

DEPRESSION

An Iridological approach

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Summary

This study approaches manifestations and psychic reactions of the depression, considering Iridology as a source of information on the psyche, through signs given by the cerebral areas of the Bernard Jensen's Map.

This map allows the possibility to verify, through this microsystem, registered signs in specific cerebral areas, related with defined states of depression. In this work, the cerebral area of the *Innate Mind* was observed, as a common factor. The Innate Mind embraces compulsive obsessive phenomena, as the schizophrenia and suicidal tendencies. In this work, it is inferred that this topographical area is also related with two other mental and endogenous diseases, which are: bipolar disturbance and epilepsy, as well as neurotic phenomena.

It is possible to observe the implication of the neuroimmunopsyoendocrinal axis of the mentioned structures, when the Iris is evaluated in the research.

Common Iridological Signs' Identification in patients with Depression

Approach of the Problem

DEPRESSION

Very recently the depression was classified as reactive or endogenous. It was believed that the reactive depression was caused by a certain episode. The person became depressed by the reaction to facts happened in his life, as mourning, serious diseases, dismissal of the employment etc.

The endogenous depression was that one which happened without obvious reason: in according to what the person could remember - nothing had happened to depressed her. Endogenous means "to come from inside", and it was believed that those depressions were due to biochemical changes inside the body, although nobody knew certainly what provoked them. Those definitions are useful: The depression is a form that is known an affective upset or humor's upset, because it is primarily linked to a change of humor .

Considering that a great part of the population presents manifestations and psychic reactions of depressive stamp; considering although Iridology/Irisdiagnosis supply informations of the psyche through signs supplied by the cerebral areas of the Jensen's map, the authors tried to investigate the relationships between such depressive phenomena and the iridological signs .

Presupposition

Although the cerebral areas of the somatic iridological map in any moment represent the neuroathomic classic division, the subdivisions proposed by Bernard Jensen supply very important information for understanding the human better, physically speaking, and could serve as link with the psychosomatic. Particularly it was noticed that the topographical division of the innate mind appears significantly as being a common area in these patients ones. In this sense, the authors started from the presupposition that should have a significant relationship between the depressive phenomena and the iridological signs in this area, allowing, besides the simple detection or confirmation of these data, to look for the base and to increase the use of the iridological and appropriate approach and also regarding the area of the Innate Mind, in the accompaniment and definition of the conducts for these patients.

Iridology, means the study of the iris, since its anatomy, physiology, histology, pharmacology, pathology until the possibility of knowing the individual's general and partial constitution, since both are represented in the iris. However, for obtaining information regarding this same individual, and the having the objective of understanding his constitution, the best designation becomes IRISDIAGNOSIS: knowledge through the iris of the mental, psychic and spiritual aspects.

Irisdiagnosis studies the human being and the animals as a whole, serving as " the search of the lost link" , through the intersection of the several currents of the human knowledge. The bigger is the knowledge of the Universe, the bigger is the application of Irisdiagnosis. Irisdiagnosis is "the world" and no other method makes possible to understand the individual with so much wealth and subtleness as it, because the eye is, perhaps, the organic microsystem that best translates the human like it is, indeed.

IRISDIAGNOSIS is a science - art whose propaedeutical method allows, through the observation of the iris, to know in a determinated moment, the individual's general and partial constitution, as well as the evolutionary stages: acute, sub acute, chronic and degenerative of the alterations that attack one or more organs, or the organism as a a whole. All this is expressed and it is reflected in the iris, through a topography, where each organ is represented in one or more iridological maps, allowing a complete approach of human being.

Although it is impossible to establish a diagnosis, what presupposes to give names to the diseases, Irisdiagnosis works as a pré diagnosis, where the detection of the shock organs, allows its elaboration more easily, through complemental exams that come to confirm the clinical suspicions.

Map Jensen

Cerebral areas

CRONORISCHIO

The cronorichio, etimologically (cronos = time + richio risk) means times of risk, in other words, times of the life where the individual is prone to suffer the action of the noxas or aggression agents, endogenous as well external, just as, a " biorhythm " printed in the iris, more precisely in the topographical area corresponding to *Colarete* or Autonomous Nervous System's Border.

The unpublished method was created and developed by Danielle Lo Rito (1993), who observed that the facts that mark the life are registered in the iris in an indelible way, serving as information for better understanding the human, being therefore, valuable resource to the disposition of the iridologist.

The terminology cronorichio we understood as the condition (potential and current) of larger danger (scratch out or amount of risk), for the health, a segment of the quantitative anomalies' verification and/or temporary in the economy of the biological functions (Lo Rito, 1993).

Therefore, with this term we want to indicate a period of a person's life where it is possible that a physical or psychic fact determines an alteration of the biological function in such point of foreseeing the appearance of a disease. With such disfunction we didn't intend to introduce the concept of the possibility of determining it through an analysis of the iris, although. The experience here obtained allows us to affirm that the iris carries a sign of physical and psychic cronorischio (risk times). Therefore there is possibility of the " quantum of risks " to associate and to put upon at the "risks' time". (Danielle Lo Rito, 1993).

There is an Endogenous and an Exogenous Cronorischio, the first seems deeply to call to the corresponding biological order:

- the zones of constitutional weakness;
- the alterations of the immunity's axis;
- the unbalances of the axis of the stress;
- to the organ or the most interested functions of a pathological axis;
- the structure of the mental field;
- the fundamental connections of the human brain that it are constituted before the birth and they are ready to the successive sinaptical changes, subject to the learning processes.

DEPRESSION

1) Definitions

According to Lehmann, 1959, depression holds at least three meanings. It can refer to a symptom, to a syndrome and also to a nosological entity. The semiological elementary element is a phenomenological aspect characterized by a disturbance, a reduction of the humor (timia), that becomes sadness. About this symptom, other symptoms group together, that can justify the description of syndromes and even of pathological entities. It is not possible to reduce the syndrome to a "depression" of physiologic nature, because in the biological depression the physiologic blockade can just be partial, while the other functions seem to be in over excitation state. In short, the depression cannot be explained by simple depressions of the biological functions, because in the observed group, the Sympathetic Nervous System is excited while the Parasympathetic Nervous System is, in a contrary way, inhibited. In any way, as consequence or as simple association, we found two other phenomena associated to the disturbances of the humor: the inhibition and the moral suffering.

Justification

Due to such possibility, the accomplishment of this work is desirable and fully justifiable, mainly because it refers to the preventive aspect in the genesis of the depressive phenomenon, once the identification of any iridological sign in this area denotes that it is an "minoris resistentiae" organ of the individual, and because of this, the precocious detection of such signs of the group, or better, it can allow the psychotherapist to adopt a prophylactic psychic approach or even medicine, as for instance in the eventual relative phenomena to the serotonin's case. Of course the extension and the understanding of such a phenomenon related to the innate mind's signs generates open expectations or it can still generate, infinite illusions regarding the purpose of this work.

Objective

The present work has the purpose at once to investigate, detect and deepen the relationship among the alterations in the innate mind's signs, related to the depressive phenomena, adopting measures prophylactic as well as of healing: alluding to the Maffei's words: "nobody gets sick of what he/she wants, but of what he/she can to"..., corroborated with the fact that the simple detection of such an iridological and topographical area reflects to be "minoris resistentiae" this cerebral area, which, depending on the internal or external incentive can unchain, through the axis psychoimmunoneuroendocrine, depressive phenomena.

Theoretical Analysis' Factors

Most of the iridological signs found is correlated with the endocrine glands, especially the thyroid, as participant of the axis psychoimmunoneuroendocrinal axis' dynamics, corroborated with the scientific literature about it.

Follow graph and the drawings free's, and the human figure drawings, as well as the psychiatric lauda, correlating the iridological discoveries referring to the studied irises.

Sampling

The total sampling embraces 14 patient, being 7 women and 7 men (50% men and 50% women), with data on overage of (age = 40 years for Men and 44 for Women), color, Biophatographic Story, education, religion, Iridological Analisis, evaluation for the Cronorichio's Method, and the free history from the Patient no. 4 was averaged. The samplings were divided in two control groups, as follow:

1) patients with psychiatric diagnosis

9 psychiatric patients were investigated, of both sexes, in the age group between 36 and 54 years, interned and in hospital-day regime, initiated in the second semester of 1999 and in the first semester of 2000, in psychiatric clinic.

Cases/Names	Ages	Diathesis	Cronorichio	Psychiatric awards	Biophatográfic's History	Draws awards
1. V.B.S.A S	42	2	evagination 37 years old	F.31.31- Affective Bi- Polar Disturbe	look at sequence	look at sequence
2. A M S F	55	3	47, 33 e 34	F.32.12- Depressive Moderated Episode without somatics symptoms	look at sequence	look at sequence
3 J A M F	37	2	3,4,8,15 e 22	F.39-Disturb affective not specific	look at sequence	look at sequence
4. R A M	34	1	13,17,37 e 38	F.32- Depressive Episode F.41-Other disturbs of anxyety F.44- dissociative compulsive's Distrubs	look at sequence	look at sequence ide sequência
	40	4	7,10,12,15,16,	F.44.7-	look at	look at

5.N P C			22,27,30 e 37	Dissociative Mixt Disturbs F.45.8- Others somato- fórmico disturbs	sequence	sequence
6. V R S	53	1	18 e 19	F.33- Depressive Disturb recividous	look sequence	at look sequence
7. S A C	41	1	22,24,41,42, 43e 46	F.32- Depressive Episode	look sequence	at look sequence
8. L A L S	47	3	26,27,35 e 36	F.32- Depressive Episode	look sequence	at look sequence
9. M L	39	3	13,14,22,37, 45,46 e 47	F.31- Afetive Bi-polar Disturb	look sequence	at look sequence

Cases	Other Cerebral areas	Endogeno us Glandula	Thymus/ Spleen Lynphatics 'Organs	Aut.Nervo us Sist. Orle or <i>Colarete</i>	Cronorisch io/ Diathesis
1 V B S A S	n	Hypophysis	n	The border disappears next to 7.00 o'clock	Evaginatio n at 37, invaginari on at 30 anos Diathesis2
2 A M S F	Vitality,	Hypophysis Thyroid / Pancreas	n	Bulb	47, 33 e 34 Diathesis 3
3 J A M M F	Acquired Speaks Ego's Pressure 5 Senses	Hypophysis Thyroid / Pancreas Suprarenal s	n	n	3, 4, 8, 15, 22 Diathesis 2
4 R A M	Equilibriu m and Sensorial Locomotio	Pancreas, Supra- renais and Paratyroid	n	n	13, 17, 37 e 38 Diathesis 1

	n				
5 N P C	Ego's Pressure	Hypophysi s Thyroid and Supra- renals	Spleen	n	7, 10, 12, 15, 16, 22, 27, 30 e 37 Diathesis 4
6 Vera	Ego	Tyroid, Parathyroi d and Pancreas	n	n	18 e 19 Diathesis 1
7 S A C	Vitality	Hypophysi s Tyroid, Parathyroi d and Pancreas Womb / Ovary Spleen Suprarenal	Spleen	n	22, 24, 41, 42, 43, 46 Diathesis 1
8 L A L S	n	Parathyroi d Testicles Prostate	n	n	26, 27, 35 e 36 Diathesis 3
9 M L	n	Tyroid, Parathyroi d and Pancreas	Suprarenal	n	13, 14, 22, 37, 45, 46 e 47 Diathesis 3

Studied variables:

Characteristics of the depression, characteristics of the iris: forms, color and size.

Fixed variables:

Number of patients: 9, being 6 women and 3 men (66% women and 33% men), with data about age (medium age: 40 years, for Men , and 44 years for women), color, biophatografic histories, cronorischio, education, religion, iridological map, and the free history from the Patient n. 4 were averaged.

2) Control group chosen incidentally, without psychiatrics complaints and without depression complaints.

Cases/Name	Ages	Diathesis	Cronorischio	psychiatric Lauda	Biophatografic History	Drawing Lauda
10. A A	39	3	12 A 13,14, 15 A17,30 ^A 32 E 38	n	look sequence at	look sequence at
11. M M G	42	4	6,15,16,17,18, 22,27,29,30, 31,32a34,38,4 5,47,49,52e 58	n	look sequence at	look sequence at
12. S C A	38	4	10,14,16,17,24 ,26,28,30,33,3 5,37,41,45, 47 e 59	n	look sequence at	look sequence at
13 P R M	43	4	2,3,9,16 a 18,30,37,39, 41,45 e 47	n	look sequence at	look sequence at
14. J E C	38	3	15,21 a 23,32,37,38, e 45	n	look sequence at	look sequence at

Cases	Other cerebral areas	Endocrinal Glandula	Thimus / Spleen/ Lymphatic Organs	Aut. Nervous Sist. Border or Colarete	Cronorischio/ Diathesis
10. A A	“Senile Arch”, Ego Pression, Equilibriu m	Hypophysis Pancreas, Testicles, Thyroid , Suprarenal	n	12,13 Petal, 14, 15 to 17,30 to 32, and 38 - Petal	2,13 Petal, 14, 15 to 17,30 a 32, e 388 Petal Diathesis 3
11. M M G	Vitality/Ego Pression, Acquired Speak and Equilibriu m	Hypophysis Thyroid	n	6 years, Sun Radium Petal - from 15 to18, 22,27,29,30, 31- solution of continuity- 32 a 34, 38,45,47,49,52,58 Sun radium	6 years, Sun radium Petal - from 15 to 18, 22,27,29,30, 31- solution of continuity - 32 to 34, 38,45,47,49,52,58 Sun radium Diathesis p/ 4
12. Silvana	Mente Inata,	Hypophysis	Lymphatic Rosary ,	10,14,16,17,26,28, 30,33,35,37,45,47, 59 Petal - 24,41 - Psorical Spot	10,14,16,17,26,28, 30,33,35,37,45,47, 59 Petal - 24,41 - Psorical Spot

	Sensório Locomotion, Ego Pression, 5 senses, Equilibrium	Ovary, Pancreas, Suprarenal , Mamma	Apendicis		Diathesis 4
13. P R M	Ego Pression, Sexuality Mental, 5 Senses and <i>Mente Inata</i>	Hypophysis Thyroid, Supra- Renal	n	2,3,9,16,17,18,30, 37,41,45,47 - Sun radium ,39 - Closed Lesion	2,3,9,16,17,18,30, 37,41,45,47 - Sun radium ,39 - Closed Lesion Diathesis 4
14. J E C	<i>Mente Inata</i> , "Senile arch"	Pancreas	n	15,21 to 23,32,37,38,45 - Petals.	15,21 to 23,32,37,38,45 - Petals Diathesis 3

Studied variables - Characteristics of the depression, characteristics of the iris: its forms, color and size

Fixed variables:

Number of patients: 1 woman and 3 men (33% of women and 66% of men), with data about age (medium age: 40 years for Men, and 44 years for women), color, biopathographic history, cronorischio, education, religion, iridological map, meaning of the different lesions and evolutionary stages of the same ones, and the free history of the Patient n. 4 were averaged.

Methodology

It tried to investigate the patients, through the free history of (Hanemann), picking "ipsis literis" the data told by the patient, proceeding to the bilateral exam of all the patients' irises and establishing the relationship between this history with Cerebral area of the Iridological Map, common to all the patients, as well as with the drawings of the human figure draws, and the free draws. It was proceeded by filming the eyes through videoimage, with specialized equipment Iriscan, video and TV monitor. The patients were chosen incidentally, without any diagnostical reference. A double-blind study was accomplished, composed of three different approaches on the same group sample. The study makes possible, to the posteriori, confront all these data with the psychiatric lauda, because it seems to exist a connection between such cerebral areas and the psychic symptoms.

Conclusion

This study established clear relationship between the discoveries of the iridological signs and the symptoms presented by the depressive patients, fully compatible with the clinical history, as well as the drawings's illustrations, and the Psychiatric Lauda that demonstrated agreement with referred depressive phenomena.

Such a work gives indications that it seems to exist indeed, in these cases, all the compromising of the psychoimmunoneuroendocrine axis, opening, besides, a fan of possibilities for the prophylactic act, at the prevention and the cure, associating everything that exists of classic, added to this new perspective. Once such identified such areas, we can proceed to the necessary cares to benefit the human, that potentially can present the depressive phenomena here discussed. The iris is the world, and the more it is know regarding to the human, larger the application in the Iridology.

In this sense, it was analyzed all the patients' different irises, being verified that it was the cerebral area of the innate mind in 90% of the samples, as common area. The lauda of the drawings of the human figure and free drawings interpretation resulted suggestive depressive processes, that were confirmed, later, for the psychiatric lauda that indicated 90% of the sample with depressive processes.

The control group constituted by six individuals, presented two cases where registrations of signs happened in the Innate Mind's area, that for the analysis of the free drawings and the human figure's drawings it was verified compatible psychological factors with referred to the iridological signs, getting the total significant of agreement between the irises' signs and the drawings' analyses, denoting the effectiveness of the method. The group control, for obvious reasons, was stopped emitting the psychiatric lauda.

It can be inferred that the immense majority of the depressive patients present signs in the innate mind area. However we need to consider that the topographical area of the innate mind also refers to the schizophrenia, according to Jensen, what even enlarge more the inclusion of this study, mainly to be taken in consideration the other endogenous diseases as the bipolar disturbance and the epilepsy, that appear as precursory or as resultant of depressive processes. The neurotic disturbances can also be framed in the area of the innate mind.

The authors in no moment intended to drain the subject, the contrary, they only attempted to lift the subject to be discussed better by those who are interested in this subject.

Unitermos

Deflection: Opening movement or expansion of the *colarete* Autonomous Neuro-System Band in the pupilar border (*Colarete*) in certain areas, denoting sympathal phenomena, for instance, in the area of the heart, it generates tachycardia.

Inflection: Closing movement or retraction of the *colarete* in certain areas, denoting parasympathic phenomena, for instance, in the area of the heart, it generates bradycardia.

Cronorischio: Method of evaluation of the iris created by Daniele Lorito, that analyzes the time of the individual's risk that is printed in the *colarete*.

Diathesis, according to Trousseau, it is a congenital or acquired predisposition, however essential and invariably chronic, because of multiple alterations that are produced in the form, however unique in the essence.

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