

# Secrets Of A Healer – Magic Of Iridology

## Contents Course Details On Iridology Basics

<u>Lesson #/Module</u>	<u>Topics Covered</u>
1.	All body systems iridology chart
2.	Color type
3.	Color discoloration
4.	Autonomic nerve wreath
5.	Other markings, radis solaris etc.
6.	Lacunas and psori
7.	Fiber structures

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*Trust Me,  
This Is The Information Most People Can Handle At First*

# History

By Bernard Jensen

Most of the text books on iridology give a rather thorough outline of the stages and development of the science, so we will go into this only briefly. Whether the history is true or not it is no reflection on the science as it is being developed today. The account of the original discovery runs something like this: Dr. Ignatz von Peczely of Egervar, near Budapest, Hungary, discovered nature's record in the eye quite by accident when only a boy of ten years. While playing with an owl, he happened to break one of its legs. He also happened to notice the appearance of a dark stripe in the lower region of the iris of the bird, and later found that this darkened area corresponded to the location of the broken leg. Eventually this black streak became a tiny black spot, around which were white lines and shading. This incident made a lasting impression upon the mind of the future doctor, and when working later in the college hospital in surgical wards, he had a good opportunity to observe the eyes of patients after accidents and before and after operations. In this manner he was enabled to construct the first chart of the iris.

As far as we know, Doctor von Peczely did not follow up the relations suggested by the changes in the iris of the owl until about 1861, when he was treating his very sick mother. At the age of 36 he became interested in medicine and studied first in Budapest in 1862. In 1864 he went on to Vienna. In 1866 he started practicing in Budapest, and published his first book on the iris, "Discovery in the Realm of Nature and Art of Healing" This work was made known in Germany by August Zoeppritz. Dr Emil Schlegel of Tuebingen published a book on the results of von Peczely's work.

There was also a Swedish homeopath, Nils Liljequist, who discovered and improved many of the methods of iris diagnosis and brought this work to America. His writings were translated into two volumes called "Diagnosis from the Eye". It is interesting to note that although these men lived many miles apart and did not know each other, they wrote similar books at the same time, even writing alike word for word in many instances.

Today, after many years of research work by prominent doctors, most of them medical men, all organs of the body have been represented in charts developed through the efforts of these various doctors Dr Henry Edward Lane, a native of Austria, came to this country and taught iridology to Dr Henry Lindlahr from Chicago. Doctor Lane wrote the first iridology book published in this country, entitled "Iridology, the Diagnosis from the Eye". This book was copyrighted and is in the Congressional Library in Washington. The sixth edition was published in 1904. Doctor Lindlahr, as Doctor Lane's student, gave iridology serious study and applied it in his work in natural therapeutics. He wrote a very valuable reference book entitled "Iris Diagnosis," which is Volume VI of his library on nature cure. Doctor Lindlahr was the one who favored the regime of bringing back the acute conditions which began every chronic condition in the body.

It was Dr. Nils Liljequist who discovered, through the effects of vaccines and drugs such as quinine and iodine, that certain color changes and markings eventually appear in the irises of patients who take drugs. In his own words he says:

'In my thirteenth or fourteenth year I was vaccinated the second time. Being formerly hale and hearty, I now became sickly; first the lymph glands of my neck began to swell, then I was taken ill with malaria, vehement cough, influenza, polyps appeared in the nose, terrible pains in the bones of the legs, and all that in the course of a year after the vaccination. Physicians were consulted for years. They always prescribed iodine to besmear the swollen glands, quinine for malaria, and used the tongs to remove the polyps which, however, reappeared every year. Thus years passed by. In the meantime I noticed how the color of my eyes changed more and more, and when twenty years of age I brought forth my discovery: 'Quinine and iodine change the color of the iris; formerly I had blue eyes, now they are greenish with red spots in them. Nevertheless, I continued taking medicine, in spite of the warning of Dr. T., a homeo-path and then a teacher at the Helsingborg gymnasium. He even offered me homeopathic remedies and let me try small granules of sugar. But why didn't I accept his kind offer? I often regretted it, but then my sound judgment was disturbed by a newspaper article which wholly ridiculed homeopathy. I took the same standpoint which the Royal Swedish

Board of Medicine still takes in the year 1893 and believed that homeopathic medicine contained nothing but 'sugar, starch, and water.' Besides I desired to become a physician myself and did not care to promote the "silly teachings" of homeopathy. But the longer and the more I suffered, the more vanished my admiration for the sacrificing, philanthropic vocation of the physician, and finally I lost my liking for it altogether.

"When I came to the city of Lund in 1871, I consulted there new physicians, hoping they would prescribe for me some better mixtures; but I was disappointed. I continually got quinine and iodine with the addition of iron which should help my exhausted stomach. I began to protest, but the physician declared that it would mean my death if I stop taking quinine: As I did not like to die quite so young, I strictly followed his advice. Sometimes I got up to three grams of quinine per doses. Thus I spent six of the best years of my life on the sickbed. Oh' If I had only conformed myself to suffer from malaria, I should have felt well at least some time in my life, as the fever does not appear daily during the whole year But on account of the quinine and iodine dosing I had been constantly sick since my seventeenth year; every day vehement headache, especially in the forenoon, heaviness and dullness above the eyes, ringing in the ears, all symptoms of quinine poisoning.

"Finally in my thirtieth year I arrived at the conviction that there must be other methods to acquire health, and other remedies besides those which I had taken. Professor Jaeger's work *Die neural Analyze* convinced me of the truth and excellence of homeopathy, and in the year 1882 I became my own physician, and I did not get any worse on that account. On the contrary, in spite of having suffered from malaria for seventeen years, and in spite of the immense quantities of quinine and iodine which I had swallowed, I am now at 45 years of age quite a healthy man, full of love and vigor for work"

Other scientists also have used and contributed to this science. For example, Peter Johannes Thiel of Germany is considered one of the great iridologists of the day. Dr. J. Kritzer has written a very splendid textbook called "Iris Diagnosis and Guide in Treatment." Dr Marko J. Petinak and Dr F. W. Collins have contributed charts. Probably the greatest recent contributor to the development of iridology in this country is Dr. R. M. McLain of Oakland, California, who has been teaching this science for many years.

In the past the provisions for learning iridology have been very limited. Very few schools and colleges have taught it. Most of the men who know this science have had to learn it by their own efforts It has been my endeavor to correlate and to bring together into a volume all published material, to include my years of experience, and to present material which will teach this science logically, giving practical explanations and a practical foundation upon which to base conclusions.

## Question?

Do the various features of the iris represent a permanent aspect of an individual's health or will the iris shift and change throughout the person's life in response to their behaviour?

The different schools of iridology seem to answer this question differently and in shades of grey. For the purposes of this course, we can break the schools into two general groups:

### A:

The iris is a "snapshot" of a single point in a person's life and can change due to various stresses and Hering's Law of Cure. Acquired problems and weaknesses show up when the fibres split apart showing the layers below.

The iris is constructed in five layers, as seen in the cross-section of the iris

To illustrate the process of a lesion formation, reflecting the condition of a weaker organ, let us take the example of a person coming down with a cold. When a person ends up with a cold it reflects an irritated mucus condition in the lungs. In the iris, a portion of the lung area, at approximately 2:30 in the left iris, will show swollen tissue fibre that is raised and whitest in colour in a blue iris. A brown iris will show a lighter brown colour in the region. These fibres will appear to rise off the surface of the iris, reflecting an acute condition in the lung.

Acute means a condition in its active stage of inflammation; coughing, sneezing, with a running nose or spitting up mucus. Acute conditions, anywhere in the body, will show up as raised tissue which is whiter or lighter in colour.

At this stage, the outcome is dependent on what the person does. At this point it is important for us to step back and take a look at what the body is trying to do, People who believe in natural therapies don't believe in the post-Pasteurian theory that you just "catch a cold".

You don't just catch a cold for one reason or another. Probably there was a low level of vital energy in the lungs, along with an accumulation of morbid mucus. The mucus with low vital energy is a breeding ground for the virus, thus producing a catarrh. The word catarrh is derived from the Greek - "to flow". Part of the process of a cold is to encourage the morbid mucus to flow out of the body, taking toxic materials with it. If you use a pharmaceutical that relieves the symptoms of a cold, what do you do? You dry up the mucous membranes, crystallizing the mucus so it can't flow. Yes, you relieve the symptoms of the cold but do you overcome the problem? The answer, of course, is "no". All that you do is drive the toxins deeper into the tissue. This gives us a symptom-free situation but brings us into the second level of inflammation.

### B:

Iris markings **don't** change over a person's life.

They are just a blue print of the person's composition (general make up).

These markings would show us what could happen to a person if they abuse their body.

Since 1992, I have been studying Iridology and my own eyes, I have had many changes in that time and with all the pictures that I have taken so far there has been no change to my eyes.

*\*Just remember it takes 3 similar markings to even mean that there may be a serious issue / trait.*

**Our course is based on this 'B' belief system, until science has proved this different.**

## **Some beliefs of what Iridology Can and Cannot do**

*What Iridology can identify...from Jensen & Bodeen, Visions of Health, 1992.*

- The primary nutritional needs of the body.
- The inherent strength or weakness of organs, glands and tissues.
- Constitutional strength or weakness
- Which organs are in greatest need of repair and rebuilding.
- The relative amount of toxic settlement in the organs, glands and tissues.
- Where inflammation is located in the body.
- The stage of tissue inflammation and activity.
- Under activity or sluggishness of the bowel
- Spastic and ballooned conditions of the bowel.
- The need for acidophilus in the bowel
- Prolepses of the transverse colon.
- A nervous condition or inflammation of the bowel.
- High-risk tissue areas in the body that may be progressing toward a disease.
- Pressure on the heart
- The circulation level in various organs.
- Nerve force and nerve depletion.
- Hyperactivity or hypoactivity of organs, glands, and tissues.
- The influence of one organ on another or the contribution of an organ to a condition elsewhere in the body
- Lymphatic-system congestion.
- Poor assimilation of nutrients.
- Depletion of minerals in an organ, gland, or tissue.
- The relative ability of an organ, gland, or tissue to hold nutrients.
- The results of physical or mental fatigue or stress on the body.
- The need for rest to build up immunity.
- Tissues areas contributing to suppressed or buried symptoms
- High or low sex drive.
- A genetic pattern of inherent weakness and their influence on other organs, glands, and tissues.
- The effects of iatrogenic conditions.
- The preclinical stages of diabetes, cardiovascular conditions, and many other diseases
- Miasms
- The recuperative ability and health level of the body.
- The buildup of toxic material before the manifestation of a disease.
- Genetic weaknesses affecting the nerves, blood supply, and mineralization of bone.
- The genetic influence on any symptoms present.
- Healing signs indicating an increase of strength in an organ, gland, or tissue.
- The potential for varicose veins in the legs
- Positive and negative nutritional needs of the body.
- A probable allergy to wheat
- Sources of infection.
- Acidity of the body and catarrh development.
- Suppression of catarrh
- The condition of tissues in any one part of the body, or in all the parts of the body at one time.
- The climate and altitude that is best for the patient.
- The potential for senility.

- The effects of a polluted environment
- Adrenal exhaustion
- Resistance to disease.
- The relationship or unity of symptoms with conditions in the organs, glands, and tissues.
- The difference between a healing crisis and a disease crisis.
- The accuracy of Hering's Law of Cure
- Whether a particular program or therapy is working.
- The quality of nerve force (nerve energy) in the body.
- The body's response to a treatment.
- The whole, or overall, health level of the body.

### **What Iridology cannot identify...**

- Blood pressure levels (normal or abnormal), blood sugar level, and other specific diagnostic findings and laboratory test results
- Which specific medications or drugs an individual is using or has used in the past.
- What surgical operations a person has had
- Specifically what foods a person does and does not eat.
- How much uric acid is in the body.
- The time and cause of an injury to the body.
- Whether a snake bite is poisonous and if the snake venom has entered the bloodstream.
- The correlation between tissue inflammation levels and specific diseases or symptoms or disease.
- Diseases by name.
- Whether a subject is male or female.
- Whether asbestos settlements or silicosis exist in the body.
- If hair is falling out and why.
- The number of organs with which a person was born.
- The presence of a yeast infection, such as *Candida albicans*.
- Which tooth is causing problems.
- The presence of lead, cadmium, aluminum, or any other metallic elements in the tissues.
- If a woman is on birth control pills.
- If a woman is pregnant.
- Whether an operation is necessary
- Whether a tumor is present and what size it is.
- Whether Hemorrhage exists in the body or where it is located
- The difference between drug side-effect symptoms and the symptoms of actual diseases.
- Whether irregular menstrual periods are caused by the thyroid
- The presence of multiple sclerosis, Parkinson's disease, or bubonic plague.
- Whether healing signs indicate a rising of the general health level.
- The presence of syphilis, gonorrhea, or another sexually transmitted disease.
- Orientation toward homosexuality.
- The presence of AIDS
- The presence of gallstones or kidney stones.
- Whether a cardiac artery is blocked.



## **Practitioner Ethics**

Remember being a professional iridologist, clients may take every word you say literally. The brain is a powerful computer, the client may think that what you just said means that they are sick or even have cancer. If a person believes something enough they might just create it. It takes 3 markings to even mean that there may be a serious issue/trait. Take your time in reading your clients eyes, it is a marvelous technique to add into your tool kit of preventative medicine. Iridology, Reflexology, Muscle Testing etc. can be used to understand your client better. Once you have an understanding of your client's constitution, your job as a Practitioner is simplified in eliminating stress in their lives.

A very experienced practitioner charges anywhere from \$25 - \$60. Some Iridologists take pictures of the eyes with a camera (may be an extra charge of \$15.00), computer program or just by the old fashioned way with a magnifying glass. The session may take a half hour to an hour and a half. Some practitioners take the photo and do a reading on it before they even see the client... What ever you decide just enjoy yourself on your new journey of becoming an experienced Iridologist.

## **Reading the Eyes**

To start with you will need to purchase a lighted magnifying glass. There are a few different powers that you can purchase (up to a 10 x is all that is needed for most people). You can usually purchase them from an eye glass store or Eye Dr. Office. Some practitioners purchase a Contac scope so they can read their own eyes.

You will sit on a chair with your legs on one side of the client's chair.

You may want to have a breath freshener; mints or tic tac first. When you are ready to start to read the clients eyes have one hand lightly touching the clients head before you come in with the scope. Make sure you always hold the magnifying glass firmly in your hand. Remember a client can only keep their eyes open without blinking for a short period of time with the light so bright. So he/she may need to take a moment's break.

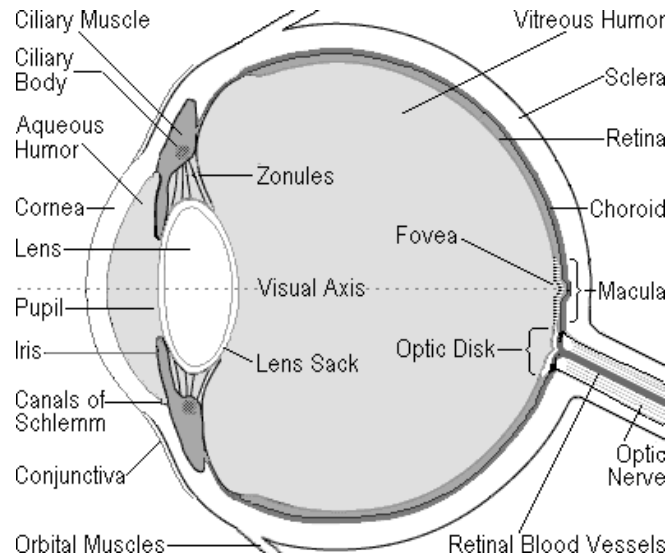
Case studies will be done on a friend or family member who will let you practice on them.

As you go through this course start looking at as many different eyes as possible (even if it is in magazines). Do not tell anybody what you think they have. We are not allowed to diagnosis! If need be just tell them what marking you are looking for. Later when you are confident you may tell them about their personality and what systems will need to be kept healthy.

Enjoy!

# Anatomy of the Eye

## Cross-section of the eye



## Parts of the Eye

The Iris is actually composed of individual fibers (trabeculae) which cross over each other at the autonomic nerve wreath. The contraction and relaxation of the iris tissue alters the shape and size of the pupil, in turn allowed differing amounts of light into the eye. The eye is actually an extension of the brain. Embryonic development stems from the mesoderm and neurectoderm composing the optic cup.

By approx. the seventh month in utero the iris is functional.

Iris size: Approx. 12 mm (size of a dime)

Layers of the iris:

- Anterior border layer
- Stroma
- Muscle layer
- Posterior epithelium

The iris has been estimated to contain 28,000 nerve endings. Medical science, so far, has found no apparent function for these nerve fibers that seem to end blindly in the stroma.

### Cornea

The transparent layer of tissue which covers the eyeball.

### Iris

A coloured, muscular ring which controls the amount of light entering the eye. It lies underneath the cornea, in front of the lens and within the sclera.

### Lens

Which allows the focusing of light on the back of the inside of the eyeball (retinal surface), lies behind both the pupil and the iris and is suspended with its own set of ligaments.

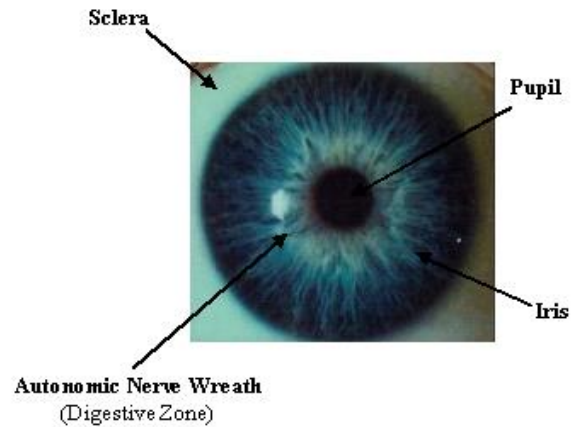
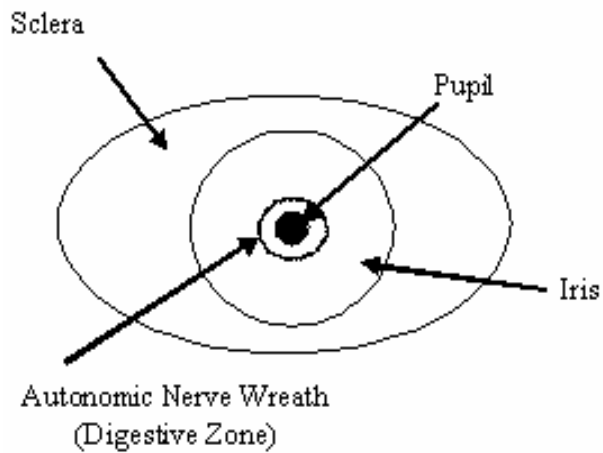
## Pupil

Is the aperture within the iris which allows light to enter the eye. Behind the eye sits a translucent lens which focuses the incoming light. Lens can become cloudy, a condition known as cataracts.

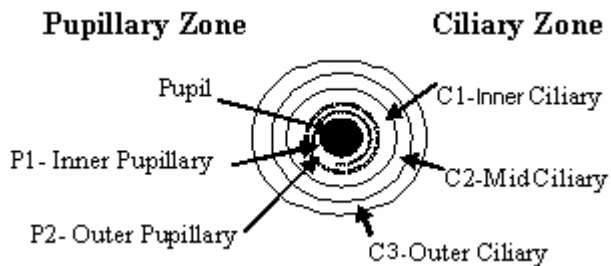
## Sclera

Is the white of the eye, often containing visible blood vessels. It is covered by a translucent layer called the cornea

## Simple anatomy of the eye



## Simplified Zoning of the eye



## Hering's law of Cure

Three principles:

1. All cure comes from above downward.
2. All cure comes from within, out.
3. All symptoms leave the body in the reversal of the order they enter it.

These three statements can be understood on many levels and as you work with the principles, new applications of it will appear.

1. All cure comes from above downward. If you don't want to be healthy, you won't be. You have to think, feel and desire in order to be healthy. There are many people, some of whom you will no doubt run into, who want to be sick. It is a crutch for them to lean on. They receive attention they otherwise wouldn't. Something for them to feel sorry about. A healthy attitude is a very important ingredient in a well body.

2. All cure comes from within, out. The most vital organs and the most vital parts of an organ will be cured first. Your body will spend more energy to strengthen the health of the liver than spending energy on arthritis in the knee.

3. All symptoms leave the body in the reversal of the order they enter it. Let's say, as in our preceding discussion, a person went through a degeneration process such as cold, flu, bronchitis / pneumonia, hay fever, asthma ... a degenerative lung issue. If this person came into the natural healing clinic and was put on a good natural diet and give the proper herbs, vitamins, and other supplements, after a while they would feel a lot better. The typical response from someone like this after a few months is:

"You know I feel so much better, you wouldn't believe ... I can sleep a whole night through now. Before I could only get a short rest sitting in a chair because when I laid down I felt like I was drowning in the mucus from my lungs. Thanks, you know you saved my life. I'll do anything you say from now on. I'm deeply indebted to you."

These are warning words to a well-versed practitioner. The patient's vital energies have been raised enough for them to rid their body of a lot of the toxins they have acquired to create their devitalized state in the first place. This person is about to have a healing crisis.

## Healing Crisis

A healing crisis is when the body has gained enough vital energy to rid itself of at least some of the accumulated toxins in the devitalized tissue. The same person, who a week earlier was praising the ground you walked on, might phone back and calling you all kinds of names because they are now sicker than a dog”. In this case study, they would come down with a bad case of asthma, just when they thought they were cured. In a healing crisis, you relive the old symptom set and often it becomes even worse than before ... but usually for very short periods of time, until the accumulated toxins are released. The release of these old toxins is often associated with the elimination of drugs that might have been taken during the period of time of the original disease symptom.

A healing crisis is always preceded by a period of high vital energy and is followed by a period of high vital energy associated with a feeling of release. This whole process of revitalization of the tissue in question can go on until each of the previous symptom sets experienced have gone through a reversal in the order in which they entered the body ... with a healing crisis at each stage until the tissue is completely healed.

The past opinion of healers was that we had to go through all of the healing stages. We have found in our practice this is not necessarily true. A well-trained practitioner can often avoid the need of a major healing crisis, though they will crop up from time to time. If a person goes on long cleanses, trying to vitalize the body quickly, they will definitely have many healing crises. But if they take a slower route, cleanse a little, build a little, cleanse a little, build a little, we can often avoid major healing crises.

Some herbal formulas are very good for this. They may be designed with both slow-cleansing and building properties. This brings the person back to a fully vitalized body by a slower, often more comfortable, path. The change from one health level to another is like changing gears in a car. Sometimes you might “grind the gears” a little but with care, you can switch the gears smoothly.

One of the most common questions at this point is “How can you tell the difference between a healing crisis and a disease crisis?” A healing crisis has a good level of vitality on both sides of it. But you know, to distinguish them apart is little more than an academic exercise. As Doctor Kellogg said:

“You give me any crisis and I can heal that person of all ailments.” When we go into a crisis, whether up the road toward vitality or down the path to a degenerative-type situation, our body is in a state of “health alert”, meaning it can call upon special energies to heal. Let us not forget that fact while reviewing the disease process we discussed at the beginning of the lesson. These were really cases of the body trying to rid itself of toxins and morbid waste.

If you follow the simplest of the laws of nature in a crisis, including plenty of rest, very simple food (maybe just liquid), right vitamins and minerals, and sometimes herbs to assist in the elimination process, you can rid the body of the problem and most often, the organisms associated with it. You have to act before they have too much of a stranglehold.

# Iris Pigmentation

I was also taught this in my Grade 10 biology class

By Bill Caradonna

## Introduction

The iris of the eye provides two characteristics for observation and analysis structure and pigmentation. There are differing perspectives as to the significance of these indicators. This article will examine the origin and types of iris pigmentation and discuss the evolution of their interpretation.

## Eye Color

Throughout the ages, humankind has poetically called the eyes windows of the soul” True emotion hidden elsewhere is often revealed here. But what creates this window? What are we really looking at? Overall eye color is dependent upon the quantity of melanin pigment present Dark brown eyes are heavily pigmented, obscuring underlying iris fibres. Light brown eyes have less melanin, with off-white or yellowish appearing stroma. In blue eyes, there is only a small quantity of scattered melanin granules which reflect light. This is similar to light reflected from suspended particles in the air creating the appearance of a blue sky. Albinos lack melanin and the light reflected on the retina imparts a reddish color. Most Caucasian babies are born with blue eyes, which change color according to genetic determination. The melanocyte granules fill in over the ensuing months. Babies of Asian and African origin are born with murky brown eyes which become darker over time,

The incidence of eye color is dependent upon population composition. Also, coloration definitions must be identical for comparison purposes. The following are two examples of eye color analysis.

- 1) 7000 White Maryland school children
  - 31% blue-eyed (deep blue, light blue, light grey)
  - 36% hazel-eyed (remainder of colors)
  - 33% brown-eyed (hazel brown, dark brown)
- 2) 400 patients in Southern Germany
  - 62% blue-eyed (deep blue, light blue, light grey, hazel)
  - 12% light brown
  - 26% dark brown

While these figures are similar when adjusted to either brown or blue colors, this indicates the subjectivity of categorization. Combinations of pigment patterns create various shadings. Hazel can appear from a basic blue eye with whitish or yellowish overtones. A blue eye with heavier than usual pigmentation in the inner and outer iris zones is often confused with a light brown eye.

European researchers have recognized the importance of iris colors indicators of inherited physical dispositions (constitution). Iris color has also been recognized to delineate differences in motor performance, dental pain, dystonic syndromes, stimulus arousal, and behavioural sensitivities and inhibitors.

## Eye Color Determination:

Several factors influence eye color. This includes both heredity and pigment stimulating factors:

**Heredity:** Eye color is an observable expression of the genetic constitution. Choices of eye color (alleles) are found in a specific position (locus) on the chromosome. If brown-eyed parents have identical alleles for brown eye color (homozygotic), then all their offspring will have brown eyes if the parents' alleles are heterozygotic (both brown and blue choices), then the iris color is inherited in a mendelian manner with blue recessive to brown. This means that an average one out of four children will have blue eyes. If one parent has brown eyes and one parent has blue eyes, but the brown-eyed parent is homozygotic, then all the children will have brown eyes. Two homozygotic blue-eyed parents will have only blue-eyed children.

## Pigment Formation

Embryologically, the pigmented cells of the posterior surface of the iris arise from the neuroectodermal cells that separate from the outer wall of the optic cup prior to pigment migration. The anterior portion, which reflects iris color, arises from the mesoderm and cells that migrate from the neural crest. Both sympathetic cells and melanocytes also originate from the neural crest. The sympathetic nervous system has an important influence on the development of melanin and iris color.

Melanin is found in the cytoplasm of melanocytes by oxidation of the amino acid tyrosine, a copper containing enzyme located in the mitochondria. Melanin is iron-free. The melanocyte stimulating hormone (MSH) of the intermediate lobe of the pituitary gland influences melanin deposition in skin melanocytes but NOT iris melanocytes. Therefore, MSH is not involved in iris color changes. Melanin of the skin, brain, iris, and meninges is bound to various proteins. This may account for the differences in pigmentation. Other specific pigments, or "freckles," are seen in the iris, as well. Rufin, a lipochrome, is responsible for orange and lish colors. Carotenes are bright orange/red unsaturated hydrocarbons. Pure yellow xanthophylls are oxidation products of alpha carotene. Another yellow pigment is thiochrome which has characteristic fluorescence and results from the oxidation of thiamine.

## Heterochromia

Major and minor variations of iris color can occur. When two eyes have different overall colors, this is called "binocular heterochromia." This can be genetically inherited as an irregular but uncomplicated autosomal dominant trait. It can also indicate other inherited syndromes (i.e., Homer's, Waardenburg's.) Sympathetic nervous system disturbances secondary to injury, tumour, etc., is the other reason for this occurrence. Partial pigment variations from the base color occur more frequently and are known as sectoral heterochromias. The size of the heterochromia sector can vary from a few degrees to 1/2 of the iris. This presence is also related to either hereditary anomaly or sympathetic disturbances. Occasionally, this results in a hypopigmented sector (hypotrophic sectoral heterochromia).

In the Maryland study of white children age 12-14, an incidence of .75% was observed for heterochromia. Once brown eyes were eliminated, the incidence rose to 1% (10/1 000). Though heterochromia is observed in brown eyes, it is rare. Heterochromia was seen slightly more in males. A study of 8,000 Belfast children, aged 4-7, produced a similar result. 9/1 000 children were observed to have had heterochromia. No adjustment was made for brown eyes and the percentage of brown eyes in the study was not noted. An Austrian study observed an incidence of .25% of heterochromia in 25,300 individuals from Vienna. Brown eyes were not eliminated. It was also noted that the most frequently found position for sectoral heterochromia was in the lower 1/2 of the iris. Age and sex variations were also seen. 5/6 of all heterochromia were found between the age of 2-19 years, and in significantly higher incidence in females than in males. *Iris Color Changes-An Historical Review*

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