

Critique/Analysis of Iridology

Refer to article – put up a good argument for/against proving or disproving iridology.

Iridology is the science and practice of studying the iris of the eye. Through studying the markings or signs in the iris of the eye, the practitioner finds out about body constitution as well as strengths and weaknesses in the various organs and tissues of the body. Practitioners of iridology claim that this system of iris analysis can supposedly detect subconscious tensions, hereditary weaknesses, and states of health and disease. However, iridology has become a topic of controversy – the majority of medical doctors widely dispute the ability of iridologists to actually do what they claim, and they question the supposed diagnostic relationship between the iris and the rest of the human body.

History

It is thought that the examination of a person's eyes to help establish their state of health is an ancient practice that dates at least as far back as the ancient Greeks. While Plato did not specifically make the correlations found in iridology as we know it today, he spoke about the eye-body connection. The first explicit description of iridological principles such as homolaterality can be seen in *Chiromatica Medica*, a famous work published in 1665 and reprinted in 1670 and 1691 by Philippus Meyeus (Philip Meyen von Coburg). (Wikipedia 2004)

However, the title of “father of iridology” is generally regarded to be shared between two European men who “rediscovered” iridology in the nineteenth century. The first of these men is Dr. Ignatz von Peczely. Tradition holds that in 1837, Von Peczely at age 11 caught an owl in his garden. In his struggle with the frightened bird, he accidentally broke the owl's leg, and later observed a black stripe rising in the owl's eye. Von Peczely nursed the owl back to health. At this time, he noticed the stripe of black was replaced with fine white lines. Von Peczely never forgot the incident with the owl. When he grew up, he became a physician; working in the surgical ward of a college hospital gave him the chance to observe the irides of patients. A study of the changes in the eye coincided with their injuries, surgery or illnesses. Over time he charted a map of the relation between the iris and the body. (Jensen et al 1992)

The other “father” of iridology is Nils Liljequist, a Swedish clergyman who discovered iridology almost concurrently with the young Von Peczely. At around 1864, Liljequist at 14 became severely ill following a vaccination. After he began treatment with quinine and other potent drugs, he noticed a change in his iris color. Years later he broke some of his ribs and again observed discolouration of his iris. Eventually in 1893 the Swedish pastor published over 258 drawings in an atlas depicting his interpretation of the iris/body relation. While at that time, each man was unfamiliar with the work of the other, the drawings of Von Peczely and Liljequist were remarkably similar. (Jensen et al 1992)

Iridology became popular in the United States in the 1950s, when Bernard Jensen, an American chiropractor, began giving classes in his own method. Jensen published his own set of maps and these are now some of the most widely used maps for iridology. Jensen states that “Nature has provided us with a miniature television screen showing the most remote portions of the body by way of nerve reflex responses.” He also claimed that iridology analysis are more reliable and “offer much more information about the state of the body than do the examinations of Western medicine.” (Barrett 2001)

Method

Medical doctors see the iris as the colored part of the eye that regulates the amount of light entering by a contractile opening in the center, the pupil. The lens brings the light rays to a focus, forming an image on the retina where the light falls on the rods and cones, causing them to stimulate the optic nerve and transmit visual impressions to the brain. Like the brain, the iris is endowed with many

thousands of nerve endings, microscopic blood vessels, as well as muscle and connective tissues. However, it should be noted that there is no evidence that any nerve in the iris is connected to any other part of the body. (Tortora et al)

Iridologists believe the iris is divided into 40 zones, each zone corresponding to a different body part. Equipment such as a flashlight and magnifying glass, cameras or slit-lamp microscopes are used to examine a patient's irides for alterations in structure, color and markings of the tissues. By looking at a particular part of the iris, iridologists claim they can tell which body part or organ has a weakness; which are for example overactive or inflamed. These may point to a tendency in the patient towards certain illnesses, reflect past medical problems, or predict health problems which may be developing. Warning signs include abnormal spots, colors or lines. The markings and patterns are often compared to iris charts based on the ones Von Peczely devised. The left eye is believed to correspond with the left side of the body and the right eye with the right side of the body. In general, the higher organs like the brain and thyroid are at the top of the iris and the lower organs such as the kidneys are located at the bottom. (Niebergall, Wikipedia 2004)

One thing that is commonly stressed in iridology is that diseases cannot be seen nor named through iris analysis. In fact, in his book *Visions of Health*, Jensen says that one of the greatest pitfalls awaiting iridologists is the temptation to name diseases. He warned iridologists against using the term “iris diagnosis” as he says “the making of a diagnosis is reserved only for doctors” and using it could land one in legal troubles. Instead he suggests using the term “iris analysis”, which he defines as “to discern by observation of the irides the various stages of tissue inflammation – acute, subacute, chronic and degenerative – and where the inflammations are located. Inherent weakness and their locations can also be discerned.” Amongst other things, these weaknesses may include congestion of the digestive system, circulation problems, stomach acidity and tendency to a weak heart. (Jensen et al 1992)

Studies Debunking Iridology

While iridology has been increasing in popularity as a therapeutic tool, mainstream medical doctors continue to reject all the claims of iridology en bloc and label it as pseudoscience with no clinical value. One reason for this could be that scientific research on the subject of iridology are few and dated. Furthermore, it does not help that where there were studies done, the published results have indicated a lack of success for the iridological claims.

The first one was made in 1979 by the researchers A. Simon, D. Worthen and J. Mitas at the University of California at San Diego. In this study, the researchers asked three iridologists, including Jensen, to analyze the kidney function of 143 patients based on color slides of their irises. Of that number, 24 had severe kidney disease, 24 had moderate kidney disease, and 95 were healthy. In nearly all cases, the three well qualified iridologists failed to detect which patients had kidney trouble. In fact, they often read the irises of the sickest people as being healthy and vice versa. They did not even agree with each other. The researchers concluded that “iridology was neither selective nor specific, and the likelihood of correct detection was statistically no better than chance”. (Simon et al 1979)

In his own defence, Jensen claimed that the colour slides used in the study were of poor quality, making it difficult for him and his colleagues to diagnose the subjects. However, according to nutritionist Kurt Butler in *A Consumer's Guide to Alternative Medicine*: “The camera used belonged to one of the iridologists, and the slides were presented to them in their offices, at their leisure, and with the option of discarding any slides they thought unsatisfactory.” In addition, the iridologists stated that their approach was valid for predictions of health, not of disease *tags*. The counter-argument was why then did they participate in the study if they knew all along that they could not detect kidney disease. (Nava True II, Wikipedia 2004)

Closer to home, in 1980, an experienced Australian iridologist underwent two tests. In the first, he examined photographs of 15 patients who had been medically evaluated and had a total of 33 health problems. He completely missed 30 problem areas and made 60 incorrect verdicts. In the second trial, four people had their eyes photographed when they were in good health and rephotographed when they were sick. The iridologist made a large number of incorrect conclusions from the initial photographs and was unable to accurately identify any organ that underwent a change when the health problem arose. He was also asked to compare iris photographs of another healthy individual taken only two minutes apart. Again, he made five wrong verdicts for the first of these and four different incorrect ones for the second. (Cockburn 1981)

More recently, a study as reported in the article *Proof – or propaganda?* was conducted by Dr Paul Knipschild of the University of Limburg in Maastricht. He selected 39 patients who were due to have their gall bladder removed the following day, because of suspected gallstones. He also selected a control group who did not have diseased gall bladders. Five leading Dutch iridologists examined a series of iris slides of both groups. Once again, the iridologists were not able to identify correctly which patients have gall bladder problems and which had healthy gall bladders. More often than not, they were incorrect on the diagnoses, and also they did not agree with one another. Dr Knipschild concluded “this study showed that iridology is not a useful diagnostic tool”. (Knipschild 1988)

In a bid to defend themselves, the iridologists in these studies claim that slides are not the same as an “in person” examination. Also, they claimed that the slides were of inferior quality making interpretation difficult. Once again, the question remained: why then did they agree to the conditions of the study. Moreover, at the beginning of the study, the iridologists were allowed to discard any slides they felt were of poor quality. Other iridologists went one step further to question the skills of the participating iridologists, as well as the methodology of the study. There was even suspicion that the research may have been a deliberate attempt to discredit iridology. (Martin 1989, Niebergall)

Other Shortcomings of Iridology

One issue that medical doctors constantly raise to discredit iridology is that there is no anatomic evidence that shows that the iris is connected to certain organs. Iridologists contend that the neuro-optic reflex links the iris to the body via the sympathetic nervous system. The counter-argument is that even if that was so, anatomical interconnection does not imply functional connection. Dr. Russell S. Worrall, coordinator of the Special Task Force on Vision-Related Misinformation of the National Council Against Health Fraud, Inc. (NCAHF) further argues that the autonomic nerves supplying the eye are of small caliber and does not seem to have adequate numbers of nerve fibers to handle the volume of information presumed to reach the iris. He adds that while anatomical, physiological, and clinical studies have demonstrated the functional neural pathways involved in many of the eye’s control and response mechanisms, published studies report no evidence in support of a functional iris-body connection. (Worrall 1986)

Another question raised by medical doctors is the multitude of iris charts being used. There is thought to be up to 20 different iris charts being used, and these contain differences in both location and interpretation of the iris signs. Thus, they argue that a patient who sees different iridologists is likely to end up with different diagnoses depending on which chart is used. (Nava True II)

In Defence of Iridology

It is important to note that while mainstream Western medicine considers iridology as quackery, it does not ignore the eyes as indicators of disease. There are many instances when a conventional doctor will examine the eyes of a patient to look for signs of disease. Jaundice can indicate liver disease, dilated pupils can indicate brain malfunction, and rings around the iris can indicate Wilson's disease.

Also, as previously discussed, another point that iridologists constantly maintain is that iridology does not seek to identify diseases. Rather, it is used as an early warning system to discover imbalances or weaknesses in the body before they develop into serious medical problems. In general, iridology practitioners view iridology as a preventative tool and as a gauge for healing and signs of health. Often their goal is to help people keep well and their advice for healthy living are sound and beneficial. For instance, if a patient is found to have yellow overlying the kidneys, it could be a sign that they are not working to their full potential. The patient may be advised to increase their water intake to improve kidney function and general health. If a patient has cloudiness or congestion over the heart, they may be told to increase their cardiovascular exercise regime, while the presence of nerve rings may point to a need to reduce stress in daily life. On the whole, these are often the same advice that primary care physicians give their patients; drink more water, eat healthy, get enough sleep and exercise. Hence in itself, it is difficult to find fault when examining the treatment and diagnostic advice given by iridologists. (Niebergall)

In addition, the main reason that mainstream medicine is dismissive of iridology is because published studies have not been able to successfully prove the effectiveness of iridology in clinical settings. However, this sweeping rejection of iridology stems from only a handful of studies. Personally, I do not think there has been sufficient research conducted to unequivocally prove or disprove the claims made by proponents of iridology. The fact remains that iridology has been around for more than a century, and while scientific research has not produced positive results, iridology is used in clinics all over the world on a daily basis with much success. Thus as much as we value traditional mechanistic and quantitative research, it is important to realise that qualitative and experiential findings may be just as valuable. If that were the case, it would seem then that iridology does have its place in the health arena.

Conclusion

In summary, while iridology has no scientific basis, and studies have not been able to prove its inherent value, empirically it has demonstrated a host of benefits. Not only is it a quick, painless and relatively cheap way to obtain information about the body, a skilled practitioner would be able to do this with merely a simple, hand-held light source and a magnifying glass. Expensive and complex equipment is unnecessary. And though it is not a diagnostic tool, at the very least, iridology is helpful in giving the practitioner a starting point from where to detect a problem. Moreover, since the main goal of iridology is not treatment but rather prevention, there is also no inherent harm in the use of iridology. Iridologists are aware that this practice should not be used alone, but in conjunction with other medical sciences and wholistic arts. As I have said, to date there is not sufficient evidence to disprove iridology, and till that day comes; iridology remains an invaluable tool for obtaining information on a person's overall health potential.

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