

**The College of Naturopathic Medicine**

**Iridology Module 1:**

**INTRODUCTION TO IRIDOLOGY:  
ORIGINS, HISTORY, THEORETICAL  
AND SCIENTIFIC BASIS**

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## **1: About this Course**

The purpose of this course is to teach classical iridology according to the available literature from acknowledged researchers in the field, to basic professional level. These include, but are not limited to: Ignatz von Peczely, Nils Liljequist, Pastor Felke, Joseph Deck, Josef Angerer, Henry Lindlahr, Bernard Jensen, Willy Hauser (& Colleagues Josef Karl and Stolz).

The course is designed to take the student from the first principles and discovery of iridology, through to the modern agreements that formulate its current body of work.

Students will also receive extensive tuition in the practical aspects of iridology: case taking, photography, approach to the client, language and interpretation, and reporting, to the client and to other professionals.

The course is validated by the Guild of Naturopathic Iridologists International. In order for the student to gain access to the Guild's register, it will be necessary to have completed a recognised qualification in Anatomy and Physiology, or an 'A' level in Human Biology. Practitioner membership of the Guild will also depend upon qualification in a mainstream CAM therapy (such as herbal medicine, homeopathy, acupuncture, aromatherapy, reflexology, nutritional therapy).

## **2: What Is Iridology: Basic Theory and Principles**

From the earliest days of iridology it was thought that the irides of the human eye could give accurate information about the status of organs in the body, and about health status generally. The first iris map, or chart, was produced by Ignatz von Peczely in the nineteenth century, and laid out the organs of the body on the circular templates of each iris. The mapping of marks in the iris to the pathologies of patients formed the basis of original iridology practice, however it was found in some instances to be unreliable, and so later researchers went further in search of a rational explanation for the iridology phenomenon.

Above all, the question as to what, and how much, if anything, changes in the iris has cast doubt upon this way of looking at the irides. Although iridologists from some quarters will continually affirm that iris changes do happen, it has been difficult to supply adequate photographic evidence to support this assertion. The result has been a split field, between those who adhere to the teaching of iris changes, and those who do not recognise this as a valid rationale for the practice.

Historically, a breakthrough was made in the mid twentieth century, with the work of Dr Josef Deck, from Germany. Deck explained iris phenomena by citing them as indicators of genetically inherited predispositions. He postulated a series of 'genotypes', classified by colour, structure and other specific signs or appearances. The 'diagnosis' worked because when people fall ill, they follow the pathway dictated by their inheritance, which takes in specific weaknesses of particular organs and systems. Therefore by charting the pre-existing 'constitutional' weaknesses, Deck felt we could make accurate assessments of the likely causes of the patient's symptoms.

This theory still forms the basis of modern rational iridology. It relies less upon observing for and expecting 'changes', and opens up the possibility for western practitioners of an assessment system based upon individual constitutional factors, rather than the disease-based assessments of modern, western medicine.

Nevertheless, some have continued to adhere to the concept of iris changes as indicators both of the progress of disease, and of the success of treatment. The best authority for this view is Bernard Jensen, who is a giant upon whose shoulders many subsequent teachers and practitioners of iridology have stood and continue to stand. Whatever view you take of this issue, Jensen is worth of study, and his therapeutic interventions are legendary in the naturopathic world.

In the end, the serious student of iridology must study and research for him or herself, and make up his or her own mind. Perhaps most iridologists would agree these days that the truth lies somewhere in between the two positions. It should be borne in mind that iridology is a very young science still, and might yet reveal some interesting and surprising information.

## Hering's Law of Cure

“Hering's law is an angel in disguise, a harbinger of healing. When it is manifested, disease is overcome. As a consequence healing takes place where there was previously corruption and disease.”

Jensen (1982) p. 181

The 19<sup>th</sup> century homeopath, Constantine Hering, observed that true healing takes place according to a definite pattern. There is a distinction to be made between merely extinguishing symptoms, which can actually lead to worsening of degenerative processes, since the cause of the imbalance has not been addressed, and a *cure*, which represents a true resolution of the problem.

When the correct methods and processes are applied, healing then takes place, in the words of the Hering's law:

**“All cure comes from within out, from the head down, and in reverse order as the symptoms have appeared in the body.”**

As healing progresses the toxic, acidic accumulations and excess fluids – phlegm or catarrh, leave the body, occasionally manifesting what is known as a “healing crisis”. This situation can often mimic the signs of what conventional medicine regards as *disease*, but is in fact the body's own healing mechanism at work ridding itself of the backed up waste of many years. Jensen notes that we cannot avoid this process, as soon as we begin to live a naturally healthy life, the body's detoxification mechanisms (as we might nowadays refer to them) spring into action.

Iridology reminds us that we need to be very careful about distinguishing between diseases and these signs of the body's healing processes at work. The correct understanding will lead us to the correct management and treatment. Most disease manifestations, as seen with the eye of conventional medicine, should actually be reclassified as the body's attempts to rid itself of toxic accumulations and restore balance.

### **3: The History of Iridology: Pioneers and Researchers**

#### **A Chronology of Iridology Development**

- 1) Ancient Egyptian & Chaldean medical texts refer to iris markings.
- 2) Hippocrates writes about constitutional implications of iris colour
- 3) 1670: Philippus Meyens (Germany) publishes “Chiromatica Medica”
- 4) 1786: Christian Haertels (Germany) publishes “De Oculo et Signo”
- 5) 1826 - 1911 Ignatz Von Peczely (Hungary), physician & “Father of Iridology”: the “owl” story – actual or apocryphal? First chart of iris diagnosis. Published *Discoveries in the Realm of Nature and Art of Healing*, 1880; in *Die Homeopathische Monatsblätter* (German Homeopathic Journal); Von Peczely’s work also expounded in *The Eye-Diagnosis of I.V. Peczely* by Dr Emil Schlegel.
- 6) 1851 - ? Nils Liljequist (Sweden): published works: *Quinine & Iodine Changed the Colour of the Iris, & Diagnosis of the Eye*. Involved in a lengthy court case on charges of quackery – which he won.
- 7) 1856 - 1926 Pastor Felke (Germany): not published but his work recorded in “The Eye Diagnosis, based upon the Principles of Pastor Felke” by A. Muller.
- 8) 1904: H E Lahn (changed the spelling of his name to “Lane” upon emigrating from Austria to the USA). Published *Iridology: the Diagnosis from the Eye*
- 9) Henry Lindlahr (USA - student of Lahn) editor of journal *Nature Cure* ran many articles on Iridology. 1913 published *Nature Cure Philosophy and Practice*. 1919 published *Iridiagnosis - and other diagnostic methods*.
- 10) Bernard Jensen, student of Lindlahr, pioneering natural healer, Iridologist and author. Died this year (2001) at the age of 96. Published many books on Nature Cure and Iridology, including the classic Iridology Textbook *Iridology - the Science and Practice in the Healing Arts*.
- 11) Alma R Hutchens: author of *Indian Herbology of North India*: combined Iridology with the use of herbs.
- 12) Dr John Christopher: founder of *The School of Natural Healing*, and author of the classic textbook of herbology of the same name: combined iridology with herbal medicine.
- 13) Dorothy Hall: leading Iridologist and Natural Healer from Australia, her book *Iridology* became probably the first popular classic on the subject. Still lives and works

in Australia.

14) Farida Sharan: trained in the School of Natural Healing by Dr Christopher; practiced in Cambridge, UK, from 1977 - 1982. Moved back to the USA to develop “Transformational Iridology”, introduced to the UK for the first time last year (2000). Sharan published several books on Natural Healing, Iridology and herbs, including *Herbs of Grace* and *Iridology*.

### **The German/European Tradition**

Whilst some researchers emigrated to the USA at the turn of the century, the German tradition itself continued to develop a distinct and different style of its own. With many contributors from the medical profession, it has become noted for its detailed accuracy of medical observation in Iridology, perhaps in contrast to the eclectic naturopathic approach of the American schools.

1) Joseph Deck (Germany) 1914 - ?, MD & Iridology researcher, founder of the “Institute for Fundamental Research in Iris Diagnosis” Worked closely with the medical profession and went all over the world in the course of his research. Deck was the first to present a formal exposition of iris constitutional types, which remains the basis for most modern classifications.

2) Theodore Kriege (Germany), author of *The Fundamental Basis of Irisdiagnosis*, which was one of the first iridology textbooks published in English.

3) Rudolph Schnabel (Germany) 1882 - 1952: 1915 published monograph *The Eye as a Mirror of Health*, which got him thrown out of the University of Zurich, only to be reinstated some years later when his work finally became recognized.

4) Joseph Angerer, reclusive contemporary of Deck, chiefly noted for his extremely comprehensive iris chart.

5) Willy Hauser and associates Josef Karl and Rudolph Stolz, published *Information from Structure and Colour*, 2000. This, the most modern of iridology textbooks, is based on Deck’s constitutional types, but clarifies and extends aspects of the classification of constitution, disposition and diathesis.

### **The Modern World**

Iridology is now well established as a complementary health discipline in many countries in the world. In some, for example Russia and Korea, it has been integrated into mainstream medical practice, however in the UK and Ireland it remains a subject of mistrust and scepticism in medical circles.

As a comment on the difficulties faced by iridologists in the UK, we should note that as recently as 2000, the UK House of Lords Select Committee report on Complementary and Alternative Medicine placed Iridology in the third category of complementary and alternative practices, as a discipline for which “no credible evidence exists”, along with traditional medicine systems such as TCM and Ayurveda.

In modern times the study of the iris has also reached into the realm of psychology, through models such as *Rayid* and *Behavioural Iridology*, and other applications that purport to give information on human psycho-social characteristics. Interestingly, it is this aspect that has recently been granted some scientific recognition, in the work of Swedish geneticist and embryologist Matts Larssen.

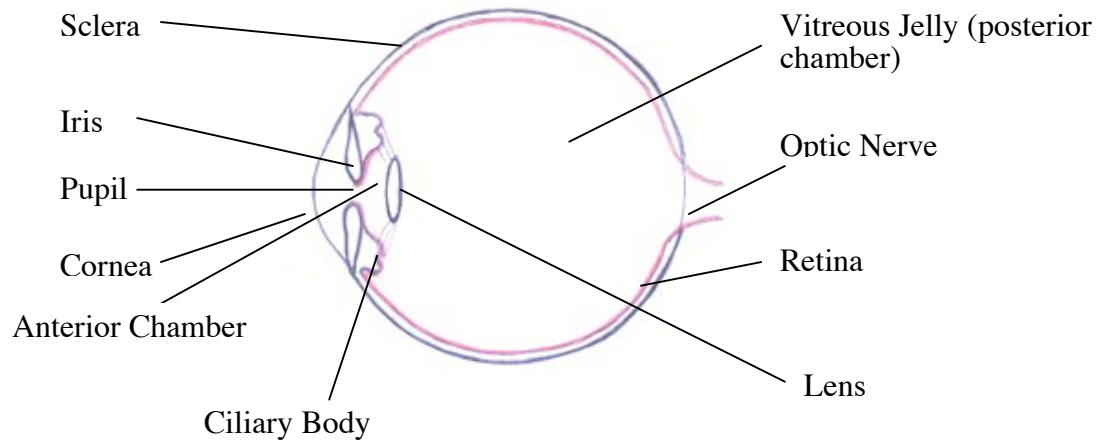
Iridology is one of a few disciplines that study the eye in a diagnostic capacity. Ophthalmologists, from the orthodox medical profession, are able accurately to identify a number of diseases by examination of the interior of the eye. Medical doctors are also aware of some of the signs recognised in Iridology, particularly those relating to certain appearances in the cornea, which is one of the outer, transparent layers of the eye.

Sclerology, another technique for evaluating health status through signs appearing in the whites of the eyes, like Iridology, with which it is closely linked, is largely the province of complementary and alternative medicine.

Today there are committed physicians and healers of many nationalities, traditions and disciplines, including herbalists, naturopaths, homeopaths and medical doctors, currently working with Iridology.



#### 4: Anatomy and Physiology of the Eye and its Iris



**The Eye In Section**

The eye is actually an extension of the brain.

Embryonic development stems from the mesoderm and neurectoderm composing the optic cup.

The iris is functional by about the seventh month *in utero*.

According to Joseph Deck, the iris continues to develop until a child reaches 6 years of age. Certainly at birth the trabecular structure of the iris cannot be determined, only largely appearing intact by about the 4<sup>th</sup> month. At this stage, although the base colour is clearly discernible, secondary pigmentation has not yet fully developed, and in my experience may continue to arrive in the iris until the teen years.

The diameter of the iris is approximately 12mm.

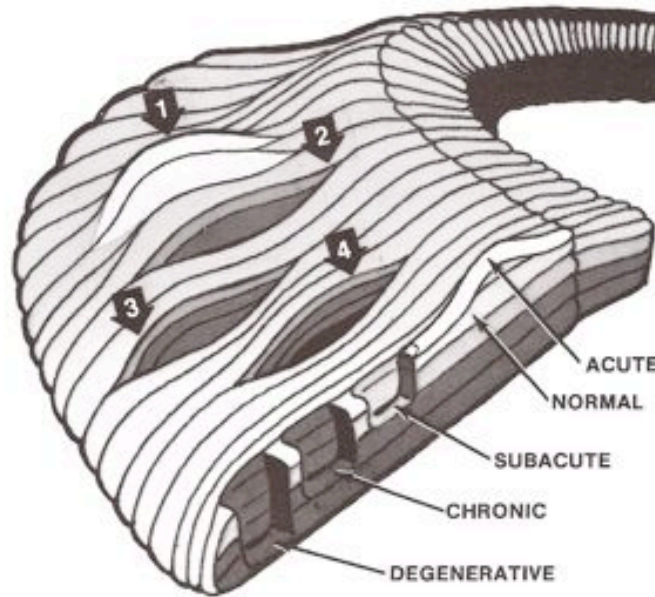
The iris is composed of 5 main layers:

**1: The Anterior Border Layer:** This is usually transparent epithelial tissue covering the anterior aspect of the iris, and is the layer into which secondary pigments (pathochromia) are deposited.

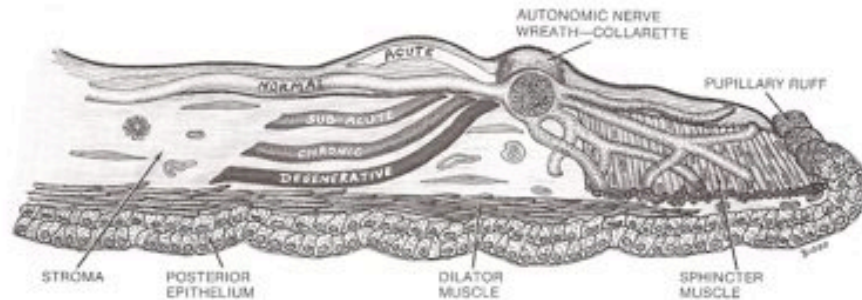
**2: The Stroma:** This is the main body of the iris, comprising the “vascular arcade”, the 4 or so layers of iris fibres that form the substance of the iris. The fibres, or “trabeculae” are theoretically vascular in nature, being also covered with connective tissue. The tissue of the eye is nourished by 33 separate arteries.

The stroma also contains an estimated 28,000 nerve endings whose purpose is as yet undetermined by science. The particular layout or structure of the Stroma is called *Disposition* in Iridology, and gives information about the physiological and psychological behaviour of the individual.

It is the Stroma, also known anatomically as the *crypt layer*, that Iridologists are chiefly interested in, as this is the portion of the iris that is pigmented, and that contains the structural markings that form the basis of an Iridology assessment. The diagram below (from Bernard Jensen) represents a cutaway impression of the iris and illustrates how lesions in the fibre layers that make up the stroma are interpreted to reveal information about tissue integrity in the system at large.



*The four stages of tissue imbalance as seen in the iris fibers.*



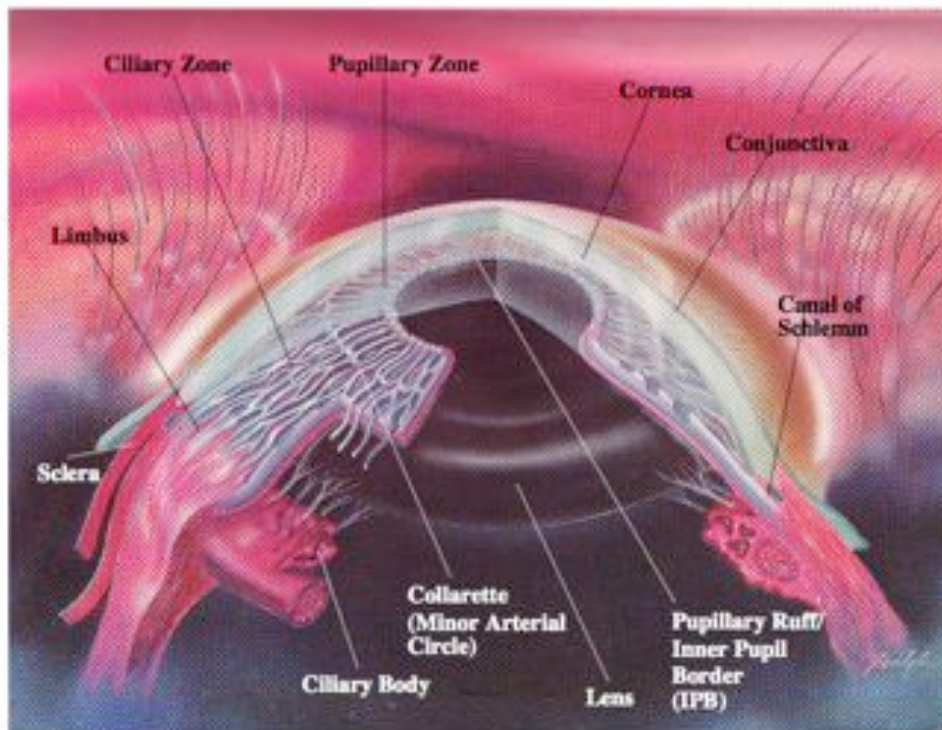
*Cross section of iris showing four stages of abnormal tissue activity.*

**3: The Base Leaf (Uveal Leaf):** Underneath the iris fibres there exists a darkly pigmented layer of epithelial tissue called the Base leaf or Uveal Leaf. This layer is thought to contain cells sensitive to light (Broy), that may carry impulses from light entering the iris, through the nerve pathways (discussed below), and may be part of the explanation for phenomena observed in Iridology.

**4: The Muscular Layer:** Usually considered to be the primary function of the iris, the job of changing the aperture through which light enters the eye is performed by the sphincter and dilator muscles which underlie the stroma. This is a thin layer of darkly pigmented muscle sometimes referred to as the “base leaf”. The sphincter muscle is contained in the “pupillary zone”, and the dilator in the “ciliary zone”.

**5: The Posterior Epithelium:** This is actually an extension of the inner tunic of the eye, otherwise known as the retina, which extends at the rear of the eyeball into the optic nerve and back into the brain. The posterior epithelium curls towards the anterior aspect of the iris to form a ring at the edge of the pupil known as the “pupillary ruff”, and is the only site in the human body where the tissue of the central nervous system becomes visible to the eye, although magnification is usually required in order to see it. The pupillary ruff is thought by iridologists to reflect the spinal and central nervous systems.

### Basic Topography of the Iris:



## **The Pupillary Zone:**

This refers to the concentric zone immediately surrounding the pupil and pupillary ruff. It houses the sphincter muscle, which is primarily innervated by the parasympathetic nervous system, entering the eye through the long ciliary nerves, arising in the ciliary ganglion, whose branches come from the 3<sup>rd</sup> cranial nerve and originate in the oculomotor nucleus. It also has sympathetic nerves.

In iridology the pupillary zone is the reaction field for the gastrointestinal tract, which interestingly is also innervated by the parasympathetic nerve system (PSNS).

## **The Autonomic Nerve Wreath (ANW) or Collarette**

The ANW, or Collarette, is a roughly circular vascular structure formed from the minor arterial circle. It forms a boundary between the Pupillary zone and the Ciliary zone. It forms a more or less protruding ring, often of variable diameter, and is usually at approximately one third of the distance from the pupil margin to the ciliary edge (or limbus). It is a vestige of the pupillary membrane, which covers the embryonic pupil until shortly before birth.

## **The Ciliary Zone:**

The ciliary zone makes up the remainder of the iris disk. It is this field that contains most of the topographical markings reviewed by iridologists. These are usually formed by deviations in trabecular structure, lesions (called “lacunae”, “crypts” or “defect markings”), rarefaction of trabecular integrity, radial and circular furrows, which follow the underlying patterns of the dilator muscle beneath. This area reflects conditions of all major organs and systems of the body other than the GI tract.

The dilator muscle itself is composed of cells which are characteristic of both pigment epithelium and muscle. It is innervated principally by the sympathetic nervous system (SNS) arising from thoracic segments of the spinal cord from around the 1<sup>st</sup> thoracic vertebra.

Pigmented 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. The muscles of the iris are the only muscles in the human body derived from the neurectoderm.

## **Innervation of the Iris**

Knowledge of the complex innervation of the human iris is based upon the work of the German researcher and anatomist Walter Lang.

There are several nerve pathways to the iris. The SNS and PSNS nerves which control the iris muscles have already been discussed.

In addition there are vasomotor nerves that regulate nerve flow, as well as sensory nerves.

It is not known why the iris should contain sensory nerves, however, recent experiments in actually administering therapy by directing light at specific points in the iris suggest that it is possible to influence more general conditions in the body in this way. The effect of light upon the iris is thought to be highly significant, and when we come to study the effect of pigmentation (which inhibits light, or at least certain wavelengths, from entering the eye) we will explore this matter further.

Sensory and vasomotor nerves come from the fifth cranial nerve (or trigeminal), entering the iris from the ciliary body (behind the iris) and spreading through the stroma to end near the iris fibres. It has been observed that the supply of nerves to iris is extraordinarily rich, so much so that every stromal cell and chromatophore (pigment cell) receives its own nerve supply.

As noted earlier, the iris has been estimated to contain 28,000 nerve endings. Medical science has so far been unable to determine the function of these nerve fibres that seem to end blindly in the iris stroma.

This is the considered to be the theoretical basis for the reflex system that the iris represents. Some researchers, more especially in the past, have posited that changes in the iris structure or pigmentation are stimulated by these nerves and reflect tissue changes in the body. However, recent research has failed to demonstrate that such changes do reliably take place.

Below is a list of possible causes of apparent changes in the *iris* (not the sclera or the cornea) that have to be taken into account:

- 1: the continuing development of features into late adolescence, as part of the unfolding of the genetic pattern during a period of maximum growth.
- 2: morphological changes brought on by extreme contraction or dilation of the pupil – usually attributable to stress.
- 3: variations in ‘dyscratic’ pigmentation, applicable only to certain types, indicating possible fluctuation in the toxic encumbrances of the reticulo-endothelial system (the extra-cellular fluids and connective tissue lymph channels)
- 4: pathological changes in iris pigmentation through auto-immune or viral activity.

All of these will be discussed as the course progresses.

## 5: Learning Key Points

1: Iridology is a modern health science based upon assessment of **Constitution**, inherited and acquired, and the individual predispositions to specific organ or system problems.

2: Iridology has been researched since the mid-nineteenth century by a succession of medical and naturopathic doctors, and is now established in research centres worldwide.

3: Iridology deals with examination of the **Iris**, the coloured portion of the eye, which in medical terms is the housing for the sphincter and dilator muscles that alter pupil size.

4: The eye itself is an extension of the brain, and was formed embryologically from the same tissue as the brain and nervous system.

5: The iris is innervated by both sympathetic and parasympathetic nerves, which have an effect upon the extent of dilation or contraction of the pupil.

6: The Iris is also innervated through the ciliary body by nerves that end 'blindly' in the iris stroma: no-one knows exactly what these are for, but they are so numerous that it is thought every cell in the Iris potentially has its own nerve supply.

7: The Iris is also equipped with pigment-secreting cells, which determine the colour of the eye.

8: The iris is considered to be a genetically determined structure in terms of the specific distribution of Iris features and colours: as such it is not subject to major change.

9: Iridology is a health-assessment art and science whose purpose is, or should be, to assist people to a correct understanding of their constitution, and thus help them to improve, preserve and maintain good health.

## 6: Self-Assessment Questionnaire

1: What word or phrase best describes the practice of Iridology?

2: Who was the acknowledged “Father of Iridology”?

3: Name 2 other key researchers in the field of Iridology. What are they chiefly known for?

4: What is the difference between the German and the American Iridology traditions?

5: What is the Iris?

6: What is the Collarette, and where is it in the Iris?

7: What is special about the Pupillary Ruff?

8: What does the **Sphincter Pupillae** do?

9: According to researcher Joseph Deck, when is development of the iris complete?

10: What is meant by **Constitution**, and what is its relevance to iridology?

## **7: Course Work Assignment**

The following essay should be prepared for assessment by the tutors at the next module in February.

### **The Basis of Iridology**

Your understanding of what Iridology is, its purpose and the theory behind it, from what you have studied so far. An opportunity to put your understanding into words – very useful if you plan to go out and practice. This is the first attempt at something you will continue to refine and develop – your own personal rationale for the subject, and how to communicate that to others in a clear and meaningful fashion. 500 – 750 words

Essays should be clearly and neatly presented. Typing is not essential, although careful attention must be paid to legibility for handwritten texts.



## 8: A Glossary of Iridology Terms

[NB: terms in bold type refer to items that may be looked up elsewhere in the glossary.]

- Absorption Ring:** a term used to describe the narrow ring of pigmented tissue (**pupillary ruff**, **neurasthenic ring**) at the inner pupil border (**IPB**); called the absorption ring as it is said by some researchers (notably Jensen) to depict the functionality of the inner surface of the gastrointestinal tract, i.e. absorption capacity.
- Acute:** an active process having generally a short and relatively severe effect (e.g. fever, inflammation). The opposite of **chronic**.
- Anamnesis:** the sum of the patient's remembered experiences: his- or her- story.
- Angle of Fuchs:** the angle of the **pupillary zone** measured against a perpendicular line from the **IPB**. The angle tells us about the dynamics of the gastrointestinal tract - the sharper the angle, the greater the detriment.
- Anterior Border Layer:** the surface layer of the iris, in which **pathochromic signs** may appear, due to the presence of pigment cells which are contained in this layer. The ABL is then also encased in a thin endothelial membrane.
- Anterior Chamber:** the fluid-filled space behind the **cornea** and in front of the iris itself.
- ANW:** the Autonomic Nerve Wreath, nowadays usually termed the **Collarette**: the concentric vascular structure which divides the iris disk in 2 parts, roughly 1/3 the way into the **stroma** from the **pupillary margin**.
- Arcus Senilis:** also called just "arcus", consists of a partial ring of whitish plaque in the **cornea**, generally obscuring the outer zone of the iris frontally (sometimes also ventrally), considered to be a deposition of cholesterol, triglycerides, inorganic sodium and other detritus which may block the arteries. "Senilis suggests that the sign is usually seen in older people. Also see **lipemic annulus**.

- Asparagus Lacuna:** a lacuna shaped like an asparagus spear, invariably appearing in the **Ciliary Zone**: the head always points away from the **collarette**. Signifies a potential for cysts and tumours, benign and malignant
- BC:** “Border of the Collarette”, defining the narrow field just adjacent to the **collarette** in the **ciliary zone**. In Lo Rito’s system, “**Time Risk**” markers are observed here.
- Central Heterochromia:** pigment located over the central portion of the iris only, covering the **pupillary zone**, and also perhaps the **collarette** and **humoral zone**. Signifies potential for disturbances of the GI tract.
- Cervical:** pertaining to the neck.
- Chronic:** long-term pathology, may involve degeneration and nerve damage. Associated with dark signs in the iris. The opposite of **acute**.
- Ciliary Zone:** the outer two thirds (approximately) of the iris disk, between the **collarette** and the **limbus**.
- Collarette:** the concentric vascular structure which divides the iris into 2 parts, roughly 2/3 the way into the **stroma** from the **pupillary margin**.
- Collarette Heterochromia:** where the **collarette** itself is of a different colour to the rest of the iris. The **dyschromia** may also flare out into the **humoral zone** but not affect the **nutritive zone**. Also known as a “ring-type central heterochromia”.
- Constitution:** the make-up and functional habit of the body as determined by the genetic endowment of the individual, and modified by environmental and lifestyle factors.
- Contraction Furrows:** circular grooves or furrows in the anterior layers of the iris. Several may appear at once in a concentric pattern. They may circle the iris disk entirely or only partially, and may also be broken in places. They

signal the effects of stress upon the system, neuromuscular holding patterns, mineral deficiencies and metabolic imbalances mediated through the nervous system. Also termed **nerve rings, cramp rings**.

**Cornea:** the transparent membrane which protects the anterior aspect of the eye, partially encapsulating the **anterior chamber**.

**Cramp Ring:** see **contraction furrow**.

**Crypt:** a small dark opening, often rhomboid in shape, in the exture of the iris **stroma**. Almost invariably found at or near, either inside or outside, the collarette.

**Defect Sign:** also known as 'defect of substance': a small, black mark, often found inside a **crypt** or **lacuna**. Signifies degenerative process.

**Density:** a measure of the proximity of iris fibres to each other. Determines **resistance** and recuperative powers.

**Depigmentation:** loss of pigment or colour in the iris. It has been assumed in some iridology circles that this is a sign of reestablishment of health: however, in some cases depigmentation may be pathological, i.e., caused by disease - viral or autoimmune disturbance.

**Diathesis:** higher than average tendency to acquire certain pathologies; regulatory dysfunction which may be either inherited or acquired.

**Disposition** term referring to **density** and structure of the iris (Hauser), depicting inherent level and distribution of vitality, **resistance**, and the consequent likely behaviour of the individual **constitution**.

**Dyschromia:** see **pathochromic sign**: assumption of metabolic disturbance signified by pigments in the iris.

**Epithelium:** the exterior or interior (sometimes called 'endothelium') lining of any organ.

**Flocculations:** light-coloured flaky masses usually appearing in the

outer zone of the iris.

<b>Frontal:</b>	term of orientation: the upper portion of the iris.
<b>Ganglion:</b>	a collection of nerve cells which serves as a centre of nervous influence.
<b>Heterochromia:</b>	hetero- = different; chromia- = colour.
<b>Honeycomb:</b>	a <b>lacuna</b> with several 'chambers'.
<b>Humoral Zone:</b>	the zone immediately outside the <b>collarette</b> . Describes the deep cardiovascular and lymphatic circulation, and has implications for absorption, transportation and distribution of nutrients; also hormonal activity.
<b>Hyper -</b>	increased.
<b>Hypo -</b>	decreased, diminished.
<b>IPB:</b>	the inner pupil border: the inner edge of the iris.
<b>Lacuna:</b>	an opening in iris <b>stroma</b> , usually appearing as an oval hole in the texture, although other shapes are frequently seen. Lacunae may be 'closed', i.e. completely surrounded or bordered by a fibre structure, or 'open', i.e. only partially surrounded.
<b>Leaf Lacuna:</b>	a <b>lacuna</b> found just outside the <b>collarette</b> , with fibres inside resembling the ribs of a leaf. Signifies functional disturbance of the hollow and hormonal organs.
<b>Lesion:</b>	a break or break-down of tissue or texture. In iridology terms a lesion is usually synonymous with a <b>lacuna</b> or <b>crypt</b> .
<b>Limbus:</b>	the meeting of the outer edge of the iris and the <b>sclera</b> .
<b>Lipemic Annulus:</b>	opaque whitish ring circling the entire outer zone of the iris; also known (incorrectly) as a <b>cholesterol ring</b> . To be distinguished from the <b>arcus senilis</b> .
<b>Lymphatic Rosary:</b>	a ring of <b>tophi</b> or <b>flocculations</b> in the outer iris zone

(usually 5th minor), found in the hydrogenoid constitution, signifying tendency towards lymphatic stasis. See also **Ring of Harmony**

- Medusa:** a type of lacuna usually found in the lung or kidney **reaction fields**, resembling the head of snakes of the mythical monster. Also known as a 'jellyfish lacuna'.
- Nasal:** term of orientation: that side of the iris close to the nose.
- Neurasthenic Ring:** see **absorption ring/pupillary ruff**.
- Neuronal Net:** a pattern of criss-crossing fibres usually found in the cardiac or pulmonary region, signifying weakness of the nervous system and neurogenic disease
- Nerve Rings:** see **contraction furrows**.
- Nutritive zone:** another name for the **pupillary zone**, so called as it contains the **reaction field** for the gastrointestinal tract.
- Pathochromic Sign:** a pigment marking in the **anterior border layer** of the iris. To be distinguished from **sectoral/central heterochromia**. May appear in a variety of colours from pale yellow through to dark brown, colour indicating the focus of potential pathology.
- Posterior:** situated towards the rear.
- Posterior Epithelium:** a darkly pigmented iris layer which serves to prevent the penetration of light through the iris into the posterior chamber of the eye.
- Posterior Membrane:** the dilator layer of the iris consisting of a thin layer of plain muscle fibre.
- Pupillary Margin:** inner edge of the iris bordering the pupil. See also **IPB**.
- Pupillary Ruff:** the structure at the inner margin of the pupil, appearing as a red/orange 'ruff': it consists of the outermost portion of the **retina** as it curls under the **IPB**. It is an extension of the optic nerve and is the only portion of the nervous system visible to the eye.

<b>Pupillary Zone:</b>	section of the iris bordered by the <b>collarette</b> and the <b>IPB</b> . Also known as the <b>nutritive zone</b> .
<b>Radial furrow:</b>	a radiating crease in the iris tissue, wide at the base and tapered towards the limbus. Major radials start in the <b>pupillary zone</b> and cross the <b>collarette</b> ; minor radials start at the <b>collarette</b> and proceed towards the limbus.
<b>Radii Solaris:</b>	another name for <b>radial furrows</b> .
<b>Rarefaction:</b>	a focal loosening in the fibre structure of the iris <b>stroma</b> , indicating lack of resistance in the relevant <b>reaction field</b> .
<b>Reaction Field:</b>	topographical sector of the iris where information is registered.
<b>Reactivity:</b>	the ability of the organism to react to threats from toxicity or pathogens: shown by relative shading of the iris <b>stroma</b> or <b>trabeculae</b> .
<b>Reflexive Fibre:</b>	a fibre starting out on a true radial course which then deviates to cross other fibres, in some instances turning back on itself in a U shape.
<b>Resistance:</b>	the ability of the organism to resist morbid or threatening influences. Shown by the relative <b>density</b> of the iris <b>stroma</b> .
<b>Retina:</b>	the innermost tunic of the eye, an expansion or continuation of the optic nerve, forming the receptor for visual sensation.
<b>Roof tile:</b>	type of lacuna consisting of lesions stacked one on another.
<b>Root Transversal:</b>	a <b>transversal</b> with two or more branches.
<b>Schnabel Lacuna:</b>	'schnabel' means 'beak': sometimes called a 'beak lacuna'. A lacuna with a sharp point penetrating the <b>collarette</b> , signifying a potential tumour. The point of the beak may be rounded (benign) or straight and sharp (malignant).

<b>Sclera:</b>	the white of the eye: an opaque fibrous membrane which protects the inner eye from injury.
<b>Scurf Rim:</b>	a darkened outer zone indicating a reflux or reabsorption of toxic material from a poorly eliminating skin.
<b>Sectoral Heterochromia:</b>	pigmentation of a distinct radial sector of the iris.
<b>Space Risk:</b>	a method of charting the possibility of pathological disturbances arising out of malformations or lesions in the spine and central nervous system, by observing the <b>IPB</b> . Formulated by Dr. Daniele Lo Rito.
<b>Sphincter Pupillae:</b>	a muscular band in the <b>nutritive/pupillary zone</b> of the iris, which contracts the pupil.
<b>Spondal-arthritic Ring:</b>	white frosting at the border between the sclera and the iris, usually <b>nasal</b> , occasionally <b>temporal</b> . predisposition to arthritis, calcium loss, osteoporosis.
<b>Stroma:</b>	the vascular layer, or vascular arcade, constituting the bulk of the iris.
<b>Sub Acute:</b>	not acute, not chronic, but suggesting latency.
<b>Temporal:</b>	term of orientation: that portion of the iris closest to the temple.
<b>Time Risk:</b>	a method of charting chronological stresses or trauma in the life history of the subject by observing disturbances of the <b>collarette</b> . Formulated by Dr. Daniele Lo Rito.
<b>Trabecula:</b>	plural- <b>trabeculae</b> - the vascular fibres which comprise the iris <b>stroma</b> .
<b>Transversal:</b>	a trabecular fibre which runs 'across the grain'. According to Deck these are genetically predetermined signs of cancer.
<b>Tophi:</b>	<b>flocculations</b>
<b>Topolabile:</b>	name given to a sign that is significant for its general appearance, rather than its precise topographical

position on the iris chart.

**Topostabile:**

name given to a sign that is important for its precise topographical position on the iris chart.

**Vascularization:**

loss of the outer sheath of an iris fibre (**trabecula**). The fibre then appears to have a pink thread running through it. A sign of stress or trauma to the organ in the relevant **reaction field**.

**Ventral:**

term of orientation: the lower portion of the iris.



## **9: Bibliography, References and Further Reading**

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