



VII CONGRESSO BRASILEIRO DE IRIDOLOGIA  
VII BRAZILIAN CONGRESS OF IRIDOLOGY  
V CONGRESSO INTERNACIONAL DE IRISDIAGNOSE  
V INTERNATIONAL CONGRESS OF IRISDIAGNOSIS

25 a 28 de Novembro de 2004  
November, from 25<sup>th</sup> to 28<sup>th</sup>, 2004  
Valinhos-São Paulo  
*Brasil*

TEMA:  
**IRIDOLOGIA: INTERFACE  
O EIXO PSICO-NEURO-IMUNO-ENDÓCRINO  
IRIDOLOGY-INTERFACE  
Psico-neuro-imuno-endocrino axis**

**25 a 28 de Novembro de 2004-Valinhos-São Paulo  
Brasil**

**ORGANIZAÇÃO:**  
ORGANIZATION:  
ASSOC. MÉDICA BRAS. IRIDOLOGIA (AMBI)  
BRAZILIAN MEDICAL ASSOCIATION OF IRIDOLOGY (AMBI)  
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 Brasil

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**IRIDOLOGIA: INTERFACE**  
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**Subject**  
**Iridology: Interface**  
**Psico-neuro-imuno-endocrino axis**

### A IRIDOLOGIA E A IRISDIAGNOSE

*“A Íris é o Universo, quanto mais se souber a respeito do Universo, maior aplicabilidade se encontra no estudo da Íris.”*

**Celso Batello**

O tempo urge e já está próximo o **VII CONGRESSO BRASILEIRO DE IRIDOLOGIA** e **V CONGRESSO INTERNACIONAL DE IRISDIAGNOSE**. No decorrer deste tempo, foram realizados os Congressos supracitados nos anos pares desde 1992, e nos anos ímpares desde 1993 simpósios e jornadas, visando o aprimoramento da Iridologia aqui e no mundo.

Para se atingir tal intento, procurou-se trazer os mais renomados iridologistas brasileiros e internacionais, começando por um dos mais ilustres, que é o Dr. Bernard Jensen.

Digo que é porque ele permanece vivo entre nós, apesar de já ter feito a passagem junto ao Deus Pai. Está vivo porque “quem escreve não fenece”, diz o ditado popular, além do que passou os seus ensinamentos como um legado de pai para filho, que somos todos nós. Outros iridologistas importantes prestigiaram os nossos Congressos, tais como Ramon Eschevarria (Espanha), Fernando Gonçalves (Portugal), Denny Johnson (EUA), Serge Jurassuna (França), V. Todorovic (Iugoslavia), Silvano Sguario (Itália), Mikail Dailakis (Grécia), Danielle Lo Rito (Itália), Klaus Kramer (Alemanha), Patrice Ponzio (França), Salomé Griso (Espanha), Philip Septanil (França), Robert Melchior (Bélgica), José Guedes (Argentina).

Entretanto, a comunidade científica não tem obrigação de aceitar a Iridologia-Irisdiagnose. Os Iridologistas sim, que tem que provar sua eficácia.

Não basta ser bom iridologista, tem se que ser um bom advogado da Iridologia e a melhor maneira de demonstrá-la é fazendo trabalhos científicos, dentro da metodologia científica vigente.

Estes Congressos, Jornadas e Simpósios atingiram este objetivo, posto que vários trabalhos de monta e de ponta foram apresentados, contribuindo sobremaneira para esta finalidade de conagraçamento e de pesquisa, como disse o nosso ilustre convidado John Andrews, “o Brasil é a “estufa da pesquisa científica da Iridologia, bem como um dos centros mais criativos do mundo.”

Com o querido amigo John Andrews, autor de várias obras e trabalhos científicos sobre iridologia, certamente este Congresso servirá de trampolim para mais um salto quântico em prol desta ciência e arte que é a Iridologia-Irisdiagnose.

John Andrews é o autor do livro “Immunology & Iridology”, que contempla formidavelmente o tema deste Congresso que é

**IRIDOLOGIA: INTERFACE.  
O EIXO PSICO-NEURO-IMUNO-ENDÓCRINO.**

Bom Congresso,  
Liane Beringsh  
Celso Batello  
Presidentes

**THE IRIDOLOGY AND THE IRISDIAGNOSIS**

*“The Iris is the Universe, the more we know regarding the Universe,  
greater applicability we find in the study of the Iris”.*

**Celso Batello**

The time urges and already we are close to the **VII BRAZILIAN CONGRESS OF IRIDOLOGY AND V IRISDIAGNOSIS CONGRESS INTERNATIONAL**. In elapsing of this time, pairs since 1992 had been carried through the above-mentioned Congresses in the years, and in the uneven years since 1993 symposiums and days, aiming at the improvement of the Iridology here and in the world.

To reach such intention, it was looked to bring the most famous Brazilian and international iridologists, starting for one of most illustrious, that is Dr. Bernard Jensen.

I say that he is here because he remains alive between us, although already have passed way. He is alive because “who writes not fenece”, says the old saying, beyond the one that passed its teachings as a legacy as father to son, whom we are all. Other important iridologists had sanctioned our Congresses, such as Eschevarria Ramon (Spain), Fernando Gonçalves (Portugal), Denny Johnson (U.S.A.), Serge Jurassuna (France), V. Todorovic (Iugoslavia), Silvano Sguario (Italy), Mikail Dailakis (Greece), Danielle Lo Rito (Ítalia), Klaus Kramer (Germany), Patrice Ponzio (France), Salomé Griso (Spain), Philip Septanil (France), Robert Melchior (Bélgica), Jose Guedes (Argentina).

However, the scientific community does not have obligation to accept the Iridology-Irisdiagnosis. The Iridologists yes, have to prove its effectiveness.

It is not enough to be a good iridologisty, it has to be a good lawyer of the Iridology and the best way of demonstrates it is making it scientific works, inside of the effective scientific methodology.

These Congresses, Days and Symposiums had reached this objective, rank that some works of sum and tip had been presented, contributing excessively for this purpose of conagraçamento and research, as said ours illustrious guest

John Andrews "Brazil is a hotbed of the scientific research of the Iridology, as well as one of the centers most creative of the world" With the beloved friend John Andrews, scientific author of some workmanships and works on iridology, certainly this Congress will serve of springboard for plus a quantum jump in prol of this science and art that is the Iridology-Irisdiagnosis. John Andrews is the author of the book "Immunology & Iridology", that contemplates wounderfully the subject of this Congress that is

**IRIDOLOGY: INTERFACE.  
AXIS PSICO-NEURO-IMMUNO-ENDOCRINO.**

Good Congress,  
Liane Beringshs  
Celso Batello  
Presidents

**25/11/2004 (5ª. feira)**

Nov 25th 2004

- 20:00h-20:30h – Abertura  
Opening
- 20:30h-21:00h – Palestra John Andrews  
Lecture John Andrews (England)
- 21:00h Homenagem aos Palestrantes / Coquetel  
Homage to the Speakers / Cocktail

**26/11/2004 (6ª. feira)**

Nov 26th 2004

**Manhã**

Morning

- 08:00-10:00h – CURSO: Imunologia e Iridologia - John Andrews-Inglaterra  
COURSE: Immunology and Iridology – John Andrews (England)
- 10:00-10:30h – Coffebreak
- 10:30-11:15h – Iridologia e a correlação anatomo patológica – Geraldo Câmara Cipriano – SP  
Iridology anatomo clinical correlation - Geraldo Câmara Cipriano – SP
- 11:15-12:00h – A íris e sua relação com a vida intrauterina e a formação da personalidade – Rafael Navarrette – Curitiba - PR  
The iris and its relation with intrauterine life and the formation of the personality – Rafael Navarrette – Curitiba (PR)

**Tarde**

afternoon

- 14:00-16:00h – CURSO: Imunologia e Iridologia - John Andrews  
COURSE :Immunology and Iridology – John Andrews (England)
- 16:00-16:30h - Coffebreak
- 16:30-17:15h – Vitalidade e Consciência - Ramon Palmes– Jarinu-SP  
Vitality and conscience - Ramon Palmés – Jarinu (SP)
- 17:15-18:00h – Disbiose, Colon e Cérebro - Célia Mara Melo Garcia– SP  
Dysbiosis, Colon and Brain – Célia Mara Melo Garcia - SP

**27/11/2004 (Sábado)**

Nov 27th 2004

**Manhã**

Morning

- 08:00-10:00h – CURSO: Endocrinologia e Iridologia – John Andrews – Inglaterra  
COURSE: Immunology and Iridology – John Andrews (England)
- 10:00-10:30h – Coffebreak
- 10:30-11:30h – CURSO: Endocrinologia e Iridologia – John Andrews – Inglaterra  
COURSE: Endocrinology and Iridology – John Andrews (England)
- 11:30-12:00h – Iridologia Floral Integrada e novos aspectos - Márcia Calderaro – RJ  
Iridology Floral Integrated and New Aspects - Márcia Calderaro – (RJ)

**Tarde**

afternoon

- 14:15-15:00h – Projeto Íris – O olho que tudo vê – ficção ou realidade? - Maria Aparecida dos Santos – RJ  
Project Iris - The eye that everything sees: fiction or reality? - Maria Aparecida (RJ)
- 15:00-15:30h – Coffebreak
- 15:30-16:15h – Iridologia Muntidimensional - Clodoaldo Pacheco - Criciúma - SC  
Multidimensional Iridology - Clodoaldo Pacheco - Criciúma - SC
- 16:15-16:30h – Coffebreak
- 16:30-18:00h – Apresentação de Trabalhos Científicos e premiação  
Presentaion of Scientific works and awarding
- 18:00-18:30h – Coffebreak
- 18:30-19:45h – Iridologia Biomolecular – Novos Aspectos - Adalton Villena Stracci– S.André-SP  
Iridology Biomolecular – New Aspects - Adalton Villena Stracci – Santo André (SP)

**28/11/2004 (Domingo)**

Nov 28th

- 09:00-10:30h – CURSO: Abordagem Emocional – John Andrews – Inglaterra  
COURSE: Emotional Approaches in Iridology – John Andrews (England)
- 10:30-11:00h – Coffebreak
- 11:00-12:00h – CURSO: Abordagem Emocional – John Andrews – Inglaterra  
COURSE Emotional Boarding – John Andrews (England)
- 12:00h ENCERRAMENTO  
Closing

**PALESTRA ABERTA AO PÚBLICO****28/11/2004 – DOMINGO****PARTICIPAÇÃO GRATUITA**

Free opening lecture

Nov 28<sup>th</sup>, 2004**TEMA:**

subject

**IRIDOLOGIA: O QUE É? PARA QUEM?**

Iridology: What is? To who?

**Comissão Organizadora**Organizer commission

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Os trabalhos científicos devem ser entregues até o dia 01/10/2004 de acordo com as normas da ABNT. Maiores informações acesse o site [www.ami-ambi.com.br](http://www.ami-ambi.com.br)  
The scientific jobs should be deliver until Oct 1st, 04, according to ABNT's Rules. Larger information accesses the site [www.ami-ambi.com.br](http://www.ami-ambi.com.br)

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**ORGANIZAÇÃO:****ORGANIZATION:**

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BRAZILIAN MEDICAL ASSOCIATION OF IRIDOLOGY (AMBI)

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Até 16/Set Until sept 16th	R\$ 200,00	R\$ 500,00
Após 16/Set After sept 16th	R\$ 250,00	R\$ 550,00

Para viabilizar a participação dos associados, foram mantidos os preços do Congresso passado.

To make possible associates' participation, they were maintained the prices of the past Congress.

**CURSO JOHN ANDREWS****John Andrews Course**

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\*By means of confirmation of the acquittance of the annuity

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**Para assistir ao Curso com John Andrews, obrigatoriamente tem que estar inscrito para o Congresso.**

To watch to the Course with John Andrews, has obligatorily to be registered for the Congress.

**Em hipótese alguma serão devolvidos valores pagos a título de inscrição para Congresso e Curso.**

Under no circumstances will be returned values paid by the registration for Congress and Course.

## **An Introduction to Immunology and Iridology**

### **By John Andrews**

**The study and holistic understanding of the intricate responses and influences of the immune system have, to date, received scant coverage from the international iridology community, with an incredible lack of relevant information published in the English language. This text is intended to bridge that gap and is an attempt to fill the void. At least, my aim with this work is to inspire future scrutiny, research and the sharing of these fruits which will inevitably come to bear, in order to expand and advance iridology within it's own community and beyond into more orthodox medical circles, one could say, for the benefit of both practitioner and patient alike.**

**The starting point for the work presented here was a blank canvas. I had little reference material to work from. In reality I had to make crude attempts to expand upon my initial correlations and observations from the pupil and iris.**

**What really formulated the impetus for this immunological research on all levels was the discovery in 1996/7 of the work of Dr Kim, et al in South Korea and the BEXEL Irina-iridology computer system, based on Korean and Russian research over decades, and now being trialed in hospitals and clinics for reliability and the credibility of diagnostics and analysis from the**

iris. In fact the computer held clinical trials at Aju University and gained such degrees of reliability in diagnostics for all systems of the body, bar one - the immune system, that iridology and the clinical hospital results were ratified and accepted by the South Korean government. (Full results of this research appear in the Appendices).

The immune system had only a low percentage of reliability from the Korean/Russian diagnostics - 54.2%, whereas the digestive system had 90.2% reliability and the circulatory system 81.6% for example. I was highly surprised to learn this fact. I was concerned also and it was inspirational for me, because at that time I already had a large number of individuals gravitating to my practice with suspected and confirmed reactions to vaccination and patients with autoimmune conditions. With those cases a body of evidence was mounting in regard to the immune system and significant correlations with iris and pupillary signs. Thus the basis for this research and book was formed. I also concluded that perhaps the Korean researchers were looking in the wrong place or simply not aware of the factors I had witnessed. This proved to be true and I humbly propose the possibility that with the work presented here clinical trials now could bring the immune system percentage to the dizzy heights of 80 to 90%. This would give practitioners more scope, and iridology greater reliability and credibility. Many of the Immunologists who have looked at aspects of this work have been impressed and shown encouragement. Although in it's infancy this immuno-iridology will evolve, this is a mere beginning so I will be eternally grateful for your own findings and comments.

This is how Iridology can expand, and due to the newness of this thesis errors and oversights are an inevitability of this path. But we all need to begin the journey and create a starting point. I wish you well with the integration of this work into your studies and practice. Remember the immune system, like the iris, is a multi-sensory 'phenomena'.

## **The Hypothalamus and PNEI in Iridology**

**By John Andrews**

### **Introduction**

**The Hypothalamus is central to Immunology and Iridological analysis. Often overlooked, it's vital importance is becoming more readily acknowledged, throughout all levels of medicine. We now have more knowledge of the fact that the hypothalamus is a central connecting point and bridge for the varied interactions of Psychoneuroendocrinoimmunology (or PNEI for short!) a branch of science that verifies the mind-body-spirit connection. It is also a branch of science so richly explained and explored through Iridology.**

### **Importance**

**The hypothalamus is a tiny neural gland, weighing a mere 1/300 of the total brain mass, that's 4g or less than 1/2%. Despite its size it exerts enormous influence over the mind and body and even minor dysfunctions in a single nucleus can create considerable mental, emotional and physical problems. In Electro acupuncture (according to Voll) the hypothalamus is considered to be one of the most important measurement points (the Hypothalamic point on the ear).**

### **Function**

**The Hypothalamus is central to the self-regulation systems of our organism, such as:**

- **Body temperature**
- **Hunger and appetite**
- **Certain pain responses**
- **Water balance**
- **Thirst Reflex**
- **Sexual activity and drive**
- **Sleeping and waking mechanisms**
- **Emotional behaviour - fear, rage, sadness, pleasure**

- **Perspiration**
- **Blood sugar balance**
- **Ambition**
- **Endocrine gland functions**
- **Fat metabolism**
- **Immune system reactions**
- **Activity of the visceral or autonomic nervous system (ANS)**
- **Peristalsis**

All these main control functions according to the research work of Dr Reinhold Voll cannot only be measured, but also influenced over the hypothalamic point. This vital test point is located at the 20th measurement point of the “Triple Warmer” meridian, which serves the hormonal processes.

In other systems of therapies such as Cranio-Sacral Therapy and Colourpuncture (after Mandel), the hypothalamus and its homeostatic influence are also considered of vital importance and primary focus.

### **Anatomy**

The Hypothalamus is a major integrating connection between the nervous, immune and endocrine systems. Located in the forebrain, immediately above the Hypophysis (Pituitary gland) and lying beneath the thalami (or thalamus); the hypothalamus is made up of the floor of the third ventricle which is comprised of the tuber cinereum and the median eminence, plus several groups of neurones termed ‘nuclei’, each with different functions (although the exact nature of these varied functions is yet to be clarified). A continuation of the tuber cinereum and the median eminence forms the infundibulum (commonly known as the ‘pituitary stalk’) - which joins the hypothalamus with the pituitary gland; thus the pathways for endocrine influence are set.

According to *Human Endocrinology* by Paul Gard, “It is at the level of the Hypothalamus that the higher centres of the brain are able to influence the activity of the endocrine system.”

The Hypothalamus is part of the diencephalon which literally means “in between brain”. The Hypothalamus is the bridge between the brain and body, physical and emotional. It is rich in hormones, regulates the function of the Hypophysis and has a complex relationship with the neurological functions, especially the Limbic system, which is involved in regulating emotions and basic cerebral reactions; and consists of the amygdala (where fear is registered, recognised and generated), Hippocampus (which is involved in the creation of anxiety, self-awareness, hedonism, fear conditioning and storage of long term memory), caudate nucleus, Epiphysis (Pineal gland - which is involved in the production of the melatonin hormone from tryptophan, our circadian rhythm, influences sexual function, immune responses to stress and emotions, is central to the body’s internal magnetic system, prevents spinal problems such as scoliosis from developing, balances sleep patterns and a person’s mood, in relation to the response to light (for example SAD) and serotonin), Thalami (incorrectly referred to as “thalamus”; due to it’s paired existence. The thalami are located one on each side of the third ventricle in the diencephalon. All sensations, except smell, pass through the thalami on their way to other areas of the brain. The thalami are considered to be the “gateway to consciousness” on numerous different levels. It has corresponding fibre systems which are connected to parts of the CNS, cerebral cortex, cerebellum and spinal cord; and is also considered a “coordination organ” involved in connecting feelings of pain, touch, temperature with taste, balance and the sensations of the bodily organs. Within this synthesis emphatic emotional reactions are produced, such as likes and dislikes, love and hat

### Hormones of the Hypothalamus and adenoypophysis

<u>Hypothalamus</u>	<u>Adenoypophysis</u>	<u>Target Gland or Tissue</u>
GNRH	GH	many glands and all tissues
GNRIH	GH inhibition	Thyroid gland Islets of Langerhans (pancreas) All tissues

<b>TRH</b>	<b>TSH</b>	<b>Thyroid gland</b>
<b>CRH</b>	<b>ACTH</b>	<b>Adrenal cortex</b>
<b>None</b>	<b>PRL</b>	<b>Breast</b>
<b>PIF</b>	<b>PRL inhibition</b>	<b>Breast</b>
<b>LNRH or GnRH</b>	<b>FSH or LH</b>	<b>ovaries and testes</b>

**GHRH = growth hormone releasing hormone**

**GH = growth hormone (somatotrophin)**

**GHRH = growth hormone release inhibiting hormone (somatostatin)**

**TRH = thyroid releasing hormone**

**TSH = thyroid stimulating hormone**

**CRH = corticotrophin releasing hormone**

**ACTH = adrenocorticotrophic hormone**

**PRL = prolactin (lactogenic hormone)**

**PIF = prolactin inhibiting factor**

**LNRH = luteinising hormone releasing hormone**

**GnRH = gonadotrophin releasing hormone**

**LH = luteinising hormone**

**With the Hypothalamus connected to so many different functions, it is unsurprising to find that numerous factors can influence hypothalamic performance, such as:**

- **Bacteria (especially streptococcus), virus and general systemic toxemia**

- **Nicotine, coffee, alcohol and drugs such as sedatives and barbiturates**
- **Insecticides used in agriculture**
- **Problems with the wisdom teeth**
- **Scurvy**
- **Cerebroscerosis, multiple sclerosis and lateral sclerosis**
- **EMFs, geopathic stress, x-rays and other forms of excess radiation**
- **Heavy metal toxicity such as mercury, lead, aluminium and cadmium**
- **Neuromuscular spastic conditions affecting the optic and auditory centres**
- **Low zinc, germanium, chromium, selenium or copper levels**
- **Depression**
- **Dysbiosis**
- **General endocrine disturbances (ego. hypophyseal adenoma)**
- **Dysglycaemia**
- **Emotional stress (e.g. grief and the experience of bereavement)**

#### **Therapeutic Influences on Hypothalamic Balance**

- **Electro-Acupuncture**
- **Acupuncture**
- **Advanced Reflexology**
- **Colourpuncture**
- **Cranio-Sacral Therapy**

- **Meditation**
- **Yoga**
- **Light therapy**
- **Botanical remedies - *Zanthoxylum clava-herculis*, *Salvia officinalis*, *Cimicifuga racemosa*, *Larrea tridentata*, *Acorus calamus*, *Eleutherococcus senticosus*, *Sceletium*, *Ganoderma*, *Lentinus*, *Withania*, *Rectum lapper radix*, *Centella Asiatic*, *Rosmarinus officinalis*, *Vitex gnus-castes*, *Scutellaria laterifolia*, *Viscum album* and *Lobelia inflata*.**
- **Blood sugar balance protocols**
- **Hormonally balancing protocols**
- **Immune system modulation protocols through pro-biotics, nutrition and other therapies**

### **Inspiring Facts and Experiences on the Hypothalamus and its Involvement with PNEI and the Enteric Nervous System**

- **Hypothalamic lesions can affect cell-mediated immunity.**
- **Hypothalamic function can influence elevations and decreases in levels of Immunoglobulins, such as the IgE, IgG, IgM antibodies.**
- **The immune system response can be increased or decreased by triggers from the hypothalamus.**
- **The hypothalamus has connections and influence over/to our emotions, endocrine functions, immunity and afferent autonomic nervous system. The principle structures of the immune system, thymus, spleen and lymph nodes are innervated by the autonomic nervous system.**
- **The immune system directly influences activity of a critical neuroendocrine circuit involving the hypothalamus, hypophysis and**

adrenal glands. The influence derives from thymic peptides originating from the thymus gland.

- The hypothalamus operates through various ‘feedback’ mechanisms. A long loop feedback connection exists between the brain (and hypothalamus) and primary and secondary tissues of immunity. The brain and psyche can and do influence immune efficacy. It is also interesting to note that thymic hormones (thymosin) are also feedback controlled.
- There is an afferent link between a peripheral site of humorally (B-cell) mediated acute inflammatory response and specific nuclei within the hypothalamus.
- A peripheral inflammatory response will increase the turnover rate of the neurotransmitter *norepinephrine* in the hypothalamus.
- Immunological signs are not only transmitted to the adrenal glands and brain (hypothalamus and epiphysis) from distant tissue foci; but those signs are also capable of eliciting CNS activity.
- Nerve cells fire in the hypothalamus after vaccination - which can lead to adverse effects on the nervous systems, endocrine, neurological and immunological systems.
- Neurohormones can elicit immune changes.
- The hypothalamus is rich in hormones, regulates the hypophysis and has a complex relationship with the limbic system (so-called ‘emotional brain’). The hypothalamus has receptor sites for humoral influences from the blood, cerebrospinal fluid and influences the hypophysis through a variety of polypeptide releasing factors (TRH, LHRH, CRF and somatostatin). In addition to this there is an established link between the hypophysis and thymus gland on which the T-cells are dependent.
- Nuclei in the dorsal hypothalamus are involved in the suppression of primary antibody responses; prolonged antigen in the blood and inability to influence streptococcal antigen response.
- In the lateral hypothalamus serotonin reduces excess activity. Serotonin is an important neurotransmitter found and produced in the intestines (enteric nervous system and platelets) and the brain.

- **Serotonin is derived from the amino acid - tryptophan - that synthesises 5-hydroxytryptamine into serotonin. Tryptophan is found in Spirulina, walnuts, avocado, pineapple, and chlorella, amongst other food sources. Serotonin, found in the hypothalamus, plays a part in the regulation of antibody (Immunoglobulins etc) production.**
- **Insulin is not simply a hormone secreted by the Islets of Langerhans in the pancreas, but is also classified as a neuropeptide - manufactured and stored in parts of the brain; particularly the amygdala and hypothalamus. It is clear that the limbic system (of which the aforementioned are members, as previously noted), which is the seat of the emotional brain; is also the focal point for receptors for neuropeptides. There are also insulin receptors in the brain; which have been mapped from the neurological tracking of insulin.**
- **Body temperature is registered in specialised neurons in the hypothalamus that respond to the temperature of incoming blood, as it circulates throughout the brain. If the blood is too cool; then heat production is stimulated. The hypothalamus raises or lowers the blood/body temperature. It will induce a fever in response to infection. To help the immune system “burn up“ the problem, when infected, the body releases pyrogenic chemicals into the bloodstream, acting on temperature sensing neurones in the hypothalamus. Fever is, essentially, an immune response.**
- **Hypothalamic dysfunction stems from a disturbance of the neurotransmitters that carry messages to and from it, in connection with other parts of the brain, intestinal tissues (MALT), endocrine glands, nerve cells and the blood. The lateral nucleus of the hypothalamus registers a fall in blood sugar levels; the ventromedial aspect responds to achieve a balance by raising blood glucose levels. Chronic changes in the blood sugar levels can influence the neurohormonal equilibrium and exchange; which can lead to, for example, ‘menstrual headache or migraine’, which is a hypothalamic disturbance due to progesterone deficiency. This could also lead to amenorrhoea, particularly if stress is a large factor in the presenting case.**
- **Other conditions linked to hypothalamic dysfunction from research in recent years include diabetes mellitus, sub-fertility, clinical obesity,**

bulimia, Anorexia nervosa and Multiple Sclerosis (MS). MS is defined through nerve demyelination - a destruction of the myelin sheath; in basic terms the protective coating afforded our nerves. This destruction of the myelin sheath is considered an autoimmune affliction of brain and spinal cord. The posterior hypothalamus registers and is affected by myelin sheath changes.

- The hypothalamus has sexual drive centres; where interaction of neurotransmitter and sexual hormones take place. Oxytocin is made in the hypothalamus and is released as a result of stimulation to the sexual centres and reproductive organs. Oxytocin floods the brain during orgasm and the final stages of childbirth (uterine contractions). Oxytocin promotes the production of breast milk. It is closely linked to endorphins. Endorphins - such as beta endorphins - are endogenous opiates and neuropeptides created in nerve cells which are all rich in both hypothalamus and hypophysis and for which there are receptor sites throughout the system; including immune cells and tissues. Neuropeptide levels appear to be altered in autoimmune disease - studies have shown RA patients to have lower levels of beta-endorphins. Beta-endorphins stimulate the proliferation of T-cells. These beta-endorphins help to modulate the central nervous system.
- The epiphysis (pineal gland) has been linked to involvement in immune and circadian rhythm control and immune dysfunction related conditions in recent medical postulations. Anatomically, it is connected to the brain via a short stalk containing nerves, many of which terminate in the hypothalamus.
- On behalf of your patients never underestimate the power of grief physically, mentally, emotionally, spiritually - for your patients. Numerous studies have shown that bereavement and/or the suppression of grief can significantly lower immune response levels, both in the short term (between 2 to 4 months after a loss) and in the long term (which can take many years for an individual to work through and resolve). Bereavement has been shown to lower T and B lymphocyte responses, significantly reduced activity of natural killer (NK) cells, which carry tumour and IgE-specific receptors on their surface membranes. Negative influences on the lateral hypothalamus can lead to alterations in humoral immunity in the form, of lower levels of Immunoglobulins (such as IgG). IgM and IgE can be suppressed by stress. The inability to mourn thoroughly and express

**grief can lead to long-term immune suppression through the adverse influence of stress on the hypothalamus. This may explain why bereaved people so often fall ill or contract cancer themselves, usually 1 to 2 years after the initial bereavement (Dirk-Hamer Syndrome). Researchers of Ohio State University have also found that decreases in immune function can be recorded for those under stress care taking family member with Alzheimer's disease, for example, or in the context of a difficult marriage.**

- **NK cells replicate mainly during sleep. The hypothalamus helps to control sleeping patterns. Poor sleep patterns or chronic insomnia can result in NK cell activity being reduced considerably. NK cell activity is mainly at night; in fact NK cells are 1200% more active during sleep, than at any other time. Disturbed sleep impairs hypothalamic and immune functions, and vice versa, hypothalamic dysfunction can denude the quality of sleep.**
- **There is an afferent link between peripheral sites of humorally mediated (B-cell mediated) acute inflammatory response and specific nuclei in the hypothalamus.**
- **A variety of studies on PNEI indicate that 'stress events' and/or the negation of psycho-emotional defences and adaptations are related to the onset of allergic, autoimmune, infectious and neoplastic diseases. Revolutionary confirmation of the above can be found through Iridology from the "Time Risk" III Cronorischio) work of Dr Daniele Lo Rito in Italy, through CT scan, the "New Medicine" approach of Dr Ryke Geerd Hamer and the DHS - Dirk Hamar Syndrome; plus the "Transmitter Relays" therapy protocols in Colourpuncture from Peter Mandel in Germany.**
- **Not only do emotions and neurohormones coerce the immune system; but also the immune system directly influences the activity of the critical neuroendocrine circuit involving hypothalamus, hypophysis and adrenal glands. The influence derives from thymic peptides in the thymus gland. A corticotropin-releasing factor (CRF) resides within the thymus gland itself and participates in hypothalamic feedback - mediated control of pituitary ACTH secretion.**

### **Iridology and the Hypothalamus**

**To date, it has to be said that there is a paucity of iridological connections or coverage in relation to the importance of the hypothalamus and it's**

many facets; in regulatory function throughout the system and it's central role in immunity from the evidence reproduced here. Either the hypothalamus is ignored or it's core relevance misunderstood or undervalued. Very few iridological research works dwell on the hypothalamus despite its influence, or mention any PNEI links. Numerous iris topographies perhaps only carry an area afforded to the hypothalamus (usually a little above the traditional pituitary zone and below the 'thalamus' (*sic*) zone) through repetition of previous works and not from an enlightened full realisation. In fact in the recent and excellent text on modern Iridology, which is published in English "Iridology 1 - Information from Structure and Colour" by Hauser, Karl and Stolz (Felke Institute, 2000) it states "It is hardly possible to differentiate iridologically between the thalamus, hypothalamus, diencephalon etc".

From experience I disagree and would suggest that perhaps topographically the reflex is in a different location than the one researched or that the signs have not been fully evaluated.

Deck in "Differentiation of Iris Markings" makes reference to the hypothalamus on p. 292-294 from immunologically-related research through Iridology; the topographies of Gunther Jarosyck (Germany) and Siegfried Rizzi (Italy) have proved most reliable for location outside the collarette; in the central area of the ciliary zone in the brain reflex topography, at 2'-3' in the right iris and 57'-58' in the left iris.

In iris analysis, the hypothalamus forms part of the 'Stress Axis', in addition to the hypophysis and adrenal glands, on the external border of the collarette.

The mappings of Drs Velchover (Russia), Angerer (Germany), Lindemann (Germany), De Bardo (France) and Salome (Spain) also reach similar conclusions. Also the works of Dr Guidoni, following on from Dr Gilbert Jausaus in the French tradition locate the hypothalamus @ 56' in the right iris and @ 4' in the left iris. This French interpretation being a slight departure to the classical iridology.

**Iris signs and markings in relation to the study of the Hypothalamus and application of its values**

- **Lacunae:** Illustrates a genetic footprint, a tendency. Most prevalent signs include:

- **Asparagus lacuna (immune predominance)**
- **Rhomboid lacuna (immune predominance)**
- **Leaf lacuna (endocrine predominance)**
- **Open lacuna (emotional predominance)**
  
- **Crypt/Defect Sign:** Darkened relief shows greater tendency and sensitivity of that individual to particular immune related problems triggered by the hypothalamus. Inherent poor adaptability and susceptibility to stress.
  
- **Pigments:** Brown/black granulations show a crystallisation of the psycho-emotional dynamic of the patient and pronounced immune-based involvement. An ochre/orange pigment patch shows a greater tendency to blood sugar mediating mechanism imbalances and Dysglycaemia. A yellow pigment; solitary or diffused such as a waterfall pigment, tends to show Hypothalamic - MALT/GALT interactions and Dysbiosis-based immune dysfunctions.
  
- **Radial Furrow (Radii solaris):** Radial Furrow bisecting the hypothalamus topography to the radial collarette edge can also carry through to the pupillary edge and IPB. Nervous system involvement: if radial furrow connects with IPB then the CNS can be greatly affected with any related conditions.
  
- **Collarette: Frontal Indentation (usually unilateral)**
  
- **Absence of collarette @ 0/360 degrees - 3/357 degrees**
  
- \* **Local Indentation of collarette with lacuna/crypt/radial furrow and/or IPB signs**
  
- **Hypertrophy of the collarette (localised frontal thickening)**
  
- Zig-zag collarette (located anywhere along the collarette - topolabile sign)**
  
- \* **Restricted Collarette (There is a reduced diameter, a departure from the norm, between the pupil and internal border of the collarette.**

**The collarette carries huge importance for the analysis possibilities of the immune system and the PNEI dynamics.**

- **Inner Pupillary Border: Space One - Indentation towards the pupil @ 0 to 8.5 degrees and 351.50 to 360 degrees**
- 
- \* **Small and solitary pigment patch on or adjacent to space 1 on IPB**
- **Absence of IPB localised at space 1**
- **Pearl morphology along IPB**
- **Pupil: Frontal appplanation of the Pupil is a possibility. However, the localised pupillary flattening at space 1 is of greater significance.**

**Differentiation diagnosis possibilities of these signs**

- \* **Hypothalamus**
- \* **Hypophysis**
- \* **Birth Trauma**
- \* **Depression**
- \* **Intestinal dysfunction**
- \* **Compromised immunity**

**All of the above could, conceivably, integrate and be part of the anamnesis - with the root cause in the hypothalamus.**

**New Research**

**From the new iris topography research (see feature and chart in these volumes) in both clinical pathologies of said gland/organ and also iridology studies of the conditions referred to in this article; we have concluded that the hypothalamus and it's numerous reflexes and influences can often be readily and, moreover, accurately located bi-laterally, inside the collarette in the pupillary zone structure, in the mid-zone at 0/360 degrees and on the pupillary edge to the mid-zone at 180 degrees. In the ciliary zone -**

hypothalamic signs can descend from the accepted topographies of Jarosyck and Rizzi and indent the collarette @ 0/360 degrees.

In addition these signs are amplified when we have a clear “Space Risk’ sign at Space One on the Inner Pupillary Border. Any of the Space Risk signs (see “Inner Pupillary Border” - Lo Rito) attest to possible hypothalamic involvement, according to the research we have conducted so far. Although further scrutiny may result in greater clarity on this in future times.

The signs inside the collarette (the embryological or enteric nervous system topography), which occur most often for the hypothalamus in the aforementioned 0/360 degree and 180 degree locations are:

- **Crypt(s) - with a tendency to reduced adaptability of PNEI system.**
- **Solitary pigment - orange shows greater dysglycaemic tendency, and associated emotions; brown granulated points to more immune involvement; yellow can show more psycho-emotional influence.**
- **Radial furrow - still under investigation, but to generalise would show greater nerve involvement, particularly of the CNS if bisects the medulla oblongata zone and touches the IPB. This carries greater significance; there maybe issues in connection to survival affecting the PNEI. The life centres’ of the hypothalamus can all be hindered.**
- **Lacuna - greater genetic tendency, with more pronounced emotional dynamic to the problem. Psycho-emotional influences on immunity.**
- **Transversals -still under study.**
- **A flattening of the pupil adjacent to these signs amplifies the significance of them.**

## **Summary**

**It is vital in any analysis, on each and every level, to check for and assess the amount of hypothalamic involvement and possible disturbance. Due to it’s wide ranging influence; the hypothalamus can be at the root (cause) of any condition. Iridology shows this to be so.**

## **An Introduction To Emotional Approaches In Iridology**

**By John Andrews**

**The human iris is both a communicator and a receptor. It is populated by nerve tissue from the autonomic and central nervous system's reflexes and studies from Russia have shown to us that the iris emits it's own, scientifically measurable, individual energy field and that when light enters the iris it is absorbed and through the neural pathways in connection to the lateral geniculate body is absorbed into the system and circulated to the organs, glands and mesenchyma.**

**Not only do we have physical projections within the iris and pupillary fibre and tissue structure, but also in addition to this I assert we carry our own databank of emotional issues, conflicts and experience within the structure of the iris and pupil. These psycho-emotional dynamics are expressed within the iris, even though when we remain verbally silent when trying to process our emotions the iris and pupil prevail and maintain our truly holistic nature by carrying and communicating not only our own emotional experience, but even those of our family and genetic inheritance. In fact each iris records the psycho-emotional experience of gestation, our birthing process, our formative years in infancy, unresolved issues and also the emotional experience of our parents, grandparents, great grandparents, siblings and children. From the iris we can see how emotional blocks, talents and general traits are passed on for the next generation to carry the torch.**

**Recently many researchers worldwide have linked the experience we have *in utero*, from birth and, depending on which authority you consult, the emotional experience we have up to the age of 1 to 5 shapes our emotional character and personality and how we express this, or not, throughout our adult life. In essence what these researchers, like Dr Michel Odent, are suggesting is that the formative years dictate our emotional health and expression. This is confirmed via study of the iris and pupils and profoundly, these assertions confirm Iridology, particularly emotional approaches in Iridology.**

**The very suggestion that we can possibly observe emotional issues or traits from the mere analysis of the iris through slit-lamp or iris microscope often provokes derision, amazement and bafflement. Naturally this can be from**

the closed and sceptical medics, but even from Iridologists themselves. Many pioneers in the emotional approach have had to walk an often-lonely path fraught with ridicule and castigation. Many in Iridology suggest that reference to psycho-emotional dynamics denigrates the science and practice. I disagree, accurate and repeatable correlations in Iridology enrich us and bring a rhythm and real energy to the field.

Also when you consider the tremendous amount of research by conventional scientists and doctors into the exploration of Psychoneuroendocrinoimmunology (see “Immunology and Iridology”) and the subsequent growth of mind-body medicine approaches, the argument the psycho-emotional approaches in Iridology denigrate Iridology itself and create openings for critical assault; don’t really hold sway.

Psycho-emotional approaches in Iridology can help to decode the core issues for an individual with, often surprising, clarity. This is of immense potential benefit to most forms of Counselling, Art Therapy, Occupational Health, Metamorphic Technique, Somato-Emotional Release in Cranio-Sacral Therapy, Colourpuncture, Emotional Freedom Technique, Homeopathy, Flower Remedy Therapy, Evocative Cutaneous Technique, Light Therapy, Shiatsu, Stress Management, Manual Lymphatic Drainage, Primal Therapy and numerous other therapeutic modalities.

The iris offers before us a complete and enthralling language, a panoramic holistic vista. The language of the iris is perfect and precise. Our rudimentary interpretation of this beauty falters often, yet we must endeavour to develop our understanding in this translatory effort.

Many facets can block our grasp of a language - through inexperience, ignorance, fear, timidity, inadequate tuition and we may also be closed on a mental level to the possibility of change.

I will present to you a simple system. It is rarely complex, although initially it may require a small stretch of the imagination on behalf of you the reader. It is a system in flux, as all things should be. It is a very organic process and a system of analysis I have developed from clinical practice, and some have said, from intuition. In reality it is a fusion, as a result from the integration of research and following the intuitive process. One cannot exist without the other. The essence is the development of initial coherence on early findings and identifying a common thread with iris, pupil, pupillary border, latent talent and unexpressed or recurrent psycho-

emotional dynamic and themes. I have come to learn that each and every iris and pupillary sign can and often does have multiple meanings.

The bulk of work produced here for you has been tentatively explored and presented in the public area amongst peers at congress, conference and seminar and also shared with students. Some of the research has been published in some form in the *Advanced Iridology Research Journal* from March 2000 to the present day, in addition to courses in the UK, Italy, Greece, France, Belgium and USA from June 1999 to the present day too.

Colleagues have reported back on how practical, accurate and therapeutic certain approaches have been for patients in the clinic. Together with areas of confusion I have combined this with my own experiences to fine tune and really hone the information we have in this text. From a different type of iris observation we can interpret lacunae, crypts, pigments, transversals, IPB morphologies, pupillary dynamics, collarette structure and new embryonic topography on a different, some would say a higher level. Although I would like to remind us all that we cannot separate the mind of emotions from the physical body and vice versa.

I have a fervour and passion for Iridology which does carry intuition, but also has a critical side. If only a small fraction or one finding presented here encourages you to share that passion or convey that in positive therapeutic results for your patient then that is a great honour and should allow humility to pervade us all in view of the magnitude, even divinity of the iris and it's inherent messages.

As this is new work discrepancies are likely to occur, (although I have not seen that as yet, or else and findings or correlations would not make it to print) and I apologise in advance for any such eventuality.

I leave this work open to criticism and mistakes, but fear of judgement or self-criticism should not be a deterrent to producing new, challenging work in Iridology. Without any of this we cannot progress, and Iridology needs to continue having research and it needs to evolve.

## **PROLACTIN**

### *Introduction*

**Prolactin is an underrated hormone. Its many uses are often overlooked; indeed, many practitioners can be unaware of its far-reaching influence on many systems of the body. To date, prolactin has over 300 functions within the body, more than all the other anterior pituitary hormones combined, and is considered essential for life. The intention of the work here is to present a cohesive illustration of the many reasons why a prolactin imbalance can be the trigger for many health concerns in both sexes. In order to avoid the fragmentation of different medical specialities, such as simply endocrinology, fertility or simply immunology, etc, the aim is to have a holistic comprehension of what prolactin is and does in the body, how its balance can be usurped and how the practitioner can help return any discrepancies back to equilibrium, and subsequently, return the patient on the right road back to health.**

**Like my work on the hypothalamus and iridology, with the research and dissertation of prolactin it has been necessary to explore numerous diverse sources, from very different fields of expertise, this has proved to be a lengthy process and the sources are comprehensively listed in the General Bibliography.**

**The Iridology research has been my own journey, with certain pointers when indicated in the text.**

**When we can fully understand the role of prolactin in the maintenance of homeostasis, we can often find the keys to open a complex matrix of locks to allow an individual to regain and nurture health.**

#### **Prolactin & the anterior pituitary gland (adenohypophysis)**

**Prolactin is defined as a single chain protein peptide with over 199 amino acids. It shares structures similar to Growth Hormone, but the intracellular domain of the prolactin receptor is different. Prolactin is probably most commonly acknowledged as the hormone that prepares the human breast for lactation and promotes breast growth during pregnancy.**

**However, its actions help control and modulate the response to stress, fertility, water and electrolyte balance; incorporating kidney functions, healthy biochemistry of the uterus, ovary, prostate gland and the testes, fluid balance and immune activity in the intestines, thyroid functions, balance of the Hypothalamic-Pituitary-Testes axis in men and the Hypothalamic-Pituitary-Ovary axis in women, growth, cell development and proliferation, modulation of immune responses; including activation of**

macrophages and lymphocytes and balance of functional activity within both the thymus gland and the spleen.

In addition to this prolactin helps motivate and moderate neurological functions and emotional responses, general psychological behaviour, patrol the body's metabolic pathways including lipid, carbohydrate and steroid metabolism.

With some anterior lobe pituitary adenomas we can have elevated amounts of prolactin being secreted. Hormonal assays are needed in such cases to determine the cause of the adenoma.

Dopamine and Prolactin Releasing Factors (PRFs) flow primarily from the Arcuate nucleus in the hypothalamus, and stimulate the control and secretion of prolactin from the anterior pituitary gland. The target cells are called lactotrophs.

Prolactin release from the anterior pituitary has greater pulses in the first third of the night, controlled by the hypothalamus and due to increases in neurological delta-wave activity, which are present during the deepest phases of sleep. This follows a similar pattern to the release of Growth Hormone.

In fact, Growth Hormone and Prolactin are both members of the same family of hormones.

Prolactin, like GH, has evolved the ability to exert an idiosyncratic direct feedback action at target sites within the hypothalamus. Moreover, both stimulatory and inhibitory hypothalamic mechanisms appear to have evolved to control GH and prolactin in the absence of long-loop feedback; hypothalamic GNRH stimulates, somatostatin inhibits, GH secretion, whereas dopamine inhibits, and one or more putative prolactin-releasing factors stimulate the prolactin release from the anterior pituitary.

It is now accepted that in both the hypothalamic-prolactin and hypothalamic-GH axis, the short-loop feedback control includes both a suppression of *releasing-factor* release and a stimulation of inhibitory-factor release, if that's not a contradiction in terms.

Hypothalamic hormones are also distributed in the extrahypothalamic areas of the brain and also in peripheral locations in the body, for example

we all experience somatostatin being released in the intestines and the pancreas.

From a pharmacological perspective it is documented that the following drugs such as Dopamine (L-dopa) and Bromocriptine both inhibit prolactin in the blood. GABA also suppresses prolactin. Dopamine has long-been thought of as the prolactin inhibiting factor, although no direct evidence exists, dopamine agonists such as Bromocriptine, can dramatically reduce prolactin levels.

### **Prolactin Releasing Factor (PRF)**

The prolactin releasing factors include TRH, VIP, PHI, oxytocin, vasopressin and PACAP or *Pituitary adenylate cyclase activating polypeptide*. VIP's release is stimulated by serotonin in both the brain and the large intestine. Serotonin elevations stimulate the balance of prolactin and some suggest the reverse occurs also. Thus, it can be postulated, prolactin has a role in thwarting depression. If the levels go too low or even too high, when there is a grave imbalance, depression can be part of the symptom picture.

Both PHI and CRH contribute to stress-induced prolactinaemia.

### *Other activities involving prolactin*

Prolactin is vastly important in the maintenance of healthy bone density. Whereas, excess thyroid hormones increase bone resorption, prolactin increases renal Ca<sup>2+</sup> reabsorption and hydroxylase activity.

Prolactin immunomodulation involves an intracellular integration of signals. Prolactin in the blood, lymph and neural pathways is essential in order for T-cells to survive and function correctly. It has been found that prolactin helps to inhibit parasitical infestation and also prevents bacterial infections from taking hold. However, elevated prolactin levels can leave the body, with particular emphasis on the respiratory mucosa, open to viral overload, and post-viral stress syndromes.

It is important for both the patient and practitioner to be aware that both the prolactin and glucocorticoid signalling pathways are integrated within cells of the immune system.

The arrival to the anterior pituitary of TRH derived from the hypothalamus results in the stimulation of prolactin, and TSH, release.

VIP neuronal activation leads to the release of prolactin into the blood. VIP inputs from the suprachiasmatic nucleus to those neurosecretory neurons that regulate prolactin, such as TRH. VIP participates in the circadian regulation of prolactin.

Although prolactin stimulates and maintains breast growth and milk production. It works closely with, and requires the following hormones for this vital process to occur:

- Insulin
- Cortisol
- Oestrogen.

Prolactin increases the number of Luteinising Hormone (LH) receptors on the corpus luteum of the ovary and the Leydig cells of the testes. This results in increased synthesis and secretion of progesterone and testosterone in females and males respectively.

Prolactin helps with inhibition of GnRH release in the endocrine system when required, progesterone biosynthesis and also luteal cell hypertrophy during pregnancy.

Normal levels for prolactin are <400 uL for males and <600 uL for females

#### *Neuroendocrine immunomodulatory pathways*

There is substantial evidence to suggest that a wide range of leukocyte functions can be inhibited or stimulated by hormones released by the endocrine system and the central nervous system (CNS). In addition to Growth Hormone, thyrotropin releasing hormone, (TRH) vasopressin, GRH, HCG, ghrelin, androgens such as testosterone – prolactin also has the ability for immunomodulation and regulating immune responses. As we have already referenced, with Hyperprolactinaemia, for example, the patient becomes very susceptible to recurrent respiratory infections and also possible infective or inflammatory bowel conditions.

The CNS can modulate immunity and immune cells like cytokines can modulate immunity, plus regulate neuroendocrine function and emotional behaviour. Therefore, it is paramount that we embrace this fact when we are presented with the analysis of the IPB. Prolactin has the ability to

monitor immune cell function through endocrine mechanisms to modulate inflammatory responses.

Prolactin can act like a cytokine because it is released between cells of the immune system and regulates the lymphocyte responses by both paracrine and autocrine mechanisms.

The autonomic and neuroendocrine immunomodulatory pathways nurture and monitor each other's activities and functions. The hypothalamus, which synthesizes many of the releasing hormones acting on the pituitary, receives a rich autonomic innervation from the brainstem and is capable of synthesizing catecholamines, such as noradrenaline & adrenaline. Cortisol production can also be triggered here in biofeedback communication with the adrenal cortex.

In many cases, changes in the cellular electrical information to the hypothalamus can result in pronounced reduction of peripheral catecholamine production and subsequent cellular impairment of immunity. Neurohormones can have a profound effect on autonomic function, which is brought to our attention with iridology and the embryological development and subsequent gastro-intestinal endocrine balance throughout our extrauterine life. The collarette structure helps to decode these hidden mysteries.

During stress catecholamines, cortisol, prolactin and natural opiates beta-endorphin and enkephalin are released in higher amounts than normal. Each can have a profound and complex influence upon the hormonal and immune systems. The statement that "stress suppresses immune resistance" is now an accepted norm within all holistic, naturopathic and conventional medical trains of thought. Modern science has confirmed natural wisdom. The longer the stress, then, the greater the possible immune suppression. It should also be noted that, also, the greater an elevation of prolactin we can have, and other hormones we have in the bloodstream and CNS. These can become chronic if stress is sustained.

### *Prolactinoma*

Abnormally increased prolactin secretion is associated with menstrual irregularity and infertility in women plus infertility in men with ejaculatory failure or impotence. Galactorrhoea is present in approximately 30% of affected females, but is rare in males since oestrogen priming is required

for lactation, but it is a clinical possibility. In some texts or research papers a Prolactinoma is also referred to as a lactotroph adenoma.

All the anterior pituitary secretory cells have the potential to form tumours, however, the vast majority are prolactinomas. A prolactinoma is a benign clonally expanded tumour of the prolactin secreting cells in the anterior pituitary gland. It is the most frequent pituitary tumour, accounting for approximately 30 to 50% of all such tumours. A non-secretory prolactinoma accounts for only 20% of tumours and is simply a growth causing hypopituitarism.

Post-mortem studies have revealed that 23 to 27% of the general population have asymptomatic micro-prolactinomas.

Prolactinoma is much more common in women. The actual size of a Prolactinoma in a female patient will tend to be smaller than those seen in males. Symptoms present themselves sooner, usually due to changes in menstruation. Yet, in male patients they grow to larger sizes, probably due to the fact that men are less likely to consult with a doctor or take time to open a discussion on any health-related problem that includes sexual dysfunction.

When Prolactinomas grow in size they can cause visual disturbances and headaches.

### **Medical Investigations**

- **Magnetic resonance imaging (MRI scan)**
- **Computed Tomography (CT scan)**  
(Both these scans can be used to detect abnormal anatomy)
- **Visual Field Assessment to ascertain any compression of the optic chiasma**
- **Blood Tests for elevated levels of prolactin**
- **Suppression Tests using hormonal analogues of inhibiting factors.**  
Generally an adenoma will display reduced negative feedback, thus revealing the possible location of the problem on the endocrine axis

### ***Medical Treatments***

Conventional medical treatments for Prolactinoma usually include the following:

- The drugs Bromocriptine or Cabergoline, which are dopamine agonists, to reduce prolactin secretion
- Octreotide, which is synthetic somatostatin, to reduce the secretion of Growth Hormone
- Surgical removal
- Irradiation to prevent adenoma reoccurrence

All of these treatments can carry serious side effects affecting all different parts of the body and they all carry the potential to trigger an underactive pituitary gland. The drugs are considered first line orally active therapy for prolactinomas in 95% of cases as serum prolactin levels and tumours can be reduced quickly, but as noted above, side effects can and do occur. Surgery and radiotherapy are considered secondary approaches, if the primary approach does not work or causes too many side effects.

### *Hyperprolactinaemia*

Stress is induced and can be maintained by living in a stressful environment. Remember that stress is a very individualistic concept and experience. What stresses one person, may not stress another. In *Human Endocrinology* Paul Gard states that prolactin secretion is so sensitive to the effects of stress, that the trauma of giving a blood sample for determination of prolactin levels may stimulate prolactin secretion, leading to falsely elevated readings. This is a very important fact the practitioner needs to be aware of.

We are consistently presented with new studies, plus unearthing older forgotten studies, linking the mind and emotional wellbeing with the function of the immune system and how these have intimate connections with the neuroendocrine and autonomic systems. It is not unreasonable to propose psychosocial triggers in cases of Hyperprolactinaemia. For example, Hyperprolactinaemia is a common experience for women after miscarriage. It may take many months or even a couple of years for the neuroendocrine systems to adjust and find equilibrium, even with therapeutic assistance, and for the symptoms of Hyperprolactinaemia to resolve.

Miscarriage or voluntary termination of a pregnancy can result in Hyperprolactinaemia, which may take awhile as above to correct itself.

Sometimes elevated prolactin levels can create a systemically conducive environment for Sarcoidosis to develop, in rare cases this can infiltrate the

anterior pituitary. However, I have only ever seen this the once in a clinical setting.

**Main symptoms of Hyperprolactinaemia in females include:**

- **Lack of energy**
- **Reduced libido**
- **Subfertility**
- **Susceptibility to respiratory infections**
- **Menstrual irregularities such as oligomenorrhoea (sparse periods), Menorrhagia (heavy periods) or even amenorrhoea (absent periods).**
- **Early galactorrhoea (lactation)**
- **General immune compromise**
- **Insomnia**
- **Fibroadenoma of the breast**
- **Fibrocystic Breast Disease (FBD)**
- **Weight gain**
- **Anxiety**
- **Hypothyroidism**
- **Oedema, usually abdominally, in the breast tissues or ankles**

**Main symptoms of Hyperprolactinaemia in males include:**

- **Lethargy**
- **Reduced libido**
- **Impotence**
- **Ejaculatory failure**
- **Impairment of spermogenesis**
- **Reduced salivary and serum testosterone levels**
- **Late galactorrhoea**
- **Gynecomastia**
- **Visual disturbances**
- **Loss of facial hair**
- **Anxiety**
- **Benign Prostatic Hyperplasia (BHP)**

Over time Hyperprolactinaemia can cause hypogonadism. Hypogonadism is a common feature of pituitary adenoma and obviously leads to infertility in both sexes. Prolactin secreting adenomas are the most frequent sort of functioning adenoma and they secrete prolactin. Non-functioning adenomas

prevent hypothalamic dopamine inhibition of prolactin release by compression, so that excess prolactin is released.

### **Causes of Hyperprolactinaemia**

The causes of chronically elevated Prolactin levels can vary. The most abundant explanation for aetiology includes:

- **Stress & emotional trauma**
- **Cranial trauma**
- **Pregnancy**
- **Sudden end to a pregnancy**
- **Anxiety**
- **Overstimulation of the immune system, for example with infection**
- **Hypothyroidism**
- **Blockage in the hypothalamus, between the hypophyseal portal concentrations of Thyroid Releasing Hormone**
- **Drugs**
- **Micro or macro Prolactinoma combined with considerable elevations of plasma prolactin readings such as >5000 mU/l**
- **Disrupted sleep patterns**
- **Dopamine D2 receptor antagonists**
- **Elevated oestrogen**

### *Mammary Gland Development & Prolactin*

The main, classically understood influence of prolactin is to stimulate the growth and development of the mammary glands, plus stimulate and maintain lactation. The prolactin secretions during pregnancy prepare the breast tissues for lactation. In fact, as the mother continues to breastfeed her baby, fertility is inhibited by a continuing Hyperprolactinaemia.

### **Iridology**

For complete analysis with clarity we need to observe the following structures within the eye with microscopic magnifications of between 40x to 60x.

The greater and more prevalent the accumulation of these iris and pupillary signs we have the greater the degree of tendency to prolactin disturbances, due to various causes.

### *Collarette Structure*

From research with over 80 pituitary, prolactinaemia and pituitary-related endocrine concerns it has become apparent that the localised frontal indentation is the most prominent and consistent iris sign for pituitary disease in classical iridology terms.

The frontal indentation generally suggests tendency to depressive illness. The indentation in these cases covers a broad section of the frontal collarette. However, in pituitary and related diseases, where we have prolactin imbalance, the collarette is locally indented towards the pupil, covering only a few degrees of difference.

The indentation can appear on it's own, but is usually caused by the following signs in order of importance pressing towards the pupil:

- Local Indentation
- Indentation with localised hypertrophy
- Indentation with Radial Furrow (both minor or major radii solaris)
- Indentation with Leaf lacuna
- Indentation with pigment patch (orange or brown)

The collarette structure can be quite misshapen in this area, with a wave type of effect of indentation and distension.

We can also have a thickened slant of the collarette towards the nasal side, emphasising the tendency to Hyperprolactinaemia.

Remember all these signs can form part of the Stress Axis (see below).

If the radial furrow terminates at the IPB @ Space 1 then it is of greater importance and requires further scrutiny.

If the collarette is contracted or restricted then the inheritance is from the maternal genetics. On the other hand, if we are faced with a distended collarette we have a paternal genetic dominance manifested in the patient.

### **The Inner Pupillary Border (IPB)**

Space 1 between 351.5 degrees and 8.5 degrees around the circumference of the IPB is the organic zone for actual problems with the brain, pituitary, pineal or hypothalamus.

Disorders of the prolactin releasing factors are specific to erosion or a local absence of the IPB @ 360 degrees.

Hyperprolactinaemia is identified between 355 and 5 degrees along the IPB and according to the research the most prevalent signs are:

- S sign
- Local Hypertrophy of the IPB
- Introflection
- A combination of all of these

Prolactinoma can be identified on the IPB through the following:

- S sign
- Extroflection
- General hypertrophy of the IPB

The presence of the S sign is discussed in greater detail in the chapter on the Inner Pupillary Border Signs.

A subtle pupillary flattening adjacent to these signs enhances their meaning to a previously resolved condition or an actual current pathological process.

### **Pupil Tonus**

In 74 pituitary and hypothalamic out-patients studied the slight frontal flatness of the pupil was observed in 61 cases, including a great number of Hyperprolactinaemia, Kallmann's syndrome and Prolactinoma patients. The flattening is a subtle sign, like the frontal indentation of the collarette, not a gross distortion of the pupil. This is why we require such high and clear magnifications of the iris and pupil.

The pupillary dynamic tends to mydriasis, but with reactivity to illumination changes. However, the retarded speed to reaction suggests hypoadrenal involvement. The mydriasis is usually bilateral.

### ***Embryological Topography***

From the research with pituitary patients we have been able to thoroughly document the signs involved and chart the profoundly important pituitary gland and hypothalamus. These signs are from a new topography in iridology, postulated through joint research between myself, and Dr Daniele Lo Rito in Italy. We are scheduled to present this work

comprehensively for the first time over a three-day course near Padova, Italy at the end of May 2004.

The signs are located inside the collarette, between the internal border of the collarette and the pupillary edge. In essence, we are looking at an embryological map of the entire body within the pupillary zone. It can be considered a map within a map –see chart opposite.

The signs relate to the embryological development and inheritance of the individual. The most important embryological signs I have found in Prolactinoma and Hyperprolactinaemia are:

- Crypt/Defect sign
- Lacuna
- Radial furrow
- Small pigment patch

#### **Leaf Lacuna**

The Leaf lacuna is always attached to the collarette, usually in any endocrine topography, including any of the eight possible locations for the pancreas. In prolactin deficiency or excess we have a leaf lacuna at 360 degrees attached to the collarette. This is observable in Subfertility, Hyperprolactinaemia or Prolactinoma.

The leaf lacuna is a genetic footprint and suggests elevated prolactin levels in the family medical history.

#### **The Stress Axis**

The presence of the unilateral Stress Axis predisposes an individual with any of the above signs to Hyperprolactinaemia and anxiety related symptoms in regard to any unchecked dysglycaemia or pre-menstrual plus subsequent menopausal symptoms involving anxiety, depression, panic attacks, tachycardia, confusion, feeling overwhelmed or concentration difficulties. There is also an increased susceptibility to chronic infections and fatigue.

For differing perspectives on the Stress Axis, please refer to *Time Risk* by Dr Daniele Lo Rito and *Immunology & Iridology* by John Andrews. The Stress Axis includes prominent signs in all three topographies for the Hypothalamus, Pituitary and adrenal glands in one iris. All the signs are

attached to the collarette. The signs tend to include a local indentation, lacuna, crypt, and radial furrow or pigment patch.

### **Tongue Analysis**

The tongue is another reflection of the crossover and meeting point for the nervous, hormonal, gastro-intestinal and immune systems. Like the feet in reflexology or the eyes in iridology, we have many nerve and organ reflexes within the structure and on the subtle surface of the tongue. Several signs on the tongue are consistent with elevated prolactin levels whatever the cause:

- Flat & wide, which looks similar in cases of hypothyroidism
- Thickened white coating, which does not clear during the course of a day. The thick coating remains and triggers unpleasant taste sensations in the patient's mouth
- Deeply grooved throughout the centre, which is not a genetically-determined, inherent structure
- Scalloped edges – waviness on both edges
- Pronounced root to the rear like nodules, but gnarled elsewhere with little rooting

### *Nails*

The fingernails can either be a clinical pointer in conditions by themselves, or they can give clarity or add weight to a diagnostic assessment. In cases of Hyperprolactinaemia the following nail formations will become apparent. In some cases the nails will present multiple signs:

- Brittle
- Slow growing
- Reddened skin edge to the nail bed
- Deeply grooved with vertical ridges
- Containing multiple white flecks in cases involving zinc deficiency

### **Treatment Protocols**

All the areas of the world where botanical medicines have a strong foundation and history of usage have herbs to act on both the hypothalamus and pituitary in order to balance prolactin levels. From China we have *Angelica sinensis*, from Northern Africa and the Mediterranean European coastline we have *Vitex*, from Central America we have *Turnera diffusa*,

also from the North Americas we have *Serenoa* and *Dioscorea*, in the UK we revere *Arctium lappa radix*, from Russia we have *Eleutherococcus senticosus* and from the Indian sub-continent we have *Withania somniferum*.

### **Vitex agnus-castus or Vitex negundo**

Clinical studies in Germany have found that *Vitex* semen enhances the corpus luteal development (thereby correcting a progesterone deficiency) via a dopaminergic activity on the anterior pituitary gland, which inhibits prolactin secretion, normalises the menstrual cycle, encourages ovulation and is indicated for any pre-menstrual irregularities. Several studies have revealed that progesterone deficiency could be caused by unopposed oestrogen.

Several compounds in *Vitex* are responsible for the prolactin-inhibiting activity. This beautiful and shrubby Mediterranean member of the Verbenaceae family is rich in Iridoid glycosides such as aucubin and agnuside, plus flavanoids such as methoxylated flavones or casticin, plus essential oil containing monoterpenes and sesquiterpenes. Methoxylated flavones can exact an anti-androgenic effect on the system, thus helping with the traditional use of decreasing libido in monks & men, and also with the balance of infertility or PCOS in females.

**Vitex is indicated for the following:**

- **Balance of hypothalamic functions and pathways**
- **Kallmann's Syndrome**
- **All types of PMT, except Type C (which is usually linked to underlying dysglycaemia)**
- **Subfertility due to Hyperprolactinaemia with elevated testosterone levels and/or decreased progesterone levels**
- **Acne vulgaris, especially during puberty**
- **Extreme mood swings during puberty and the menopause**
- **Mastalgia**
- **Hormonally-dependent oedema**
- **To decrease libido in males**
- **To increase libido in females**
- **Endometriosis**
- **Polycystic Ovary Syndrome (PCOS)**
- **Uterine Fibroids**
- **Secondary Amenorrhoea**

- **Oligomenorrhoea**
- **Polymenorrhoea**
- **Menorrhagia**
- **Menopausal balance**
- **Cushing's disease**
- **Prolactinoma**
- **Pituitary adenoma**
- **Craniopharyngioma**
- **Withdrawal from HRT**
- **Headaches**
- **In Benign Prostatic Hyperplasia when combined with *Serenoa, Turnera & Urtica radix***
- **Inhibition of *Candida albicans* overgrowth**
- **Inhibition of *E.coli* infection**

**Contra-indications:**

- **Modern herbal thought suggests avoidance if taking the contraceptive pill**
- **With dopamine receptor antagonists**
- **If experiencing an Urticaria flare-up**

**Vitex can be used in combination with any of the following as fresh liquid extracts:**

- ***Paeonia lactiflora radix***

**This improves filtration and organisation of hormones through the liver, exhibits similar properties to Vitex in regards to balance of the menstrual cycle. *Paeonia* is supportive of the liver, ovaries, adrenals and hypothalamus. It is a plant that can cross the blood-brain barrier, thus it can have a pronounced influence on extreme menopausal symptoms.**

**It helps to keep prostaglandin cascades in check, thus monitoring inflammatory reactions, plus balances blood sugar levels. It is wonderfully aromatic and its heady scent reminiscent of vanilla enriches the air around our gardens in late spring. The root is rich in alkaloids and flavonoids like *paeonol* and is specific for treatment in cases of PCOS and Fibroadenoma of the breast. It is also of paramount importance with any hormonally related disorders, when there are elevated serum levels of testosterone and elevated prolactin levels, such as infertility or Hyperprolactinaemia. *Paeonia* can also exhibit a slight sedative effect and relax the CNS.**

In Traditional Chinese Medicine, Paeonia is called *bai shao* and considered a *xue* herb. It shares this bestowment with *Angelica* & *Rehmannia*. Menstrual problems and insomnia are common in those with a deficiency of *xue*.

**Contra-indications:** Large doses are to be avoided internally. Consult with experienced practitioner to monitor the dosage amount and frequency, plus length of treatment.

- **Dioscorea mexicana radix**

*Dioscorea* is a progesterone enhancer that is of particular importance when oestrogen domination is present within the system. I have found *Dioscorea mexicana* and *Dioscorea villosa* to be extremely useful at maintaining progesterone levels during pregnancy. It can be used safely and is a wise choice by the clinician for any women with a history of miscarriage, to assist in facilitating and maintaining a pregnancy. It combines very well with *Eleutherococcus* in this regard. *Dioscorea*, or Wild Yam root, helps to modulate hypothalamic function and both prolactin and serotonin secretions, particularly within the intestines and pancreas.

*Dioscorea* is rich in saponins, which are the foundational phytosterol materials for the contraceptive pill, hydrocortisone, anabolic steroids and sex hormones. Indeed, the original material for the pill is called *dioscin*. Wild Yam is rich in this saponin *dioscin*.

The active parts of *Dioscorea* are only soluble, thus useable and assimable by the human body in grain alcohol, thus a fresh tincture liquid extract should be used.

*Dioscorea* has a reputation for anti-inflammatory activity and this is probably due to the steroidal-like constituents. It can be used in the treatment of autoimmune conditions like Rheumatoid arthritis, Crohn's disease or Ulcerative colitis. Intestinal dysbiosis, which can be a forerunner for systemic inflammatory episodes, responds very well to the prescription of *Dioscorea* as a tincture. In Crohn's disease saponin-rich herbs such as *Dioscorea* help with permeability in the small intestine, thus helping with inflammatory responses, absorption of plant nutrition and endocrine exchanges. *Dioscorea* can also be used in the management of diverticular disease due to its anti-inflammatory and anti-spasmodic actions.

Recent research has confirmed the traditional view of the Native American Indians that *Dioscorea* is useful to maintain liver health. It was found that the administration of Wild Yam could have a profound effect on both endogenous and dietary cholesterol metabolism within the hepatic structure. In fact Diosgenin, a steroidal saponin, resembles cholesterol in its structure and it was found that in addition to lowering cholesterol levels, both hepatic and intestinal synthesis were improved. It was also found that we could have increased faecal elimination of unabsorbed cholesterol without affecting the excretion of bile acids.

As discussed in *Immunology & Iridology*, cholesterol is one of the building blocks in the production of hormones.

I use *Dioscorea* extensively to treat extreme menopausal symptoms, as it can elevate oestrogen and progesterone production, particularly in reference to the role taken on by the adrenals after the beginning of the menopause. *Dioscorea* is supportive of both hypothalamic and pituitary functions. Wild Yam also has anti-spasmodic activity and can be relaxing on the central nervous system, thus helping with the associated anxiety, panic or depressive symptoms associated with Hyperprolactinaemia, PMT or menopausal changes.

*Dioscorea* can also be used to balance endometriosis, pelvic inflammatory disease (PID) and within a treatment plan for Subfertility (which could be caused by the previously cited conditions).

Despite commercial suggestions I have found no reason, other than placebo effect, to see how creams made from wild yam can exhibit hormonal balance on the human system.

#### **Contra-indications:**

- History of cholestasis in pregnancy, mainly due to high saponin content
- Septic cholecystitis
- Gilbert's syndrome
- Crigler-Najjar Syndrome
- When taking chlorpromazine
- With treatment for Hepatitis C with beta-interferon
- Cirrhosis of the liver
- Liver carcinoma
- Impacted gallstones confirmed by ultrasound
  
- *Nymphaea odorata radix*

*Nymphaea*, or White Pond Lily, is made from the liquid extract of the fresh rootlets. It can have a distinct influence on the endocrine system in both men and women, and I have used it extensively with those experiencing Hyperprolactinaemia, Prolactinoma, and uterine fibroids too. It is largely ignored in herbal medicine, although I am not certain why this is, especially when we can view its safety, versatility and ease of application. It is also very easy to cultivate, as long as a clean body of water is available.

Dr Christopher in the USA stated how well *Nymphaea* could cleanse, tone and detoxify all the mucus membranes, relieving the pain of ulcerated or inflamed surfaces, especially within the reproductive tracts. Menstrual pain or pain due to growths in the prostate, fallopian tubes, uterus, testes, pituitary or ovary can all be treated with *Nymphaea radix*. The fact that the rootlets are rich in both alkaloids and flavonoids support these claims. In Eastern and Mediterranean Europe the flowers and leaves are utilised in traditional herbal medicines and applications.

I would suggest the use of *Nymphaea* after consultation for the treatment of:

- Benign Prostatic Hyperplasia (BPH)
- Uterine fibroids (in combination with *Vitex*)
- Polycystic ovaries (PCOS)
- Ulcerating cervical carcinoma
- Testicular cysts
- Salpingitis
- Endometriosis
- Lichen sclerosis
- Vulvovaginitis
- IBS in infants
- Uterine carcinoma
- Gingivitis
- Enuresis
- Hyperprolactinaemia
- Prolactinoma
- Subfertility
  
- *Pfaffia paniculata radix*

My esteemed Brazilian colleagues introduced me to *Pfaffia*. They informed that the root of *Pfaffia* is rich in vitamin C, germanium, selenium, zinc, beta-carotene and many other anti-oxidant substances. In Brasil it is considered an adaptogen, similar to Siberian ginseng or *Astragalus*. It used to restore equilibrium to a damaged immune system or the wildly out-of-kilter endocrine system.

It has a profound effect on the hypothalamus, pineal and pituitary glands. It can be used to maintain the activities of the HPA axis, and can be put to good use for autoimmune inflammatory conditions, such as rheumatoid arthritis. This is due to anti-inflammatory phytosterols, such as stigmasterol.

It has a traditional use in infertility and the treatment of cancers, especially skin melanoma. Many elderly patients drink the tea freely as preventative nutrition and when convalescing.

Modern research has confirmed its ability to eliminate excess uric acid from the system, thus helping in cases of gout and polyarthritis.

Thomas Bartrum in the *Encyclopaedia of Herbal Medicine* quotes anecdotal evidence stating that *Pfaffia* minimises the side effects of the contraceptive pill.

Like all adaptogenics, *Pfaffia* has many uses – scientifically or traditionally noted – its many qualities can be harnessed to confer prolactin balance and hypothalamic homeostasis.

- *Angelica sinensis radix*

Prolific herbal author Christopher Hobbs terms *Angelica sinensis* as the female equivalent of Siberian ginseng. The plant, member of the carrot family, is native to Korea, Japan & China and it is estimated to be used by millions of women to balance menopausal and menstrual symptoms. The roots of the plant are used and they contain phytosterols, coumarins and also essential oils.

Although used to counter extreme menopausal symptoms, *Angelica* or Dong quai has been found to be of no benefit to women during the menopause. However, I have seen clinically that the use of *Angelica sinensis radix* as a liquid extract can help women with hot flushes, depression and low energy during the menopause – to the complete alleviation of these symptoms. The

flipside to this is that I have seen a small number of susceptible women have all their symptoms worsened by the administration of *Angelica sinensis*. The ratio of good effects to bad is around 90% to 10%.

Basically, under normal circumstances *Angelica* is an endocrine adaptogen that most women experiencing menstrual and stress-related difficulties, respond to very well with no ill effects. *Angelica* seems to be coerced by prolactin in fortifying the system against degeneration and disease.

Some studies have shown *Angelica's* virtues in the therapy for infertility (of which prolactin is involved), cirrhosis of the liver, hepatitis, protection of the immune system against hydrocortisone, anaemia and dysmenorrhoea.

**Contra-indications:**

- If taking Warfarin
- With beta blockers
- It should also be contra-indicated during the first trimester of pregnancy
- Tendency to miscarriage
- Heavy periods
- Diarrhoea
- Gastro-enteritis

The following can also be utilised in the treatment of prolactin imbalance and the also the control of the emergent symptoms, due the background cause. Further information on these are elaborated upon in many other chapters:

- *Eleutherococcus senticosus radix*
- *Corydalis spp. rhizoma*
- *Withania somniferum folia*
- *Thuja occidentalis folia*
- *Turnera diffusa folia*
- *Serenoa serrulata fruc.*
- *Lentinus edodes*

- **Cordyceps sinensis (preferable as a capsulated powder)**
- **Coriolus versicolor**
- **Lycopus europea herba**
- **Glycchriza glabra radix**
- **Tribulus terrestris**
- **Avena sativa semen**
- **Rehmannia glutinosa**

### *Nutrition*

I have found the following vitamins and minerals of vital importance in helping to maintain prolactin production and balance. Foods rich in these nutrients are essential for assimilation. Spirulina or Chlorella can prove to be very helpful in such cases, but comprehensive lists of these foods and nutrients appear in the appendices.

- **Zinc**
- **EFA's**
- **Chromium**
- **Molybdenum**
- **Vitamin C**
- **Germanium**
- **Selenium**
- **Iron**
- **Folic acid**
- **Pantothenic acid**

### **Colourpuncture**

The application of Colourpuncture to the skin at various reflex points can assist in stimulating, resolving or modulating underlying physical and emotional imbalances. It is particularly useful in achieving endocrine homeostasis. I have found its clinical use for Hyperprolactinaemia extremely helpful, mainly due to the stimulation and modulation of both hypothalamus and pituitary.

Peter Mandel developed the Endocrine Co-ordination points, and we can also refer to many other singular or groups of precise points to utilise, in addition to electroacupuncture points on the ears and Esoteric Interference Therapy – see Appendices.

### **Cranio-Sacral Therapy (CST)**

Due to its comprehensive, systemic influence, CST can help exert balance to the neuroendocrine and immune systems, through action at a cellular level via the cerebrospinal fluid and balance of the cranio-sacral rhythm. CST has a profound effect on the hypothalamus, pituitary and pineal glands – thus modulating all activity of and from the various pathways that are controlled by these three endocrine organisers. I would suggest a cranio-sacral therapist to be trained by the Upledger Institute.

### **Reflexology**

Advanced Reflexology Techniques, as developed by Tony Porter, can really enable the hypothalamus, anterior pituitary gland, thyroid and adrenal glands to begin to function correctly, thus promoting a return to normal levels for prolactin, growth hormone, thyroid hormones, catecholamines and cortisol.

Extract from *Endocrinology & Iridology* by John Andrews, October 2004

## **THE PATHOLOGICAL AND IRIDOLOGICAL CORRELATION ANATOMO Geraldo Camara Cipriano**

## **THE IRIS AND ITS RELATION WITH INTRAUTERINE LIFE AND THE FORMATION OF THE PERSONALITY**

**Rafael C. Navarrete**

Looking at the past in time we may be able to sift out sensations of moments lived once in our lives. Notwithstanding, there are situations where reason cannot reach and emotion loses itself inside a dark reality that projects disturbances in the human psyche. This causes our health to deteriorate little by little and in this fragile state, we are vulnerable to various pathologies. This apparently inexplicable situation can only be shown when you come into contact where everything started “the intrauterine life”.

Much has been said about this phase. In science, much is known about the physical fetal formation. Although, when you try to clarify the emotional reactions of this period, you find an infinite void of knowledge.

We now know that many difficulties lived in the present are related to the intrauterine past, to which we only turn to when in the treatment of a depression or some kind of phobia all the other possibilities of conventional diagnosis are of no avail.

The human eye stores valuable information about the intrauterine phase. In the crown, or inner rim of the iris, it is possible to see both phases of the past: the intrauterine phase and the phase in which the formation of the personality occurs.

The innermost portion of the crown around the pupil is the area to study the first intrauterine phase and the second outer portion, the formation of personality.

In the first circle, we can study the harmony of the environment and the emotional state of the mother during gestation.

In the second circle, we find the formation of personality with all the difficulties and happy moments of infancy.

Some of the irregularities in the formation of the iris tissue in the inner portion of the crown are related to the subject’s current emotional life.

These irregularities, which are a lack of harmony among the iris fibers of the crown, will be useful to analyze both of the proposed phases, enabling the investigation of the origins of psychosomatic diseases.

With regard to the magnitude of the crown, we can identify the space and the limit with which the individual acts and reacts throughout his/her existence. We can say that the contracted crowns denote a adrenergic character, short-tempered, whereas dilated crowns are found in quite passive individuals, who don’t know their limits. The reason for this is the emotional state of the mother and the environment that discharge large or small amounts of adrenaline in the gestation period.

## **TREATMENT WITH QUICKLY ACTION AND MAJOR EFICIENCE UNDER EXCLUSIVE TECHNOLOGY: ARTÊNIO RICHTER**

**In the experience of many years of use to permit us to observe and conclude that the methods of hydrolysis and plasmolysis in the obtaining of active principles increase the efficiency and speed of the action of the remedies even if administrated to organisms extremely debilitated and with an digestive system extremely deficient in the reposition of nutrients, increase of the immunity, drain and dispoisoning of the tissues. In some cases the action initiate immediately after the administration of the first doses. Quick action and efficiency in the correct principles without suppress. There are very important qualities now a day because the official system of health has these factors like absolute.**

**“THAT OUR FOOD WILL BE OUR MEDICINE”. Hippocrates – Father of the Medicine.**

**The reposition depends from a good offer and a good absorption by the organism.**

**The draining depends from a good stimulation from the eliminatory organs. The Piantos and the Bio St. Joseph are developed with the best technology for supply with more efficiency this functions. Exclusive technology of PIANTO. The vegetables there are used are cultivated in ground very rich in nutrients principally the magnesium.**

**The active principles are extracted by “HIDROLISYS” that are a natural method without the elevation of the temperature, fermentation or addition**

of alcohol. The method consists in the concentration and pre digestion of the vegetables that are put in pure water for inverse osmosis in recipients from non rusty steel.

This process provoke the decomposition of the proteins in amino acids that will attach to minerals and oligo elements and will form the “CHELATES” what will be them more lickeli absorved and eliminated without requisition of energy in the process. What will give her a special indication in debilitated and convalescent organisms. This is also an advantage about minerals, vitamins and other elements elaborated with other techniques.

Other method of elaboration of the vitamins, enzymes, proteins, minerals, oligoelements, folic acid, and amino acids is obtained by “PLASMOLISYS”, method in with are elaborated in cultures of levedo in low temperature with the breakage from his plasmatic membranes and disposal his contents without the proliferacion of the levedo in the intestine.

**Indications:** All chronic diseases, stress, lack of nutrients, poisonings (alimentary or chemical), heavy metals, low immunity, acid/basic disbalance, young aging, and pollution.

**Some examples of cases:**

- 1 – Low immunity with repetitive infections.
- 2 – Free radicals, disbiosis, dipoisoning.
- 3 – Bad digestion, bad absorption, debilitation.
- 4 – Cancer, disbiosis, free radicals.

## **Iris and Iridology a colored journey through the rainbow.**

**Doroty Bermudes**

The present work has as objective to expose the relationship of the symbolic analysis of Iridology, enunciating the characteristics mythical of the goddess Íris and your representation while bridge between the visible world and the invisible world.

The rainbow appears as symbol of the search of a differentiated vision of the life, bringing in goodess Iris your personification.

With a perspective Iridology and Mythology, we contemplated and we understood the contribution for the construction that including and integrated glance of the man.

## **FLORAL IRIDOLOGY**

**MARCIA CALDERARO**

## **THE IRIS PROJECT**

**THE EYE THAT SEES EVERYTHING – FICTION OR REALITY?"**

**Maria Aparecida dos Santos**

The use of the iris biometry is being disseminated through the whole world. The security and control are scope of huge investments and research. The iris biometry is now one the most secure way of identification and transit of people. The future of irisdiagnosis is associated with the mass use of this kind of identification, once this biometry was based on iridology and irisdiagnosis researches that date

from many years ago and always showed us the individuals iris registers. Therefore, think about iridologist`s responsibilities from this time on, based on the historial-political and social process of mankind, considering that this use is not restricted nowadays to the consultation rooms but it is now used in several private and public companies and government offices, this moment is very special as a base to one ethics reflection about the technical professional and it`s presence in our political and social future. Think about new biological, physical and or phylosophical paradigm as a way to look mankind and it`s creatives possibilities to their self-management way of life is to inspire them to the use of a tool to their own benefits. A large discussion of this theme is the best way to protect the use of this tool and create an ethics council of iridology and irisdiagnosis. Any technical or teoric instrument is based and built by mortals, in consequence, “limited”. Therefore, make the use of this tool with the maximum care to not transform it in a vulgar one and opened to all human temptations as for example, vanity, and never using these informations as a way of human control, is consequence of the ethical knowledge.

## DYNAMIC IRIDOLOGISTS

Clodoaldo Pacheco

To know how to read the signs of the iris is also to know how to read in our body what happens in our soul. Our body has a wisdom formed by the alliance with the most divine that inhabits inside us. To be aware of the present moment, being the observation of the pupil, the sign that provides us the immediate possibility to unmask the personality.

The term " ENEAGRAMA " has its origin from the Greek "ENNÉA", that means nine. According to the Sufi system of the Eneagrama, there are nine, and only nine, personality types.



## PERSONALITY

It comes from Greek that means to sculpt what stays constantly in the human being, in face of that it is already sculpted inside us and from that comes the behavior conditionings, emotional and connectives.

The personality can be described by the Eneagrama as a group of psychological lines that comes according to the movement and flattening of the pupil, the identification of a characteristic of the father or of the mother or in the contrary the desire of not resemble each other in the specific aspects.

We generally hold our motivations inside us and our concerns run down our psychological defenses, however if we know the forms of the iris by the horizontality or verticality it is possible we understand the comprehension of the EGO by the horizontality and the comprehension of the SUPEREGO and the ES by the verticality. In such case when we know the psychology of the iris through the SPACE-TIME, the points marked through the crown, it is possible however to know several borders of the psicotraumatologic

Eneagrama which allows us with the reflexologic finding in the column the place of the blocked energy and the negative characteristics that we have hidden through the personality which is identified by a complex system that Gurdiieff calls internal amortization, in other words, psychological mechanism of defense.

Its use happens because there is in the human being a variety of contradictions: in the actions, in the thoughts, in what is said, and in what is made by us. However, those contradictions may be destroyed.

In summary, the function of the amortization is to reduce the attrition among the contradictory parts.

A man with a very efficient amortization wouldn't be able to notice the need of justification because he totally ignores his own incoherence and he tends to accept that, satisfied with his own condition.

(PICTURE OF THE BLUE IRIS WITH THE STAR OF ENEAGRAMA)

## ORIENTATION

**8-9-1:** Hepiletoid group is oriented in direction to the action and they notice mainly the sensation of the body.

**2-3-4:** Histeroid group is oriented in direction to the feeling and to the impressions lived by the emotional reactions.

**5-6-7:** Schizoid group is oriented in direction to the thought and it presents the perception through mainly from the mind.

## BIOMOLECULAR IRIDOLOGY – NEW PROTOCOLS

**Adalton Vilhena Stracci- N.D.**

Biomolecular Iridology is a system of analysis that studies signs on the iris making a correlation with metabolic blood tests (cellular analysis “in vivo” and “in vitro”), evaluation of bright and dark field microscopy and lab exams. Iridology has become the main system of analysis of naturopathy and has adopted more and more scientific methodologies and attitudes. Nowadays naturopathy is based mainly on biological research. We have the

tough and difficult task of trying to observe, document and compare; it is with this enthusiasm that we are going to present:

**A) Biomolecular Iridology and Intestinal Dysbiosis**

1. Parasitic Activity
2. Candida Albicans
3. Probiotics
4. Metabolic Acidosis (correcting the P.H.)

**B) Iridology Hepatic area and correlations in hepatic halo (cellular analysis in vitro)- Clear field microscopy- TGO, TGP Gamma GT**

**C) Demineralized Iris-Areas and lack of magnesium correlation with the bacterium (Borrelia Burgdorferi)**

- Symptoms:**
- Cramps
  - Pains
  - Formication
  - Neuropathies

**Collaboration of Dr. Emília Gadelha Serra, presentation of her researches of the bacteria Borrelia Burgdorferi; presentation of a pilot study on the researches of Lyme disease; observations on the iris: dark field microscopy and Borrelia Burgdorferi serology (confirmed exams)**

**D) Iridology and Symptomatology of the Cardiac Area ( Signs on the iris and in blood drops- brightfield Microscope) .**

1. Observation of Q10 deficit on the iris and correlation in “in vitro” cellular analysis (HLB).
2. Iridology, Metabolic Acidosis and tissue cleaning through intestinal maneuvering.

**Use of sugar, ways of correcting P.H., and balance in organic health food nutrition and chlorophyll juices.**

**E) The science and art of iridology that points out the most vulnerable areas and the corrections to be done.**

**F) Biomolecular Iridology and its therapeutic strategies and Orthomolecular tools.**

## **CIENTIFICS WORKS**

### **GERONTOXON IN MENTAL DISABLED CHILDREN AND YOUNGSTERS**

**MAURO FARTO FERNANDES**

ORIENTATION Of the. CELSO BATELLO

**This research has investigated the presence of gerontoxon in mental disabled children and youngsters with down syndrome and other health disorders, and also in mentally healthy children. The study was based on data from 81 cases wich are going to be presented afterwards in the light of the studies of Batello, Jensen and others. The analysis of the facts shows that the gerontoxon is present in most of the cases with diseases wich affect the central nervous system.**

### **PSICOLOGY AND IRIDOLOGY**

**JOSÉ ANTONIO DE OLIVEIRA**

ORIENTATION Of the. CELSO BATELLO

**This work introduces a new proposal a of methodological performance for being used by the Psychology, in the that says about the determination of the basic standards of personality of the individuals, with its consequent scientific recognition. It shows that there is an interface between iridological method Rayid, created by Denny Johnson and the Analytic Psychology or Junguiana, developed by Carl Gustav Jung. In a first moment, it introduces History and a study of embryo genesis of the eye. Secondly, it runs or flow over about the method Rayid, about the Psychology Junguiana and its typology of the personality. Finally, it**

introduces study of cases with statistical demonstration of the same, where shows important connection between Psychology Junguiana and the method Rayid.

## **IRIDOLOGY AND HEART DISORDERS**

*FERNANDO HELLMANN  
JEANINE MENEGAZ DE FAVERI  
RACHEL TREVISAN MARION  
TATIANA LEITE MÜLLER*

### **Abstract**

**This research establishes a relationship between iridology and heart disorders. Irisdiagnosis works in this way as a pre-diagnose that detects possible disfunctions on body organs, even though it can't name any disease. The goal of our study was to scan visual aspects on the iris that could correspond to heart activities, in order to identify these signs of possible problems. The first step of the procedure consists of comparing the left iris of a person with any heart disorder with the iris of a healthy person, according to the traditional iridology map. The left iris of 66 people were photographed. From these pictures, 33 belonged to the cardiacs group (G-CAR) and were also patients with heart disorders at the Cardiology Institute of Santa Catarina, in São José – SC. The other half of the pictures consisted of 33 apparently healthy people without any medical recommendations that formed the Control Group (G-COM). The tests showed that 96,7% of the G-CARs had any mark on the analysed area and 51,52% of the G-CONs also presented some sort of sign on the same region of the iris. The signs presented by the G-CONs, though, are lighter than the ones that appeared on the G-CAR photographs, since their placement and evolution stage indicate a tendency to disfunction. Considering the analysis, one can conclude that iridology is a complementary diagnose method . If every single disease of a patient is analysed, the gravity degree of the signs in the iris could be compared with the problems the patient presents.**

**DIABETES MELLITUS AND ANDREAS CROSS  
ELIANA BERTINI RUAS**

**ORIENTATION Of the. CELSO BATELLO**

## ABSTRACT

**In order to establish a parallel between Diabetes mellitus e Andreas Cross, 50 persons of both sex at the age of 40 to 80 years were interviewed.**

**In the researched group, the occurrence of Andreas Cross was 76%, and the frequency was practically the same between men and women, prevailing the ages between 61 and 70 years.**

**In the German Iridiology, the hematogenic iris is predominant, but when there was presence of Andreas Cross, the frequency between the hematogenic and linfatic iris was practically the same.**

**As to the presence of Andreas Cross in the eyes, 78% of the patients had the Andreas Cross in both eyes, what reflects the functional relation between pancreatic parenquima and islet of Langerhans.**

**The causes of this signal is related to an incorrect ingestion of food, hardly changed, which is confirmed by  $IMC > 30$  in 30% of the patients with Andreas Cross and the remaining 70% overweighted.**

## STRESS RINGS

LÉIA FORTES SALLES

ORIENTATION Of the. CELSO BATELLO

**With the purpose of setting an epidemiologic profile to stress rings, 346 individuals between 6-80 years old were interviewed and observed in the state of São Paulo.**

**Most of the people in this surveyed population showed stress rings and the frequency was practically the same in both men and women. The sign prevalence was higher in younger people than in older population. The signs and symptoms which had higher incidence in individuals with stress rings, compared to individuals with no stress rings were: allergy, anguish, anxiety, tiredness, headache, muscular pain, stress, paresthesia, obstipation, insomnia, irritability, arterial hypertension and hypotension, hair loss and sadness; despite the fact of showing a higher number of complaints.**

In relation to diagnosed diseases, the individuals who have stress rings demonstrated more hypertension, fibromyalgia, varices and thyroid alteration, when in 41-60 age group and an increase in cholesterol, varices, hypertension and diabetes, when in 61-80 age group.

## **FIBROSE CYSTIC**

**ELIZABETE PAZ DE ALBUQUERQUE**

ORIENTATION Of the. CELSO BATELLO

### **ABSTRACT**

This monograph has been searched for a clinical study case of cystic fibrosis and diagnosis corroborated by iridology-irisdiagnosis. Cystic fibrosis is an autosomal recessive infirmity complex and fatal on such modification to conduct towards chloride from epithelial cells involves several organs becoming them ill. Cystic fibrosis causes several dysfunction gastrointestinal, dysfunction of pancreas, intestine and biliary tree. As gastrointestinal as pulmonary and pancreatic disease may have been a contributing factor of compromising with nutritional condition of persons with cystic fibrosis. An improvement in pulmonary function and structural growth can be done by fit nutritional to each of the patients. An increase of survival in patients it is on account of a multidisciplinary approach. Iridology-irisdiagnosis as a propaedeutics method can contribute to become easy an accurate diagnosis, principally, in the cases of you have small quantity of laboratories resources, as described to this work. Iridology-irisdiagnosis gives its contribution while science inasmuch as it is grounded on description, observation and evidence or proved facts of iridologist examination, seeing that general and partial constitution of a person are expressed in iris, becoming possible a prophylactic approach and curative as much organic as mental. Clinical essays become pathway to research therapeutics genetics producing a very effective medical treatment to the lung illness. It's worth to point out that beside to direct the medical judgment to elaborate on diagnostic iridology-irisgiagnosis gives economics advantage. Certainly it reduces complementary examination necessary for you set the doctor's diagnosis at the shortest time becoming very inexpensive and efficient the system of health inasmuch as "time is money", more and more time is life. According to Jewish tradition the worst thief is the one that steals the time from somebody. An behold something greater than that: iridology-irisdiagnosis, if time is money, time is also HEALTH.

**Eyes can reveal harmony and balance in the family and in  
marriage:  
An application of the Rayid Method**

**Luiz Toigo**

ORIENTATION Of the. CELSO BATELLO

Iridology is the science that studies the iris of the eye. Through a diagnosis of the iris iridologists evaluate the partial and general constitution of the organism, and it is possible to observe the – physiology, anatomy, histology, pharmacology and the pathology that are revealed by each of the iris. This evaluation is performed through topographical signs in the iris. The interpretation of these signs can produce either a total or partial physical evaluation of the individual or a psychological evaluation. The iris is the mirror of the individual, and it reflects the soul of the person. The iris is the round coloured part of the eye , it resembles a mirror of the body, and it reflects and reveals both the physical and psychological life of the human being. (Batello, 1999; Johnson, 1992)

In this iridology monograph the Rayid method has been applied to 20 couples, 10 of which live in the State of Santa Catarina, and the remaining 10 in the State of São Paulo, Brazil. From the Rayid method only the following elements have been applied: Standard Types (Jewel, Flower, Chain, and Agitator); the direction of the flow of energy (Introvert, Extrovert), and the Predominance of the Cerebral Hemisphere (Polarity) (Right and Left)

In the Rayid method the eyes are the mirror of the soul and the window of the body. The iris is the route that takes the iridologist into the understanding of the learning and transformation processes of the person, the way people express themselves through gestures and words, the way people build their intimate and deep relationships. It is possible to observe the physical and behavioural features inherited from former generations. These features and talents manifest in children since childhood, and it is possible to specify if they have been inherited either from the Father or the Mother. All this knowledge is important and necessary for an adequate transforming guidance. All these characteristics are fundamental in the relationship between parents and their children, and consequently they can make adaptation and integration of the new being (the child) into society easy or difficult, as well as they can influence the fulfillment of their individuality and integrity. (Johnson, 1992; Jung, 1996)

The results show that 85% of the individuals in the Santa Catarina group are the Agitator Type, and 70% of the couples have been attracted by the similar Pattern of the Agitator Type; 30% were attracted by the complementary Pattern of opposites. In the group from São Paulo 50% of the individuals are the Agitator Type, and only 20% have been attracted by similar Patterns, being one of the Agitator Type, and one of the Chain Type, 50% of the couples were attracted by the complementary Pattern of opposites, and 30% of the couples by the different Pattern Type. Besides the attraction to similar Types, the attraction to the complementary Types also occurs in the Rayid method, such as: the Jewel Type attracts people of the Flower Type, and the Chain Type attracts people of the Agitator Type, and vice-versa.

The Pattern Types are Jewel, Flower, Chain and Agitator. These patterns are signs verified in the topography of the iris, we can see them in the iridological exam. In the Jewel Type crystallization of pigments are perceived (similar to a jewel), and they have analytical characteristics; the Flower Type shows a bending or rounded opening of fibers, known as gaps or vaults (similar to a flower, a daisy, and they have sentimental and emotional characteristics; in the Chain Type we verify a subtle variation of fibers, with lines or spots of colour (reminding us of the softness of a river) and it has sensorial characteristics; the Agitator Type (a subgroup) is identified by the presence of Jewels and Flowers in the fibers of the iris and it presents an intuitive, creative, extremist characteristic. It is known as Spear Head because of its pioneering characteristics (rational as the Jewel Type and Emotional as the Flower Type). Each of these Patterns has a set of characteristics that determine the psychological profile of the individual.

The predominance of the Agitator Type or Spear Head in the Santa Catarina group is due to the German and Italian genetic origins of the immigrants. Their attraction to the similar Pattern probably occurred because they are farmers or descend from farmers, and the couple thinks and performs the same tasks and work. No exceptional predominance occurred in the group of couples from São Paulo. (Johnson, 1992)

Jungian psychology reveals, when approaching the psychical relationship in marriage, the importance of parents living together with their children, and of children living together with their parents. The experiences in this relationship are fundamental for the children to continue marital life in a balanced and harmonious way, conquering psychical fusion, that is the great utopia of happiness of every couple.

As the eyes mirror the soul of the individual, the marriage is the open window that allows us to look and contemplate the irresistible and passionate love of God. Love is the source and reason of matrimonial union. This love will pass from an initial romantic stage to a relationship of alternation. Alternation meaning the respect for mutual differences, not making the other the same as oneself, not assimilating the other. That is why “to love alternately means to allow and even stimulate the other to be himself/herself so that they can follow their own way of personal integration, and matrimonial communion.” (Borsato, 1998)

Borsato sees Matrimonial and Family Spirituality (which is a guideline to good quality living), and marriage, not as a fusion or confusion of people, but as a communion of two liberties, of two consciences or two differences. To love the other means to accept his/her vocation. To love is to wake her so she can be herself, so she can follow her purposes and intentions. To love is to help the other to grow and mature. To try to stop the other to be somebody or to become indifferent to their needs, or even to avoid understanding their requirements is not love. In such situation there is no communion.

Consequently, marriage is the communion of two people who are and remain different, who love each other while remaining different and who love each other because they are different. This becomes a sign of God Trinity, that is the communion of three people, equal in dignity, but different. Marriage in this sense becomes a sacred sign (sacrament) of God, a communion of the human and the divine. “To look after their own love should be the only, most important, and deepest endeavour of a couple.” (Borsato, 1998)

## **ADRENAL DISFUCTION**

**Fábio Bechelli**

ORIENTATION Of the. CELSO BATELLO

Was related a iridological clinic case of a patient that have a psychological stress adreanl’s secondary hipofunction, like as a bad response of the adaptation of your organism. Comproved with laboratorials examinations.

In the report was associated the vision of this hipofunction inside in the axis PNEI, trying to add the iridological science to this axis’s study.

# **IRIDOLOGY: A GREAT ALLY WHEN CONFIRMING PROSTATIC PATHOLOGIES**

Newton de Oliveira Cunha Júnior and Maria João Correia Nabais Domingos

## **INTRODUCTION AND SCOPE:**

**This work is intended to show that even the smallest cell in our body is of greatest importance and that nothing has been left to chance. A tiny gland that causes great problems: the prostate “is a menace in the lives of many men” (221.000 cases of prostatic cancer have been diagnosed in the USA; in Portugal, this problem affects 130.000 men, of which 1.800 die every year). Despite men’s proneness to suffer from this kind of problem, they go on with their bad life habits, as they are more inclined for excessive drinking, smoking, not eating properly, doing little exercise and having a bad relation with “stress”. The veins are especially important in prostatic gland disorders, as they tend to produce varixes. The main disturbances to affect the prostate are infections and tumours, mostly benign. This problem is given essentially to a hypertrophy being usually preceded by congestion. The congestion is normally followed by certain occurrences, i.e., a largest supply of blood to the body can be observed and the tissue becomes imbalanced in terms of nutrition and elimination of toxins. One can consider prostatitis as a starting point and then move on to the benign prostatic hyperplasia.**

**The development of this essay into a scientific work came after several observations in routine consultations, in the centre and north of Portugal. We noticed that some patients shared symptomatology, showed similar clinical analysis and the main iridological signs in the same areas. We, then, initiated a technical-scientific study to confirm our observations. We**

began by selecting 150 patients and look at their prostatitis and BPH. Rigorous selection criteria and work methodology were followed. Iridology and iris diagnosis were used to confirm cases of patients with prior diagnosis, and to leave out selected patients. The iris was used as a point of reference to confirm the prescribed treatment and its evolution during the project.

## **DEPRESSION X IRIDOLOGY – A CORRECT WAY OF DETECTING AND CONFIRMING DEPRESSION.**

Newton de Oliveira Cunha Júnior and Maria João Domingos.

### **INTRODUCTION:**

Depression is a disease of the “organism as a whole”, which compromises the physical, the humour and consequently, the thought. It changes the way a person sees the world and feels reality, perceives things, shows emotions, feels disposition and pleasure with life. It affects the way a person feeds and sleeps how a person feels about his/herself and how a person thinks about things. People suffering from a depressive condition (it is estimated that 17% of adults have suffered or will suffer from a depressive condition at some period in life) cannot simply improve their condition on their own and through positive thinking. Without treatment the symptoms can go on for weeks, months or years. Proper treatment, however, can help most people suffering from depression. The most common symptoms shown by patients at the beginning of the trial were sadness, unhappiness, insomnia, apathy, lack of joy, of appetite (some people experienced increased appetite and sleepiness), of sexual desire, lack of will, a feeling of lack of sensations, obsessive thoughts (this does not necessarily mean a person suffers from

obsessive-compulsive disorder). Some patients experienced vague and diffuse ache in the body or head, when undergoing standard laboratory tests, constipation, bitterness in the mouth, aged skin, frail and shineless hair and nails. Depression is an illness that greatly disturbs a patient's life and his/her family. However, it can be easily treated.

## **IRIDOLOGICAL CORRELATION BETWEEN CEREBRO AND INTESTINE**

**Cecília Spínola**

ORIENTATION Of the. CELSO BATELLO

The science and the medical research have been demonstrating through recent studies the importance of the digestive system and more specifically of the intestine, for the maintenance of the health and of the well-being. The intestine became recognized as a "intelligent organ" by its capacity to select among what we ate, what is we or not useful, and for being the only organ of the human body capable to execute functions independently of the Central Nervous System, arriving to be denominated recently by specialists as a "second brain", being more and more evident to be in the pulp of the processes to guarantee a healthy life. However, Iridology, study of the physical and psychic state through the analysis of the alterations presented by the irises of the eyes, already recognized these aspects and through the iridologic analysis it comes applying these knowledge. With the objective of to present recent studies of some cientists and to verify the recognition of the intestine as a "second brain"; to present iridologic studies and to verify like Iridology already recognized these aspects, this work was developed. Being selected appropriate bibliography and being correlated these studies, it can be noticed like Iridology it already possessed these knowledge. This way, it is gotten to

recognize the great importance of Iridology, being of big was worth for the prevention of diseases and for the maintenance of the health.

## **INVERSE UNIVERSE**

### **From Quantic Physics to embryology: an applicatory one for the Iridology**

**Marilene Rodrigues**

#### **SUMMARY**

The related work-research looks for to relate the concepts between the scientific basic laws of the embryology and the scientific teorical concepts of the quantic phisics, showing narrow relations between same and its applicability in the field of the Iridology science-art.

Science for possessing a teoretical body established, and by comprovements scientiphics to be human eye one extention of our own brain;being yes the tissue of the Iris consisting of many nervous staple fibres, where informations received by brain go to be registered also in the estroma iridal.

Scientiphic comprovements discloses also that growth of the eye in its primitive phase, or either in its embryologic state appears from the neural leak that later will be the frontal lobule of the brain.

Art because the eye perhaps should be the organic microsystem more complete, where if it can see the consequence of our macrosystem, or either the human body as a whole; where so is printed matters not only the ocorrency of functional changes as they also psyquics changes leading to identifypatterns of personality as we can prove through Rayid's system.

We are dual beings by excelency, as say the IV law of Hermes Trismegistro that it affirms: double "All and, everything has poles, everything has the opposites, the equal one and different are the same thing, the opposites are igual in nature but different in degree; the extremities touch itselfes; all the truths are half truths; all the paradoxes can be reconciled. "

Of similar form we have an organic system and a psyquic system. Dual also are the discloses of registers of informations that they pass for our brain; two systems well defined each one with its own laws : conscientious and the unconscious one.

According to Batello, 1998 – "As much bigger will be the knowledge of the Universe, greater will be the application of the Irisdiagnose".

Thus, farther to establish one link between the mentioned concepts and the Iridology, the work-research tries to make a bridge, a link to demonstrate

that the laws that conduct our Universe of similar form prevail also our unconscious Universe, and exactly through observation of the iris that we can understand the dynamic of this unconscious one, where concepts as space-time meet are so lives and Reals as those that conduct microcosms. To take conscious of manifestations of our unconscious being of scientific form, certainly will be contributing for the clarification of the functioning of the human mind, where jargoes called “mysteries of life” or “supernatural” will be understood as a subject ON NATURAL of the called science of LIFE.

## **STRESS IRIDOLOGYCAL APROUCH**

### **Gisele de Souza Flor**

ORIENTATION Of the. CELSO BATELLO

The stress is one of the main causes of diseases in the modern society. Many times its diagnosis is confused with others disorders due its symptoms are variable from person to person. The stress affects many organic systems, like nervous system, endocrine system and also immune system, where it can cause immunosuppression, facilitating the installation of any disease. Some researches confirm the interrelation between these systems, as well as the researches developed by Psychoneuroimmunology (PNI), a “new” interdisciplinary field, which achieves the relation between psychosocial factor and the immune system, explaining on this way the mechanisms of stress. There is a relation between stress and diseases, however it is not certain. It does not know, for example, why a stressed person develops a stomach disease while another person, under the same stimulus, suffers from hearth disorder. A theory in Iridology refer to every person has one or more organs which can not complete the embryonic development, so they are more fragile and first to suffer consequences when the organism suffers from an aggression, these organs are called shock organs, *locus minoris resistentiae*. The Irisdiagnose can possibly know the general and partial constitution of a person, through iris analysis, then allowing check of any alteration on physical, psychic and emotional aspects. Through evaluation of a case study, using irises pictures and patient analysis, the work objective is proving the Irisdiagnose effectiveness as a trustworthy diagnosis method. Irises signals related to stress were observed as well as the signals on the organs that suffer directly from stress, confirmed by clinical examinations. Conclude that Irisdiagnose, with its investigation and evaluation, can show physical, psychic and emotional alteration, as well as recognize shock organs, supplying information to identify the case of stress already installed, or another disorder that could result in stress.