

Introduction to Iridological Concepts and Screening

According to modern concepts of physiology and the doctrine on the subject of nervous system activity, the external sections of a body contain many extero-receptive zones and discrete points that are projectively connected with internal organs and systems.



The following zones are distinguished, depending on their density per unit of the surface area and on reliability of extero-visceral representation:

1: Simple zones with vague projections and small information capacity;

2: Complex zones, for which

concentration of projections and large informational capacity is typical.

These zones can be arranged in a certain sequence:

- 2.1: Cutaneous Zakharin-Head's zones [\[110\]](#) on a face and a body;
- 2.2: Extero-receptive zones in the field of palms and soles;
- 2.3: Mucous zones of a tongue;
- 2.4: Cutaneous-mucous zones of a nose and nasal cavity;
- 2.5: Cutaneous zones of the external ear;
- 2.6: Irido-somatic projections on an iris.

The diagnostic importance of these extero-receptive projective zones is increasing in the same sequence, offering an opportunity for understanding the influence and correction of a dis-ease condition by means of these points.

Iris projection areas offer the best perspective by their information-carrying capacity, reliability, and opportunities for dynamic observation through reflex feedback.

In current times, iridology differs radically from past irido-topographical research. Objects of clinical iridology studies not only refer to changes of iris structure, color and constitution, but also include the reactions, forms and states of the pupil, movements of all iris fragments, autonomic nerve wreath placement and changes of conjunctival blood vessels.

The increasing number of objects of our study (structure, movement, reflexes, vessels) may allow us to consider “irido-reflexology” and “irido-reflexo-diagnostics” as words describing the real sense of our trade most adequately.

Today we imply by the name of our trade a whole group of evaluation methods. These take into consideration the following parameters of irido-reflexo-diagnostics:

- 1: the *state* of person’s health;
- 2: the hereditary *predisposition* to some pathology (diathesis);
- 3: the specific *constitutional* features;
- 4: the *reactivity* of the nervous system;
- 5: the *rates* of ageing and some other processes in human organism.

Laterality

In all neurosciences, and not only in cognitive sciences, neurophysiology, neurology, and psychiatry, a large significance is attached to the so-called dominating brain hemisphere.

By virtue of hereditary peculiarities, children are born as right-handers, left-handers or ambidextrous, depending on the dominance of right or left brain hemisphere in areas of motor activity.

If the right hemisphere is dominant, a person is born as left-hander, if the left hemisphere is dominant then the same person will develop as right-hander, and if both hemispheres are co-dominant, then, by virtue of bilateral dominance, ambidextrous children ensue.

From the data of several different authors, it seems that only 75-80 % persons are true right-handers. Re-training in schools for unhappy uniformity, made of many retrained left-handers new false right-handers.

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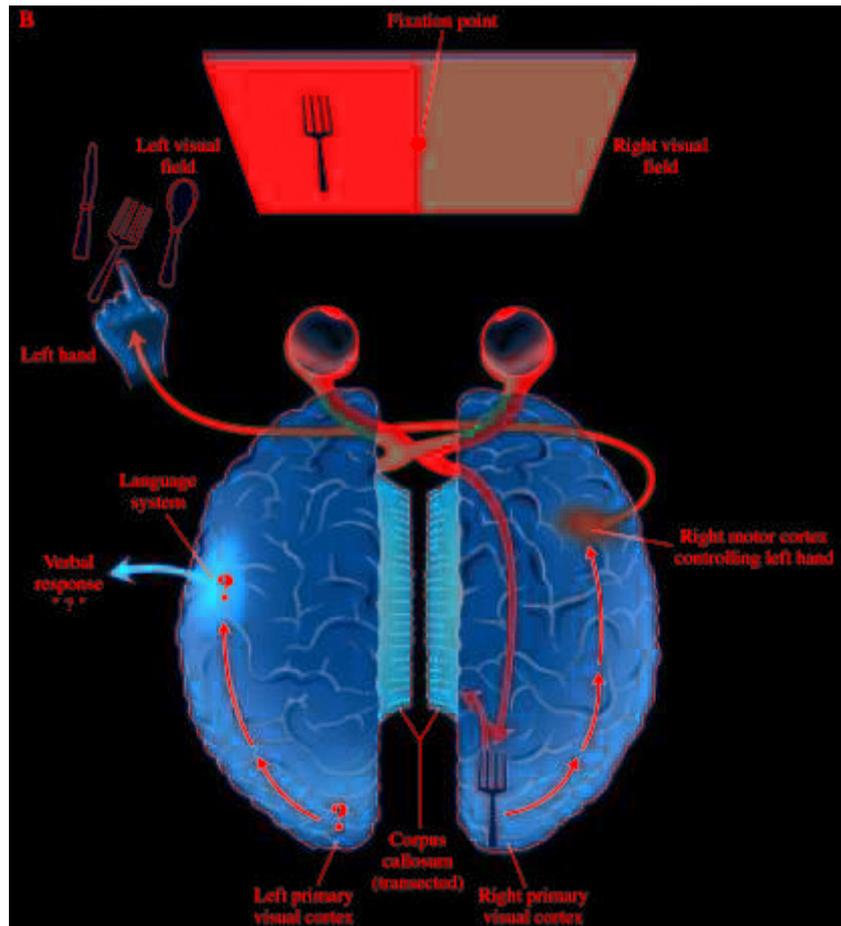


Figure 57: The left hand is controlled by the right motor cortex. © 2003 Department of physiology, University of Wisconsin - Madison

Based on these facts of neurosciences, most iridological schools developed iris projection charts for the false right-handers. This approach quite often lead to serious mistakes, both in determination of non-pair organs projections and in irido-genetic analyses.

According to Suttong Technical Corporation (STC) [111] data, the percent of true, not re-trained right-handers (left brain dominance) does not exceed 60 % in most populations.

Thereby, the traditional iridological data should be corrected in the process of iridological analyses, depending on true laterality.

True laterality is hard to find non-invasively. One such invasive method, in fact the golden standard in finding laterality for language, is given below:

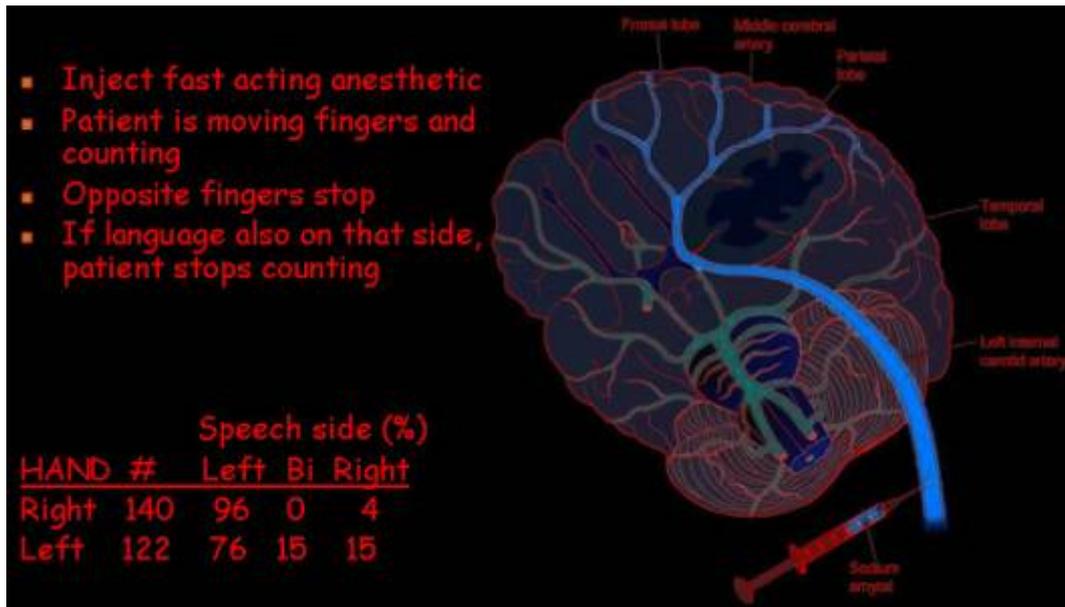


Figure 58: The famous Wada test. The legend is self-explanatory. Iridologists need not inject 100 mg sodium amobarbital, only to find true laterality. The Best hand test, a method not influenced by language, culture, profession or education, is also useful, but tends to find more left brain-dominance individuals © Department of physiology, University of Wisconsin - Madison

Special attention must be paid in clinical iridological studies to determination of inherited pathology and in selection of irido-chromotherapy [112] parameters.

Many iridological authors think that maternal heredity is reflected in the pupillary belt (*pars pupillaris iridis*), while paternal heredity shows mainly in the ciliary belt (*pars ciliaris iridis*).

Some authors even insert amendments into their analyses, asserting that if both father and son are true right-handers then the paternal genotype is dominating in the iris, while if the child is a left-hander - the maternal genotype would be dominating.

Today the principle of individual analyses of irido-genetic features, inheritance rules for the diseases, associated with the sex of patient are predominant.

Even non-invasively, in order to reveal the true laterality of a patient, many special tests should be applied, for which the following figure is only a cognitive hint:

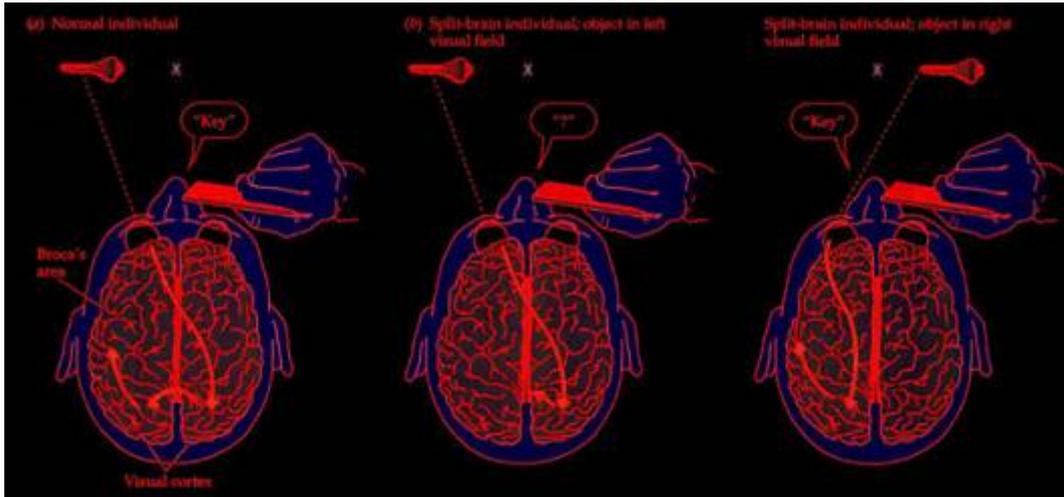


Figure 59: Cognitive experiments in humans: By showing objects in the nasal half of the right visual field (right), they are correctly recognized, even in *callosum*-split-brain models. This is so courtesy to the avoidance of decussation of the optic chiasm by the temporal part of the retina which receives information from the nasal visual field (This cannot be avoided for the nasal half of the retina, which decussates – center) © 2003 Department of Psychology - Queen's University.

Classes of iris structural change

Consensus-seeking classes of iris structural change

We try to document them all as micro-changes in iris patterns (M-CIPs). Spread-wide in connection to the three consensus-seeking classes of iris structural change, they form a matrix of at least eight lines and three columns, as follows:

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Table 1: Truth table of micro-changes in iris patterns (M-CIPs) vs. consensus-seeking classes of iris structural change. Here + represents true positive and - true negative candidates, while +/- are either false positive and false negative or indeterminate candidates. This is a working hypothesis only. © 2003 Dr Dan Waniek, all rights reserved

Micro-changes in iris patterns (M-CIPs)	Low-grade constitutional immutable characteristics (L-CICs)	Fast-moving mutable characteristics (F-MMCs)	Slow-moving mutable characteristics (S-MMCs)
01. Age-related	+	-	+
02. Drug-related	+/-	+	+
03. Path, local	-	+	+
04. Path, distant	+	+	+
05. Health crisis	-	+	+/-
06. Environment	+/-	+	+
07. Bio Cycles	-	+	+
08. Diet-related	-	+	+/-

01. Age-related

This class of iris changing enjoyed concentrated attention from the heavily represented rich and active geriatric institutions [74]. It is no wonder that it is best documented.

Cunningly, even as they grow older, the melanocytes in the iris stroma never seem to accumulate lipofuscin [75]. Since lipofuscin is conspicuously opaque, this is yet another corroboration of the defenders of iris transparency and mutability and a direct hit against their critics.

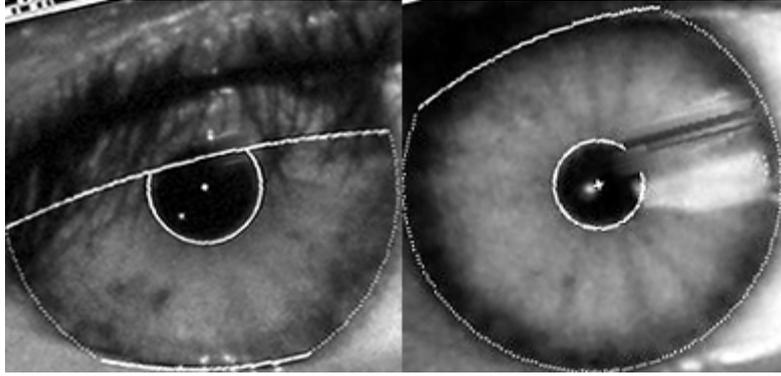


Figure 38: An Afghan girl's eye. This is a *cause célèbre* of alleged iris pattern “immutability” and “randomness” - the right iris of case 0003, seventeen years apart, in 2002 at right, and in 1984 at left; © John Daugman, National Geographic, Time Magazine and even Dr Dan Waniek (the last one only for the apposition of otherwise poorly comparable, low-resolution iris photographs.) We had less luck than Time Magazine in analyzing the enlargements. They probably were classified, weapon-grade, or just too embarrassing for either Time Magazine or Mr. Daugman to provide ...

Much to his own dilettante surprise (and a little to the glory of serious eye researchers), even Mr Daugman who actively maintained that “iris texture was stable throughout life” had to retract this allegation.

Even if non-vocally, it was done [76]. Figures are self-explaining, and the weight of evidence against his own thesis was indeed embarrassing.

02. Drug-related

This will be dealt with below, owing to its clinical importance, with many illustrations..

03. Pathology, local

A larger class of ophthalmological pathology involves the iris proper or the iris *per se*. The iris diagnoser's need not be embarrassed by such interfering local morpho-pathogenetic processes who has little if any distant significance. Almost all eye diseases (and a few system illnesses) characteristically (but not topically) involve the iris (mostly in its entirety.)



Figure 39: Dr Daugman presenting the Afghan girl's *cause célèbre* with an aptly enlarged photo of the National Geographic cover of 1984. © John Daugman, National Geographic, Time Magazine.

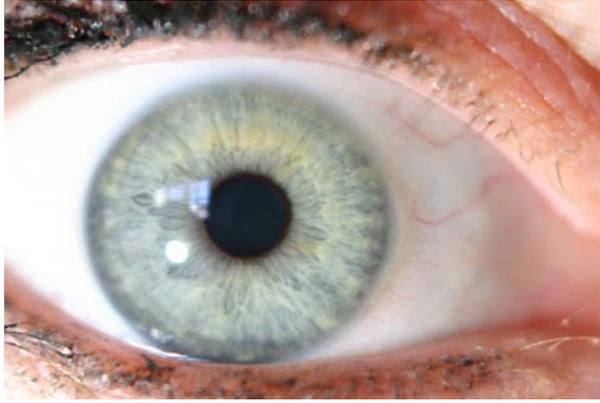
04. Pathology, distant

This is the class of iris stromal change that permits iris diagnosis. Organs have a chance to inform the central nervous system of their needs and about patho-physiological status on a continuous basis, via the long ascending spinal tracts (LASTs). Some of this ascending information is intercepted in the aptly designed sympathetic “anomaly” by synapses all along spinal metameres C1-T2, and contributes, via the same nerves involved in the Claude Bernard-Horner syndrome, to iris stromal morphogenesis and continuous adjustment of iris stromal crypts caliber, number, and transparence [77].

The iris therefore changes its transparence focally and topically (in bi-univocal relationship with distant organs and systems.)

The net result of continuous iris morphogenesis, consisting in micro-changes in stromal iris patterns of transparence (M-CIPs, PITs) is a “corona” of scant but significant, iris-transmitted light stimuli, also known as an ora serattal projection pattern (OSPP.) In their work, iridologists only need to intercept such trans-iridial changes. Pathology is the only class of iris stromal phenomena known to “prove” iridology.

We may now enjoy positive answers to everybody's expectations in all three consensus-seeking categories in Table 1 above.



05. Health-related

Naturopaths are familiar with a dramatic reversal of the chronic or acute, (and sometimes explosive indeed) pathogenic phenomena, also known as a “health crisis”.

This is observed, documented and even induced in countless instantiations of discrete but effective homeopathic, Chinese medical and otherwise “naturopathic” practice.

The best investigation of “health crises” so far, even for official medical doctors, is the iris image, mostly in an overall change of hue of characteristic value.

This is dealt with elsewhere, and can be documented in published literature [\[78\]](#).

06. Environment-related

Sea, Sun and all that, are famously involved in iris stromal change, mostly of the color variety.

Hormones are selectively bound to receptors of the iris stroma, and there is no doubt for most physiologists that the “remote lady” of pharmaco-dynamic import [\[79\]](#) is the main heroine of such interplay.

More trivially, most of us with basic brown irides notice the hazel and even green glow in our own eyes, when we sunbathe at some sea side.

07. Biological cycles

Notorious cycles (mainly circadian, circatrigintan, and even circumannual) of iris stromal properties have been documented, but not yet published.

Their main target was an insight into the fundamental pacing properties of the eye, and not only a practical attempt to design a new test of ovulation, pregnancy or fertility for that matter. It has long been verified that males of our species find the glow and other properties of the female iris most attractive at some but not necessarily all phases of their respective circatrigintan biological cycle.

This is an obvious and beautiful example of harmony in nature, for the “eyes of the beholder” adapt wonderfully to the “beauty that lies” in phase with it.

Moreover, circumannual rhythms, known to correlate with mean daily illumination patterns, and with mean circulating testosterone values, are marvelously fit to the necessities for the offspring to really be born in spring.

The fact that in many species the superior cervical ganglia (SCG) are functional neuro-endocrine centers [80] even in the absence of intact nervous links [81], correlated with the paramount importance of the sympathetic innervation of the iris, passing as it is, through the SCG, is most revealing. It is in fact impossible for the SCG to change discrete parameters of its functional status without a corresponding change in the iris patterns of micro-changes and of transparency.

08. Diet-related

Many researchers designed protocols of study whereby diet is being monitored with iris photos. The most famous of them all [82] was trend-setting. Animal models proved that even iris vascular and architectural detail is clearly influenced by diet [83].

09. Pupil size and illumination-related (artefacts, false positive M-CIPs)

The “trick” of iris studies being comparability, and iris illumination or pupil size being variable as they are, most variability in the iris is artifactual.



Figure 40: Conclusions of the introduction and methodological part: There are up to nine classes of change in the iris pattern © 1996-2003 Dan Waniek, all rights reserved.

Many valuable iridologists have been entrained and betrayed into gross errors and faced ridicule when they compared irides of different pupil size and found false positive M-CIPs.

We started the review of iris stromal variability here with such false positive examples for didactical and methodological reasons.

The critical review of their relative advantage has yet to be published.

The Integral Iridologic Chart

Determination of the organs and systems projected in the iris is a tedious, rather long and indeed difficult process.

It requires the accumulation of a massive amount of archive materials, in order to focus investigations in apparently healthy patients, not only in those actually having the full-blown disease.

Moreover, there is never bi-univocity in the form of “one iris sign - one disease tag”.

For example, all liver or heart disease always imply several pathologic processes of reflexive nature and even extend to the neighboring organs.

It is therefore required to have all clinical, anatomical and histological confirmations of all cases, in order to be able to make selections and to analyze similar data types.



The net result of all such efforts directed to provide dynamic observations during several years with consequent iris images registration is the subtle and profound determination of shifts and drifts of iris patterns, the hallmark of homeostatic adaptation.

The Korean (Bexel Irina Integrative) Iridology Chart

As a result of preliminary investigations of more than 20,000 patients, the Suttong Technical Corporation (STC) proposed a modified integrated projection chart of organ zones on iris (iridology chart).

It is well known that the healthy organ is not painful.

An individual who does not suffer from pathology of the heart, kidneys or other organs and is not trained, can not precisely point to their location in his body.

Similarly, in cases of full health, genetically and physiologically, some organs do not provide any projections information and so the iris may not contain the corresponding sign.

In the presence of full blown pathological processes in different organs and systems, the principle of dominant priorities of their reflection in the iris will show the signs.

That is to say that the more severe processes, often those pathological processes that are genetically conditioned, are really causing the changes of organ structures, and by this, they are also developed as projections in the iris.

We distinguish as much as 14 joint organic areas on both irides.

Accordingly, there are topographical associations in representation with the:

01. spinal column - digestive tract,
02. spinal column - heart,
03. lungs - mammary glands,
04. leg - kidney - adrenal gland.

It should be taken into consideration that despite partial superposition of the projective areas of some organs, the pathology of most of them has a highly specific reflection on the iris.



Therefore, with sufficient experience, it is possible, for example, to distinguish the pathology of both lumbar vertebrae and the pancreas.

Interpreting superposed projections and shifted projection in context

Although they are distinct organs, by having a common projection and also a different pattern of SRol in the iris, we can separate the respective symptoms.

Important factors in the process of correct determination of a projective area include:

- 01: Possibly physiological or variant shifting limits of organ projections.
- 02: Various pathological processes are changing the dimensions of some organs, leading to a characteristic and pronounced elastic shift of coordinates in the iris.

Due to the dilation or reduction of corresponding areas around the previous center of gravity, the whole iris chart shifts.

Specific topographical projection knowledge

Specific data for various organ-systems are as follows:

01. Lungs

The upper border (02:10 at the left side and 09:50 at the right side and) is mainly stable, because the anatomy of the rib cage does not allow for the upper parts of lungs to heave upwards considerably.

The lower border (03:00 at the left side and 09:00 at the right) can however be shifted downwards substantially, due to the mobile nature, raising and flattening of the diaphragmatic dome: up to 03:45 at the left side and 08:15 at the right side.

This occurs in cases of emphysema, bronchial asthma, pneumo-sclerosis of the lungs, atelectasia of different pneumonic and oncologic causes, pneumothorax, etc.

02. Liver

The projection only shows in the right iris between 07:30 - 08:10. The borders of the projection can shift up to between 07:15 - 08:30 in cirrhosis of different etiologies, lipomatous degeneration, portal hypertension, echinococcosis, abdominal ascitis etc.

03. Kidneys

The projections are at 06:00 - 06.30 at the left side and 05:30 - 06:00 at the right side. Especially in hydro-nephrosis they can occupy the iris area from 05:20 to 06:30 at both the right and the left sides, depending on the laterality of pathology.

Minimal set of clinical projective iridological rules.

It has also been observed that the interchangeability of projection borders for the heart, pancreas, large intestine, spleen and some other organs is quite common.

Knowledge of a limited certain set of rules for the shifted projection borders allows us to make the diagnosis of the diseases with the highest reliability and avoids betraying into gross errors both patients and our own experience:

Irido-aggressive areas

The increase in size of the ascending and descending parts of the large intestine by way of megacolon, dolicho-sigmoid etc may be important.

These are great shifters.

Such types of projective shifts as revealed in the iris are more and more considerable as seen every day with globalization and its cohort of industrialized Western Civilization uniform diet.

Depending on the extent of pathology, the shift in the iris ridge (autonomous nerve wreath) towards the *pars ciliaris* (ciliary belt) may be impressive.



This shift can even reach the iris root, completely wiping out the *pars ciliaris*. In such cases, most obviously, the diagnosis of organ's condition, which used to be projected in that ciliary belt is impossible, hence the “intestine aggression” on this type of iris representation.

aggressive areas.

There also are many other irido-

Maximal limits of multiple projection of organs

There are no “specific signs” in the iris or “disease tags” of certain pathologic entities (always re-defined anyway [\[119\]](#)).

The most notorious such absence is the illusory “iris sign of cancer, rheumatism, infarction, injury” etc. In general, signs of organ's pathology and signs of implication of body systems are only reflected or filtered according to the cerebral importance, duration and integrative significance. (So and especially hypertension, gross recent injury with violation of function or structure, hereditary weakness, pigment development, etc. need to be interpreted in context).

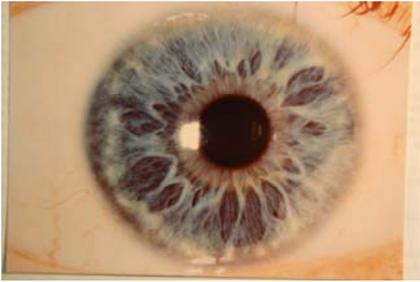
Since injuries of the same organ manifest themselves by different ways - such as pancreatitis *and* diabetes, hepatitis *and* cholecystitis, prostatitis *and* prostatic adenoma - the character of manifestations found in the iris are also different.

In injury of pancreas, the changes in the corresponding iris projection area can be registered in as many as 6 different locations and in the form of more than 20 irido-structural signs [\[120\]](#). This reminds us of the theoretical *caveat* concerning multiple and discontinuous representation in the iris of the non-contiguous forms (see page [73](#) above).

Combinations of signs and iridial syndromes

It is known that the functioning of the organism is the very complex process of interaction of all organs and systems. Gross violation in any single one of

the particular body systems is almost always reflected in the state and function of many distant structures supporting life by virtue of homeostasis and other forms of “wisdom of the body”. In clinical practice this conspicuous interaction is manifested by the variability of symptoms and syndromes.



For example, in chronic cholecystitis not only the gallbladder, but also and often there are liver, pancreatic, gastric, duodenal, intestinal and hormonal “effects” that are involved. In the iris, all this pathology can be found both in the gall bladder area and each one of the suffering or only remotely involved organ area. Thus the context is always stronger than the sentence, no matter how “shouted” it may be in the wilderness.

Ignorance of this peculiarities often lead to the incorrect evaluation of the clinical picture and bring anything (ridicule, gross betrayal) except true interpretation of the organs projection. We must not forget we are all real health investigators, with all the duties, depths and subtleties which such status imply. Whoever thinks that medicine at large, in the sad picture of Western official systems nowadays, will remain only a process of sticking disease tags on a list of complaints or “hard” data, has not studied iridology! We end this section on a cautionary tone however:

It should be mentioned in conclusion that only around 70% of iridology charts coincide wholly or partially with real iris phenomena as projections of real distant processes, and that only around 25% of such differences can be explained by the caveats and reasons given above.

Genetic Features

Bernard Jensen, D.C., Ph.D., asserted that signs found in the iris are indicative of inherited diseases and are still present for four or more generations [113].

With this statement we may conclude that anyone who has parents with a disease transmitted by typical genetic means will most certainly manifest it also as signs in the iris and, of course, the predisposition to those certain diseases will remain in their immediate descendants.

There are many inherited pathologies, and they are well investigated now: diabetes, bronchial asthma, cholecystitis, duodenal and gastric ulcer, varicose disease, brain damage, myocardial infarctions and many others. Most of these have “reflections” in the iris as certain signs there.

It should be emphasized that there are no specific markings of certain diseases in the iris in the form of “disease tags”: infarction, ulcer, kidney or gallbladder stones, etc.

This is easy to explain: the iris image, much like an ECG, or EEG, ultrasonic examination, is only the discrete screen for reflected, and in fact filtered data transiting towards the brain.

This discrete screen points to genetic and functional weakness of an organ or a system, or its most typical disease. Only with the sum of signs, with their interrelations, actual “pronunciation” as an iris sign localization it becomes possible to understand the primary nosology of an individual in the forms of more canonical “disease tags”. The context is more important than the sentence. This is not a restriction, but a blessing in disguise, for the following reason:

When studying the iris of children aged 1 to 5 years, we are faced in most cases with signs of inherited functional weakness or structural anomalies of different organs.

By comparing the results of such examination with those obtained from the parents, and, desirably, from the previous generations, and by documenting and supporting them with hard clinical and history data, it is possible not only to make a chart of the genetic pathology of that child, but also to predict his future health.

Summing up of negative genetic factors

The idea that there are gender-polarized “male” and “female” hereditary diseases was not challenged for many years. Even now we find many solid data that tend to corroborate the old opinion that there is truth in this theory, which does not necessarily cover gonosomal transmission.

Suttong Technical Corporation (STC) research [114] found that an ulcerous disease diathesis of the duodenum or hemorrhoids were inherited mostly via the males of the family, while varicose disease of the veins in the lower extremities, cholecystitis and diabetes were the “privilege” of the female line.

In the majority of “First World” or developed industrialized countries the so-called “summing up of negative genetic factors” takes place under the influence of different, complex and combined causes:

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Even only some 25-30 years before this writing, in a family with the father having gastric ulcer, and a mother suffering from cholecystitis, such pathologies were inherited mostly by way of those male and female lines respectively.

But today, more and more, all children seem to somehow independently inherit diseases from their parents without showing gender-polarized patterns for this inheritance.

Indeed, irrespective of their sex, if children are born in a family known to be predisposed to such diseases, they may inherit either duodenal ulcer and cholecystitis, or any one of them without any distinction.



The lowering of the (gender-polarized) sexual genetic “barrier”, by increasing some non-differentiated summing up the absolute amount of hereditary diseases, worsens health for the future generations in a geometrical progression.

We see this every day, as a result of Western Civilization's official medicine.

Hence, it is possible to formulate the main goals of irido-genetics:

1. Revealing of genetic weakness of organs and systems early enough, and development of methods designed specifically in order to prevent these diseases in the future.
2. Revealing all groups at risk and all the reasons of reduction in their genetic resistance.
- 3: Revealing specific hereditary diseases in irido-genetic consultations for larger scale prophylactics of the “summing up” phenomenon.

Irido-genetic consultation includes examination of the infant's whole families, especially when they are planning more babies.

By revealing all unfavorable genetic risk factors, while carrying out medical preventive measures, a much larger scope exists for our trade:

In order to decrease the risk of this revealed pathology to develop in the child, and through the child, to the next generation, we perform within the larger concept of human medicine.

According to modern concepts of physiology and the doctrine on the subject of nervous system activity, the external sections of a body contain many extero-receptive zones and discrete points that are projectively connected with internal organs and systems.

The following zones are distinguished, depending on their density per unit of the surface area and on reliability of extero-visceral representation:

1: Simple zones with vague projections and small information capacity;
2: Complex zones, for which concentration of projections and large informational capacity is typical. These zones can be arranged in a certain sequence:

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- 2.2: Extero-receptive zones in the field of palms and soles;
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The increasing number of objects of our study (structure, movement, reflexes, vessels) may allow us to consider “irido-reflexology” and “irido-reflexo-diagnostics” as words describing the real sense of our trade most adequately.

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- 5: the *rates* of ageing and some other processes in human organism.

Laterality

In all neurosciences, and not only in cognitive sciences, neurophysiology, neurology, and psychiatry, a large significance is attached to the so-called dominating brain hemisphere.

By virtue of hereditary peculiarities, children are born as right-handers, left-handers or ambidextrous, depending on the dominance of right or left brain hemisphere in areas of motor activity.

If the right hemisphere is dominant, a person is born as left-hander, if the left hemisphere is dominant then the same person will develop as right-hander, and if both hemispheres are co-dominant, then, by virtue of bilateral dominance, ambidextrous children ensue.

From the data of several different authors, it seems that only 75-80 % persons are true right-handers. Re-training in schools for unhappy uniformity, made of many retrained left-handers new false right-handers.

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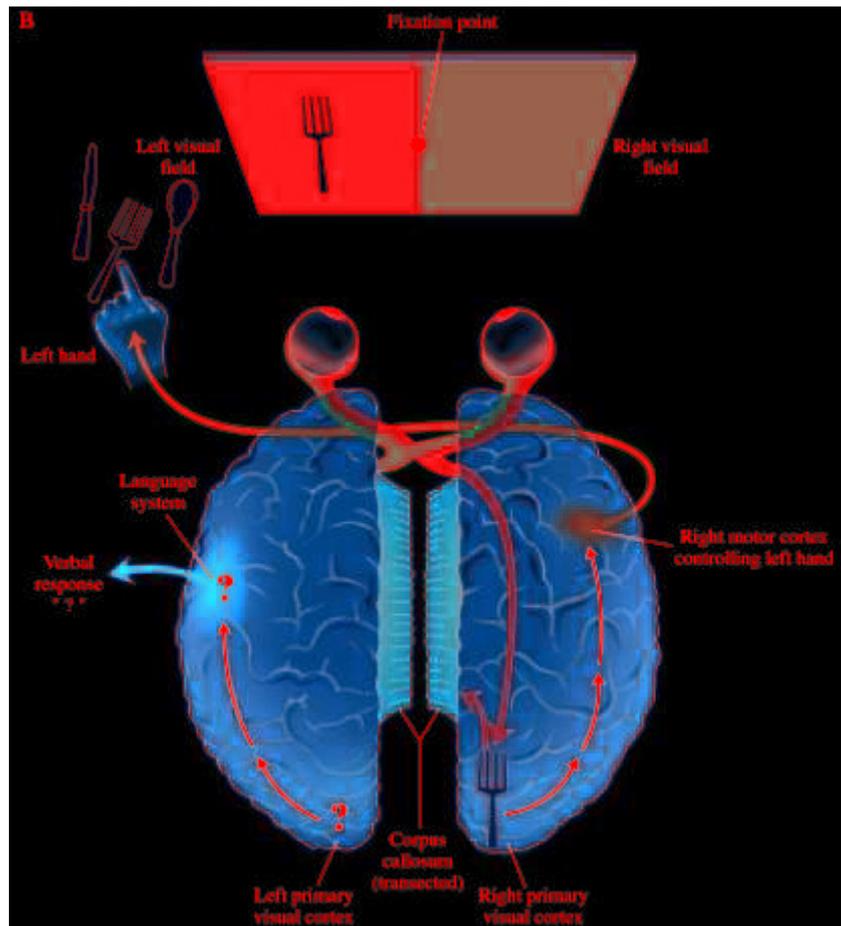


Figure 57: The left hand is controlled by the right motor cortex. © 2003 Department of physiology, University of Wisconsin - Madison

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Thereby, the traditional iridological data should be corrected in the process of iridological analyses, depending on true laterality.

True laterality is hard to find non-invasively. One such invasive method, in fact the golden standard in finding laterality for language, is given below:

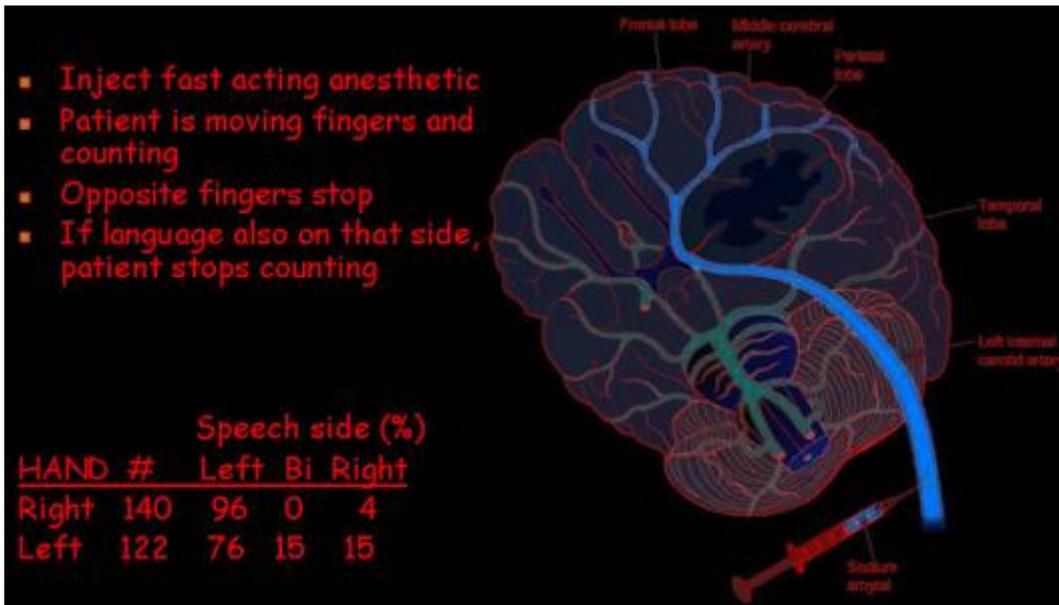


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Some authors even insert amendments into their analyses, asserting that if both father and son are true right-handers then the paternal genotype is dominating in the iris, while if the child is a left-hander - the maternal genotype would be dominating.

Today the principle of individual analyses of irido-genetic features, inheritance rules for the diseases, associated with the sex of patient are predominant.

Even non-invasively, in order to reveal the true laterality of a patient, many special tests should be applied, for which the following figure is only a cognitive hint:

Lesson 1 – Introduction to Iridological Concepts

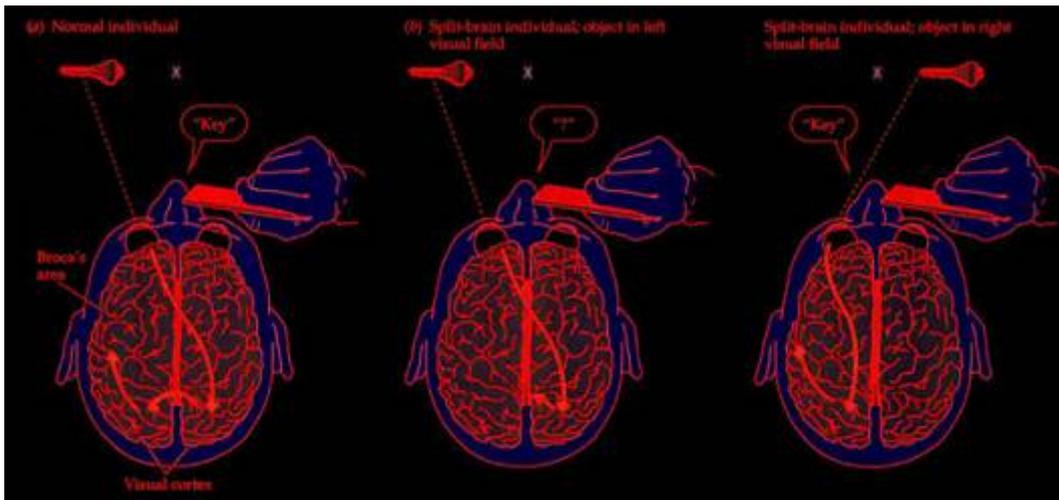


Figure 59: Cognitive experiments in humans: By showing objects in the nasal half of the right visual field (right), they are correctly recognized, even in *callosum*-split-brain models. This is so courtesy to the avoidance of decussation of the optic chiasm by the temporal part of the retina which receives information from the nasal visual field (This cannot be avoided for the nasal half of the retina, which decussates – center) © 2003 Department of Psychology - Queen's University.