

## Why Is Iridology So Misunderstood?

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*Note – There are 3 groups of people this article is directed to. First are critics who have no real understanding of Iridology, but have negative opinions from what has been voiced in medical or popular media. Second are Iridologists who have not been exposed to, or are resistant to updated practices in the field. Third are those who understand and practice modern Iridology, but don't have a historical perspective of this evolution.*

The art and science of Iridology has been undergoing an evolution typical of many alternative health assessment and treatment practices. Through continued observation and correlation, understanding of iris signs and their meaning has increased. This progress is correlated to advancements in microscopy, photography, and computer imaging, as well as communication between Iridologists regarding their observations.

Limitations of these factors hampered early Iridologists. Older books relied on reproduction of color drawings. Once photography became available, accuracy of the color pictures remained inadequate for many years. Until very recently, computer-based image capture systems weren't able to reproduce highly accurate images. High quality slit lamp microscopy of the live iris has mostly been underutilized. Language differences have hampered communication between Iridologists. To this date, many books and research articles in German and Russian remain untranslated into English.

In North America, books written in the early 1900s formed the basis for Iridology beliefs that are still present today. It is well known that advancement of most alternative medical practices was non-existent here for a significant portion of the last century. This was due to the development of a monopoly of Western or allopathic medicine. The political and economic factors primarily responsible for this have been well-documented (1). Iridology and other natural medicine practices were forced underground, away from medical or research-based practitioners. Both clinical (patient based) and research oriented approaches have their strengths. The unfortunate result was that there were very few people who had skills in both worlds.

Iridology was kept alive by practitioners whose emphasis was more on patient health care than data collection and analysis. This clinical approach led to the strong correlation of proper nutrition and digestive function being an integral part of achieving and maintaining good health.

In Europe, the political and economic climate that evolved allowed for both worlds to co-exist. Homeopathy and herbal medicine were practiced alongside allopathic approaches. Both MDs and Heilpraktikers (Naturopathic practitioners) became involved in Iridology study, evolving the knowledge into a system remarkably different from what has been practiced here. In Russia, Iridology has been taught only to MDs. The higher education level of European Iridologists contrasts with the average Iridologist education level in North America. Because of language issues, many of these observations and advancements have remained inaccessible or available only on a limited basis here.

Meanwhile, several Iridology studies have been reported in Western scientific medical journals. These studies were all poorly designed. They based their evaluations on outdated Iridology dogma and employed Iridologists who had insufficient training or who still followed faulty beliefs. (2-5) This has been discussed at length in several Iridology Review articles. (6,7). Aside from occasional bias from the researchers (8), it is hard to defend a practice when the practitioners participating in

these studies do not use Iridology appropriately. It puts Iridology in a position of double jeopardy. The effects from these negative research studies on the progress of Iridology have been devastating. (9) Outsiders to Iridology often find these as the only sources of research information on which to base their opinions. The Iridology Review has published several studies supportive of Iridology. (10-12) An appropriately designed study from Russia, published in the Iridology Review, Spring, 2000 clearly identified the predictive value of the iris on health. (13) Also, an example of a well-designed iris study has been outlined. (14)

Several former Iridologists have written critical evaluations of the practice. (15, 16) They ultimately realized that their Iridology approaches were not supportable. Frankly, if I was practicing Iridology the way they were taught, I would agree with them. Outdated Iridology beliefs have caused most of the transgressions they identified. Unfortunately, these frustrated Iridologists have not been aware of the more modern approaches and more appropriate way to use iridology. This transition away from Iridology was reported to have been a painful experience for some of them, and I understand their pain. I felt the same way when I came to similar realizations about the western medicine that I was practicing as a pharmacist.

Some of the closely-held beliefs in North America that have been discarded by modern Iridology include primary iris map-oriented analysis, iris structural changes/healing lines, emphasis on pigmentation changes, with drug deposits as the source of pigment signs. This has been discussed at length in other Iridology Review articles. (17-21)

We hope the evolution of Iris Biometrics will put to rest the improper emphasis on iris structural changes, including beliefs in the progression of sub-acute/chronic/degenerative stroma separation levels and healing line formation. While the connective tissue in our body ages over time, there is no anatomical basis for these perceived gross changes. Most iris change appearances can be easily related to the quality and variability of the comparison iris images or differences in pupil tonus. (22) If these structural changes were true, then the iris would not be able to be used as a unique and almost foolproof Biometrics identification method.

While IIPA has been at the forefront of modernizing Iridology knowledge and practice in North America for almost 20 years, changing the way Iridology is practiced has been a long process. To identify its usefulness outside of personal clinical experience, one of our goals has been to produce more relevant iris research and information. We have done this via publication of the Iridology Review.

One hindrance of our IIPA Research and Information department efforts to move forward is the amount of time spent answering critics referring to insupportable Iridology beliefs or practices and inappropriate research studies as a basis for criticism. Other attention has been required when improper Iridology information is used to sell a product, such as promoting the existence of iris changes to demonstrate the value of a health supplement. (23) Our department also offers review of study design proposals. Re-orienting researchers away from improper Iridology approaches and study designs takes an enormous amount of effort. I admit, preventing further "improper" research is a laudable goal, and a necessary activity. In other parts of the world, there are not nearly as many of these issues or difficulties sidetracking our brethren in conducting their research or activities.

For the Western medical researchers of Iridology, my message is this: Each system of medicine can offer its own unique contributions to health care. These systems may have dramatically different approaches and methods. In order to evaluate these properly, we must understand the language that each practice speaks, and not try to apply a singular research paradigm to all. For example, remember when acupuncture was considered quackery? Homeopathy is still considered pure hocus-pocus by many allopathic practitioners in North America while widely respected and practiced in Europe and India. (Can the Queen of England's chief physician be *that* wrong?).

Western medical literature is full of references to the iris that relate to Iridology, but this information is not under the heading of Iridology. (24-34)

For Iridologists who have not been exposed to (or are resisting) new information, and Iridologists who have discarded the practice out of frustration, my message is this: In order to be most effective, every system of medicine must be practiced appropriately and within its limitations. This means accurately recognizing what it can and cannot do. Practitioners must constantly evaluate their work with an unbiased eye and be willing to alter beliefs when faced with valid evidence. This is required for all practices of medicine, not just Iridology, in order to benefit clients or patients most effectively.

Part of the challenge for advancing Iridology in North America has been exposing Iridologists to updated approaches, and disseminating appropriately designed research information. The future may hold information that vastly supersedes what we know now. In time, Iridology may look as different to us as the present does to Iridologists from the past. Hopefully, with the evolution of this practice, we will be able to achieve our objectives and elevate Iridology to its proper place in the health care field. We do not know where this journey will take us, but are fully committed to it.

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The author would like to thank Dr. Ellen Tart Jensen and Dr. Barbara Kreemer for editorial and philosophical guidance.

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