

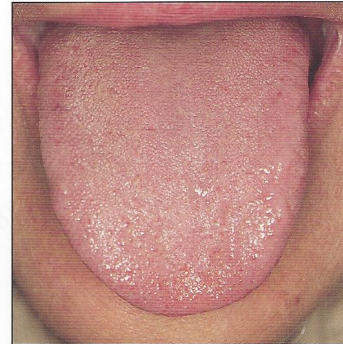
CONTINUE NORMAL TONGUE

- If the patient does this more than once within a short space of time, the veins can become an intense bluish color. Similarly, if the patient has been talking a lot before the examination, the veins may also appear more bluish and distended. In such cases, the practitioner must be careful in formulating a diagnosis of blood stasis based on the changed appearance of these veins (see Section 8.3).

Examples of Normal Tongues

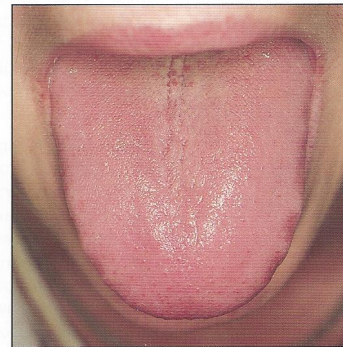
Tongue 1

A 50-year-old woman who has never been seriously ill. Occasionally, she complains about exhaustion. The tongue body shape is normal, neither too thick nor too thin. The tongue has a fresh appearance and is moist. The tongue body color is pale red, which indicates a healthy supply of qi and blood throughout the body. The tongue coating is thin and slightly yellow at the posterior third. At the right edge of the tongue a small, bluish point is visible, which sometimes signifies blood stasis. However, as the patient had no other signs or symptoms of any kind, this particular tongue sign is not indicative of a pathological process.



Tongue 2

A 49-year-old woman who feels healthy. The tip of the tongue shows a few red points that reflect heat in the Heart. This occasionally manifests as difficulty in falling asleep. The tongue body, shape, and color, however, are normal. The tongue is moist and has vitality. On the posterior third of the tongue are red points that are not considered pathological. This woman has no symptoms.



Endnotes

1. Compare Maciocia G. *Tongue Diagnosis in Chinese Medicine*, rev. ed. Seattle: Eastland Press, 1995:24-26.
2. *Ibid.*, 17-18. Maciocia describes the effects of medication in relation to a discoloration of the tongue coating.

SPLEEN CHI: DIGESTIVE PROBLEMS

Tongue description

Slightly pale
Swollen with teeth marks
Reddish tip with protrusion
Slightly contracted root

Chinese diagnosis

Spleen qi deficiency → blood deficiency
Spleen qi deficiency → accumulation of dampness
Heat in the Heart
Onset of Kidney essence deficiency

Western diagnosis

None

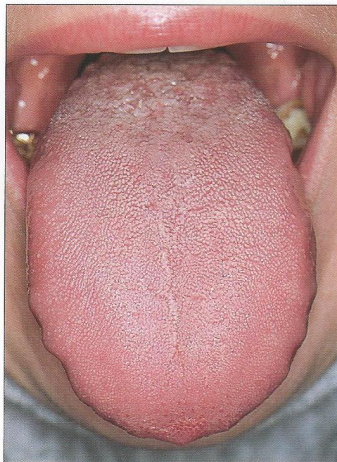
Symptoms

Aggressive, violent behavior in connection with menstrual cycle
Excessive desire for sexual intercourse, distended breasts preceding menstruation
Tiredness and exhaustion
Weight gain, changing stools

Background to disease

Excessive brooding, irregular dietary habits, diagnosis of bipolar disorder 20 years before

Fig. 2.2.5
Female
36 years old



Pale Tongue Signs

17

Tongue description

Pale, very swollen, teeth marks

Symptoms

Extreme physical weakness
Cold feeling, cold extremities
Sensation of cold in the stomach
Stomach pain

Western diagnosis

Chronic gastritis

Background to disease

Chronic physical overwork

Chinese diagnosis

Kidney yang, Spleen yang, and Heart yang deficiency

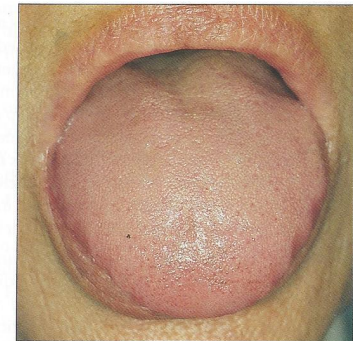


Figure 2.1.11
Female
67 years old

TEETH MARKS, FAT TONGUE, SHINY

Tongue description

Pale, swollen

Red spots at the sides and tip

White, thin coating

Chinese diagnosis

Spleen qi deficiency with deficiency of blood and accumulation of dampness

Retained, externally-contracted heat

Normal

Symptoms

Fatigue

Weight gain

Bloating

No periods for 3 months

Cold extremities

Frequent sore throats

Western diagnosis

None

Background to disease

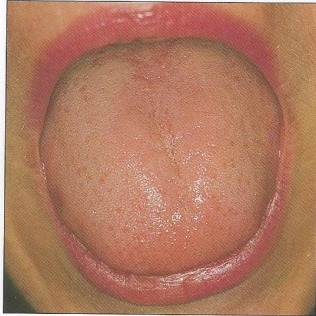
Six pregnancies

Overwork at the office and at home

Lack of sleep

Figure 2.1.5

Female
41 years old



Tongue description

Pale, swollen, teeth marks

Chinese diagnosis

Spleen yang deficiency (accumulation of dampness)

Symptoms

Watery stools in the morning without smell

Frequent nausea

No drive

Intense feeling of cold

Migraines, diarrhea, and vomiting preceding menstruation

Western diagnosis

None

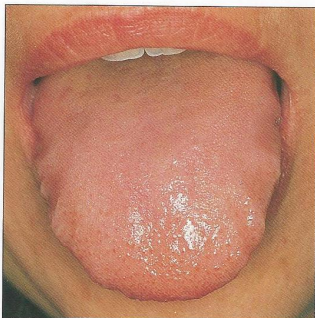
Background to disease

Treated for a long time with tetracyclines for acne vulgaris

Frequent illnesses in childhood

Figure 2.1.6

Female
33 years old



Tongue description

Pale, swollen, teeth marks

Red and slightly contracted tip

Light yellow, thin, slippery coating

Symptoms

Depression, no drive

No appetite

Abdominal pain at time of ovulation

Intense feeling of cold during menstruation

Western diagnosis

Ovarian cysts

Background to disease

Excessive worry due to unemployment

Overconsumption of sweet foods

Emotional problems

Chinese diagnosis

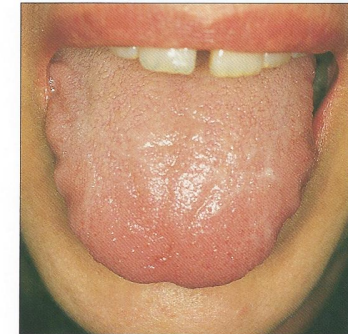
Spleen yang deficiency (accumulation of dampness)

Heart blood deficiency with heat from deficiency in the Heart

Food stagnation, accumulation of turbid dampness

Figure 2.1.7

Female
37 years old



Tongue description

Pale, swollen

Light yellow, greasy coating

Symptoms

Loose stools without smell 3-4 times daily

Abdominal distention

Flatulence

Head swings

Western diagnosis

None

Background to disease

Irregular eating habits

Excessive consumption of dairy foods

Unhappiness

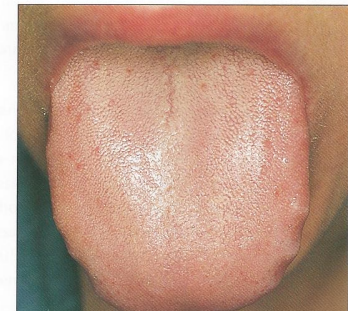
Chinese diagnosis

Spleen qi deficiency (accumulation of dampness)

Food stagnation, accumulation of dampness in the middle burner, which transforms into heat

Figure 2.1.8

Female
25 years old



KIDNEY YIN DEFICIENCY: RED TONGUE

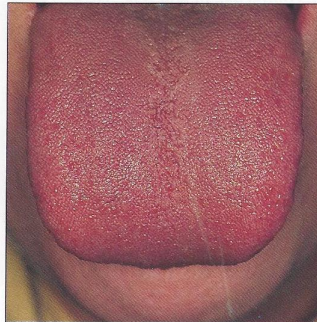
38

Tongue Signs Associated with Kidney Disharmonies

Tongue description

Red
Red points at the sides
Dry, rough coating

Fig. 3.2.1
Female
36 years old



Chinese diagnosis

Kidney yin deficiency
Heat in the Liver
Injury to the fluids due to heat

Symptoms

Shortened menstrual cycle
Extremely profuse menstrual bleeding, very red
menstrual blood
Hot flushes and irritability before the onset of
menstruation
Depression

Western diagnosis

Primary infertility

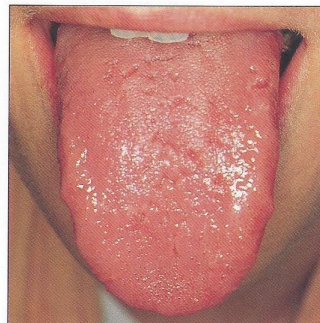
Background to disease

Unhappy marriage
Frustration, suppressed anger
Excessive intake of coffee

Tongue description

Red, thin, cracked
Coating without root

Fig. 3.2.2
Female
34 years old



Chinese diagnosis

Blood and Kidney yin deficiency
Stomach and Kidney yin deficiency

Symptoms

Severe exhaustion
Inner restlessness
Sore throat
Numbness of the left thigh
Frequent dizzy spells
Occasional night sweats

Western diagnosis

Multiple sclerosis
Chronic tonsillitis
Blindness due to optic nerve atrophy of the left
eye

Background to disease

Irregular eating habits
Frequent bouts of influenza
Long-standing emotional problems

KIDNEY YIN DEFICIENCY: CONTRACTED AT ROOT OF TONGUE

Tongue description

Pale red, swollen edges
Contracted root with thin, yellow coating

Chinese diagnosis

Spleen qi deficiency
Kidney yin deficiency with accumulation of damp-heat in the Bladder

Symptoms

Frequent and urgent urination
Insomnia
Night sweats
Depression
Feeling of pressure in the stomach
Epigastric fullness

Western diagnosis

Chronic cystitis

Background to disease

Irregular eating habits
Lack of sleep
Overwork
Unresolved emotional problems

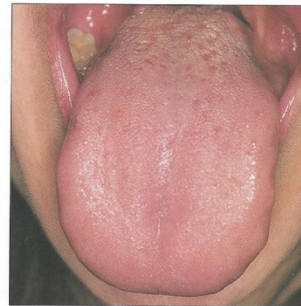


Fig. 3.7.3
Female
33 years old

Tongue description

Reddish, long, soft body
Red edges
Yellow, greasy coating covering the anterior third of the tongue

Chinese diagnosis

Intense heat injured the fluids
Heat due to Liver qi constraint
Damp-heat lodged in the Intestines

Symptoms

Smelly, soft stools with pus and blood
Urgency in defecation
Borborygmus
Abdominal pain
Severe loss of weight
Poor memory

Western diagnosis

Ulcerative colitis

Background to disease

Alcohol abuse
Excessive consumption of fatty, greasy foods

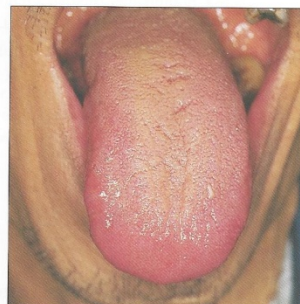


Fig. 3.7.4
Male
63 years old

KIDNEY YIN DEFIC:LOSS OF ROOT

INSOMNIA AND MIGRAINE

Tongue description

Reddish with *peeled coating*
Slightly bluish, swollen

Chinese diagnosis

Stomach yin and Kidney yin deficiency
Alcohol poisoning,²² blood stasis

Western diagnosis

Migraine headache

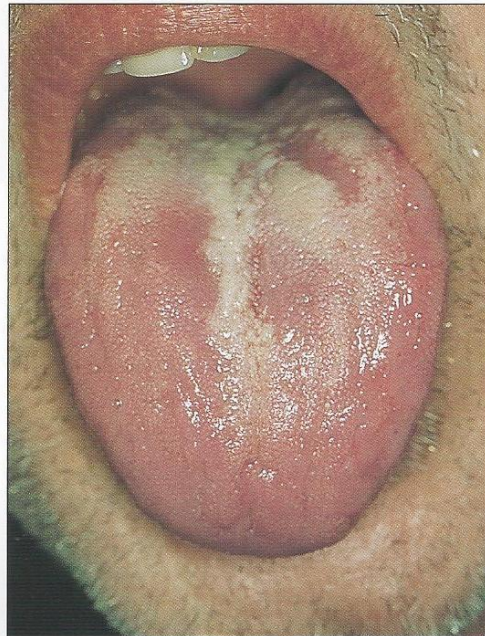
Symptoms

Inability to sleep through the night, night sweats
Piercing, temporal headache with nausea and
sensitivity to light
Inner tension and restlessness
Heartburn
Exhaustion

Background to disease

Overwork
Caffeine and alcohol abuse

Fig. 3.4
Male
49 years old



HEART ENERGY: POINTED, RED TONGUE

Tongue description

Pale red
Curled-up and red tip
Slight midline crack
Slightly yellow, greasy coating

Chinese diagnosis

Normal
Heat in the Heart
Stomach yin deficiency
Accumulation of turbid dampness

Symptoms

Strong stomachache with stress
Feeling of pressure in stomach
Inability to fall asleep, waking early, fatigue
Knee pain upon exertion

Western diagnosis

None

Background to disease

Caffeine abuse
Irregular eating habits
Marital problems

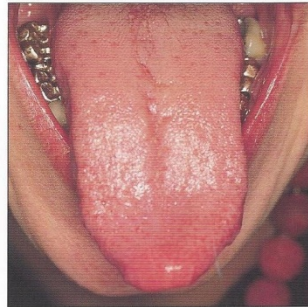


Figure 6.3.3
Female
36 years old

Tongue description

Pale red, slightly bluish
Curled-up, flattened, red tip with red points
White, thin, dry coating

Chinese diagnosis

Slight stasis of blood
Heart blood deficiency with heat in the Heart
Externally-contracted wind-cold

Symptoms

Scratchy throat
Backache
Feeling of tension
Nervousness
Severe stage fright

Western diagnosis

Psoriasis

Background to disease

Divorce
Overwork

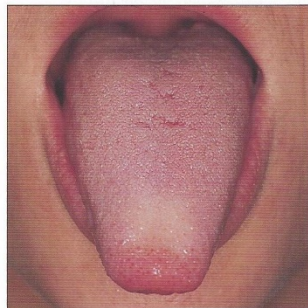


Figure 6.3.4
Female
44 years old

Tongue description

Red, long

Red, very pointed tip
Slightly moist

Symptoms

Fear of open spaces
Fear of leaving her house
Headaches
Hot flushes and night sweats
Depression
Exhaustion

Western diagnosis

Agoraphobia

Background to disease

Difficult childhood
Unwanted divorce

Chinese diagnosis

Kidney yin deficiency with constitutional heat in the Heart
Heart fire
Normal

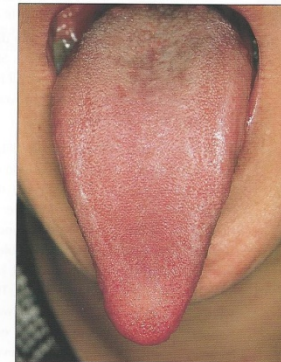


Figure 6.3.9
Female
50 years old

Tongue description

Red with red sides

Long

Red, very pointed tip
White, dry coating

Symptoms

Inability to open her eyes
Severe frontal headaches
Irritability
Depression
Inability to sleep through the night

Western diagnosis

Compulsive neurosis

Background to disease

Shell-shocked as a teenager in World War II

Chinese diagnosis

Kidney yin deficiency with ascendant Liver yang
Constitutional heat in the Heart
Heart fire
Lack of fluids in the Stomach

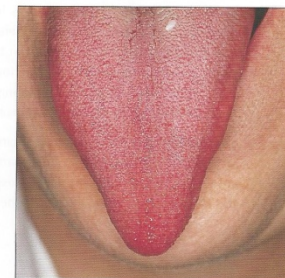


Figure 6.3.10
Female
70 years old

See
CASE HISTORY
below

HEART BLOOD DEFIC: FUTURE TROUBLE

Tongue description

Pale, swollen, slight teeth marks

Indentation of the tip

White, thin coating

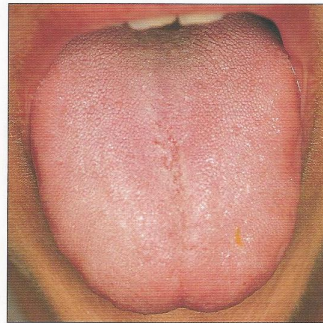


Figure 6.2.1
Female
38 years old

Chinese diagnosis

Spleen qi deficiency (accumulation of damp and deficiency of blood)

Heart blood deficiency

Normal

Symptoms

Headaches for past 20 years, especially during menstruation
Nausea in the mornings
Lack of concentration
Fatigue

Western diagnosis

Hypothyroidism

Background to disease

Family history of headaches
Long-standing emotional problems
Excessive anxiety

Tongue description

Pale red, swollen

Slight reddening of the tip

Indentation of the tip

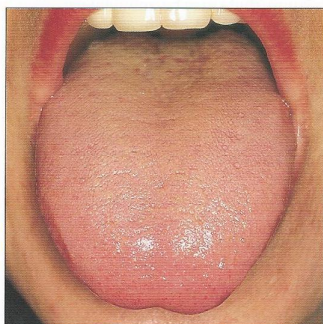


Figure 6.2.2
Female
46 years old

See
CASE HISTORY
below

Chinese diagnosis

Spleen qi deficiency (accumulation of damp

Heat from deficiency of the Heart

Heart blood deficiency

Symptoms

Inability to fall asleep, fatigue
Painful menstruation
Prolonged bleeding
Depressive moods

Western diagnosis

Uterine fibroid (4 x 6cm)

Background to disease

Worries a great deal
Emotional problems due to difficult personal relationships
Two abortions

Tongue description

Pale red, soft

Indentation of the tip

Swollen in the anterior third

Yellow, thin coating with red points at the root

Symptoms

Long-lasting, profuse menstrual bleeding
Lower abdominal pain during menstruation

Western diagnosis

Menorrhagia
Infertility

Background to disease

Long-standing emotional problems

Chinese diagnosis

Spleen qi deficiency

Heart blood deficiency

Possible Heart qi deficiency

Heat in the lower burner

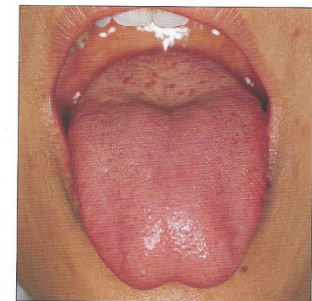


Figure 6.2.3
Female
28 years old

Tongue description

Pale, slightly swollen

Curled-down tip with red points

Symptoms

Insomnia, exhaustion
Feeling hot at night
Anger and depressive moods
Cough
Shortness of breath

Western diagnosis

None

Background to disease

Unwanted divorce
Overwork
Lack of rest after the birth of her first child

Chinese diagnosis

Spleen qi deficiency (accumulation of dampness)

Heat from deficiency of the Heart

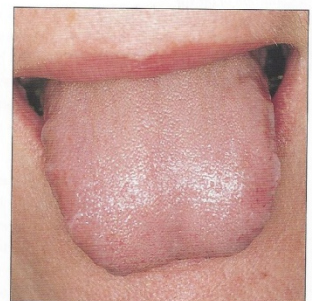


Figure 6.2.4
Female
40 years old

HAMMER TONGUE: HEAVY/LONG TERM EMOTIONAL STUFF

Tongue description

Pale red, *hammer-shaped*
Red on the anterior third with red points

Chinese diagnosis

Spleen qi, Kidney yin, and essence deficiency
Heart fire

Symptoms

Restless fetus, slight uterine bleeding (8th week of pregnancy)
Low-grade fever
Insomnia
Nervousness, inner restlessness, panic attacks
Pain around the kidneys
Lack of appetite

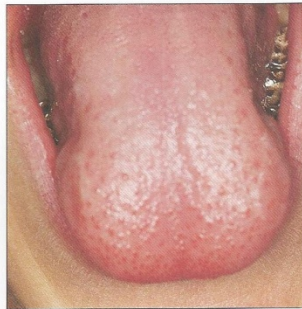
Western diagnosis

Habitual miscarriage, acute threatened miscarriage
Underweight

Background to disease

Unresolved emotions due to suicide of mother
Insufficient intake of food and drink
D & C twice

Fig. 3.7.1
Female
29 years old



Tongue description

Red, swollen
Contracted root
Yellow, thick coating at the root

Chinese diagnosis

Accumulation of damp-heat
Kidney yin and essence deficiency
Accumulation of damp-heat in the lower burner

Symptoms

Occasional burning sensation with urination
Smelly, soft stools
Dry cough
Exhaustion

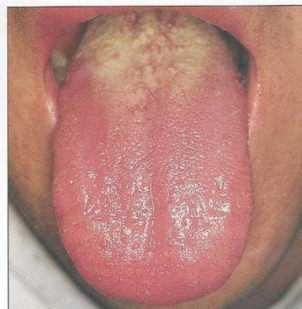
Western diagnosis

Chronic prostatitis

Background to disease

Drugs and alcohol abuse
Severe demands at work

Fig. 3.7.2
Male
35 years old



Blood Stasis: Liver and Heart

Tongue description

Pale red
Slight teeth marks
Red points at the tip
Light yellow, greasy, thick coating

Dark blue, thin distended sublingual veins with singular stasis spots

Symptoms

Pain in the thoracic and lumbar spine
Exhaustion
Weight gain
Feeling of fullness in the abdomen
Depressive moods
Lymphatic edema of the left arm

Chinese diagnosis

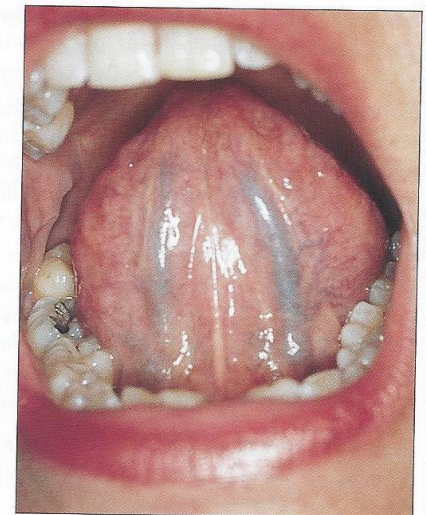
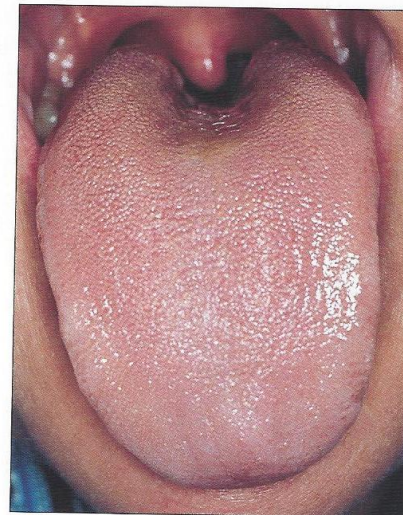
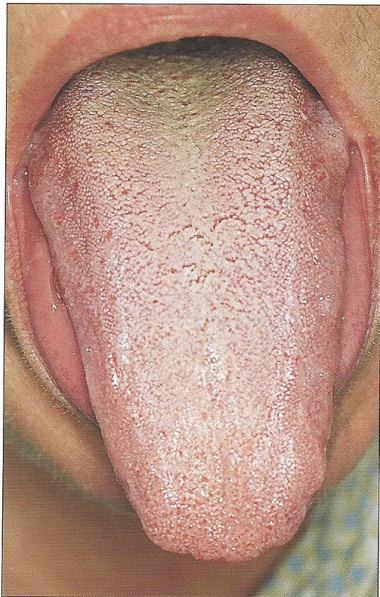
Normal
Accumulation of dampness
Invasion of heat¹⁶
Retention of phlegm with transformation of phlegm-heat in the Stomach
Blood stasis

Western diagnosis

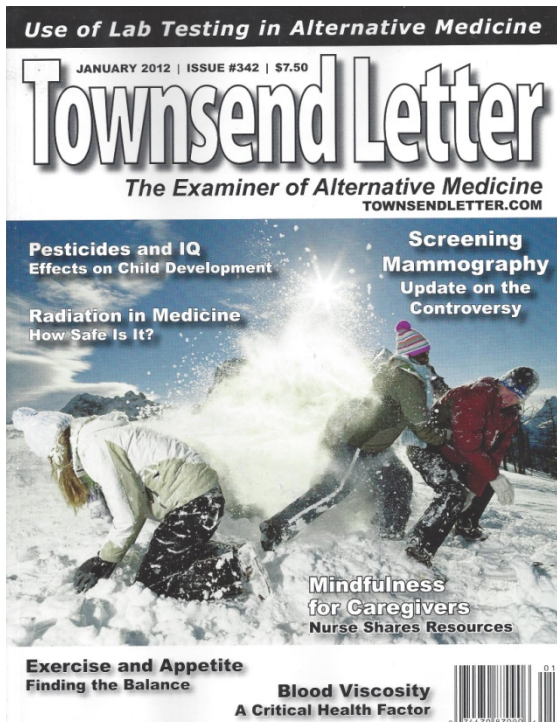
Breast cancer with bone metastases

Background to disease

Long-standing repressed emotions
Excessive consumption of fatty foods

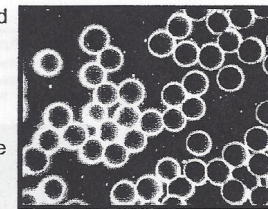


BLOOD STASIS = BLOOD VISCOSITY



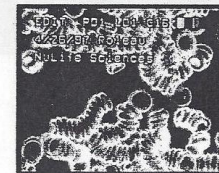
Healthy Terrain

- The glowing circles are red blood cells, which are also called RBCs, erythrocytes, or erys.
- They transport oxygen (cellular nourishment) into, and carbon dioxide (cellular waste) out of the body through ionic bonding with hemoglobin.
- Healthy RBCs have a consistent, round shape without too much variation in size. The cells do not clump or stick together. The plasma (background) has the right number of white blood cells and is relatively free from debris.



Rouleau

- The RBCs resemble a stack of rolled coins.
- Rouleau is due to poor nutrient utilization, stress when gathering the specimen, aggregation and agglutination of the RBCs, and dehydration.
- The oxygen and carbon dioxide carrying ability of the RBC is greatly diminished because of a lack of available surface area on the cells.



BLOOD VISCOSITY: NOTHING NEW

Measuring Blood Viscosity to Improve Patient Outcomes

by Pushpa Larsen, ND, and Ralph Holsworth, DO

Despite decades of treatments to lower cholesterol, regulate heart rhythms, and reduce salt and fat, cardiovascular disease is still the number one killer of adults in the industrialized world. It has been associated with nearly 300 independent risk factors, among them high LDL, low HDL, male gender, smoking, obesity, insulin resistance, sedentary lifestyle, age, and hypertension. Blood viscosity is the common factor ties all these factors together.

Blood viscosity – a measurement of the thickness and stickiness of an individual's blood – is associated with each of those risk factors, either as a contributor or an effect. Understanding blood viscosity and how it contributes to the development of atherosclerotic plaques and thrombosis, how to test for it, and how to treat it are essential to our practices as primary care physicians. There are effective natural treatments that can alter blood viscosity safely, preserving health and potentially saving lives.

The Physics of Blood Viscosity

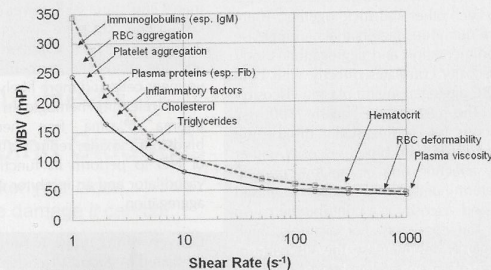
To understand blood viscosity and how it affects the arterial walls, it is useful to understand the physics involved in fluids. Blood is not the same thickness and stickiness – or viscosity – at all times. While water is no thicker in a still pond than in a fast-running stream, blood actually thickens as it slows down. During diastole, slower-moving red blood cells cling together more easily and can even form rouleaux, structures that look like stacks of coins under a microscope. These clinging red blood cells make the blood more viscous. During slow flow, aggregation of platelets and intermolecular reactions between plasma and cellular components

further contribute to increasing viscosity. At the other end of the cardiac cycle – systole – blood flows more rapidly, resulting in dispersion of blood components and decreased viscosity. Therefore, blood viscosity fluctuates with every heartbeat, from lesser to greater and back. Blood at diastole can be anywhere from 5 to 20 times as viscous as the same blood at systole. However, even blood at systole can be more viscous than optimal, and this plays an important role in the development of atherosclerotic plaques.

High iron levels have been thought to be a key factor in plaque development, but if that were the case, one would expect to see atherosclerotic plaques developing uniformly throughout the body. The effect of blood viscosity explains why atherosclerotic plaques are found almost exclusively at the bifurcations of large arteries in

the neck, around the heart, and in the large arteries of the legs. These bifurcations create “eddies,” places where the blood becomes turbulent. During systole, the walls of the large vessels nearest the heart are subjected to the force of blood propelled under high shear, or pressure. Blood viscosity thus determines not only how hard the heart has to work to circulate the blood, but also the level of physical injury that the blood can cause to the inner walls of the arteries. Viscous blood has an abrasive quality that damages the endothelium during these high-shear assaults, leading to inflammation. Plaques are formed to protect these delicate areas from the constant battering of erosive, viscous blood. Plaques also form in bifurcations of the large arteries of the legs, where the blood is subject to increased shear due to the effects of gravity.

Blood Viscosity Determinants

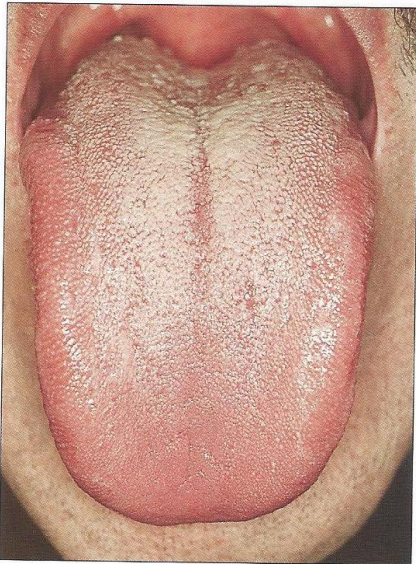


Viscosity curves for 2 apparently healthy males, each having Hct of 45.

DAMP HEAT IN LIVER/GALLBLDDER

Tongue description

Reddish
Reddish, curled-up edges
Reddish tip
Yellow, greasy coating
Depression at the root



Chinese diagnosis

Developing heat
Liver qi stagnation with Liver fire
Heat in the Heart
Accumulation of damp-heat in the Liver and Gallbladder
Weakness of Kidney essence

Western diagnosis

Chronic pancreatitis, diabetes mellitus

Symptoms

Feeling of pressure under the ribs
Abdominal pain, flatulence
Lack of appetite
Fits of rage, irritability
Insomnia
Tinnitus
Exhaustion

Background to disease

Alcohol abuse until five years ago, excessive demands of work

Tongue description

Red tongue body
Red edges
Whitish coating in the center, and yellow, thick, and greasy coating toward the root
Well-defined peeled areas in the coating
Blue, distended, shiny sublingual veins

Symptoms

Pain and pressure under the right rib
Yellow discoloration of the sclera
Smelly diarrhea
Restlessness
Fits of anger

Chinese diagnosis

Developing heat
Liver fire
Retention of damp-heat in the Liver and Gallbladder

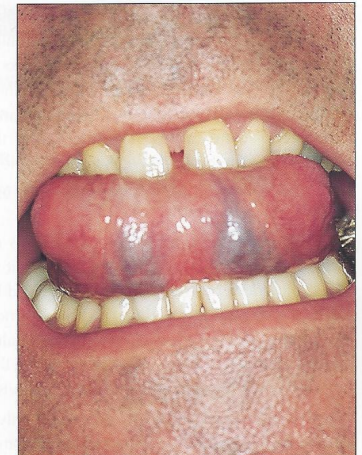
Heat in the Stomach, Heart fire²⁶
Blood stasis with retention of damp-heat

Western diagnosis

Gilbert's disease²⁷

Background to disease

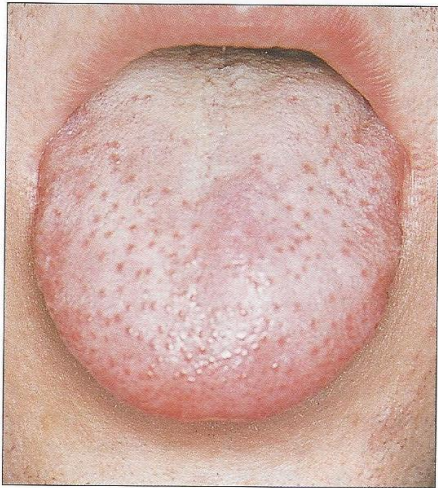
Family history of Gilbert's disease, abuse of alcohol



SPTS ON TONGUE: HEAT TOXINS INFECTION OR CHRONIC INFLAMMATION

Tongue description

Pale
Swollen
Red, raised points distributed over the tongue body
Peeled coating
White, slippery coating, yellow at the root



Chinese diagnosis

Spleen qi deficiency
Accumulation of dampness
Deeply penetrated heat transforming into heat toxin
Injury to the fluids
Damp-heat in the lower burner

Western diagnosis

Recurrent epididymitis

Symptoms

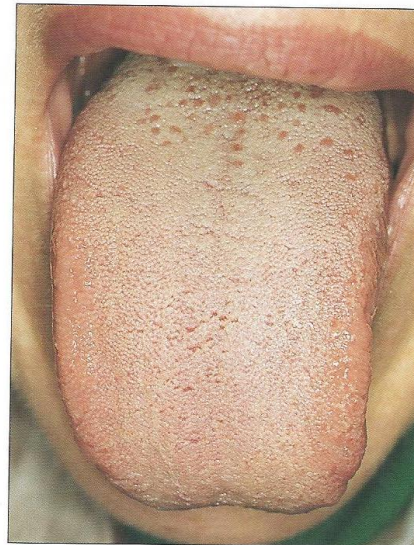
Severe pain in left testicle
Hard swelling in the testicle, sensitive to touch
Tightness of the calf muscles
Occasional mouth ulcers
Lack of appetite
Nervousness

Background to disease

Demands of work

Tongue description

Slightly pale
Slightly curled-up edges
Light yellow, greasy coating from the center to the root
Light yellow, thin coating with red points at the root



Chinese diagnosis

Spleen qi deficiency
Liver qi stagnation
Retention of damp-heat

Retention of damp-heat in the Bladder

Western diagnosis

Acute cystitis

Symptoms

Burning pain before and after urination
Urinary urgency
Dark, sparse urine
Irritability
Tiredness

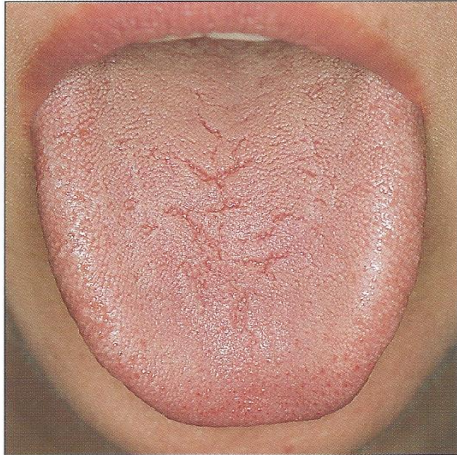
Background to disease

Demands of work
Excessive consumption of fruit and sala

LIVER QI STAGNATION: INTERNALIZATION

Tongue description

Pale and rough
Curled-up edges
Small cracks in the center of the tongue
White, slightly greasy coating



Chinese diagnosis

Spleen qi deficiency → blood deficiency
Liver qi stagnation
Onset of Stomach yin deficiency
Food stagnation

Western diagnosis

Premenstrual syndrome

Symptoms

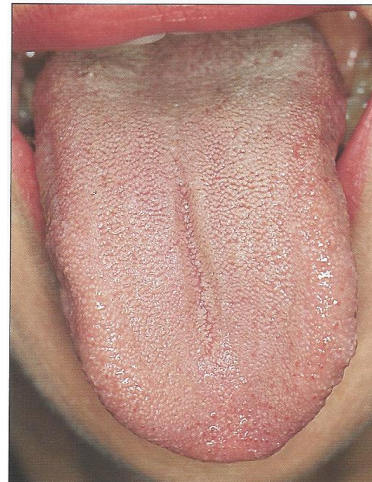
Painful and distended breasts
Irritability prior to menstruation
Constipation, distended abdomen
Feeling of fullness after eating

Background to disease

Disappointing personal relationship, irregular dietary habits

Tongue description

Pale red
Curled-up edges
Deep central crack with whitish yellow coating
Reddish tip
Whitish yellow, slippery coating, slightly thicker on the left side



Chinese diagnosis

Normal
Liver qi stagnation
Retention of phlegm in the Stomach
Heat in the Heart
Retention of damp-heat in Liver and Gallbladder

Western diagnosis

Insomnia

Symptoms

Difficulty falling asleep and sleeping thru the night
Irritability and feelings of anger
Restlessness
Nausea, lack of appetite
Tiredness

Background to disease

Emotional problems resulting from separation, alcohol abuse, and a hectic lifestyle

LIVER BLOOD DEFICIENCY/QI STAG.

Tongue description

Pale and wide
Thin
Pale edges
Curled-up edges
Small cracks in the anterior third and center

Western diagnosis

Migraine

Symptoms

Constant headache, occasional migraine
Tightness of the neck and shoulder muscles
Bitter taste in the mouth
Feeling of pressure under the ribs
Irritability
Dry cough
Exhaustion

Background to disease

Four pregnancies in the space of seven years, overworked, lack of sleep
Long-standing emotional problems, *excessive smoking*

Chinese diagnosis

Spleen qi deficiency
Blood deficiency
Liver blood deficiency
Liver qi stagnation
Injury to the Lung and Stomach yin

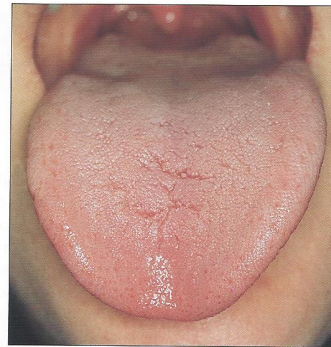


Fig. 7.3.1

Female
38 years old

CASE HISTORY The patient was under enormous pressure, holding down a job as well as being a single mother of four children ranging in age from 4 to 11 years. Separating from her husband had caused financial as well as emotional problems. Since the children woke early, she didn't get enough sleep, and was therefore constantly exhausted. They lived in a two-bedroom flat, which made it difficult for her to relax.

The separation two years before had left her suffering from constant headaches. The pain was deep and dull, spread over the entire head, and improved only with rest. Because of the excessive demands placed on her, the muscles in her neck and shoulders tightened, eventually resulting in migraines. This occurred about once a month and was not connected to her menstrual cycle. The migraine always occurred on the right side. The pain was very intense and throbbing, and was accompanied by sensitivity to light.

The patient frequently woke with a bitter taste in her mouth and a feeling of pressure under her ribs. Because she was constantly irritable and impatient with her children, she felt guilty. She smoked about 30 cigarettes a day and drank a large amount of coffee. She had a dry cough that was associated with her smoking habit. Her pulse was thin and wiry.

Analysis. The patient's willpower and constitution enabled her to get on with her demanding life despite her physical complaints. However, the tongue body reflects an acquired weakness. The constrained Liver qi, as evidenced in the curled-up edges of the tongue, and Liver blood deficiency, evidenced in the pale edges, dominate the disease process. The pale edges, as well as the insufficient volume of the pale tongue body, are indicative of Liver blood deficiency. The thin pulse is a further sign of blood deficiency.²² In this case, the deficiency is so pronounced that the blood has not provided the tongue body with its normal volume. The underlying Spleen qi and the blood deficiency are responsible for the pale shade of the tongue.

HISTORY OF EYE DIAGNOSIS

HISTORY OF EYE DIAGNOSIS

1.1. The history of eye diagnosis

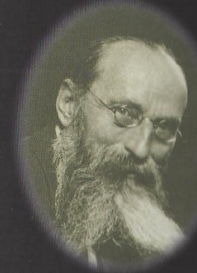
Over the years people have glanced in other people's eyes, yet this does not mean that it could have been eye diagnosis – definitely not in the sense of iris diagnosis as we understand it today. For this, I start with the previous century and not the old Roman and Chinese history. It is only since this century that a systematic organization of diagnostics developed as we use it today.

We frequently find in history, that more than one person discovers or develops something simultaneously. In the field of eye diagnosis, it was no different. The Hungarian doctor Ignaz von Péczy (1822 - 1911) and the Swedish Pastor Nils Liljequist (1851 - 1936), who in later years built some of his work on Péczy's were pioneers in the field.

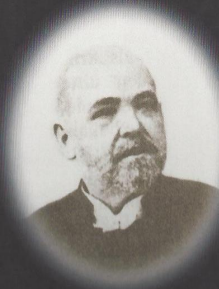
The story of the owl with a fractured leg, that Péczy observed as a child („a spot arose in the eye and stayed") should not be emphasized today, as it can not be demonstrated in humans. His book - »Discovery in the field of naturopathy; contribution to the study of diagnosis through the eye« 1880, gave a topographic overview with numbers encoded and was a useful attempt. The positions of the upper and lower body areas, heart, lungs, ovaries and liver have remained unchanged. Only the stomach intestinal zone was not mapped at that stage (see preceding page).



● Photo 1.1.
Dr. Ignaz von Péczy



● Photo 1.3.
Pastor Emanuel Felke



● Photo 1.2.
Pastor Nils Liljequist



● Photo 1.4.
Pastorin Magdalena Madaus

MORE GERMANS

HISTORY OF EYE DIAGNOSIS

Many have contributed to the advancement of eye diagnostics through publications. Especially the daughter of Magdalena Madaus, Eva Flink (1886 -1959), who inspired others in turn - Hans Struck (1899 -(1963), Alfred Maubach (1893 - 1954), Ernst Hugo Kabisch (1903 - 1984), Günter Jaroszyk, Günter Lindemann, Dr. Anton Markgraf, In the years after the 2nd world war the main influence came from Josef Angerer (1907 - 1994) a pupil of Rudolf Schnabel, (1882 - 1962) and Josef Deck the »ophthalmotropic phenomenology« (Josef Angerer).

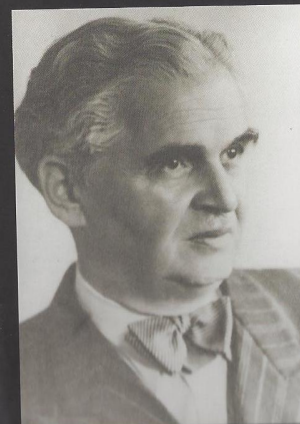
Josef Deck concentrated mainly on the iris, and taught his knowledge as a course in Ettlingen for many years to many local and overseas students (Josef Angerer again used the whole eye with the adenexa as his reference point). Ernst Kabisch founded the »Uslarer circle«. Later Jürgen Rehwinkel and Sigold Wenske continued his work. The »Wetzlarer Colloquium« flourished under Paul Falkenstein, Günter Jaroszyk and Günther Lindemann. During this period the influence of Theodor Kriege was also significant. He published excellent educational books. Both Willy Hauser and Rudolf Stolz are Deck students. At present, ongoing teaching takes place through the Felke Institute of Willy Hauser and the München based Workgroup for ophthalmological phenomenology under the direction of frau Ursula Sutter von Heimendahl.



● Photo 1.5. Eva Flink



● Photo 1.7. Alfred Maubach



● Photo 1.6. Rudolf Schnabel

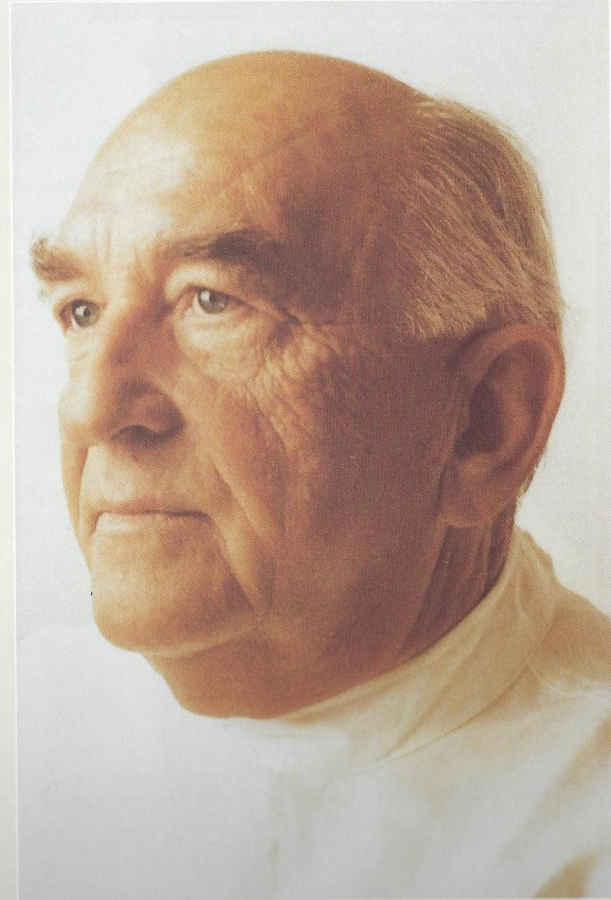


● Photo 1.8. Theodor Kriege

THE BIG NAMES

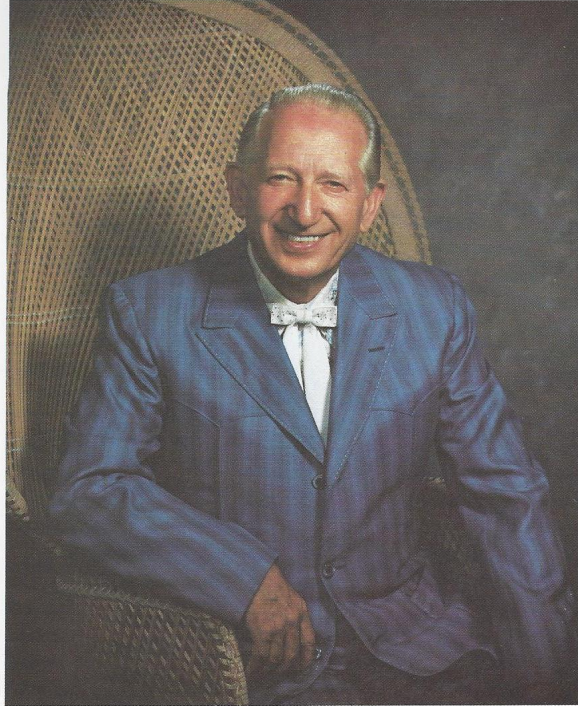


● Photo 1.9. Josef Deck



● Photo 1.10. Josef Angerer

THE AMERICAN IRIDOLOGY KING



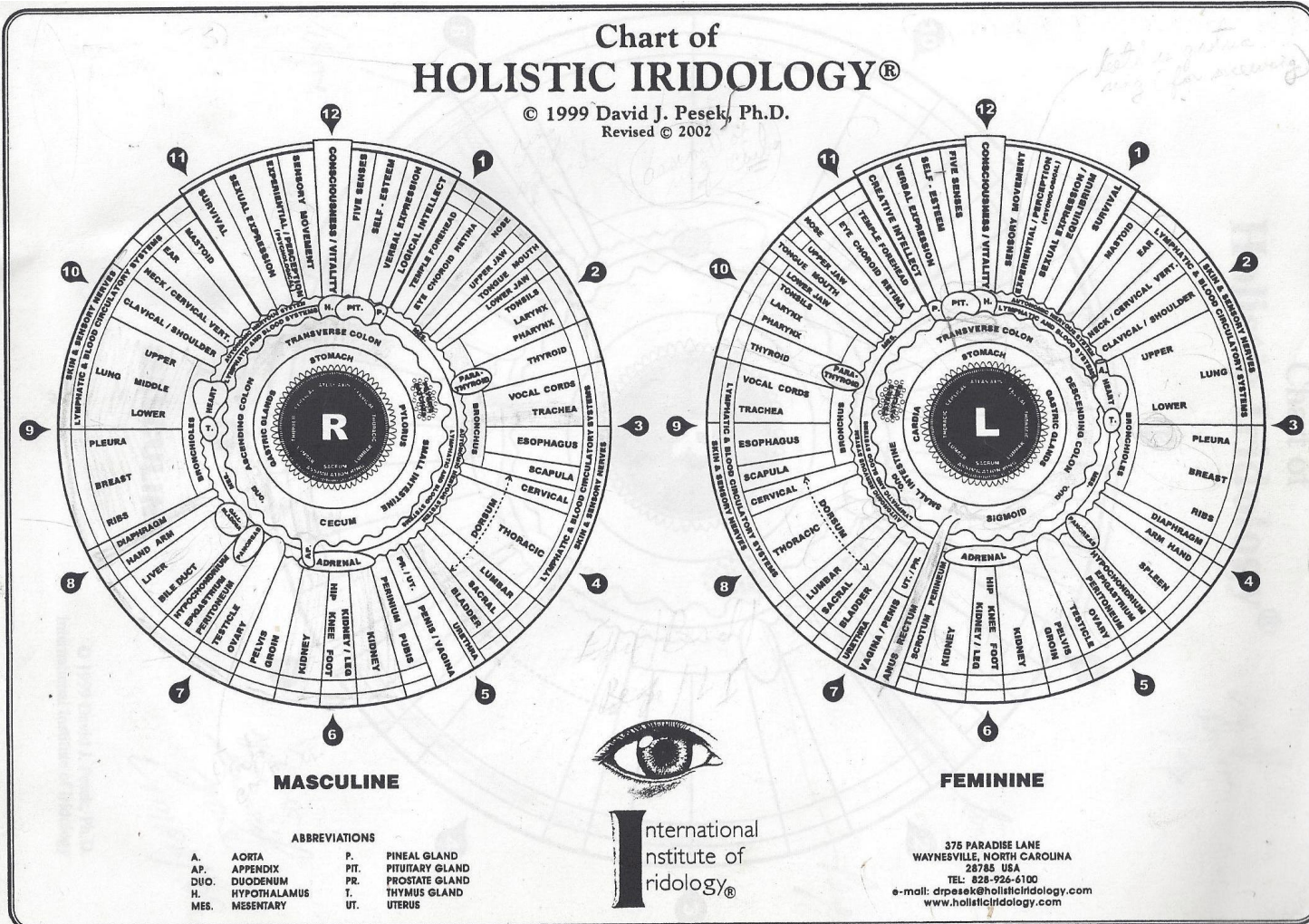
I dedicate this book to my fellow iridologists and to Iridology, the profession which I have been called to serve.

*—Bernard Jensen
July 1982*

MOST CURRENT EYE CHART

Chart of HOLISTIC IRIDODOLOGY®

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MASCULINE

FEMININE

- ABBREVIATIONS
- | | | | |
|------|--------------|------|-----------------|
| A. | AORTA | P. | PINEAL GLAND |
| AP. | APPENDIX | PIT. | PITUITARY GLAND |
| D.U. | DUODENUM | PR. | PROSTATE GLAND |
| H. | HYPOTHALAMUS | T. | THYMUS GLAND |
| MES. | MESENTERY | UT. | UTERUS |

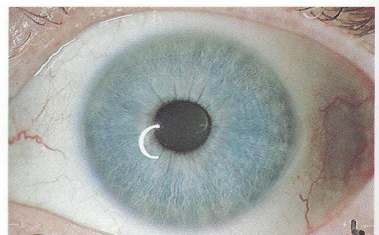
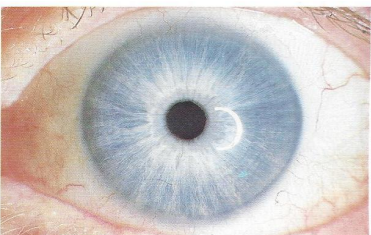
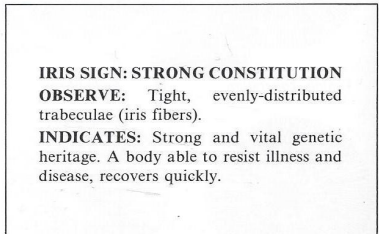
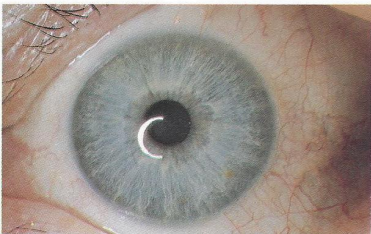
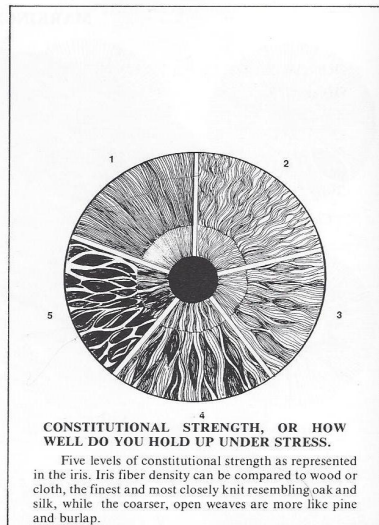
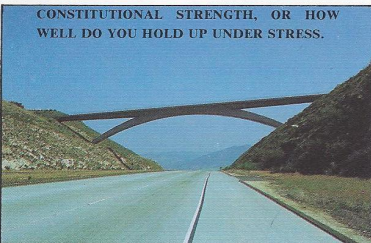
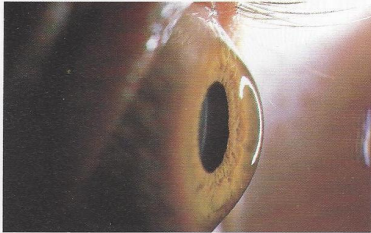


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CONSTITUTIONAL STRENGTH: A PERSPECTIVE

Markings in the Iris



2.6. Disposition

2.6.1 Neurogenic Type

The neurogenic type is found predominantly in the lymphatic constitutional type. In the haematogenic constitution type the neurogenic type is prone to depression.

Iris stroma (fibres): Tight comb-like fibre structure.

Characteristics: Well defined iris structure. Physical and emotional sensitivity occur in this type.

Note: The denser, finer and tighter the structural appearance, the more sensitive and emotionally labile the person.

Disease tendency:

- ➔ Physical conditions have predominantly neurological aspects associated with it
- ➔ Increased nervous energy use often leads to early exhaustion and burn out of body systems

Positive note: many highly intellectual performers fall within this group

MORE SENSITIVE, ARTISTIC TYPE

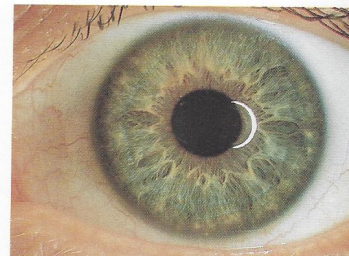
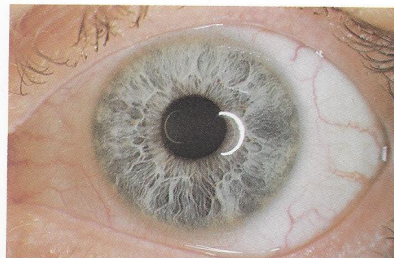
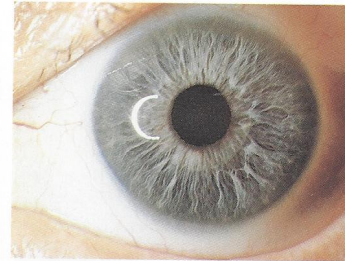
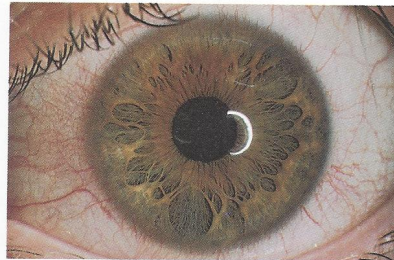
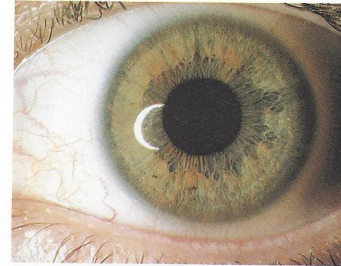
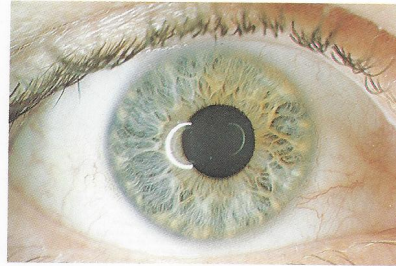
OBSERVE: "Daisy petal" eye, open spaces, separated trabeculae.

INDICATES: Poor genetic heritage. Body tissues are weak, likelihood of illness or disease increased when body is abused. Slow to recover and heal.

IRIS SIGN: MURKY EYE

OBSERVE: Dull, overcast, causing distortion of true iris color.

INDICATES: Toxic settlement in body on a systemic level, being pervasive.

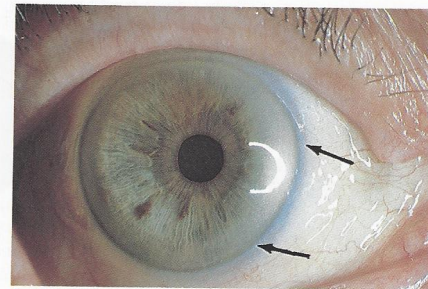
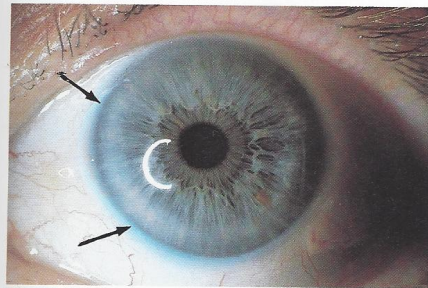
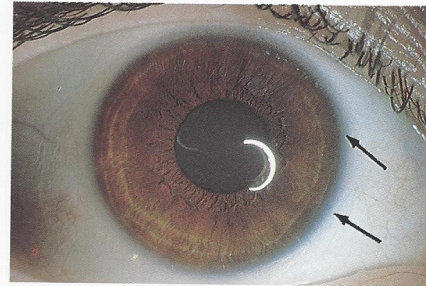


BLOOD STASIS: MANY ISSUES AS A RESULT

IRIS SIGN: VENOUS CONGESTION

OBSERVE: A blue line at the intersection of the iris periphery and the sclera.

INDICATES: A lack of body oxygenation. Blood supply is chronically short of needed oxygen. Lack of exercise and iron anemia are common causes.

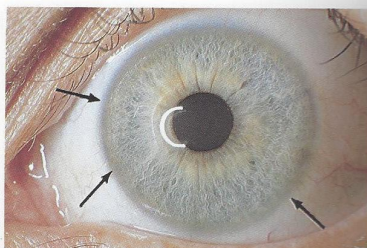
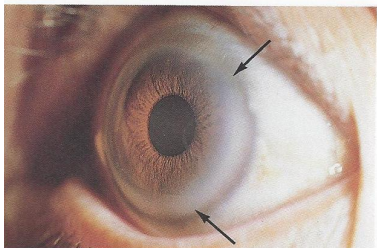
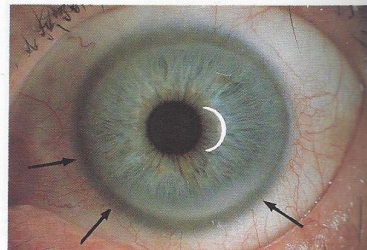
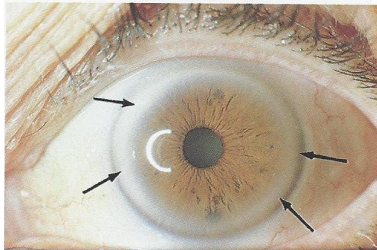
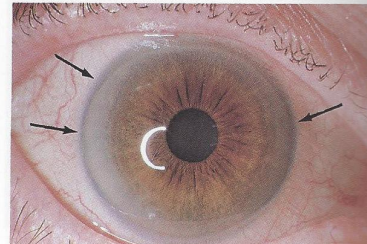
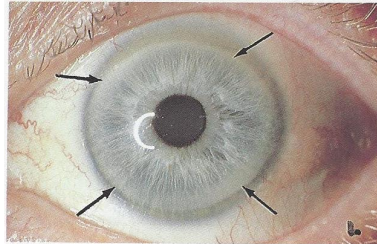


ARCUS SENILIS: HEART ATTACK TIME

IRIS SIGN: CHOLESTEROL OR SODIUM RING, CALCIUM OUT OF SOLUTION

OBSERVE: At the iris periphery adjacent to the sclera a white, opaque deposit in the cornea varying in depth and intensity.

INDICATES: Chronic buildup and absorption of inorganic salt and/or heat-damaged fatty oil substances. Associated with hardening of the arteries, high blood pressure, calcium out of solution, creaking joints. Heated oils (frying) and table salt are primary sources of this sign.

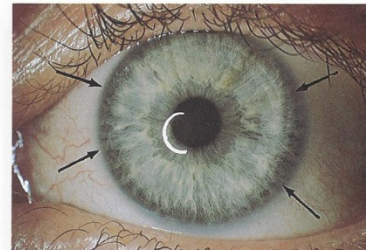
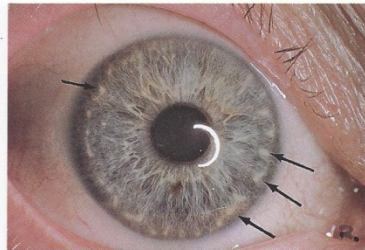
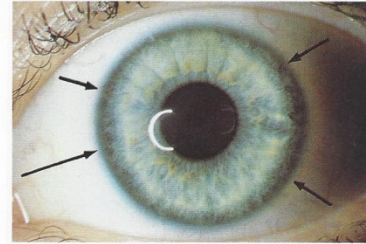
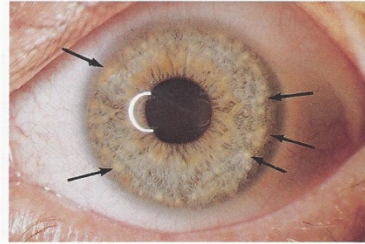


IRIS SIGN: ANEMIA IN EXTREMITIES

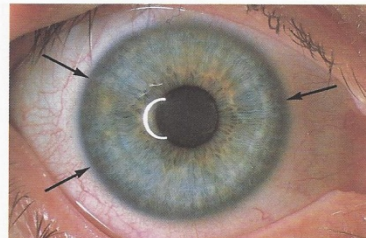
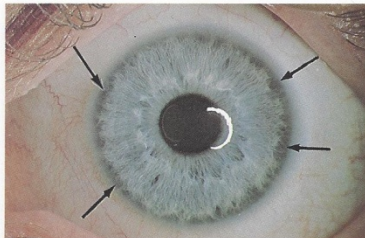
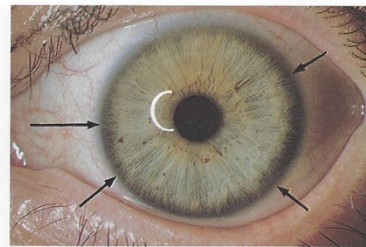
OBSERVE: At the iris periphery a white, hazy opaqueness differing from the sodium ring.

INDICATES: Impeded blood circulation to the arms, hands, legs and feet. Extremities are often cold with this sign. When found in the brain area marks the onset of senility.

LYMPHATIC ROSARY/SCURF RIM



IRIS SIGN: SCURF RIM
OBSERVE: Outer periphery of iris adjacent to the sclera.
INDICATES: Toxic encumbrance of the eliminative skin tissue to the degree of darkness and depth of the sign. Poorly eliminating skin and metabolic imbalance due to a lack of silicon.

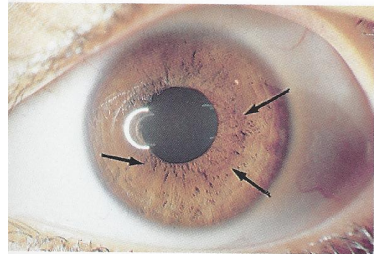
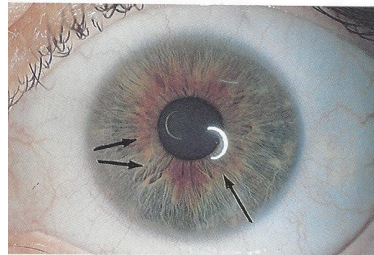
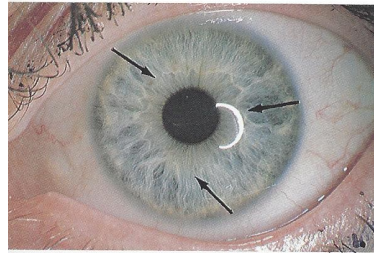


CAN'T STOP THINKING

IRIS SIGN: POOR NERVE SUPPLY

OBSERVE: Portions of autonomic nerve wreath that are broken or reduced from the predominant quality.

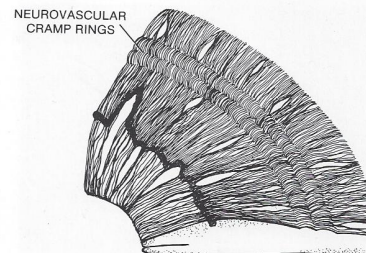
INDICATES: Weakened nerve supply to specific organ or tissue areas adjacent to the break. Poorly defined wreath indicates a weak autonomic nervous system and/or intestinal insufficiency.



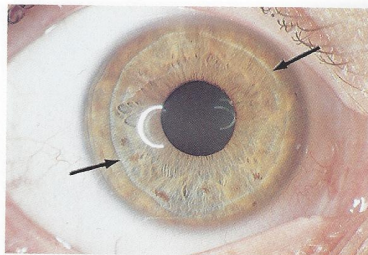
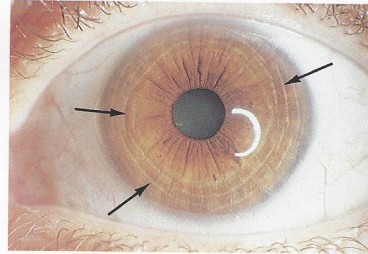
IRIS SIGN: CRAMP RINGS OR NERVE RINGS

OBSERVE: Circular arcs or portions of arcs spread throughout the iris.

INDICATES: A condition of anxiety, tension or stress in the environment which is finding its way into body tissues, resulting in rigidity, stiffness and restriction of blood and nerve supplies. Also known as "neuro-vascular cramping."



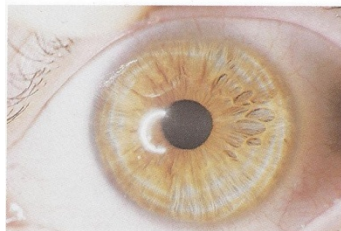
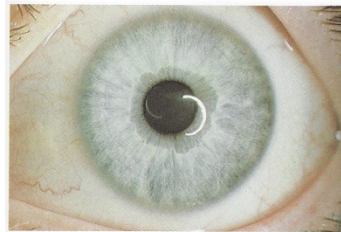
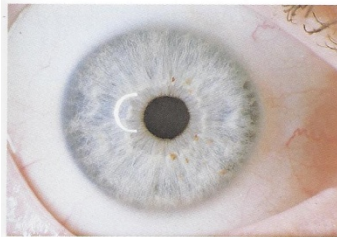
Iris section displaying neurovascular cramp ring. This buckling of the iris fibers indicates stress and tension.



ACID = WHITE OPACITY IN IRIS

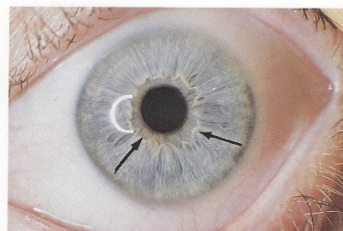
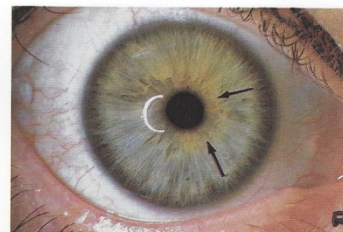
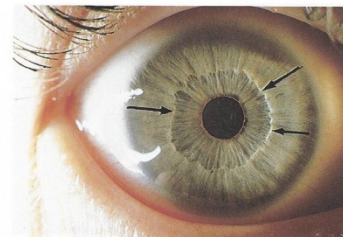
IRIS SIGN: OVERACID BODY CHEMISTRY

OBSERVE: A predominant "whiteness" which is reaching all areas of the iris tissue.
INDICATES: Chronic acid-forming metabolism as a result of dietary imbalances containing too much of the acid-forming foods, such as sweets, wheat and dairy products.



IRIS SIGN: AUTONOMIC NERVE WREATH

OBSERVE: A landmark feature approximately 1/3 the way out from the pupil.
INDICATES: Autonomic nervous system response, condition and intestinal integrity.



LACUNAE: TELLS GENETIC DEFECT

3.2. Lacunae

Lacunae are usually superficial, oval structures in the iris stroma. They can be either closed or open. As organ signs, they occur most commonly in the brain, heart, lung, gallbladder, pancreas and urogenital sector.

The lacunae are of diagnostic value as they indicate constitutionally based organ weakness within the specific disposition. This weakness often manifests only after infection, or clinical changes.

The pioneering work in the differentiation of lacunae was done by Josef Deck.

3.2.1. Closed Lacuna (simple, genetically determined)

A simple, closed lacuna indicates a genetic weakness. Lacunae point to a constitutional organ weakness where they occur in the specific organ sectors. The organ occurring within the sector that has a lacuna is weaker than the other organs. Unless a condition occurs that triggers any activity within this weak organ, it will not create any undue problems or symptoms in the person with such signs.

IRIS SIGN: CLOSED LESION

OBSERVE: Lesions that are encircled with a characteristic oval or teardrop shape.

INDICATES: Tissue weakness in which blood and nerve supply is restricted, slow moving and confined. A "sealed off" encapsulated condition. Healing is more difficult in this case than in an open lesion. Small, round examples can be signs of tumors.

