

Iridology: Another Look

Rita M. Holl, RN, PhD

Iridology, the study of the iris of the eye, has existed for approximately 100 years. Yet, many controversies remain as to its usefulness in determining health problems. To further the understanding of iridology, research on clients with chronic renal failure was conducted. This study was specifically done to reevaluate the findings found by Simon, Worthen, and Mitas (1979). In their study, iridologists were unable to distinguish clients with renal failure from clients without renal failure. The findings of this study indicate that the level of expertise of the iridologist is extremely important.

Iridology is the study of tissue strengths and weaknesses as they are seen reflexly in the iris of the eye (Jensen, 1952). Jensen (1982) asserted two main hypotheses of iridology. First, "the iris reveals through changes of pigment and structure, abnormal conditions of tissue in the human body" (p. 83). Second, "the iris reflexly corresponds in the systematic organization of its topography to the major tissue structures of the body" (Jensen, 1982, p. 83). In other words, each organ, gland, and structure of the body is represented in the irises and in a precise location. Iridology is based on the philosophy of treating the person rather than the disease (Jensen, 1982).

Although the literature on iridology is limited, a study was conducted on renal failure that involved the world renowned iridologist Bernard Jensen, DC, PhD (Simon, Worthen, & Mitas, 1979). As a follow-up, this study was conducted to explore reasons why renal failure was not correctly identified in the irises of the participants' eyes.

HISTORY OF IRIDOLOGY

Although the first documentation of iridology is said to be found in the year 1670, the true birth of iridology began with Ignatz von Peczely, MD (1826-1911), a Hungarian physician (Jensen, 1982). As a child, Peczely broke an owl's leg during a struggle with it in his parent's garden. When the leg broke, Peczely noticed a black stripe appear in the owl's eye. This incident stayed with him and after he became a physician, he studied the irises of patients in relationship to their health problems (Jensen, 1980). In 1880, Peczely published a book on the iris of the eye called "Discovery in the Realm of Nature and Art of Healing" (Jensen, 1982). In 1886, the first iridology chart by Peczely was published (Jensen, 1952).

Independently of Peczely, a Swedish homeopath, Nils Liljequist, developed an iridology chart similar to Peczely's (Jensen, 1952). Many other doctors, including medical physicians, dedicated years of research to iridology. Henry Lindlahr, MD; J.

Haskel Kritzer, MD; R. M. McLain, DC; J. R. Christopher, ND; Josef Deck, MD; and V. L. Ferrandiz, MD, ND, were all pioneers in the science of iridology (Jensen, 1952, 1982). Jensen (1982, 1998) pointed out that although there are discrepancies among the iridology charts developed, 85% of the charts are in agreement.

Since its inception, iridology has been used in Europe more than the United States. Physicians in Russia, Germany, and France are more acquainted with iridological techniques than are American physicians (Slider, 1997).

By the turn of the century, iridology reached the United States through the work of Henry Edward Lane, MD (Jensen, 1952). Today, the chiropractor, Dr. Bernard Jensen, is considered the most accomplished American iridologist and is known for his healing philosophy and writings on iridology (Slider, 1997). In the United States, alternative therapists use iridology as one of their assessment tools. Within western medicine, iridology is considered a controversial science at best and medical fraud at worse.

ORGANS AND STRUCTURES REPRESENTED IN THE EYE

The question is often asked, how does the iris represent the health of all the organs and structures of the body. Although several theories are proposed, the most commonly accepted theory is the nerve theory. Based on this theory, the iris contains thousands of nerve filaments. These filaments receive messages from virtually every nerve in the human body (Jensen, 1998). The iris also is composed of microscopic muscle fibers that duplicate tissue changes as they occur in the body. These tissue duplications are represented by markings, discolorations, and textures (Jensen, 1998). Subsequently, when the therapist reads the fibers of the iris, the health of the body is being analyzed (Jensen, 1952, 1982, 1998). Table 1 describes common markings seen in the iris of the eye.

To identify where the different parts of the body are located, two schematic diagrams have been developed. First, concentric rings provide zones of the iris (Figure 1). The ring closest to the pupil represents the stomach, whereas the most external ring represents the skin. Second, the iris is divided into radial sections as spokes on a wheel and reads according to the time on the clock (Jensen, 1952, 1998). For example, the kidney is located between 6:00 p.m. and 7:00 p.m. in the left pupil (Figure 2). The best known diagram was developed by Bernard Jensen (Figure 2). Organs and structures located on the left side of the body are reflexively seen in the left iris, whereas those located on the right side of the body are reflexively seen in the right iris. Organs and structures located in the center of the body and bilaterally are represented in both irises (Jensen, 1982, 1998).

IRIS COLOR

Jensen (1952, 1982) stated that there is variation among iridologists as to what coloration is normal. In his research, Jensen found both blue and brown to be normal eye colors. Other eye colors are considered the result of toxins or pathology. Jensen (1952) further stated that the brown eyes seem to have a filament that makes the fiber structure more difficult to analyze. As nutrition improves and the body is cleansed of toxins, the irises should return to their true blue or brown color (Slider, 1997).

Colors of the iris that signify toxins include white, yellow, orange, and brown. White is often seen with acidosis and pain. Yellow may be seen with toxicity of the kidneys, orange with toxicity of the pancreas, and brown with toxicity of the liver. These colors also can represent other problems in specific situations. For example, yellow may indicate a yeast infection.

Table 1. Common Markings in the Iris of the Eye

Autonomic Nerve Wreath (ANW) - the dividing line between the second and third zones of the eye. It represents the autonomic nervous system (Jensen, 1980). Distortions of the ANW indicate various health problems. For example, a jagged ANW may signify a spastic colon (Slider, 1997).
Constitution - determined by the closeness of the fibers of the iris and their uniformity. The more irregular and open-spaced the fibers of the iris are, the weaker the body is. Individuals with weak constitutions are likely to get ill more often and heal more slowly than individuals with strong constitutions (Jensen, 1980, 1998).
Healing Lines - these are white fibrous lines that make a crisscross pattern in the darkened areas of the iris. They indicate healing and go back and forth to draw the lacuna or lesion together (Slider, 1997).
Lacuna - an opening in the fibers of the eye. There are two types, open and closed. The closed lacuna appears to have a wall around it and is inherited. The open lacuna is acquired and occurs as the tissue weakens (Slider, 1997).
Psora Pigments and Drug Spots - these represent areas where drugs or toxic materials have settled in the body. The psora pigments are darker and inherited. The drug spots are lighter and acquired. You cannot completely remove psora pigments or drug spots from the iris (Jensen, 1982; Slider, 1997).
Radii Solaris - lines that radiate from the pupil outward to the edge of the eye and indicate toxic build up in the bowel. These toxic "pipelines" transport toxins from the gastrointestinal tract to other areas of the body, most often the brain (Jensen, 1982; Slider, 1997).
Nerve Rings or Cramp Rings - these rings signify a high level of stress. The organs where these nerve rings are located are generally the most weakened by the stress (Jensen, 1952; Slider, 1997).
Scruf Rim - a circular band that is located at the outer edge of the iris and represents the condition of the skin. The wider and darker the scruf rim, the more the toxins are building up rather than being eliminated by the skin. The organs located inside the scruf rim where it is the widest and darkest are affected the most (Jensen, 1982; Slider, 1997).

The colors of the eye become more complex as they mix. Yellow will appear green in a blue eye and hazel in a brown eye. Thus, learning to understand tissue changes from the colors of the eye takes time and diligent study.

Another factor that affects eye color is inflammation or tissue activity. The colors of tissue activity vary from white (acute or hyperactive) to black (death or destruction). Light gray indicates a subacute situation, whereas dark gray indicates a chronic problem.

STAGES OF TISSUE ACTIVITY

According to Jensen (1982, 1998), there are four stages of tissue activity: acute, subacute, chronic, and degenerative. During the acute stage, the fibers of the iris are white and raised. Jensen (1952, 1982) explained that the fibers in the acute stage of inflammation are white because they are separated from the pigment layer below. In the brown eye, acute inflammation will appear brownish white or lighter than the rest of the iris (Jensen, 1952, 1982).

During the subacute stage, the area is light gray and the fibers have receded (Jensen, 1982). As the inflammation becomes more chronic, the color becomes darker (Jensen,

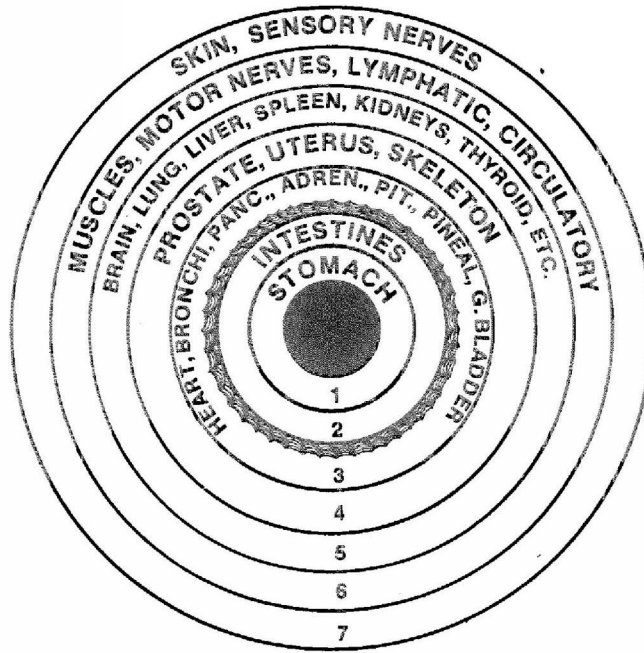


Figure 1. The seven zones of the iris.

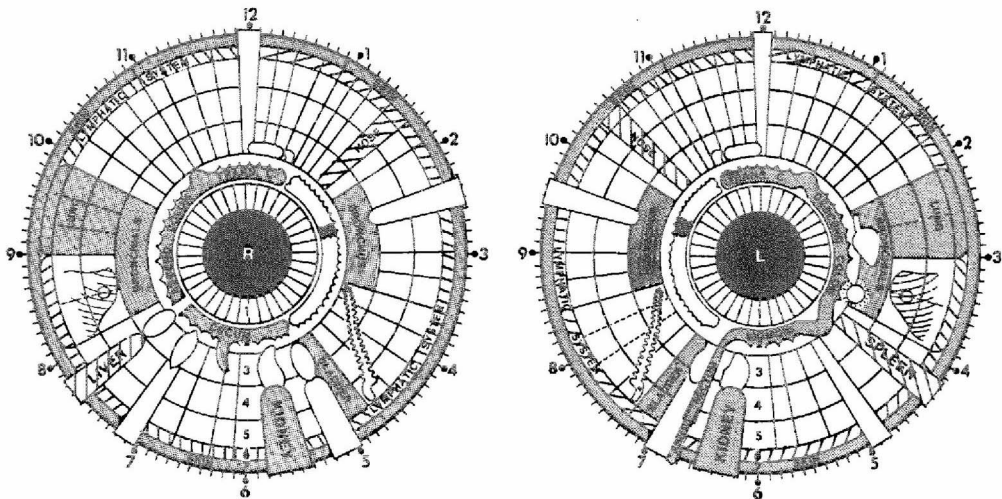


Figure 2. Radial sections of the iris.

1952, 1998). The chronic stage appears dark gray in the blue eye and a dull, dark yellow in the brown eye (Jensen 1982). The degenerative stage appears as a black hole and the fibers of the iris have disappeared.

Many times organs will be in the acute stage because they are compensating for other organs that are hypoactive or weakened. Subsequently, Jensen (1952, 1998) encourages individuals who are studying iridology to look at the whole iris in both eyes.

PREVIOUS RESEARCH

Most research on iridology has been conducted in Germany where it is more accepted as a diagnostic tool. Dern (1984) summarized much of the research conducted on iridology in his dissertation that is written in German (Knipschild, 1988). Knipschild (1988) stated that studies conducted by unskilled reviewers who were nonbelievers tended to find negative results, whereas believers in iridology tended to find positive results. Berggren (1985) commented, "controlled clinical trials and experiments conclusively show that iridology has no ability to detect disorders in other parts of the body . . . It should be exposed as a medical fraud" (p. 1). Recent scientific research on iridology is unknown.

In the study conducted by Simon and colleagues (1979), the accuracy of iridology in determining renal failure was investigated. One hundred and forty-three clients had photographs taken of their right and left eyes. This sample was divided into three groups. Group 1 ($n = 95$) was the control group whose creatinine levels varied from 0.5 to 1.2 mg/dL. Three participants in this group had known diabetes mellitus and six participants had known hypertension. Group 2 ($n = 24$) had creatinine levels that varied from 1.6 to 4.9 mg/dL. Seventeen of these participants had a history of renal disease, seven only had an elevation in the creatinine level, and three were known to have hypertension. Group 3 ($n = 24$) had creatinine levels that varied from 6.3 to 16.0 mg/dL. All but three of these participants required hemodialysis.

Photographs of the participants' eyes were observed by three iridologists and three ophthalmologists. Results of the study showed that "there is no value in iridology as a screening technique for detecting or diagnosing kidney disease" (Simon et al., 1979, p. 1389).

A main concern that the iridologists expressed about the study was not having the client present during the analysis, so they could see the whole body and talk to the client. Other concerns or criticisms the iridologists had regarding this type of research were: (1) brown eyes are more difficult to analyze, (2) iridologists are used to examining the entire iris instead of concentrating on only the kidney area, (3) the iris photographs were two-dimensional, and (4) iridologists are used to examining each kidney separately rather than to look at the overall kidney function.

A similar study was conducted by Knipschild (1988). In this study, five iridologists were tested to determine if they could accurately identify gallbladder disease in a sample of 78 participants: 39 control participants and 39 matched participants with gallbladder disease. Again, the results of the study showed that "iridology is not a useful diagnostic aid" (Knipschild, 1988, p. 1578). The iridologists' responses to the results of the study were: (1) assessing the iris of the eye without other medical information is difficult, (2) evaluations are more readily made with photographs of both irises, (3) diseases other than gallbladder disease may manifest themselves more clearly in the iris, and (4) the conclusion was too definitive (Knipschild, 1988).

AN EXPLORATORY STUDY

As a follow-up of the study by Simon and associates (1979), photographs of the irises of 11 clients with chronic renal failure were taken. From these 11 pairs of photographs, seven pairs were of acceptable quality. All eyes of acceptable quality were blue. Permission to conduct the study was obtained from Ball State University and the medical director of a nearby dialysis unit.

The camera used to take the irises was a Polaroid that magnified them three times their original size. The camera was recommended by an iridologist who teaches iridology at national conferences.

The director of nursing at the dialysis unit provided a list of potential participants. Prior to dialysis and while in the waiting area, the study was explained to these individuals. If they were willing to participate, they signed a consent form, completed the Health Assessment Sheet, and had photographs taken of their irides. In compensation for their participation, another photograph of their right or left eye was taken and given to them. The photographs of the irides were taken to well-known iridologists for analysis.

First Iridologist's Analysis

The first iridologist who analyzed the photographs pointed out the hypoactive or depressed pituitary gland in the photographs. From my perspective, a darkened or depressed pituitary gland was only noticeable in three of the pairs of photographs (Figure 3). In the other four participants, I found it extremely difficult to ascertain a pituitary gland that looked darker than the other parts of the iris. Of course, I am not an expert in iridology.

The iridologist explained to me that many people have renal failure because the pituitary gland is hypoactive and that this hypoactivity is often from a cranial fault. That is, the bones of the cranium are slightly out of place from an injury. Although the cranial fault is not detected by x-ray, misalignment of the bones affects the function of the pituitary gland, and the pituitary gland affects the function of the kidneys. The iridologist also pointed out that a cranial fault can affect other organs in addition to or instead of the pituitary gland (e.g., adrenal glands, ears, lungs, and pancreas). Only when the kidneys have atrophied will the kidney area in the iris become darker. According to this iridologist, even Bernard Jensen may not have been aware of the pituitary effects on the kidney 20 years ago.

The iridologist explained further that renal failure also may be caused from diseases or injuries that directly affect the kidneys. In these cases, the kidney area in the iris will

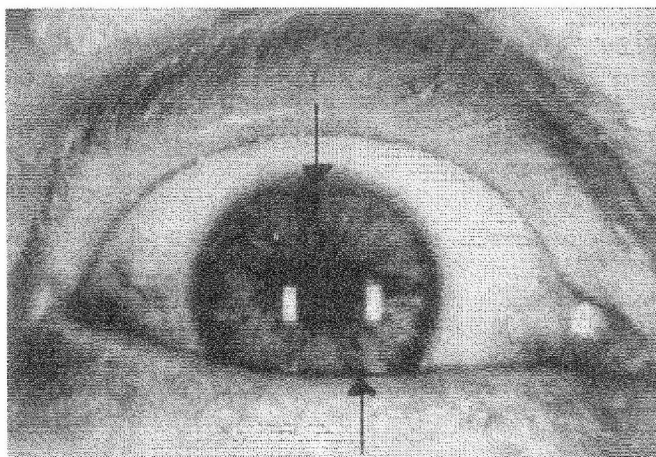


Figure 3. The iris of a client with chronic renal failure. The top arrow points to the cranial fault near the pituitary gland and the bottom arrow points to the kidney.

show the hypoactivity or degeneration and the pituitary gland will be active and without color or structural changes.

Second Iridologist's Analysis

The photographs of the seven pairs of irises were taken to a second iridologist. Although this iridologist is well-known, she is not "legendary," as is the first iridologist. While she analyzed the irises, she consistently pointed out the kidney area. After she did that, it was visible to me that the area was darker. However, the differences were very slight in some cases. This iridologist also emphasized the importance of not using iridology in isolation. That is, it is important to get a history on the client and use other diagnostic tools. The iridologist had no knowledge about the pituitary gland and its effects on the kidney. She, however, did mention that it is important to see the entire iris so that comparisons between different parts of the iris can be made.

Third Iridologist's Analysis

The photographs of the irides were discussed with a third iridologist who also is well-known and has staged conferences on iridology. Similarly to the first iridologist, she explained that the changes in the pituitary and the kidney area will depend on what caused the renal failure and how hypoactive these structures are. She also commented that iridologists do not know about the effects of the pituitary gland on the kidneys unless they are well advanced. According to this iridologist, changes in the pituitary gland may be caused by a cranial fault, radii solaris (see Table 1), or some other problem. Regardless of the cause, when the pituitary gland is hypoactive, it will affect the kidneys.

DISCUSSION

Although iridology has existed for more than 100 years, further research is needed. Currently, many variables seem to influence the research results, such as the quality of the photograph, color of the iris, and expertise of the iridologist. The first iridologist who analyzed the photographs in this study stated that there are few iridologists who are truly experts. Many iridologists know the basic signs, but the more subtle changes require years of experience. Similarly, Jensen (1982) stated that tissue changes can be very subtle and it takes careful and dedicated observers to see these changes.

The duration of the health problem is a fourth variable that may cause discrepancy between the results found with iridology and conventional diagnostic tools. Iridology detects future, current, and past health problems, whereas conventional tools only detect current health problems. Jensen (1982, 1998) pointed out that conditions may be revealed in the iris that will not become apparent in the body for years. Future health problems are shown by the inherent weaknesses (Jensen, 1998). Moreover, old injuries, accidents, and diseases that are no longer detected during a physical exam may still be mirrored in the iris of the eye. Future, current, and past health findings are generally based on scientific observation because iridology is not readily investigated by way of scientific studies (Jensen, 1980, 1998).

A fifth variable that may cause a discrepancy between iridology and conventional tools is the clinical manifestations. Asthma, for example, is not necessarily seen in the lung area of the iris. Jensen (1982) stated that asthma involves a combination of glandular conditions which may be manifested differently in every person. Further, a

well-known iridologist told me that a person with Huntington's chorea will have darkness in the iris where the brain is represented. This darkness will look the same in someone who has Parkinson's disease.

Although this study leaves several questions unanswered, I hope it will encourage readers to keep an open mind. Sometimes it is difficult to understand or accept another perspective when we are only looking from a limited view. Edward Bach, the creator of Bach Flower Remedies, stated that it took him 5 years to unlearn the conventional and see an alternative (Howard & Ramsell, 1990). In order to expand our perspective, there are things to unlearn as well as learn. The poem by Gibran hopefully explains how limited perspectives can cause people to know or experience less than what there really is. For those who are interested in learning about iridology, Table 2 lists some of the seminars/classes available.

Table 2. Iridology Seminars/Classes

Bernard Jensen International
24360 Old Wagon Road
Escondido, CA 92027
Phone: 619-749-2727
Fax: 619-749-1248

Certified Natural Health Professionals
810 S. Buffalo Street
Warsaw, IN 46580
Phone: 800-321-1005
Fax: 219-267-7006

Institute for Applied Iridology
P.O. Box 301
Laguna Beach, CA 92652
Phone and Fax: 714-362-4959

National Iridology Research Association
603 N. HWY 101, Suite A
Solana Beach, CA 92075-1160
Phone: 619-794-0298
Fax: 619-794-0807

The Australasian College of Herbal Studies
P.O. Box 57
Lake Oswego, OR 97034
Phone: 800-48-STUDY
Fax: 503-636-0706
E-mail: achs@herbed.com
Website: WWW.herbed.com

Wild Rose College of Natural Healing
400,1228 Kensington Road N.W.
Calgary AB Canada T2N 4P9
Phone: 1-403-270-0936 or 1-888-WLD-ROSE

The Eye

Said the Eye one day, "I see beyond these valleys a mountain veiled with blue mist. Is it not beautiful?"
The Ear listened, and after listening intently awhile, said,
"But where is any mountain? I do not hear it?"
Then the Hand spoke and said, "I am trying in vain to feel it or touch it, and I can find no mountain."
And the Nose said, "There is no mountain, I cannot smell it."
Then the Eye turned the other way, and they all began to talk together about the Eye's strange delusion. And they said, "Something must be the matter with the Eye."

Gibran

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