

**Iridal Study in patients with cardiac-circulatory pathologies in the Cardiology
Ambulatory from São Francisco Hospital
Brasília, DF**

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SUMMARY

The current work aims to evaluate the co-relations between the observation of the iris characteristics in patients with alterations of functions connected to the cardiac-circulatory system, according to the Iridology, comparing them to the clinic data of the different cardiac pathologies. It establishes a connection between the clinical and the iridal language, considering the unquestionable help of Iridology in understanding the dynamic of installation and progression of the organic unbalances. Besides establishing a connection between these languages we try to show that the presence of specific iridal signs in the co-related areas with the cardiac-circulatory system can become valid the use of Iridology as a semio-technical tool of value to the clinic in general.

INTRODUCTION

This work was developed in the Cardiology Ambulatory of São Francisco Hospital in Ceilândia, DF, Brasília, DF.

First of all it's important to remember the differences in the parameters of patients evaluation from the cartesian-mechanicist view and from the quantic view. In the first case our focus is on the illness and in the second the focus is on the patient as a whole. We must emphasize that when we propose the iridal evaluation as a semio-technical tool, we aren't excluding the importance of the patient's allopathic view, but including new parameters of evaluation and comprehension of the human being in a global way. The Iridology not only sees the pathology installed in certain organ or system (in this case, the cardiac-circulatory), but as an integrative unit of function, where the unbalance in each functional segment alters the whole. That's why we try to understand the global dynamic.

Some theories have a systemic view as basis, the view that the whole is reflected in the part and the part is contained in the whole, like the inner-connections in the human and universal nature, by Hermes Trimegisto, with the micro and the macro-cosmos. This is exactly the role of the iris observation as a source of data for the individual organic dynamic comprehension, where the iris (micro-cosmos) is reflecting the dynamic individual's operation as a whole (macro-cosmos). The health, therefore, is not a static condition, but a dynamic balance of regulator processes biological and cybernetically controlled, as well as functional, structural and genetic factors that constantly reacts to internal and external changes.

We know that the structures that compounds the eyeball (which have their embryological origin associated to the neural gutter formation, being at first a germination of what later will become the brain's front lobe) keep neural and circulatory connections with these structures of the extra-uterus life. Being the iris widely vascularized and enervated we can observe reflexively, keeping the distance, the active phenomena that occur in other organs and tissues, as well as their constitutional fragilities. Since the ancient Greece the eyes were considered the mirror soul, being from Hippocrates this aphorism.

To prove this view it's fundamental to observe exhaustively the information contained in the iris and so compare them to clinical aspects well defined, trying to establish co-relations that lead us to a comprehension in a clearer way of the organic dynamic of each patient and of the several pathologies, according to the classical iris nomenclature, and the description of the iris lesions, as well as co-relate them to the classical areas of the iris map related to the cardiac-circulatory unbalances.

METHODOLOGY

Pictures from the iris were taken from 51 patients of the Cardiology Ambulatory of São Francisco Hospital between March 29,2000 and May 17,2000; being 16 males and 35 females.

Later they were analyzed from the Iridology point of view, lifting the presence of iridological sign compatible to the cardiac-circulatory unbalance. As a parameter the iris map below was used, evaluating the presence of iridal signs on the following areas:

- Heart
- Venous and Arterial Circulation
- Medulla Oblongata (Bulb)
- Autonomic Nerve Wreath (Collarette) on the region related to the heart

After this survey the clinical file of the same patients were taken and researched according to the clinic point of view, collecting the clinic-semiologic data compatible to cardiac-circulatory pathologies.

Finally co-relations were established between the analysis language of the iridal signs and the clinical approach of the patients.

Leonard Mehlmauer, HP developed the map used for the iridal evaluation, in 1996, after Dr. Joseph Deck and Dr. Bernard Jensen maps.

RESULTS

From 51 patients observed, 16 males and 35 females, most of them presented more than one sign or symptom of cardiac-circulatory function implications to the clinical and laboratorial exam, and all of them presented more than one iridal sign simultaneously, on the various iridal areas observed, being compatible the iridal and the clinical evaluation.

Signs and Symptoms Table related to the patient's cardiac-circulatory function according to the sex.

Signs and Symptoms	Male		Female	
Hypertension	11	68,75%	32	91,42%
Hypercolesterolemia	4	25,00%	13	37,14%
Congestive Cardiac Insufficiency	1	6,25%	4	11,42%
Cardiac Arrhythmia	3	18,75%	6	17,14%
Right Branching Block	1	6,25%	1	2,85%
Left Branching Block	0	0,00%	3	8,57%
Left Anterior Hemi Block	1	6,25%	0	0,00%
Atrium Ventricular Block First Grade	0	0,00%	1	2,85%
Left Overload Chambers	2	12,05%	3	8,75%
Left Atrium Overload	2	12,05%	3	8,57%
Left Ventricles Overload	1	6,25%	4	11,42%
Right Chambers Overload	0	0,00%	1	2,85%
Acute Myocardial Infarction	4	25,00%	0	0,00%
Chagas Disease	1	6,25%	1	2,85%
Mitral Prolapse	0	0,00%	1	2,85%
Mitral Insufficiency	0	0,00%	3	8,57%
Systolic Blowing	0	0,00%	2	5,71%
Septal Fibroses	1	6,25%	0	0,00%
Repolarization Alteration	0	0,00%	1	2,85%
Tachycardia	1	6,25%	2	5,71%
Bradycardia	0	0,00%	3	8,57%

Iridal Signs presented in patients of the Cardiology Ambulatory of São Francisco Hospital

Iridal Signs	Right Iris		Left Iris	
Cholesterol or Sodium Ring	38	74,50%	38	74,50%
Anemia in Extremities or Ischemia	3	5,58%	3	5,58%
Venous Congestion	30	58,82%	30	58,82%
Chronic Closed Lesion in Heart	28	54,90%	24	47,05%
Acute Closed Lesion in Heart	5	9,80%	5	9,80%
Chronic Open Lesion in Heart	3	5,88%	3	5,88%
Butterfly Lesion in Heart	3	5,88%	4	7,84%
Psora or Hyper-pigmentation in Heart	2	3,92%	2	3,92%
Cramp Rings in Heart	12	23,52%	8	15,86%
Radii Solaris in Heart	3	5,88%	5	9,80%
Poor Nerve Supply in Autonomic Nerve Wreath in Heart	17	33,33%	6	11,76%
Continuity Solution in Autonomic Nerve Wreath in Heart	6	11,76%	6	11,76%
Acute Irritation in Autonomic Nerve Wreath in Heart	5	9,80%	7	13,72%
Dilated Autonomic Nerve Wreath in Heart	12	23,52%	14	27,45%
Spastic Autonomic Nerve Wreath in Heart	15	29,41%	19	37,25%
Bulb Syndrome Heart	25	49,01%	28	54,90%
Radii Solaris in Bulb	12	23,52%	18	35,52%
Chronic Closed Lesion in Bulb	13	25,49%	12	23,52%
Chronic Open Lesion in Bulb	6	11,76%	5	9,80%
Cramp Rings in Bulb	7	13,72%	6	11,76%

Description of the Iridal Signs found and their repercussion in the organism dynamic

A) Iridal Signs found in the areas co-related to the heart in the iris map

I) Acute closed lesion in cardiac area

It corresponds to the opening in the iris tissue, in the region corresponding to the cardiac area, what demonstrates genetic fragility in the cardiac tissue, being the closed lesion totally surrounded by the iris stroma. The lesion is usually shaped like almonds and there is no easy exit to the toxic material. That's why it is more difficult the therapeutic access. It has a difficult irrigation and drainage, and deficient nervous supplier. The acute processes appear as white areas where the iridal tissue is up. They are always connected to the tissue hyperactivity. The acute signs are represented by a white color, and show a metabolism increase in the tissues that form the cardiac structure, where the consumption of nutrients is bigger, or energy of cure, trying to overcome the aggression they are suffering. During these process acid substances, mucus and free radicals are produced. It is a hyper-reactive state where acute phenomena occur because of the organ functions exacerbation. It is the beginning of the process of functional unbalance, being usually broken out by the environmental condition (noxa) acting on the genetic fragility.

II) Chronic closed lesion in cardiac area

The closed lesion is characterized by the opening in the iris tissue, usually shaped like almonds or round, being totally surrounded by it, in the region corresponding to the cardiac area, what demonstrates genetic fragility of the cardiac tissue. Being closed, we are dealing with a circumscribed condition where there is no easy exit to the toxic material and free radicals. Irrigation and drainage are difficult, nervous supplier is deficient, and genetically it is a chock organ. The chronic stage of this kind of lesion denotes a process of initial cellular lesion, still reversible, and suppression of metabolic function ongoing. There is a tissue hypo-function, as a result of irrigation and drainage deficit, as well as compromising of the nervous structures in the tissue or organ in question. These lesions appear as a dark gray color area and the iridal tissue has clear visible depression. They are always connected to the low tissue activity, what implies in a deficient elimination of toxic substances from catabolism, besides the difficulty of absorption and retention of nutrients as in the acute and sub-acute phases. In this phase important vascular-nervous alterations happen, promoting the appearance of more serious tissue dysfunction. The defense cells and the nutrients get hardly to this already injurious system and the toxic substances elimination is insufficient, what overload the cells and the tissues, compromising the good function of the organ.

III) Chronic open lesion in cardiac area

This kind of lesion is characterized by openings in the iris tissue, forming, this way, doors to the intestines or the skin. It is a lesion of easier therapeutic access and it contains a better irrigation and drainage, making it easier to remove the local impurities. It indicates hereditary weakness of the organ or correspondent tissue. The chronic stage of this kind of lesion indicates a process of initial cellular lesion still reversible, and suppression of metabolic function ongoing. There is a tissue hypo-function, as a result of irrigation and drainage deficit, as well as a compromising of the nervous structures in the tissue or organ in question. They appear as dark gray areas and the iridal tissue has visible depression. They are always connected to the low tissue activity, and imply in a deficiency to eliminate the toxic substances proceeding from catabolism, besides the difficulty absorption and retention of nutrients as in the acute and sub-acute phases. In this phase important vascular-nervous alterations happen, promoting more serious intestinal dysfunction. The defense cells and the nutrients get hardly to this system previously injurious and the elimination of toxic materials is insufficient, what overload the cells and tissues, compromising the organ functions. Being an open lesion, normally it has a better prognostic than the closed lesion.

IV) Chronic butterfly lesion in cardiac area

This lesion gets this name when it is compound of 3 or 4 small almond shaped and joined lesions, located in the interior and exterior side of the Autonomous Nervous System band. It indicates great tissue fragility, tending to extreme accumulation of toxins in the intestinal region, and discharged in such organ, with a great formation of free radicals and injurious substances to the cardiac tissue. It is an area of difficult reconstruction, because of deficiency in the nervous supplier, and also the genetically poor circulation. There is a tissue hypo-function as a result of irrigation and drainage deficit, as well as a compromising of the nervous structures in the cardiac tissue. The chronic condition in a region of neuron-genetic syndrome comes as a dark gray color and the iridal tissue has visible depression. They are always connected to the low tissue activity and imply in deficient elimination of toxic substances proceeding from catabolism, besides the difficulty of absorption and retention of nutrients like in the acute or sub-acute phases. In this phase important vascular-nervous alterations occur, promoting more serious tissue dysfunction in the system already injurious, where the elimination of toxic waste is insufficient and the nervous impulse is deeply compromised. It overloads the cells and the tissues, compromising the organ functions in a practically irreversible way. The butterfly lesion or neuron-genetic syndrome has normally a bad prognostic comparing to the closed lesion.

V) Psora or hyper-pigmentation in cardiac area

This case presents small areas of dense brown color, in varied shapes. In the region corresponding to the cardiac area they can be unique or multiples. They indicate

areas of extreme tissue weakness because of the toxin accumulation, usually associated to drugs that were deposited whether hereditarily or not. There is cicatrization usually. The smaller and darker, the bigger the toxic concentration and the tissue fragility. Many times it compromises the functions connected to immunity and allergies, and it characterizes a hypersensitive region from the biochemical point of view.

VI) Rarii Solaris in cardiac area

It presents radial furrows in the iris tissue in the region related to the heart. These furrows are related to the toxin discharge and free radicals proceeding from the digestion in the tissues related to the areas where the Rarii Solaris passes. Its color and deepness are related with the amount of toxins discharged. They are classified as: Rarii Solaris Major when they come from the intestinal region and go to the skin; and Rarii Solaris Minor when they come from the intestinal region and go to any other organ before the skin.

VII) Concentration and rupture of various cramp rings in cardiac area

Concentric bows or rings of different acuteness grades (the clearer, the more acute and intense). They represent anxiety, stress, and agitation with tendency to somatization in the cardiac-circulatory system. Rigidity and restriction of the nervous and sanguineous supplier of the tissues come as a reflex. The bigger the amount, more acute and with bigger number of ruptures more intense the anxiety and stress degree discharged on the cardiac-circulatory function. (Neural-vascular spasm).

B) Iridal signs found in Autonomic Nerve Wreath in touch with the area co-related to the heart in the iris map

I) Autonomic Nerve Wreath in poor nerve supply

The collarette extinguishment represents a tendency to asthenia and cardiac hypo-function, by the neuron-transmitters reserve exhaustion of the autonomous nerve system, especially in the myocardium. There may be phase's alternations apparently normal and others of depressive function.

II) Autonomic Nerve Wreath in continuity solution

When the Autonomic Nerve Wreath is broken it indicates genetic fragility in the nervous supplier that regulates the cardiac function, happening a diminution or significant alteration in the quality of the nervous impulse that gets to the organ, altering this way its electrical function by energetic transmission block.

III) Autonomic Nerve Wreath in cardiac area with acute irritation

It indicates an acute process in the areas, organs and functions co-related to the cardiac area, by the excess of nervous stimulus in the autonomous nervous system. It characterizes by the increase of tissue catabolism (nutrients that are consumed fast), electric discharge alternated, tissue hyper-activity, excessive formation of free radicals, nervous supplier in stress process and exhaustion.

IV) Autonomic Nerve Wreath in dilated cardiac area

It indicates function excess of the sympathetic nervous system, reflecting in the cardiac-circulatory system.

V) Autonomic Nerve Wreath in spastic cardiac area

It indicates function excess of the parasympathetic nervous system, reflecting in the cardiac-circulatory system. Excess of vacant stimulus.

C) Iridal signs associated to the Bulb Syndrome heart found in the co-related area to the medulla oblongata in the iris map

I) Bulb syndrome heart

It is characterized by the simultaneous presence of iridal signs in the map region corresponding to the Bulb and to the iridal area corresponding to the heart. It indicates extreme fragility of cardiac function associated to an irregular function of the central area responsible by the vital function regulation. This kind of syndrome is responsible for varied and atypical alterations related to the cardiac-circulatory function, depending on the sign found in both of them on the systemic effect combinations between them.

1) Chronic closed lesion in bulb

It characterizes by a round or almond shaped opening in the stroma of iris concerning to the region of the medulla oblongata. Because of an enclosing situation there isn't an easy exit to the toxic material produced in this place. The lesion conducts, many times, to the diminution of the nervous impulse that regulates the vital functions, compromising them significantly.

2) Chronic open lesion in bulb

This kind of lesion is characterized by openings in the iris tissue, forming, this way, doors that can be canals to the intestines or to the skin. It's a lesion of easier therapeutic access and it has a better irrigation and drainage, what makes easier to remove the impurities of the local. It indicates hereditary weakness of the organ or tissue correspondent.

3) Radii Solaris in Bulb

It presents radial furrows in the iris tissue in the region related to the bulb. These furrows are related to the free radicals and toxin discharge coming from the digestion in the tissues related to the medulla oblongata functions. Its color and deepness are associated to the amount of toxins discharged, and such a discharge leads to the unbalance of the electrical function connected to the nervous impulse that regulates the vital functions, proceeding from the bulb. They are classified in: Radii Solaris Major, when they come from the intestinal region toward the skin; and Radii Solaris Minor, when they come from the intestinal region toward any organ before the skin.

4) Concentration and rupture of various cramp rings in bulb

Concentric bows or rings from different acuteness degree (the clearer, the more acute and intense). They represent anxiety, stress and agitation, tending to the somatization in the nervous impulse proceeding from the medulla oblongata. Rigidity and restriction of the nervous and sanguineous supplier of the tissues come as a reflex. The bigger the amount the more acute and the bigger the quantity of ruptures the more intense the level of anxiety and stress discharged on the nervous supplier that feeds the cardiac-circulatory function (neural-vascular spasm).

D) Iridal signs related to the circulatory function

I) Arterial

1) Cholesterol or Sodium Ring

It is characterized by a white or yellowish bow in the region between the iris and the sclera. The white bows indicate excess of Sodium or Calcium ions in the tissues. When the bow is a bit more yellowish it indicates excess of fat (cholesterol or triglyceride) in the tissues. This deposit occurs because of excessive increase of its concentration in the bloodstream. Usually, they are associated to diseases that attack the entire organism at the same time, like for example, arteriosclerosis and arterial hypertension. The presence of sodium and calcium happens, usually, because of the excessive ingestion of these ions of inorganic origin due to an incorrect alimentation. In the case of the fat, it can happen because of metabolic failure, excessive ingestion or both of them. All of this leads to the bad circulation and bad local oxygenation, leading to low vitality.

2) Anemia in Extremities of Ischemia

Milky, white or opalescent ring around the iris, in the limb region, indicating perfusion deficit, usually associated to the tissue oldness in the region where it passes. It indicates oxygenation and nutrition deficit in the tissues in question, and arterial deficiency.

II) Venous

1) Venous congestion

It presents a bluish halo in the region of transition between the iris and the sclera, indicating deficient oxygenation, anemia and bad circulation in the extremities (head and member), because of lack of good muscular capacity, originating varices and a difficult access of the arterial blood to the highest parts of the body.

Conclusion

The **Iridology** as a semio-technical tool presents aspects of great value as auxiliar in the diagnosis process, being able to show clearly the definition and the different individual constitutional characteristics, visible in the shapes and color that are present in the stroma of iris, processing an evaluation concerning to the integrity grade of certain tissue, varying according to the genetic fragilities. This kind of evaluation can help in the process of clinical evaluation of the organism, because it facilitates the comprehension of the individual behavior in the presence of the illness process (lose of the Homeostatic balance) in its various aspects.

After the detailed observation of the iris in the 51 patients, it was possible to note that all of them presented **iridal alterations** co-related to the cardiac-circulatory unbalances in different degrees. This way the iridal evaluation can be helpful as a semio-technical tool, especially comprehending the individual dynamic of the clinical evolution of the pathologies.

We can assure that the **iridal signs** found in the topographic analysis related to cardiac-circulatory disturbances, are observed in various iris regions that anatomic and physiologically have co-relations to the cardiac-circulatory functions, like iridal area related to the heart, iridal area co-related to the nervous impulse coming from the autonomic nerve wreath to the heart, iridal area that represents a regulation center of the vital functions in the bulb. As well as the individual clinic manifestations can be evaluated and understood, besides the conventional clinic criteria, also through the iridal evaluation they can be evaluated and understood, because this technique is connected to the global vision.