

IRIDIAGNOSIS

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Silence is golden, so spake a wise man centuries ago. I think the reason he was considered wise was because he did not speak up in the meeting places. Had he spoken his fellow townsmen probably would have discovered that he was not so wise. The moral in the foregoing is: should I keep silent, many of you would never discover how little I do know.

The subject assigned to me is very little understood by most of us. There are, however, many practitioners in Optometry, Osteopathy, Chiropractic and other kindred professions, including Orthodox Medicine, who have given the subject of "Iridiagnosis" serious thought and carried on some research work. Others have scorned it. I recall a fellow Optometrist who asked me to loan him one of my books. In a few weeks he returned it to me with the statement that it was interesting reading but he could not accept the theory as it did not come from recognized medical authority. This reminds me of a bulletin printed by a great Medical Association in which it stated that, "colored lights are of no value in the healing art".

Sometime ago I read a news item in which it stated that, "The iris of the human eye cannot and does not reveal pathology or other dysfunctions in the human body." This statement was based upon the observation of one man upon a small group of patients. I am not an astronomer; hence, I cannot dispute statements regarding the stars, nor the distances to various planets. I must accept the astronomer's findings as they are presented to me. I have learned long ago that we can find anything we are seeking providing we know how.

All of us use the Ophthalmoscope in our routine examination, and what for? To determine if the Fundus Oculi under observation is deviating away from the accepted normal. In 90 per cent, more or less, there is no deviation or we ignore what slight deviation there may be, unless there is some objective or subjective information which causes us to investigate the fundus oculi for some lead to determine some sort of pathology. Not so when we take up our slit lamp or loupe to examine the iris. We then go on a tour of exploration which can and does lead us into the patient's past. Sometimes it leads us into their future because what we see may not have become a manifest or subjective symptom. It remains an objective symptom until the patient becomes aware of the abnormality or a diagnostician enlightens the patient of the presence of the dysfunction which we discovered in the Iris.

This subject of "Iris Diagnosis" is a subject foreign to orthodox teachings, hence, frowned upon and ridiculed by groups of practitioners who see nothing worth while unless it has the stamp of approval of a certain organization which prints articles condemning all things which they themselves do not teach, or have no knowledge of.

Iridiagnosis is very simple to those who know what to look for and highly interesting from several different angles to the Syntonist. In the basic course we learned about the Alpha Omega pupil. That in itself is a part of Iridiagnosis. We have learned that if the sphincter and dilator muscles fail to coordinate something has gone amiss somewhere beyond the orbit.

I don't think it necessary to re-state the anatomy of the Iris, it's nourishment, nervous and muscular systems. We all learned this in our undergraduate work and have been reminded of it at various clinics and post graduate courses. However, it may be well to remind ourselves, so I will place a picture of the Iris on the screen, which we will discuss as we go along. There are five layers, three nervous systems and two muscular systems. The first layer—Endothelial—is a continuation of the inner layer of the cornea. The second layer—Stroma—is the frame work of the Iris. The third layer constitute the muscular system of the iris, so we may say that when we examine the pupillary reflexes, we examine the efficiency of the muscular system of the Iris and indirectly the nervous systems. I said indirectly, probably I should have said, when we make the pupillary reflex examination, we are investigating the nerve impulses of the sensory, motor and sympathetic nervous systems, because that is what we in reality,

If the pupillary reflexes are not normal, we immediately suspect a dysfunction of the nervous systems of the Iris, and here is where Iridiagnosis really begins.

A healthy babe has a uniform coloring of the Iris which is blue in the majority of babies. As the child grows and diseases or accidents take place, the Iris will change color in areas related to different parts of the body. What I mean by this statement is, that should the child fall down the steps and break a leg, a scar or a shadow will form in a certain part of the Iris. On the other hand, had the skull been injured and a brain concussion taken place, the scar or shadow would form in an entirely different part of the Iris.

In our Syntonic courses we learned about how the sympathetic and parasympathic nervous systems influence ocular behavior and it is through these channels of communication between the different parts of the body with the eyes that the Iris records as plainly as the writing upon the wall, a complete history of our bodily ailments throughout life. The patients may not remember the illness or they may not be aware of the defect present in the flesh.

Let's study the Iris, not from the standpoint of anatomy, but from the standpoint of what may happen to the Iris as the body grows older, becomes diseased or probably broken up in modern accidents, of which we have entirely too many.

No. 9 is the pigment layer of lining and a continuation of the pigment coat of the ciliary body. When the pigment layer reaches the border of the Iris it turns around the edge and forms a black border. When the border or margin of the pupil is "not Black" there is a systemic or toxic disorder. It is this layer which gives the color to the Iris. Dr. Galnomer in, "Anatomy of the Human Eye and Orbit" – Professional Press-states: "The color of the Iris is nearly always proportioned to the general pigmentation of the rest of the body, XXX. The deposit of pigment may be uniform or irregular, XXX. One eye is entirely or partly different in color from the other."

No. 8 is the stroma, and I will again quote the same author: "in the stroma is the crypts, which are more or less darkly pigmented. The depth of this pigment, which is very variable, determines the amount of light reflected from the posterior pigment layer of the Iris, and this reflected light

constitutes the color of the Iris". The reason why the pigment varies is the same reason why the skin of our bodies may change due to pathology or other dysfunctions. We must remember that the major endings of the nerves are in the stroma, and that in the muscular layer, some of the nerves have minor or individual terminations.

Let's also take a look at the location of the muscles. No. 5 is the sphincter muscles which receives its nerve supply from the third nerve. An esophoric individual with a dilated pupil needs serious consideration from a Syntonic viewpoint. Recently, I had such a case, a young man who have been promoted from office to outdoor work; the pupils were so large that the Iris was only a narrow band slightly over a millimeter wide.

No. 7 is the dilator muscles which receive its nerve supply from the sympathetic nervous system. This fact may enable us to understand why we find small pupils in some gastric disorders as well as in certain diseases and in old age.

Certain diseases discolor the human skin either uniformly all over the body or in spots. I recall a woman who was very much worried about a brown spot on her left thigh. She was afraid that it was something very serious. She had consulted several practitioners about the matter, but none had been able to do anything for her. Her diet contained a heavy meat and starch content. She had used rose tinted lenses. A lens was prescribed which eliminated the major part of Alpha light waves, the diet was changed to an abundance of fresh vegetables and the spot gradually diminished in size and became lighter in colored. By this time, it may have disappeared entirely. Before her diet was changed and the rose-tinted lens removed, she was very hysterical, almost a psychasthenic.

If it is true that certain diseases or conditions will change the color or cause spots on the skin, or change the color of the retina, or if a blond person has a pale pink or rose colored retina while the brunette retina is dark, at times almost black, and if pathological conditions can cause black spots in the fundus oculi or create scotomas, or change the color of the blind spot, or alter the chemical set-up in the retina, so that in making field charts, we find one person blind on blue, another blind on red, while the third has a reversed color field, why should it not be possible for the pigmentation of the Iris to also change, well, it does, and regardless of what or what not we like to believe or disbelieve, we will today try to study a few pages from the book of experience. But first let me tell you about Mrs. W

Occupation: Educator; History; good health; never sick, no operations, fatigues and must rest in the afternoon when she returns home from school. Ocular complaints; can't read with comfort; age 38. Referred to me by a very capable practitioner 85 miles distance. Lens correction, ductions, amplitude of accommodation and all the rest of a usual routine examination, negative. I advised her that she needed no further ocular service at present, that I suspected she had something wrong below the knees, probably in her feet. She replied, "yes, I have fallen arches and they are giving me fits right now". We sent her to a Chiroprapist who straightened her out by adjustments and supplied her with special shoes. That was two and one half years ago. All ocular symptoms disappeared and she is still using the same lens correction.

I can almost hear you think, "How do you do it? Let's have the dope, I want my patients to receive this service. So, I will let this time present you with a few charts.

This is the first book which came into my hands pertaining to Iridiagnosis, translated and presented to me by one of Pennsylvania's oldest Optometrist, Otto Hausmann of Philadelphia and here is the first chart which I studied. I will not linger long on this as we have something easier to read, --book No. 1. next to last chart.

Notice how the Iris is divided into sections and then subdivided. All these divisions represent a certain part of the body. You remember what I said a while ago about the scars being located in different parts of the Iris. In the lower part of the Iris would be found the scar from a break in the leg, up here in the superior part of the Iris would be found the head scar. Sounds simple, doesn't it? But it is not always as simple as that. Book No. 2, chart No. 3, and 4.

This is a splendid set-up to show the various parts of the body and its relationship with the Iris. At this point is the axis of depth, hence we can state that the superior two thirds of the iris represent the body from the navel up while the inferior one third of the iris represents the body from the navel down. Book No. 1, figure No. 1.

Here is a chart by McNamara, a Chiropractor. This shows the rings of the Iris, 7 in number as follows: Inner and ring 1 -- Defects of stomach.

Ring 2 -- Defects of the intestines.

Ring 3 --Defects of the heart, pancreas, kidney, aorta and nervous system.

Ring 4 --Defects of the peritoneum and respiratory apparatus—bronchi, larynx, trachea, lungs, diaphragm.

Ring 5—Defects of the brain, sexual centers and sexual organs.

Ring 6 --Defects of the spleen, liver, thyroid and other glandular structure

Ring 7 --Defects of skin, limbs, motor nerves, muscles, ruptures, burns, etc.

Of course, we must not expect a shadow or scar to occupy a complete section, it may only take up a small part, hen again it may overlap on either side. Book No. 1, last chart.

This is a handsome chart by Henry F. A. Matthies, N.C., D.O., D.C. The coloring makes it easy to learn the location of the various organs or parts of the body.

The first thing to do is to learn the key chart, thereby we will know what part of the body is represented when we find an Iris deviating from normal. In other words, look for the normal if it is not normal, it must reveal a dysfunction.

The above statement reminds me of Mrs. R. Age 43, housekeeper, five children, good health. Iridiagnosis revealed abnormalities or dysfunctions in back, breast, renal and sexual organs. There was also some medicine spots I could not identify. Upon questioning her about these matters she said she had had trouble with her back when in her teens, that the only time her breast did not bother her was during pregnancy and when nursing a baby, that an operation had to be performed before the first

baby was born, but that she could not recall using any medicine as she never had a physician except during confinement, had never been sick in bed or a single day as far as she could remember.

She returned three days later and smilingly advised me that an older brother told her that she had the hives when a child, that the physician had pasted her with mercury ointment or salve from her knees to her neck. The body had absorbed the mercury through the skin and it was revealed in the Iris. Probably the mercury was the cause of her difficulties. Who knows?

Let's look at a few charts showing defects, scars, active and inflammation, medicine spots, etc. It is seldom that we find the fundus oculi look like the pictures in our text books, likewise we must not expect to find the Iris to look 100 per cent like the pictures or charts which I will present. Again, I say, look for the normal, if it is not normal, it must reveal a dysfunction.

Our first chart is by Dr. F. W. Collins, author, lecturer and educator. It must be remembered that the signs indicting dysfunctions are located in the area of the Iris representing the organ or location in the body where the dysfunction is or has taken place.

No. 1 A represents acute inflammation, No. 1B is a natural healing scar, that is, the healing was done naturally, probably the patient never knew about the inflammation.

No. 2A a half acute and half chronic effect, referred to as open catarrhal condition. No. 2B closed catarrh, due to non-elimination of the disease, suppressed by drugs.

No. 2C Arcus Senilis, which denotes very low vitality, when the two ends meet, death follows. This Arcus Senilis must not be confused with Arcus Senilis Cornea and Arcus Senilis Lentis.

No.3 closed catarrhal defect, showing beginning of degeneration of tissue.

No. 4 Loss of substance, dark spots and lines.

No. 5A-B discoloration caused by medicine.

No. 6A spots designate skin diseases, circumscribed brown of various sizes from pin point to 3/8 inch in size.

No. 6C Scurf rim, indicates lack of elimination through the skin.

No. 6D Brooms, due to suppressed acute disease, the point, arrow like, towards the pupil.

No. 7 Discoloration in the stomach area caused by laxatives. The discoloring is of various hues, depending on the ingredients used.

No. 8 Nerve and cramp rings, broken lines or waves general over the area in the Iris of the organ affected.

No. 9 spokes extending towards the periphery of the Iris, this indicates auto intoxication found in ulcerated stomach. The spokes and brooms some time meet, which indicates a very serious condition.

No. 10 Traumatic defects are dark spots which usually transverse the radiating fives of the Iris.

No. 11 Healing sign of Trauma.

No. 12 We hear of a lot of cancer and cancer cures. Here are the cancer signs which reminds me of a jelly fish.

Chart No. 3 shows medicine color of the Iris. Before we study this chart let me say this, everything which enters the stomach must either be eliminate or remain in the body and if it remains it will sooner or later reveal itself.

3—1

3—2 Mercury

3—3 Quine

3—4 Arsenic

3—5 Iodine

3—6 Lead and Zink'

3—7 Bromine

3—8 Psoric congenial spots

3—9 Ergot

3—10 Iron

3—11 Creosote and saccharin

3—12 Turpentine

3—13 Sodium

Let us take up a major dysfunction, namely the stomach. A high percentage of ocular discomfort can be traced to the stomach and the intestines. This reminds me of Mrs. U., age 32, occupation; housewife, chief complaints; wants a pair of spectacles which she could use, that is all! She has seven pair of glasses with her and said has just as many more at home. Never could use any of them, that's all I could get out of her. Weight, 102 pounds, height, 51 6". As I could not get any information from her regarding pain, aches, habits, children, past or present health, I decided that it was up to me to deliver the goods or I would receive the same black eyes as the previous practitioners had received. While I examined Mrs. U my assistant neutralized her seven pair of lenses, all of which were within $\frac{1}{4}$ diopter from plano, some plus spheres, some plus cylinders at various axis, one pair plus combined with minus, but all within $\frac{1}{4}$ diopter of plano.

When I finished the examination, she was advised that she did not need any lens correction, so she asked why to which I replied, "You know why." How can I know?" she replied. So, I told her, take care of your stomach and your stomach will take care of your eyes. This shocked her and she wanted to know what her stomach had to do with her eyes and if her husband had spoken to me. I told her that she had not mentioned the fact that she had a husband, in fact, as she had told me nothing, I had to find out by myself about her condition, to which she replied, "Why did the other doctors give me

spectacles if I did not need them?" I told her that it was because she wanted them. She then wanted to know how the eyes could reveal stomach disorder. Yes, of course I told her and as plainly as I am telling you that all we have to do is to look into the patient's eyes and their life's history is revealed like an open book.

Naturally we do not make it a habit to tell all we see, that would not always be so hot. In fact, it is a good policy to say as little as possible about our findings except to the chronic cases and to those who are skeptical and need to be educated, like this patient. She then opened up and told me plenty about herself. She had been taking a laxative of some sort or fashion every day for nine years. We referred her to a diagnostician who put her on a proper diet. She now weighs 130 pounds, can smile, the corner of her mouth is not drooping, the darkness in the lower lids have disappeared, not by cosmetics, but proper food. That's service, that is what builds and holds a practice.

Let's look at a chart showing how the region of the stomach will look under different conditions.

No. 4 normal stomach

No. 5 slight stomach disorder

No. 6 slightly expanded stomach

No. 7 shows advanced stomach disorder.

No. 8 chronic disorder.

No. 9 ulceration, cancer, acute trouble.

No. 19, 20, and 21 represent stomach disorders and medicine discolorations, such as we see in every day practice. No.9 represents a man 40 years of age, complains of pain in abdomen and stomach, dryness of throat, feels sleepy at all times, and used laxatives to move bowels.

No. 20, female, 28 years of age, been constipated for 14 years. Notice the discoloration from taking quinine, bowels did not move without taking medicine.

No. 21, a young girl, 18 years of age, complains of tired and heavy feeling in the whole body, backache, etc.

Cases like these three become boosters for any practitioner who can give them relief. You may ask, where does this fit in in the practice of Optometry? So, did I ask years ago. Today I know what to do and how to do it and do it in my office. Later I will tell you how.

No. 25 is by Dr. Rohr, one of those cases which will visit one practitioner after another, when asked what his trouble may be, about all you can get out of him is, I can't see, yet he may have a fair visual acuity and muscular function. He has venereal trouble, stomach and intestinal tract has gone haywire, prostate gland trouble, quinine, iron, serums and all the rest of a full calendar" is revealed in his Iris. May nature or modern thinking prevent this man from reproducing himself. "The sins of the parents will be visited upon their children and children's, children. We cannot make a normal person out of him, we can patch him up but cure him, never.

No. 10—I like to present this chart by Lang because it shows so plainly and makes it so easy to understand the mental and physical set-up as revealed in the Iris. It also connects us up with the stomach charts which we have just shown and which I will point out before I finish with this chart.

In the right eyes, 3-4-Rx-10 shows the location of the small intestines, transverse and ascending colon, also the appendix. Note: the appendix is shown in the right eye, the heart in the left eye. 12/11 represents sexual life, mentality and hysteria. Now look down and inward—No. 27—and there the sexual organs are located, also the prostate gland.

Take the left eye, 11/12 dizziness, fainting and epilepsy. Now look downward and inward—No. 27—and what do we find? Rectum, Anus and left testicle.

We could at this time bring in the nervous system but we will save that until the next picture. Suffice to state at this time, in the relationship between stomach and sexual life, that no one's sexual life can be complete with a chronic stomach disorder. My experience is, that a high percentage of grief cases are chronic complain cases, those who drift from one practitioner to another and say nothing good of either, comes under this category.

Chart No. 14 shows the area of the sympathetic nervous system. If you recall, the locations of the sphincter and dilator muscles as shown—from Dr. Galnomers book—it will become easy to understand why the sympathetic nervous system is located in this region of the Iris.

This picture of the nerve relation between the stomach and the eye will make it easy for us to understand how simple it is for the stomach to alter our whole ocular behavior. This shows the nervous system hook up, stomach with the eyes or the eyes with the stomach. Again, the question arises, what has this to do with Optometry and Syntonics? My answer is brief and to the point, only one word. "Everything".

I recall a bookkeeper with his first air of Bifocals which was a thorn in his flesh. He could not work without them, he could not work without them. He came with tears in his eyes asking for some relief. And here is the answer to what I said when he showed the three cases with such severe stomach disorder. He said that he hated laxatives but had to take it or die. We Syntonized him, he has not taken laxatives for the past three years, he is still using the bifocals he wore when we Syntonized his eyes. We gave him Delta and Mu Delta. Imagine what would have happened to him if we had given him Alpha Upsilon! Yes, there would have been a movement, the movement would have been in the wrong direction.

I feel that I owe it to the man who first introduced Iridiagnosis to me, my friend, Otto Haussmann, a man which many of you love as I do, to place before you one of the original charts be one of the pioneers, none other then Dr. Schlegel. So here it is, the color was original blue and it is the left eye.

1. Pupil
2. Psoric spots
3. Cornea.

4. Diseased condition of the lungs.
- 5, 5, 5. a. b. c. brown deposits –a. old, b. older, c. oldest psoric spots.
6. Scat on the temple.
8. Blow or fall on the outer part of the head.
9. Blow on top of head.
10. Scar between the nose and eye-brow. Heart sign.
11. Heart sign.
12. Curved lines—originally called by Peczeley “lines of convulsion”.
13. Changes in the vicinity of the nave.
14. Injury caused by a bite into the shin-bone.
15. Affection of the spleen.

The question now arises, what has the College of Syntonic Optometry got to do with Iridiagnosis? Here is my answer. The College teaches Syntonics, that is, to place the eyes in normal function, directly, which will indirectly, through nerve impulses, cause other vital organs of the body to function normally. Examinations of the fundus oculi cannot nor will not furnish the information as to the organ which may be the cause of a patient’s ocular complaints. The Iris is where we must turn for this information. What research work has been done in the field of Iridiagnosis has been done by practitioners in kindred professions not by ocular practitioners. Therefore, it is high time for some organization or College to carry on intensive research work and I know of none better than the College of Syntonic Optometry.

We have selected a beautiful Iris for you to look at and then one not so good. The first one is what we are looking for, the later is what you may expect, than as you find time, look at each other with a loupe, slit lamp or use an old time Ophthalmoscopic lens. You will there by learn enough to go home and start studying Iridiagnosis. The light frequency to use will suggest itself, as you learn what you were taught in the basic and advanced courses.