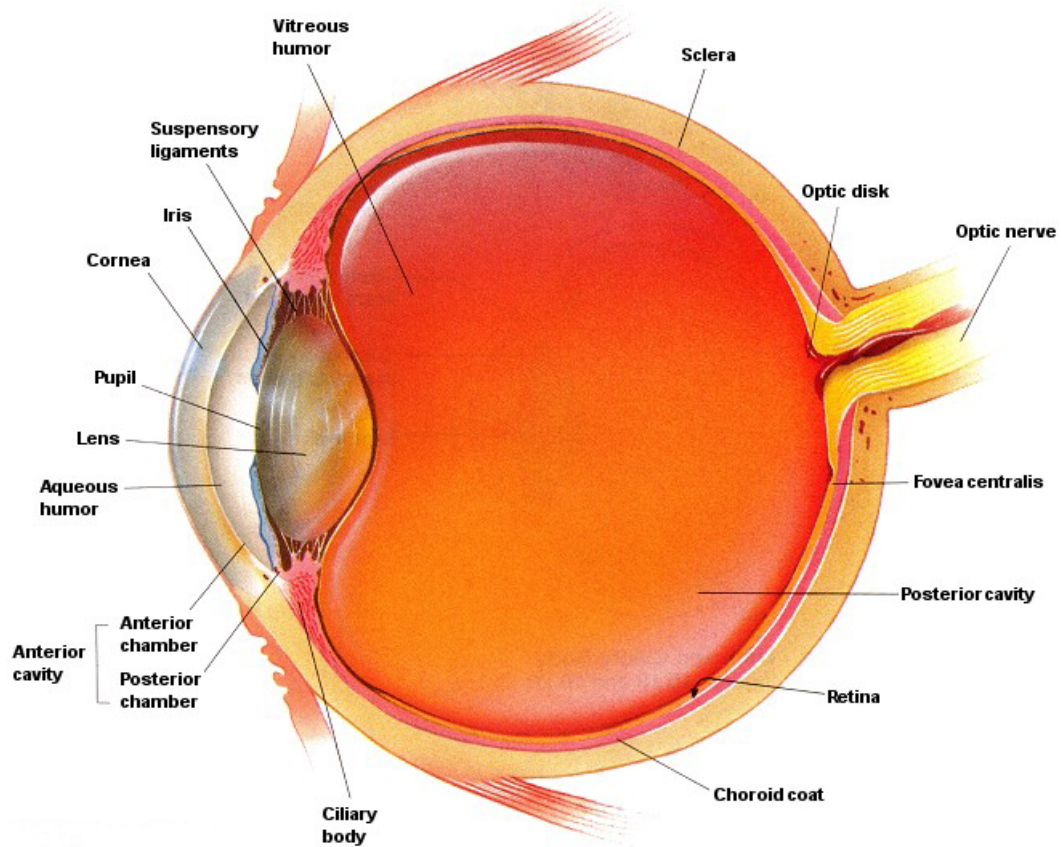
In vision the role of the iris is protective, but in a different way from the protective action of the cornea. Rather, the iris controls the amount of light entering the eye. As a light-sensitive organ, the eye needs to maximise the amount of light entering when conditions are dim. It also needs to minimise the light when conditions are very bright, otherwise the light-sensitive cells at the back of the eye could be grossly over-exposed. This control is achieved by the expansion and contraction of the pupil. This expansion and contraction is accomplished by the little muscle fibres of the iris either contracting or relaxing.



TUTOR TALK: You can observe this for yourself by seeing someone’s pupil contract when they are in bright sunlight and expand when they are in dim surroundings.

The other structures shown in the diagram are:

1. the tough outer coat of the eyeball (sclera)
2. the light sensitive layer of cells covering the innermost layer of the back and sides of the eyeball, called the “retina”
3. the large central space which is filled with a thickened fluid called “vitreous humour”
4. the optic nerve leaving the eye and heading towards the brain. This carries the nerve messages to the brain, enabling us to perceive the image that is projected onto the retina as a picture in the brain.



The structure of the eye

In the next assignment, we show the illustration, which is an enlargement of the area of the lens. The iris and the ciliary muscles, with their attachments to the sclera. Seeing the iris in its immediate environment in this enlargement, may well help to envisage the true position and function of the iris itself.