College of Unani Tibb and Alternative Medicine

Module 6: Iridology – iris signs, areas and zones, and ring signs

What this module covers:

- Classic interpretation of degrees of disease in the iris and lacunae, crypts and defect signs.
- Iris areas and zones.
- Ring signs.

Classical interpretation of degrees of disease in the iris and lacunae, crypts and defect signs

Iris stroma

In classical iridology iris signs are seen by way of changes to the stroma of the iris fibres – generally, the darker the sign, the more degenerative and serious the condition. The depth of these signs into the stroma determines the severity of the sign. Those signs that appear black, and therefore go through all layers of the fibres, portray the deepest pathology, while those signs that are more superficial relate to less problematic imbalances. This is where the use of a magnifying torch is essential because a camera cannot accurately pick out the depth of some of the signs that reach into the iris stroma.

Raised white fibres in the iris relate to hyperactivity and acute episodes. Signs that are in the top layer relate to sub-acute conditions, with the deeper layers relating to chronic and degenerative conditions.

Many teaching schools no longer adhere to the classical idea of the iris as a representation of bodily health. It is now thought that iris fibres do not change, and darker structures (crypts) are mostly small openings showing lower levels of stroma that have more pigment. Modern iridology tends to work more with constitutional types rather than working with models that rely on the iris to show work in progress.

Inherent weakness or open lesions/lacunae



This is where the fibres start to separate due to a weakness in a particular organ or system. The separation of the fibres allows the next level of stroma to be seen, making the area appear slightly darker. Jensen (2011) states that if tissues are unable to detoxify efficiently or are not provided with the nutrients they require, the affected area will start to become weaker, and this is reflected in the iris by fibre separation. If the nutrient deficiency or lifestyle and diet are not changed, or suppressive medicines are used, the fibres continue to separate and darken.

This sign is a 'work in progress'. It generally suggests that there is a weakness in the area, but also that something could be done to stop it becoming a deeper problem. As the area is still 'open' it suggests that it is still possible to get nutrients to the area affected and also to allow toxins to be eliminated.



A lacuna appears as a 'hole' in the iris stroma. This area could be thought off as being contained, in an effort to protect resources or blocking in terms of being nourished. Lacunae are best thought of as areas of the eye needing extra support, toxification and nurturing. Lacunae almost always show areas of inherited weakness; this can usually be confirmed by questioning, as it is a familial tendency toward insufficiency with that particular organ or part of the body.



If there are other signs next to the lacuna, it accentuates its importance and preventative measures need to be implicated in the diet and lifestyle programme to support the weakened



areas. If there are many lacunae in the iris, the one to focus on is the one with the smallest diameter or with a co-sign.

On a behavioral level lacunae can reflect pockets of emotion, reactivity, creativity and spontaneity. There are many different shapes of lacunae, and their shape influences their interpretation.

Crypts

Crypts are small diamond-shaped 'holes' in the iris structure and deeper, darker and smaller than lacunae (see Slide 1); they therefore suggest deeper pathology and a chronic, often inherited, condition. They are often found in the intestinal zone, and some iridologists link them with intestinal parasites due to the degenerative changes that they represent in the area. They are often seen within lacunae as well.

Solitary crypts near the collarette in the ciliary zone are associated with hormonal disturbances of the various endocrine organs. This can result in such diverse symptoms as polycystic ovary syndrome (PCOS), dysglycaemia, diabetes, thyroid problems etc.

Slide 1: Crypts



Defect signs are very small, deep black crypts. The darker and blacker the area, the greater the decreased ability to fight off illness, to hold nutrients or to release toxicity. They indicate a tendency for serious imbalances or deficiencies in the organ where they are located.



Pigments on the iris, radii and transversals Slide 2: Plaques and wisps



In this section we briefly study another of the white signs in the iris. We have already looked at one white sign that we may observe: that of the tophi that are often seen in the lymphatic zone on the outer part of the iris. We will see later on how plaques in the ciliary zone relate to a specific constitution, that of uric acid diathesis (Slide 2 hows a white ciliary zone where the tophi have been pulled toward the collarette and merged together in places). The plaque can mask the iris surface, giving it a white or grey appearance.

White signs on the iris generally relate to over-activity, stimulation or acidity build-up, which leads to increased inflammation. This sign in the iris may relate to conditions such as gout, arthritis and general painful inflammatory conditions. These people need to alkalise via their diet as well as receive kidney, liver and bowel support to ensure adequate detoxification. They may also suffer from oedema, lymphatic stagnation and hypertension. Nutritionally there may be a greater need for calcium, magnesium and phosphorus.

On an emotional level these individuals can hold back (appearing as withdrawn or overly cautions) and hold on to a lot of emotion. They may find it difficult to take on anything extra, including a nutritional programme. Don't be surprised if you only see them once!

Pigment spots

In *Modern iridology* (2008), Andrews provides a list of various meanings of iris pigment depending on where it is located, and this can vary depending on whether it is classical, emotional or modern iridology.



slide 3:



Pigment spots are topolabile, which means they bring significance to the area in which they are located, for example, an orange pigment spot on the iris. Orange relates to pancreatic function, therefore, regardless of where the pigment spot is, pancreatic function may be compromised and/or need support.

Brown pigments show a tendency towards liver and gall bladder disturbances. The pigment can vary in colour and intensity. The darker and denser the colour, the more important the implications. Dark, sharp spots that are wispy and of a lighter pigment are thought to be acquired. Brown tarry spots are trans-generational but don't tend to appear until after the age of 40. All pigment has qualities of both; what is significant is position and colour. It gives relevance to where it is in the iris but also to its colour. If there is a brown pigment spot in the liver area, it would highlight this as an area for support, especially if it is the only sign in the iris.

Under-activity of the liver and gall bladder can result in many symptoms including abdominal bloating, halitosis, coated tongue, needing to urinate between 4 and 5am, mouth ulcers, migraines, low energy/fatigue, depression, hay fever, liver stones, hepatitis, mononucleosis, constipation, haemorrhoids, sore eyes, portal vein congestion, psoriasis and other skin diseases, Gilbert's syndrome, anaemia, jaundice, nausea, headaches, aches and pains and many more.

Any orange pigment on the iris relates to pancreatic function, especially in relation to the balance of blood glucose levels. There is often a family history of diabetes, dysglycaemia or hypoglycaemia (**add image here**)



Many organs help to balance blood glucose levels including the liver, adrenal glands, pancreas, thyroid gland, and pituitary gland. Therefore orange pigment in the iris will highlight all of these organs as needing potential support. General guidelines for people with orange pigment in their iris are to balance blood sugar levels with increased protein and complex carbohydrates together with avoidance of refined carbohydrates. Consideration should be given to increasing foods that contain chromium, magnesium, manganese and zinc (add image here)

Psora pots

Pigment spots were traditionally thought to represent the psora miasm. Jensen (2005) notes that psora spots occur when a drug or chemical residue settles into an organ or tissue. Years of exposure to drugs or chemicals cause these spots to appear quite dark.

However, we now know that Jensen may have been incorrect in his interpretation as the aggregation of pigment can occur in any eye, and even small children who have never had drugs or chemicals.

Radii Slide 4:



Radii solares, more commonly referred to now as radial furrows, look like spokes in a wheel that branch out from the intestinal area to, or sometimes through, any organ area. They are indented and often appear dark. Care should be given to the location of the radii because they are topostabile, that is, they affect the area in which they are located. Jensen, writing in *The science and practice of iridology, Volume 1*, states that their presence:

...represents a settlement of toxic material and where ever the radii solares penetrate they indicate that this heavy, dark toxic material is settling. If the radii solares have penetrated extensively into the brain area, this indicates that toxic material from the transverse colon is settling in the brain tissues. It is as though they were troughs carrying toxic settlements to the organs in which we find these signs.



Radii are more commonly seen in the head zone and are divided into two types:

- Minor radials start at the pupil and reach the edge of the intestinal border, the collarette, or start at the collarette and reach into the ciliary zone.
- Major radials start at the pupil and break through the collarette into the ciliary area.

Major radials are thought to be problematic in classical iridology as they are thought to act as channels for colonic toxic waste. Toni Miller, writing in *The integrated iridology textbook* (2008), states that minor radials indicate a potential for intestinal or stomach disorders such as gastric tension and intestinal colic, which could be triggered by stressful periods. Minor radials that start at the collarette and reach into the ciliary zone affect the area they are found in.

Major radials have the most significance because they suggest disturbed autonomic nervous system regulation and altered blood and deep lymph circulation. Miller (2008) states that this can result in irritable bowel symptoms as well as autonomic nervous system disturbances to the organs in which the radials terminate.

Ellen Tart-Jensen, in *Techniques in iris analysis* (2012), states that radial furrows indicate a deficiency in nervous vitality and that toxicity is not easily released. She also mentions that parasites may or may not dwell in the body with this sign. As the sign suggests stored toxicity, it is associated with the possibility of parasites because they can thrive in a toxic environment.

Andrews (2008) adds further information on the presence of radii, suggesting that they communicate various dynamics on a psycho-emotional level such as feelings of inferiority, a forceful father figure (if in the brain zone), defensive posture, compromised adaptability or the need for self-assertion.

Iris areas and zones

The iris is divided into three main areas to aid interpretation:



- Area 1: this encircles the pupil and contains the digestive tract. The edge of this zone is marked by the collarette, often referred to as the autonomic nerve wreath (ANW). The collarette represents the central nervous system and is a white, wavy, sometimes zig-zag line that is generally seen about a third of the way between the pupil and iris margin. This first zone is connected with the assimilation of nutrients.
- Area 2: this is outside the collarette and contains the organs that transport and assimilate fluids. This is the humoral zone and contains all the major organs.
- Area 3: this is the outer area and contains the structure of the body muscles, skeleton and skin. The skin is at the outer edge of the iris. With some people you can see a dark circle around their iris, which is the skin zone. Such a circle suggests that the skin is not able to eliminate toxins efficiently, meaning that other organs of elimination will have to work harder.

The three major areas are divided into two each, making six zones, with a final skin zone making seven in total.

The pupillary ruff

This encircles the pupil, and can be clearly seen with a high magnification. There is a lot of research into this ring and the shaping of it. In modern iridology it is known as the inner pupillary border (IPB).

Zone 1: The stomach ring

This zone is closest to the pupil and represents the stomach. Slide 5 shows the stomach ring encircling the pupil. If this is bright white, in classical iridology it can suggest hyperacidity in the stomach. However, if it is dark (see Slide 4), it would suggest hypoacidity and poor assimilation.

Slide 5: The stomach ring encircling the pupil





Slide 6: The stomach ring, suggesting hypoacidity



Zone 2: The intestines and assimilation of nutrients

This contains the large and small intestines. The collarette marks the divide between the digestive tract and the rest of the body; the small intestine is always on the inside of the collarette. Note the following from the iris chart:

- Right iris: ascending colon, transverse colon and small intestine.
- Left iris: small intestine, transverse colon and descending colon.
- Peyer's patches, an important part of the immune system, are seen at 3pm in the right iris and at 9pm in the left iris, in the small intestines.



Although not a zone, the collarette is extremely important and can tell us a lot about the autonomic nervous system (the sympathetic and parasympathetic nervous systems). It can be thick and raised or thin and almost invisible.

Zone 3: Humoral zone and utilisation of nutrients

This is the blood flow from the small intestine to all parts of the body, delivering nourishment. This zone also shows the major organs such as the brain, heart, liver, gall bladder, endocrine glands and kidneys.

In the Jensen chart this is coloured dark pink. This zone represents the humours, the utilisation and transportation of nutrients around the body. It also contains the endocrine system. All of the endocrine organs, apart from the thyroid (on the Jensen chart), are shown close to the collarette. The heart is also in this area and is represented in both irises, at 9pm (right iris) and 3pm (left iris).

Zone 4: Muscles and major organs and utilisation

From transportation of nutrients we move on to utilisation of the nutrients. Signs in this zone of the iris may indicate disturbances to the flow of nutrients around the body. Organs also appear in this zone such as the liver, kidneys, uterus and lungs.

Zone 5: Structural zone and ultimate utilisation

Again, note the different colour zones on the Jensen chart. The zone is coloured grey to represent bones. This is where nourishment is ultimately utilised. If there are variations in the fibres of the iris (stroma), it can reflect nutritional insufficiency. The spinal vertebrae are also located in this zone – in the right iris between 3.20 and 4.35 and in the left iris 7.20–8.35. The spinal nerves, however, are represented in the pupillary border, which is directly around the pupil and connects directly to the spinal cord via the optic nerve.

Zone 6: Lymphatic system, detoxification and elimination

This zone represents the lymph system and is also known as the zone of detoxification. In some irises it is possible to see white streamers from the liver or lungs, for example, to the



lymph area. This area can sometimes have white tophi (white/yellow pigment spots) in it, which indicates a sluggish lymph system and also a certain type of constitution (see later). Spleen imbalances and urinary tract complaints are associated with this zone, especially if there are also signs in the spleen and kidney/bladder areas of the iris.

Zone 7: Skin and elimination

This is the outer zone of the iris and represents the skin. This is the final zone of elimination of all the by-products of digested foods and bodily wastes. Remember that the skin is the largest organ of elimination. In addition to the skin, the body orifices such as the anus, urethra, outer ear, eyes and nose are also in this zone.

Ring signs

There are various 'ring' signs in the iris.

Stomach ring

The stomach ring is the pupillary sphincter muscle that controls the movement of the pupil. When it can be seen it is thought to indicate variable gastric efficiency.

This ring can sometimes be clearly seen in a blue iris, but not always. Historically, whiteness was believed to represent activity, inflammation and acidity in the iris, whereas darkness represented hypoactivity. If the stomach ring is excessively bright, it was thought to suggest excess acidity in the stomach. More recent research links this sign to increased tissue activity, sensitivity and an increased disposition to gastritis (Miller, 2008, 'The digestive tract'). The sign is therefore thought to indicate the condition of the tissue rather than its secretions. As zinc is connected to the production of stomach acid, this sign can indicate a zinc deficiency, which can then lead to a lack of production of sufficient hydrochloric acid, resulting in digestive disturbances. Decreased zinc can also lead to lower levels of gastric mucin (kledaka kapha) that can then predispose the person to ulcers and painful reflux. Low levels of zinc will also affect the conversion of proteins to glucose (via the citric acid cycle) when blood glucose levels are low.



If the stomach ring is visible, foods such as citrus fruit, carbonated beverages, coffee, chocolate, fried food and alcohol, smoking, over-eating and obesity may all aggravate the digestive capacity. Simple carbohydrates will especially aggravate this condition.

The 'fermentative' stomach can be inherited or acquired. Excess consumption of refined carbohydrates can lead to this condition.

The stomach ring can be of various colours:

- White: classically thought to indicate excess acidity.
- Yellow-orange: indigestion, burning reflux, abdominal bloating and heartburn soon after eating; undigested food in the stool. The colour orange is associated with pancreatic secretions, so reduced pancreatic secretions are also often involved. *Low enzymes, particularly the proteases, will result in insufficient protein digestion that can be the root of many symptoms as it will lead to food allergies.*
- Orange-brown: fermentation and lack of enzymes. Carbohydrates may well cause discomfort such as bloating and heartburn. *A diet using a protein breakfast and strict moderation of refined carbohydrates can help alleviate symptoms*.
- Grey directly around the pupil: this is thought to represent the condition of the parietal cells showing low activity and therefore less production of hydrochloric acid, more commonly known as hypochlorhydria. Note that the parietal cells produce the intrinsic factor that is necessary for the absorption of vitamin B12.

Modern iridology has found that the 'shadow ring' only shows a 7% correlation with stomach problems whereas the correlation to poor zinc utilisation (86%) and natural killer cell activity (73%) was much higher. A strong correlation (77%) was also found with raised prolactin levels, which is associated with stress. Stress depletes hydrochloric acid and so we arrive back at compromised digestion, or at least a predisposition to it. Prolactin down-regulates natural killer cells, zinc and progesterone, thus leading to:

- Raised stress levels, as a result of increased cortisol and raised prolactin.
- Increased cortisol, which leads to increased insulin that can then up-regulate oestrogen and hormonal health.



- Lowered levels of zinc, which will lead to (among many other symptoms):
 - Reduced immune system
 - Lowered hydrochloric acid production
 - Disturbed insulin regulation.
- Reduced levels of progesterone, which will lead to increased oestrogen and reduced thyroxine.

Slide 7: Grey ring



From an emotional perspective, Andrews (2008) relates the stomach ring to one's father or unresolved conflicts with one's father. Tiny orange pigments within the pupillary zone relate to anger and resentment with one's father if they are found in the stomach zone. Other signs in the stomach area, such as crypts, also point to issues with a father figure. If the (orange) pigmentation is found in the intestinal zone, they relate to one's mother. Prominent male or female figures can be substituted for mother and father in this case. As the iris represents our inherited information from our grandparents, we need to keep in mind that the pigment could also relate to the patient's parents' unresolved emotions with their own parents.

Intestinal ring

The intestinal ring encircles the stomach ring and shows the small intestinal nasally and the large intestine laterally. The intestinal ring gives a lot of information. Under magnification it is possible to see straight fibres, rather like spokes.

Slide 8: Straight intestinal fibres





If the fibres are straight it can indicate efficient digestion and assimilation of nutrients. Slanting fibres can suggest conflict between what the patient wants and what they get. For example, the patient could be yo-yo dieting and binging. Looser fibres in the intestinal tract suggest nerve irritation and disruption to the smooth fibres. An extremely loose weave can indicate emotional difficulties and haphazard eating which, in turn, will affect blood sugar regulation and therefore the patient's mood. It is particularly important for these people to have a routine.

There is often different-coloured pigment in this area (called heterochromia). Classically,

- Orange pigment suggests fermentation, bloating, lack of digestive enzymes, pancreatic deficiency.
- Brown pigment suggests a predisposition to bowel issues, irritable bowel syndrome, bloating, wind, bloating, lower energy. Indicating possible liver support.

Andrews, writing in *Modern iridology* (2008), doesn't always find a correlation between central heterochromia and digestive imbalances. He has found that it correlates more with emotional factors, such as:

- Protection of inner vulnerability
- Holding on to fears in relation to releasing suppressed emotions
- Fear of abandonment
- Inadequate nutritional status of the mother during pregnancy
- Tendency for inner analysis and to be self-contained
- Issues of nourishment (physical and emotional) and mother/father conflicts (betrayal in the family if heterochromia is orange)
- Acceptance issues of oneself and of others



And in addition, the following physical correspondences:

- Compromised hydrochloric acid levels if orange pigment
- Tendency to viral infections, in particular, warts
- Tendency to constipation and bowel irregularity when under stress
- If straw yellow, a tendency to intestinal dysbiosis (Andrews, 2008, pp 65-6, 'Central heterochromia')

Bowel pockets within the intestinal tract can indicate a predisposition to diverticuli (see Slide 7, which shows a bowel pocket at 3pm in the left iris). Jensen found that the appearance of the large intestines in the iris correlated with X-rays, and that bulges in the intestines reflect a 'bulged-out' condition of the large intestine at the place indicated.

Slide 9: Slide bowel pocket and diverticuli



Collarette

We look at the collarette in some detail here, as it is a very important part of iris topography.

The placement and shape of the collarette is significant:

- Balanced and normal: about a third of the way from the pupil to the outer edge of the pupil.
- Constricted tight wreath.
- Loose distended wreath.

Slide 10: Collarette





- Large pupil with contracted collarette: the collarette is contracted in towards the pupil, making the ciliary zone large. This results in the nutritive zone being small but the utilisation and elimination area large, leading to not enough energy being produced to supply the large ciliary zone. These people will use up their energy quickly and crave large amounts of food, but their capacity to digest and absorb their foods will be low. *They need small frequent meals to alleviate stomach spasms and cramping. Nutrient-deficient foods such as refined carbohydrates will cause energy depletion whereas energy-rich foods such as vegetables, fruits, whole grains, beans and high-quality proteins will provide a good source of energy.*
- Large pupil with a distended collarette: this results in the ciliary zone being smaller, meaning that the formation of energy will be small and energy reserves will be low. This person, having a large digestive tract, often eats large quantities of food and has a sluggish metabolic rate, resulting in little of the food being utilised efficiently. There is a build-up of waste in the sluggish intestinal tract, tissues and cells that causes gasses to accumulate in the bowel. Large amounts of energy are burnt up, but the person is generally only productive for short periods of time.
- Small pupil with a contracted collarette: this combination is considered to be the healthiest (Tart-Jensen, 2012, p 243, 'The collarette and nutritive zone'). People with this combination tend to have a good metabolism and are capable of storing large amounts of energy due to the large ciliary zone. Having reserves of energy gives them good stamina and they are able to be productive for long periods of time. There is generally little waste build-up. As they have a comparatively small nutritive zone, *it is best that they eat small highly nutritious meals regularly*.



• Small pupil with a distended collarette: this results in a small ciliary zone and therefore less capacity to store energy. This results in a sluggish, cold person with low energy and vitality. They may crave a lot of food due to their large digestive/nutritive area but with their slow metabolism, this results in lots of waste.

If the collarette is not too thick or thin it will have very little effect on bowel activity. People with a balanced collarette are generally calm, emotionally balanced and with healthy bowel movement habits.

Andrews, writing in *Modern iridology* (2008, p 107, 'The integrity of the collarette'), states that:

The collarette is a main landmark in the iris. It is an embryonic membranous remnant and is a distinct band, normally approximately a third of the surface of the iris between the pupil and limbus. Although mainly formed embryologically, it is still in development up to the age of three. Thus illustrating that the time from conception to the age of three is the most critical time of our lives, for many profound reasons. Within the iris I consider the collarette to be one of our most important structures in the entire body. The area from the external border of the collarette, directed inwards to the inner pupillary border is the most important area for iris diagnostics. In fact, information for the entire person on all levels is located in this area.

According to Andrews, the integrity of the collarette can relate to:

- Integrity of the intestines
- Innervation of the autonomic nervous system
- Deep distribution of hormones, endocrine exchanges: 93% of endocrine pathologies have signs attached to the collarette
- Arterial blood circulation
- Embryonic development of the individual
- Ancestral memory



The collarette can also be divided into 60 counting from 12 o'clock and moving anticlockwise. This provides a timeline for important events for the individual. There can be disturbances to the collarette or breakages during particularly relevant or stressful times. This is beyond this basic introduction to iridology, but does illustrate the scope that iris diagnosis can offer.

If the collarette is *indented* towards the pupil, it illustrates an internalisation of emotions. These people may hold on to their emotions and have problems expressing themselves adequately.

If the collarette is *pushed away* (*distended*) from the pupil into the ciliary zone, the person may easily explode with anger. They outwardly express their emotions, be they superficial or deep. It is then all 'done and dusted' and everyone else is expected to accept this. A distended collarette is also related to being outgoing, gregarious, generous and confident. These people crave social interaction and quantity rather than quality when it comes to food preferences. As the collarette is distended it results in increased stomach capacity but also a tendency towards bloating, flatulence and a quick movement of food through the digestive tract that can lead to a poor assimilation of nutrients. These people can be easily influenced by others and harbour a fear of not fitting in and being accepted.

A *constricted* collarette represents a predominance of maternal DNA (Andrews, 2008). Classical iridology associated a tight collarette with constipation and sluggish intestines due to a 'lack of space'. There can also be a stagnation of lymphatic fluid around the intestines with the numerous lymph nodes in this area retaining stagnant waste and water. The restricted collarette is often formed embryologically (Andrews, 2008) due to anxiety from the mother during pregnancy. This will transfer to her unborn baby and cause increased anxiety during that person's life. People with a contracted collarette therefore tend to be inward-looking and lack confidence and have a fear of letting go and of dependence and to be unable to let go of being controlling. Andrews notes that 80% of his patients with, or a history of, bulimia have a contracted collarette with orange pigmentation in the stomach area, suggesting unresolved



issues with their father or a prominent male figure. A constricted collarette can also suggest poor essential fatty acid assimilation.

General *zig-zagging* of the collarette suggests a disposition to cramping and spasms. There is often a tendency to IBS with a fast bowel transit time. Bowel disorders of colic, ulcerative colitis and colitis are possible, if not likely. Menstrual problems involving painful cramping such as dysmenorrhoea and menorrhagia are also found in women with this type of collarette. There is often intolerance to white flour, gluten, dairy products sugar and eggs. These people have decreased intestinal secretions when under stress or when the immune system is triggered, leading to a decrease in pancreatic secretions and gastric acid. Andrews notes that people with a zig-zag collarette may be influenced by geopathic stress, other people's moods and emotions and electromagnetic fields. These people can suffer mood swings and anxiety.

A *thickened* collarette is often found in people who have a tendency to over-acidity in the digestive system, allergies, food intolerances, arthritis and general inflammatory conditions. Remember that the collarette represents the central nervous system, and so, if it is thickened and raised, it suggests nervous irritability, congestion of the intestinal lymph nodes, compromisation of the immune system and disturbances in calcium metabolism. Due to the involvement of the nervous system and immune system (psycho-neuro-endocrine-immunology, PNEI), a thickened collarette can be seen in the irises of people with autoimmune diseases. It can also suggest a tendency to inflammation and immune dysfunction resulting from dysbiosis. Emotionally, these people can be passive aggressive, which can mask their vulnerability and low self-esteem. The thickened collarette is the defining iris sign in the 'pure lymphatic' constitution, which we will study later in this module.

People with a *thin* collarette are emotionally and environmentally very sensitive. Like the zig-zag person, they, too, are influenced by other people's moods and are also very sensitive to electromagnetic fields and environmental stress. They can be quite psychic, intuitive and spiritual, but can become ungrounded quite easily, depending on other inherited factors. These people are therefore of a nervous disposition and need to be treated gently. Don't



overwhelm them with information. They generally need magnesium and B vitamins, and their adrenal glands may also need support as these people are particularly prone to stress.

A collarette that is not an exact square (but you will be able to identify a *square shape*) indicates blood glucose regulation issues and a family history of autoimmune diabetes with destruction of the pancreatic beta cells. This does not mean that your patient will get this disease, only that it is a predisposition that may manifest as hypoglycaemia. There may also be compromised adrenal function, poor absorption of nutrients and the hypothalamic-pituitary-adrenal (HPA) pathway (Andrews, 2008). All of these need to be considered and addressed. These people may also not be able to absorb what they are being told. This can manifest as being arrogant and non-compliant with your diet and lifestyle recommendations. They can be quite negative and like to complain, but find it difficult to make positive changes to their lives.

If the collarette is *not visible, or barely visible*, this suggests diminished autonomic nervous system activity; however, it is rare not to be able to see the collarette. If you think of the collarette as a protection, it is easy to see how these people may become overwhelmed, suffer from hopelessness, vulnerability and be easily influenced. There may also be food intolerances, especially to gluten, dairy and sugars, resulting in bloating, nausea and reflux.

Slide 11: Indented and extended collarette



This iris also exhibits Roemheld syndrome. The collarette appears as a gross distension at 10–15 minutes or 3 o'clock. You will notice from your iris charts that 3pm is where the heart is situated in the left iris. This sign therefore impacts on the heart. The colon and stomach can exert pressure against one another, and this can cause a sensation of the stomach being



pushed upwards, which will displace and put pressure on the heart. Those people with this sign can feel full after eating a small amount. They may also suffer from flatulence, trapped gas and tachycardia.

Contraction furrows and nerve rings

Contraction furrows are circular 'grooves' that form arcs around the iris. These are also known historically as 'cramp rings'. These create a cramping of fibres that under magnification look like furrows. Contraction furrows are natural drainage channels for excess fluid or cellular waste within the structure of the frontal eye (Andrews, 2008). Historically they were thought to be found in the iris of stressed individuals, hence their name, 'nerve' rings.

Contraction furrows are generally visible in most of the constitutional types but more so in some of the sub-constitutions. What is useful for us to observe is where the nerve rings break or the topographical area that they cover. These areas in the iris will be an area of stress and may need nutritional and dietary support. Massage is particularly helpful for people who display a number of furrows in their iris.

The classical view of furrows includes the following:

- Poor circulation and muscular tension in the areas affected (Kriege, 1969).
- A defensive posture, blocks and holding on to emotions (Wolf, 1979).
- Mental restlessness and anxiety (Angerer, 1999).
- Loss of minerals/poor mineral retention due to minerals being lost under stress (Tart-Jensen, 2012).

Contraction furrows are also divided into:

- Concentric furrows: this does not suggest specific pathology. There may be mental restlessness and anxiety connected with stress or exercise.
- Humoral furrows: these are found in the humoral zone, the zone directly around the collarette. As this could suggest imbalances, it could lead to low resistance to bacteria



and viruses. Remember that the humoral zone also represents the lymph system and the uptake and distribution of nutrients. Any disturbance of this will affect immunity.

• Peripheral contraction furrows: these are found on the outer edge of the iris in the skin and lymphatic zones. This could also affect immunity.

There are many other types of furrow, and for those who are interested in learning more, please refer to *Modern iridology* by John Andrews.

Nutritional support for people exhibiting contraction furrows includes magnesium and B vitamins. Stress reduction techniques will also be helpful.

Scurf rim

Slide 12: The scurf rim



The scurf rim occurs in the outer ring of the iris, the skin area. Darkness in this area therefore suggests suppressed skin eliminations and a tendency towards skin conditions such as psoriasis, eczema and acne. Skin elimination is associated with kidney function; therefore the scurf rim may indicate that the kidneys are over-stressed. There may also be a tendency to poor circulation, resulting in cold hands and feet.

Lymphatic rosary Slide 13: Lymphatic rosary





The lymphatic rosary is made up of white concentric spots or tophi in the lymphatic zone of the iris. It can be a complete circle or a partial ring. In emotional iridology the ring is known as the 'Ring of Harmony' and in modern iridology and ophthalmically, the sign is referred to as 'Brushfield spots'.

The presence of this sign suggests that the person has a sluggish lymphatic flow. The movement of the lymph is an important part of detoxification and the removal of toxicity from the cells. If it is not moving efficiently, toxicity can build up, resulting in lymphatic congestion such as sore throats, ear infections and tonsillitis. These people would therefore benefit from skin brushing, hot and cold showers, exercise and manual lymphatic drainage massage.

Emotionally these people will have issues of confidence, self-esteem, wanting to keep the peace and a desire not to upset people. Andrews (2008) further makes the observation that from his extensive research, this sign is found in 85% of cases of Down's Syndrome children, whereas it only occurs in 15% of the general population: 'Very well defined and separated Brushfield's spot's in the extreme periphery of the ciliary iris indicate a genetic history of neurological disorders or Down's Syndrome.'

In emotional/behavioural iridology people who have this sign in their iris like to have peace and harmony (hence the term, 'Ring of Harmony'), and will often be trying to keep the peace within the household. Some iridologists feel that this sign appears in the irises of those whose mother didn't feel supported by their partners when they were pregnant. Jim Verghis, writing in *Behavioural iridology* (2016), states that various conditions could have existed such as the child being conceived out of wedlock, the family being poor, the father a workaholic, or the



parents fought, for example. He states that most assuredly there was conflict or lack of connection between the parents. The child has then learned to feel responsible for making peace in the family, keeping the family together or just making people feel good.

Circulatory or venous ring Slide 14: The circulatory ring



This is also known as the venous ring. It is a blue haze around the outside of the iris, just outside the skin zone. It is thought to represent circulatory deficiency in the body. It suggests that the area indicated is not being supplied with sufficient oxygen, which is not reaching the extremities due to poor circulation or excess blood in the internal organs, nutritional deficiencies and lack of exercise or poor lifestyle habits. Sharan (1986) refers to it by its older name of the 'anaemia ring' and Jackson-Main (2004) by 'venous ring'.

Anaemia ring

This is differentiated from the venous ring by its colour. The anaemia ring is seen as a white or grey fuzziness over the periphery of the iris. When it is seen in the head area it can predispose the person to memory problems. It does not normally take up the form of a ring, with the haziness signifying the areas of the body affected. The beginnings of the arcus senilis (covered shortly) comprise an anaemia sign that happens to be at the top of the iris. If the anaemia ring occurs elsewhere on the iris periphery, it does not develop into the arcus senilis (which is only seen in the brain area), but the sign can get worse, creating more haziness over the periphery of the iris.

Cholesterol ring Slide 15: The cholesterol ring





The cholesterol ring can be seen in the iris without the help of magnification. It is a white ring that forms around the outside of the iris by the cornea and is composed of lipids in the cornea. It generally covers the outer iris zones. It suggests imbalances with cholesterol levels. The ring is not as clear as a sodium ring, which is thicker and whiter.

The cholesterol ring in the medial or nasal regions indicates a tendency to poor circulation in the lungs, chest and heart. If it appears in the head and feet areas of the iris, it suggests poor circulation to the head and feet. If it encircles the whole iris, it can represent raised cholesterol levels. The earlier in life that the ring is apparent, the more serious its effect.

Sodium ring Slide 16: The sodium ring



This sign is generally seen in older people of both iris colour; however, it is also common to see this forming in a genetically brown iris in a person's twenties and thirties. It is also related to a specific constitution where a person is quite stubborn and 'set' in their ways. If you look at the iris you will see that in more advanced cases the whole iris has become enclosed or 'cut off'. These people may struggle to take on board lifestyle and dietary changes.

On a physiological level it suggests that there is an imbalance with sodium in the body. This ring was known in the past as the 'sodium, calcium and cholesterol ring', denoting that there were changes in the regulation of these nutrients in the body. If there is an imbalance with sodium, it follows that there will also be an imbalance with potassium and magnesium.

When the sodium ring is seen in the irises of older people it is associated with arthritis and rheumatic disorders, all of which relate to imbalances of calcium. Calcium is a hard structure, and so these people are becoming calcified and rigid on all levels. The emotional school of



iridology, and Dorothy Hall in particular, calls this sign the 'calcium ring' and suggests its formation is due to excessive calcium in the form of cow's dairy and cooking salt. She suggests it is associated with disturbances to blood pressure.

Jim Verghis, writing in *Behavioural iridology* (2016), states that the sodium/cholesterol ring is the secondary stage of the scurf rim; it is the scurf rim turning white. This would fit with the naturopathic view of the scurf rim suggesting that the skin, as a route of elimination, is compromised, therefore placing increased pressure on the liver and kidneys. If these two vital organs were unable to cope with the elimination of toxicity, it would back up in the lymph and then into the cells. Verghis goes on to say that, once formed, the calcium ring causes the person to be 'driven' and determined to get things right. Unfortunately, their determination to get things right can make them narrow-minded and thus 'set in their ways'. Verghis suggests that the hidden purpose of the sodium/cholesterol ring is to shut out exterior chatter and influences and to go inside to find personal truth, clarity and awareness. In simple terms, people become cut off from reality.

Arcus senilis Slide 17: Arcus senilis



The arcus senilis is where the sclera is pulled down slightly over the top of the iris. The presence of the ring suggests brain anaemia. A lack of oxygen to the brain, over time, can result in dulling of the senses. Jensen points out that man's upright stance occurred only about 3 million years ago, meaning that there has been a relatively short evolutionary time for blood to be supplied efficiently to the brain. People most prone to this sign are those of old age where exercise has become more difficult. This sign is also known as 'the arc of old age', although it is not now exclusively seen in the older generation. Jensen prescribes 20 minutes of laying on a slant board daily, where the head is lower than the feet by approximately 18 inches. This allows heightened blood flow, and therefore oxygen, to the brain.



B3 bulge Slide 18: B3 bulge



This bulge is between 2–4pm and 8–10pm and makes the eye look slightly elongated and misshapen. It is believed to relate to a vitamin B3 deficiency and mentioned by Sharan (1986) and in other older Iridology books.

Constitutions

The three main constitution types are lymphatic, haematogenic and mixed biliary.

Lymphatic constitution

Slide 19: Pure lymphatic constitution



Key areas to support:

- Lymphatic system
- Respiratory system
- Acid/alkaline balance

Main features:

- Blue iris.
- Visible fibres and variable structure often representing a 'combed hair' appearance.
- White collarette and milky humoral zone (the zone immediately outside the collarette).
- Can be various shades of blue or grey.



The lymphatic constitution tends to have a more sluggish lymphatic system and generalised weakness of the mucous membranes. The mucous membranes surround all of our internal organs and protect them, rather like a buffer system. They also act as the first line of defence to the invasion of pathogens. The lymphatic type therefore needs to support the activity of their mucous membranes and the movement of their lymph system. A build-up of toxicity in the lymph will lead to cellular toxicity due to the cells being unable to detoxify efficiently.

Lymphatic types are generally hard-working, caring individuals. However, this can become out of balance and result in over-working and over-caring, leading to stress in the system and a triggering of their constitutional weaknesses.

The inherited characteristics of the lymphatic constitution include the following:

During childhood:

- Sluggish lymph system.
- Mucous membrane discharges.
- Predisposition to chest infections, ear infections and tonsillitis.
- Swollen glands and allergies.
- Moist scaly skin rashes.
- Bronchitis and asthma due to increased sensitivity of mucous membranes to allergies, both inhaled and airborne.
- Sensitivity to liquid dairy products such as milk, cream, sour cream and ice cream.
- Sensitivity to sugar and wheat.

During adulthood:

- Continued sluggishness of the lymph system.
- Sensitivity to dairy, sugar and wheat.
- Skin rashes including eczema and psoriasis.
- Asthma/bronchial problems, sinusitis.
- Excess mucus production in respiratory, urogenital and alimentary tracts.



- Increased predisposition to arthritis and inflammatory conditions with ageing.
- Fluid retention.

Dietary suggestions for the lymphatic constitution:

- Avoid mucous-forming foods: wheat, sugar, dairy.
- Plenty of water daily.
- Alkaline foods: plenty of vegetables daily (excess acidity will create mucus).
- Good fats in the form of nuts, seeds, flax oil and oily fish.
- Reduce/avoid carbonated drinks, alcohol, common table salt and caffeine.

Lifestyle recommendations:

- Exercise to assist lymphatic flow.
- Skin brushing daily.
- Hot and cold showers daily.

Herbal and nutritional support:

- Astragalus
- Echinacea
- Cleavers/galium
- Garlic
- Vitamin C, iron, zinc, magnesium and calcium.

Haematogenic constitution

Slide 20: Haematogenic constitution



Key areas to support:

- Digestion
- Liver and gall bladder



- Hormone system
- Circulation

Main features:

- Genetically brown iris.
- Various shades of brown, but generally of brown velvet appearance, which obscures the underlying fibres.
- Mainly of African, Asian and Mediterranean descent.
- Mixed irises, with a full covering of brown pigment, although blue is underlying; veers more towards haematogenic symptoms, characteristics and general constitutional weaknesses.
- Contraction furrows and radials are often present.
- Cholesterol/sodium ring is common in this constitution, adding the lipaemic diathesis to the underlying constitution.
- Lacunae may be present in the humoral zone.

People with genetically brown irises often come from a strong ethnic background of healthy ancestors. However, the introduction of a western diet and movement across the globe has caused the underlying characteristics of the constitution to be activated. The dark melanin pigment protects the iris from the bright light found in their countries of origin, be it the Mediterranean, Africa or Asia. All of these areas have hot weather and lots of light. This constitution has therefore adapted to this type of climate. The movement to darker northern climates has resulted in many endocrine problems for these people, together with a lack of vitamin D due to lack of sunlight available to penetrate the darker skin colouring.

Emotionally, people with this constitution tend to suppress their feelings in favour of their family's problems, work or general causes. They also suppress or deny symptoms that the body may be throwing up as a warning sign. This constitution tends to move slowly with symptoms, and it is important that they are recognised and remedied early, rather than letting them develop into something deeper and more serious. It is important for these people to be able to work through their emotions and to not hold on to old resentments of 'what



might/should have been'. They can be obsessive if unresolved emotions are allowed to accumulate. They can be impulsive and outspoken, not being afraid to voice their opinion.

The inherited characteristics of the haematogenic constitution include the following:

During childhood:

The haematogenic constitution tends to suffer with digestive and detoxification problems. Symptoms tend to build up slowly, thus children of this constitution tend to be fairly healthy with a general absence of disease.

During adulthood:

- Gastrointestinal weakness.
- Dyspepsia, nervous stomach, bloating, flatulence.
- Reduced absorption of nutrients.
- Pancreatic weakness, both exocrine and endocrine, leading to a predisposition to diabetes, dysglycaemia and digestive disturbances.
- Sluggish bowels leading to autointoxication.
- Mineral deficiencies due to poor absorption leading to reduced immunity, blood chemistry changes and faulty metabolism.
- Haemorrhoids, varicose veins.
- Women may suffer from heavy menstruation due to reduced liver detoxification.
- Pustular skin diseases due to reduced liver detoxification.
- Increased risk of raised lipids and cholesterol after the age of 30.
- Predisposed to metabolic disorders such as hypothyroid, diabetes, hypoglycaemia etc.
- Poor liver and gall bladder function (e.g. Gilbert's syndrome, hepatitis, cirrhosis).

Dietary suggestions

- Support digestion with digestive enzymes and hydrochloric acid and pepsin, if appropriate.
- Low fat diet to support liver and gall bladder.



- High fibre to aid eliminations.
- Fresh fish and lean, free range poultry.
- Fresh fruit and vegetables daily.
- Good quality water daily.
- Nuts and seeds for beneficial fats.
- Reduce/avoid coffee, sugar, refined carbohydrates (which turn to fat) and alcohol.

Lifestyle recommendations:

- Regular exercise to guard against diabetes.
- Talking therapies to help with the release of suppressed emotions.
- Herbal and nutritional support.
- Lecithin to aid in digestion of fats.
- Essential fatty acids.
- Herbal bitters or digestive enzyme and hydrochloric acid and pepsin to support digestion.
- B complex, vitamin E, iodine, copper and iron should be considered in a supplement programme.
- Milk thistle or similar liver support such as N-acetyl cysteine or glutathione. Add in calcium D glucarate if Gilbert's syndrome has been diagnosed.
- Ginkgo biloba to support circulation.

Mixed biliary constitution

Slide 21: Mixed biliary constitution



Key areas to support:

- Liver and gall bladder
- Digestion
- Blood glucose regulation



Main features:

- Blue underlying the iris colour, with varying degrees of brown overlaying the pigment.
- A central heterochromia is a defining sign: the digestive zone is always brown.
- There can be a strong contrast between the central and ciliary area.
- The overlaying pigment is generally varying shades of brown, although there can also be orange pigment.

People with a mixed iris have characteristics from both the haematogenic and lymphatic constitutions. This is hardly surprising given that they are a mixture of the two. It will depend on the amount of brown pigment as to how similar they are to a haematogenic constitution. It is possible to have a total brown overlay with only a hint of the blue iris underneath through the contraction rings. These people will be very similar to a haematogenic constitution. For example, women with a mixed iris with lots of brown pigment may suffer from heavy menstruation. In contrast, those who have the central heterochromia but much less brown pigment in the ciliary area will verge more towards a lymphatic constitution, and are more likely to experience the complaints of a lymphatic person, such as recurrent tonsillitis and excessive mucus production. They therefore inherit the strengths and weaknesses of the lymphatic and haematogenic constitutions.

The central heterochromia will cause them to have digestive disturbances. This constitution is called mixed biliary because it is the biliary system that is weakest. They are therefore susceptible to digestive disturbances such as cramping, bloating, flatulence, bowel disturbances, weakened gut immune defences, candidiasis, weakened digestion and reduced liver detoxification. This can result in lower energy and a lack of nutrients due to poor absorption. The liver, gall bladder, pancreas and bowel will need supporting in those with this constitution.

Mixed types also inherit the hormonal issues of the haematogenic type, and are therefore prone to hypoglycaemia and other glandular disturbances such as diabetes and thyroid issues when older.



From an emotional perspective they can sometimes struggle to know who they are as they are a combination of the character traits of two constitutions. This can cause them to veer towards one or other part of themselves, resulting in confusion and conflict. They can constantly alter their opinions and have problems making decision, always being 'in two minds' as to what to do. On a positive note, they are often very grounded and can easily see things from different points of view, and therefore make good listeners and therapists.

Weaknesses:

- Gall bladder and bile production may need support.
- Reduced liver detoxification (this is particularly important with this constitution).
- The central heterochromia signifies altered and weakened digestive capabilities; there will be frequent digestive complaints such as spasms, cramps, bloating, flatulence, dyspepsia, constipation and/or diarrhoea; IBS is common in those with this constitution.
- Weakened gut immune system, resulting in dysbiosis and candidiasis.
- Weakened pancreatic function, resulting in blood sugar disturbances and digestive enzyme deficiency.
- Low energy due to autointoxication and poor absorption and utilisation of nutrients.
- Reduced hydrochloric acid.
- Iron is often deficient; this could be due to lowered hydrochloric acid.
- If signs are also apparent in the liver and gall bladder area, this accentuates the importance of these two organs needing support.
- If tophi are apparent it can suggest toxic blood and lymph, which can lead to inflammation manifesting as painful, swollen joints or skin problems.

Dietary suggestions:

- Avoid foods that challenge the liver such as saturated fat, alcohol, dairy, red meat and rich sweet foods.
- Lots of vegetables daily.



- Lemon juice in hot water to start the day to promote bile production.
- Plenty of water daily.
- Encourage herbal teas that will support the liver and gall bladder such as dandelion, Pau d'Arco or nettle.
- Herbal teas to support digestion such as peppermint, chamomile and fennel.
- Herbal bitters to support digestion.
- Bitter vegetables to support digestion such as rocket, endive and dandelion leaves in salads.
- Use natural fibre to support bowel movements such as psyllium husk or linseeds.
- Avoid caffeine and alcohol.

Lifestyle recommendations:

- Regular exercise in fresh air.
- Meditation.

Herbal and nutritional support:

- Herbal bitters to aid digestion.
- Pancreatic enzymes and hydrochloric acid to aid digestion.
- Liver support in the form of milk thistle, globe artichoke, methionine, N-acetyl cysteine, glutathione, choline and inositol depending on each individual case.
- Chromium to aid blood glucose control.
- Check iron levels and correct if necessary.
- Sodium phosphate to aid bile production (Blackmore's celloid mineral or Schuessler tissue salts).
- Consider supplementing vitamins A, D, E, K and B12 due to lowered liver function and its reduced ability to retain these nutrients.

Glossary

Autonomic nerve wreath (ANW): another name for the collarette.

Ciliary zone: the area outside the collarette and to the iris edge.



Collarette: represents the autonomic nervous system; encircles the pupil at approximately 1/3 between the pupil and outer edge of the iris.

Crypt: deep, small opening in the iris fibres.

Dominant iris: in classical iridology, this is the iris that has most signs in it. In modern iridology, to identify the dominant iris, the following applies – female with distended collarette: LEFT IRIS is dominant, signs in this iris are more relevant; male with distended collarette: RIGHT IRIS is dominant, signs in this iris are more relevant.

Hepatotrophic: having a specific effect on the liver.

Heterochromia: difference in coloration; coloured pigment on the iris.

Lacuna and lacunae: oval-shaped opening between the fibres of the iris; thought to be inherited weaknesses.

Sclera: white of the eye.

Stroma: iris fibres.

Tophi: white pigmentation, generally seen in the outer zones of the iris.

Topographical: the area of the iris in question, e.g., the area where a particular iris sign is situated.

Topolabile: is a sign in the iris that will affect other organs in the iris away from where it is positioned, for example, the colour on the iris – orange pigment always relates to pancreatic function and brown pigment always relates to liver function, regardless of where it is found on the iris.

Topostabile: a sign will only act upon the organ or part of the body where it is positioned in the iris for example, 'beak' sign near the collarette signifying a thyroid imbalance.

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Further reading and online resources

Iridology.com, 'Iridology glossary of terms', <u>https://iridology.com/iridology-glossary-of-terms</u>

I am grateful to my colleague Mary Sharma ND, for her contribution to this module, including the use of her slides and Andrew Mason for his help in proof reading and contribution of slides and images.

