

Emotional Approaches in Iridology

by John Andrews

Introduction

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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 iridian 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 prevails and maintains our truly holistic nature by carrying and communicating not only our own emotional experience, even, moreover, 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 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 the practice, clarity and dynamics bringing a consistent rhythm and tangible energy to the field.

Also when you consider the tremendous amount of research by conventional scientists and doctors into the exploration of Psychoneuroendocrinology (see "Immunology and Iridology") and the subsequent growth of mind-body medicine approaches, the argument that the psycho-emotional approaches in Iridology denigrate Iridology itself and create openings for critical assault; don't really hold sway. Science has already confirmed what we see within the iris structure, and will, undoubtedly prove much more.

Psycho-emotional approaches in Iridology can help to decode the core issues for an individual with, often, surprising clarity. This can be 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, Psychotherapy, Flower Remedy Therapy, Evocative Cutaneous Technique, Light Therapy, Shiatsu, Manual Lymphatic Drainage and numerous other therapeutic modalities.

The iris offers before us a complete and enthralling language, a panoramic holistic view. 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 enormous 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.

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, as in the Advanced Iridology Research Journal from March 2000 to the present day, in addition to courses in the UK, Italy, Greece, France, South Africa, 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 do not have a division between the mind and emotions from the physical body and vice versa.

I have a fervour and passion for Iridology that carries 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 its 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.

The application of emotional dynamics in Iridology reminds the practitioner that we cannot separate the physical from the emotional. They are thoroughly integrated through the psychoneuroendocrinoimmunological pathways.

Thanks for sharing this vision in Iridology.

John Andrews
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