About the author

Tom Miller’s introduction to Iridology began at the tender young age of twenty-one when he accompanied a friend for a consultation with one of Australia’s first Iridology practitioners. He was immediately fascinated with the accurate assessment and consequent resolution of her friend’s health condition.

Tom married Rex in 1974. They are the proud parents of five children: Their third child, Jordan, developed a life-threatening case of pneumonia in 1980 as a complication of asthma when he was three years old. In spite of hospitalisation, his condition failed to resolve and he was given an unfavourable prognosis that he would remain a sickly child who would probably lead a sedentary life due to damage from a collapsed lung. It was at this point that a friend suggested herbal treatment, which they embraced as a last hope. To their amazement, Jordan not only made a complete recovery but has remained asthma-free to this day and went on to become a champion athlete in basketball, long distance running and golf. This experience started them on their journey of natural health education. They graduated in Naturopathy and Herbalism.

Tom’s clinical iridology experience began in 1981 after graduating from Southern Cross Herbal College. His iridology education continued throughout his professional career, studying with Bernard Jensen in 1984 and teaching his method for Southern Cross Herbal College from 1983 to 1988. In that year, he completed advanced studies in the Angerer philosophies with Robert Lucy (Australia). He found that European iridology was quite different from the American model and his teacher emphasised his opinion that it would be impossible to combine the two. Tom viewed this as a challenge and changed his method of consultation, using both charts and viewpoints with all clients. Instead of finding disharmy, she discovered that the Jensen system was easy for clients to understand whereas the European style offered more complex details about signs and explained the significance of the pupil and the sclera.

Tom was teaching for Southern Cross Herbal College when he wrote the first Iridology course to be issued diploma status by the Australian Traditional Medicine Society. He continued his role as Iridology instructor for this school until 1995 when he founded the College of IRLS. This remains the only college in the southern hemisphere specialising in iridology education. Tom continued his studies in all aspects of iridology and in 1996 was introduced to a new and exciting concept. Most physical signs have a connection to emotional and mental aspects. Finally, integrated Iridology was born.

Introduction

Every healthy eye has an iris, a pupil and a sclera. One can only marvel at the consistency in design, the anatomical order and the structure and function of the complex organ we call the eye. Yet within this consistency, there is an infinite range of possible variations that identify each person’s individuality. In fact, no two eyes are the same. Some have likened the iris to DNA. Every iris is as unique as your fingerprint.

The iris has a profound range of structural possibilities and an amazing assortment of colours and patterns. The iris expresses various information. The ciliary body can vary in position, shape and quality and even the pupil and iris appear to change in size and shape. The eye is a window into the very soul of an individual.

You will find some new concepts in this text which you will agree or disagree. Why not test for yourself? I ask you to take the new approach back to your office and try it out. Some of the old methods were absolutely brilliant. They taught us everything they knew but we are learning to know it better now. Think of how much technology has advanced in thirty years. The last decade has produced more validation of Iridology than ever with research projects being contributed from Russia, Greece, USA, England, Australia, France and Italy. Understanding of Iridology will continue to evolve as a growing number of practitioners gain access to high-quality viewing equipment.

While it can be difficult to let go of old concepts an open mind is the most teachable.
What is Iridology?

There are no two irises exactly alike. In fact, each iris is as individual as a fingerprint. This fact has seen security companies utilising equipment developed for personal identification through the eye.

Classical Iridology

Iridology is the study of health via an examination of the colour and structure of the iris, the sclera and the pupil.

The iris is the most complex external structure of the human anatomy. It has a reflex connection to every organ and tissue of the body by way of the nervous system. Through the optic nerves, which are attached to the eyes, visual information is sent to the brain. At the same time there is information sent back to the eyes from the brain about the state of the organs and tissues in your body. It has been said: “the eyes are the windows of the soul”.

There are no two irises exactly alike. In fact, each iris is as individual as your fingerprint. This fact has seen security companies utilising equipment developed for personal identification through the eye (Biometrics). The colour and pattern of the iris fibres will determine underlying inherent weaknesses, which may or may not be activated according to diet, environment and psycho-social factors.

Iridologists assess colour and fibre structure variations to assess the constitutional strength of the physical body, as well as aspects of personality, which can be influenced by conscious and subliminal emotional patterns. Iridology is not a treatment therapy. It is a screening tool used to detect inherent individual predispositions. The colour and pattern of your eyes is a reflection of your unique genetic inheritance from three generations behind you. Whether you develop your dispositions to the best case or worst case scenario depends on the way you eat, drink, think, live and love.

Iridology can be used to determine potential health problems at the earliest stage. This enables you an opportunity to prevent illness and maintain optimum wellness.

Iridology is not new. The first recorded sources of iris analysis reach back as far as ancient Babylonia. An ophthalmologist, in 1813, unaware of these old views on iris analysis, wrote in his publication “Textbook of Eye Disease,” “Everything that affects the organism of an individual cannot remain without effect on the eye and vice versa.”

In the 20th century, doctors and scientists from the United States, Europe and Australia brought Iridology into worldwide recognition. In the last twenty years, Iridology has been widely researched in areas such as the constitution, pigmentation, and the sclera. This non invasive method has been used by many orthodox doctors in Germany, Russia, Italy, Greece and other countries as a reliable form of diagnosis. This is largely due to its reliability in the detection of function and disease.

There have been many contributors from all over the world who have expanded our understanding of the intricacies associated with Iridology assessment.

What is Integrated Iridology?

This is a cohesive blend of American, European and Australian models founded on the teachings of many masters including Bernard Jensen, Joseph Angerer and Robert Lucy. What started out as an intense study of the physical elements of Iridology developed into a multi faceted understanding of the emotional and mental connections of each eye sign and the intimate relationship that exists between the iris and the soul.

Integrated Iridology continued to develop over more than a decade with continuing studies and clinical application of the philosophies taught by Josef Deck, Dorothy Hall, Daniele Lo Rito, Farida Sharan, Ellen Tart-Jensen, Denny Johnson, Edith Cuffe and others with whom I have either studied or known personally. Thirty years of clinical experience offered ample opportunity to challenge difficult concepts, refining and testing and where necessary, revising understanding, in line with clinical evidence. This was done with the motive of clarifying the truth about what Iridology reveals.

Integrated Iridology is a work in progress and will continue to be upgraded as more understanding comes to light. Today, people are in need of preventative health care and less complex methods on analysing the condition of their health. Iridology provides a non invasive, painless and economical means of looking into the body, which may be utilised in conjunction with any other system of analysis or diagnosis available.

Prevention is the supreme goal. Integrated Iridology assessment is an effective screening tool that enables us to identify each person’s specific nurture points. This enables them to accept the responsibility of taking care of themselves. Our goal should be to use Iridology to assist each person to be the best they can be.

The iris is a unique representation of the health issues of our parents, grandparents and great grandparents. Whether we develop the best or worst case scenario depends on our individual dispositions depends on the way we eat, drink, think, live and love.

Iridology understanding will advance forward as long as we continue to research and to question. I encourage all Iridologists to test the information offered in this textbook for yourself. Put it to work for you in your clinic. Therein you will find the true value of Iridology - a revealer of the true self.

Toni Miller. Naturopath, Herbalist, Integrated Iridologist
Kidney Lymphatic

Diathesis (Accumulation type)

Primary nurture point:
Renal system

To the naked eye, these irises appear green (lymphatic type with yellow overlay). This feature makes identification easy. Close inspection reveals straw yellow pigmentation throughout the ciliary border or around the colarette. If there are any tophi, these too are likely to be yellow. This constitution often has structural defects in the kidney zone.

COMMON COMPLAINTS: As the name suggests, the focus is on the renal system – the kidneys in particular. Faulty metabolism of proteins and foreign toxins places a permanent stress on the kidneys. The contributing factor to this problem will often be related to poor intake of fluids or too much intake of the wrong sort of fluids. It is important to keep the urine as clear of sediment as possible. This type usually has so learned to drink consciously because they lack a strong thirst response and tend not to get thirsty. The result is dehydration and poor urine output, which in turn raises the likelihood of uric acid retention. This increases the risk of arthritis or other joint problems. Renal conditions including oedema, bladder infections, kidney stones and nephritis are often associated with the Kidney Lymphatic type. Most kidney types are restless during sleep time. They often wake up with dishevel bed covers and even as very young children it’s hard to keep them covered all night. Upon questioning, you are likely to discover an underlying element of fear. This is the emotion that most disturbs the kidneys.

Talk to them about liquid choices that don’t stress the filters of the kidney. Liquids such as coffee, alcohol, soft drinks and undiluted fruit juice can result in poor urine output, which in turn increases uric acid retention. Cow’s milk is for calves and makes a poor choice for human beings. We are the only creature on the planet that continues to drink milk beyond infancy. Even calves don’t drink milk once they are weaned. The protein molecule in milk (casein) is very dense. Cows have four stomachs to accommodate this protein. Drinking milk has been related to an increased instance of infantile diabetes. The protein molecule in cows milk is so large it should be ingested as a solid food so it can be broken down by hydrochloric acid and other digestive juices. There’s nothing that equals mother’s milk for an infant. Not only because of its nutritional content and the stimulation

Description:
Blue eyes with straw yellow pigment overlay
Iris may appear green to the naked eye
Colarette and humoral zone often yellow
Structural marks in the kidney zone are common
Tophi are common and may be yellow
Pigmentation in the ciliary zone

YELLOW - Urosein

Derived from a combination of two root words, uro (kidney) and rosein (the colour of yellow roses). Yellow Urosein pigment is linked to a disposition to altered function of the renal system. Fluid balance and hydration can be affected, therefore always ensure about the client's fluid intake levels. Large deposits of this colour establish the kidney constitutional factors (see chapter 5). There is likely to be kidney issues in the family history.

ORANGE - Gastrin

Orange pigment in the ciliary zone is a primary indication of functional disturbance in the pancreas and an elevated likelihood of dysglycaemia. Also question the client about a family history of diabetes.

NOTE: The presence of a pancreas lacuna is a primary indication of a pancreas issue in someone in the previous three generations. This is only a predisposition for the client that may be activated or remain dormant.

In contrast to this, an orange pigment is almost always an indication of active functional disturbance for the client personally. Interestingly, it has been my observation that orange pigment seems to be on the increase, being evident even in young children. It is becoming almost as common as brown. This is in stark contrast to thirty years ago.

Berberis flocks

This dark orange / yellow pigment overlay is a primary suggestion that the client is predisposed to disturbed protein metabolism, producing gout. Prophylaxis would include limiting animal protein intake and maintaining high fluid intake to support...