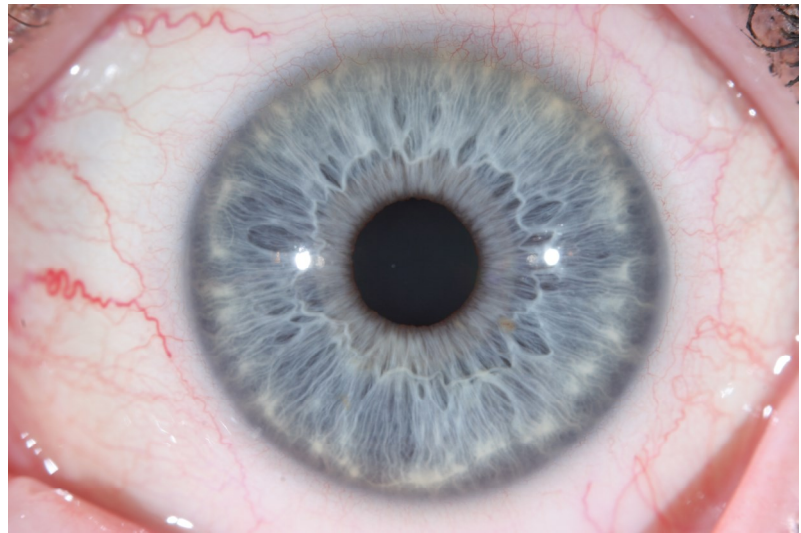




Dr. Michael K. Wells is a National Board Certified Naturopathic Doctor & Master Herbalist with more than 20 years clinical experience using Iridology in his practice. He maintains a holistic health care practice in San Antonio, Texas. Dr. Wells travels extensively teaching health professionals Iridology, Applied Kinesiology and Integrative Nutrition and Herbal Seminars.



Iridology In Clinical Practice

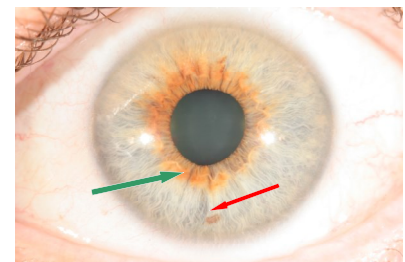
By Michael K. Wells, N.D., Ph.D.

As I think back over the past 20+ years of utilizing Iridology in my practice, I am amazed at the advancements that have been made in this field. I remember when the Jensonian model of Iris Analysis was the “state of the art” expression of Iridology. I remember when the German model of Constitutional Iridology was introduced in the United States by Harri Wolf and Bill Caradonna in the 1980’s, with all of the tremendous insights that were revealed to us about our genetic predispositions and potentials. I remember being introduced to the work of Denny Johnson and all of the wonderful insights into the Mind and Soul of not only my patients, but also

myself; (after all, Iridology is really about us, is it not?). Then, in the 1990’s, I discovered the work of Dr. Daniele LoRito from Italy, in the dimension of Time Risk. To me, this was a revolutionary concept that opened the door to a world of possibilities that linked the past with the future. And finally, the work of both John Andrews and Daniele LoRito in understanding the patterns found in the pupillary border and the genetic possibilities through Space Risk, all of which are yet in their infancy, promising even greater understanding of the Mind, Body and Soul of the human being. There have been many other contributions to the world of Iridology made by others too numerous to mention here, but the

greatest contribution of all is to see the fabric of our lives so clearly expressed through these revelations.

One of the most important things to understand about Iridology is that it takes two people to do an accurate analysis; the practitioner and the client. As a practitioner I can see the potential, but it is the client’s life experience that brings the picture into focus. The following image is a prime example of this concept.



When looking at this iris image, you can clearly see the spastic potential of the sigmoid colon (green arrow). This individual told me that they had just spent a month in India, and that they had returned suffering from intense pain in their abdomen due to a spastic condition of the sigmoid colon. The kidney reaction field reflects inherent

truly inspiring, from the perspective of an Iridologist, is the validation of Iridology by these other methods. In the next case study I compared my Iridology findings with several other methods of evaluation. Among these are Computerized Nutritional Profile, Meridian BioScan Technology and Muscle Response Testing.

some of her more significant iris signs and consider their possible meanings.

There are several markings in Melissa's iris that are indicative of liver weakness. Among these signs we find mild rarefaction, as well as multiple topostabile and topolabile metabolic pigments. However, the most significant indicator is the transversal that traverses the kidney, ovary and hepatic reaction fields. The liver plays a major role in hormone regulation in the body, and this transversal clearly reflects a liver-hormonal imbalance.

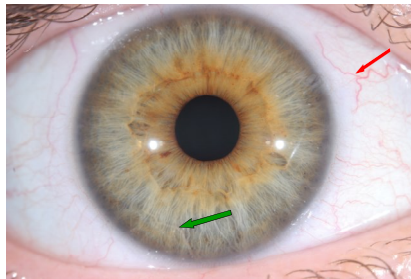
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weakness with some degree of chronicity. Adjacent to this weakness is a melanin pigment. And there are white reactive fibers running through the kidney reaction field (red arrow). In talking with this person about the need to care for the kidneys, I spoke about the need for forgiveness. I also addressed the presence of the melanin pigment being a sign of suppression related to the liver and feelings of anger, as well as the white radial fibers through the kidney reaction field revealing some degree of reactivity. I asked if he were aware of any unresolved issues in his life related to forgiveness about which he was still angry. His answer was affirmative, although he did not give any details.

Over the years I have studied and integrated a number of non-invasive methods for evaluating the health status of my patients. What has been

Case Study – Lupus

Melissa is a woman in her early forties who first came into my office after experiencing a relapse of Lupus, wanting to get off of her anti-inflammatory medications. She was originally diagnosed with Lupus during her first pregnancy, and went into remission after short term prednisone therapy. Melissa was in



remission for 13 years, experiencing a flare-up during her next pregnancy 13 years later. This reflects a strong hormonal involvement in her case. She has been in remission again since childbirth in 2003, and is currently on anti-inflammatory drugs working toward elimination. Let's now review

The other principle area of involvement is the thyroid gland. You will find that there are also several indicators that point to primary thyroid involvement. Observe rarefaction in the thyroid zone coupled with white radial fibers showing some degree of weakness with an acute reactive phase. The most revealing sign, however, is the "Y" scleral vessel in the thyroid zone. This "Y" vessels tells us that the thyroid is the focal point of a significant degree of stress. It also represents chronic inflammation or degeneration of the thyroid's tissue integrity and function.

There is a very important connection between the function of the liver, the balance of the hormonal component involving the ovaries, and the health of the thyroid gland.

The liver requires sufficient thyroid hormones to function normally. The thyroid is considered by many to be the “third ovary” in the body, because it plays a major role in regulating the ovarian cycle. Now let’s put it all together.

Lupus is one of several connective tissue diseases, including rheumatoid arthritis, progressive systemic sclerosis, polymyositis, amyloiditis, necrotizing arteritis, and rheumatic fever, that is associated with deposition of mucopolysaccharides in the connective tissue. Considering the fact that thyroid deficiency leads to deposition of mucopolysaccharides in connective tissue, as well as other tissue, it is not surprising to see several thyroid markers in Melissa’s iris.

It is interesting to note that the “butterfly patch” on the skin, characteristic of Lupus, was present in many of the original cases of myxedema investigated in England in the 1880’s. As early as 1886 there were reports in the English medical literature of two cases of Lupus apparently cured with thyroid therapy.

I also evaluated Melissa utilizing a Computerized Nutrition Profile, Meridian BioScan Technology, and Muscle Response Testing. Findings in the nutritional profile and muscle response testing were consistent with those found in the iris. The BioScan

revealed low vitality of all organ systems, with a stress index of 83%; 20% being normal. This finding was consistent with multiple contraction furrows also present in her iris. It is my opinion that the root cause of Melissa’s illness can be found in chronic thyroid dysfunction, with liver as well as hormonal influences exacerbating her condition.

The great German Iridologist, Josef Deck, stated: “A single sign in the iris can be properly assessed only in perspective of the whole.” This principle can very easily be applied to the process of viewing the body from several different perspectives. When you see the same patterns presenting over and over again, you have a tremendous validation of what the eye reveals.

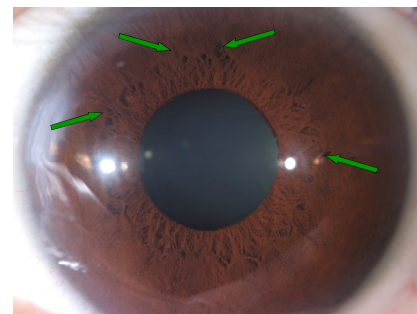
The first example we looked at clearly demonstrated the versatility of Iridology in identifying patterns on the physical, mental and emotional levels. In Melissa’s case study we looked at her condition not only from the perspective of Iridology, but also through several other methods of non-invasive evaluation. Our study found similar patterns presenting. What we discovered through Iridology was confirmed by other forms of analysis.

Now let’s take a look at yet another aspect of Iridology that has proven to be clinically useful, this being the dimension of Time Risk. Through this dimension we can journey deep into the life experience of the patient and understand how the past and the future come together and live in the present, profoundly affecting the life of that individual.

Case Study – Time Risk

Mary was a 48 year old woman who had been diagnosed with Primary Fibromyalgia Syndrome at the age of 44. Four years later, after having tried everything else without success, she walked into my office. One look in her eyes and I found myself drawn into the world of Time Risk. I saw several markings of interest; her story was even more interesting.

“A single sign in the iris can be properly assessed only in perspective of the whole.”
~Josef Deck



Time Risk is calculated in a counter-clockwise rotation from birth to the age of 60 in the first cycle. In Mary’s iris at 12 o’clock, which is the time of birth, there is a crypt with introflexion.

Her mother was forced to marry at the age of 13 due to pregnancy, giving birth at the age of 14. Mary told me that she believes her mother had difficulty with the delivery because of her young age, and that she, herself, had experienced some degree of birth trauma. The next marker in Mary's iris consisting of multiple crypts with introflexion appeared at about 57-58 minutes, which would be the age of 2. Mary's daughter died at the age of 2. At approximately 49-50 minutes we find yet another crypt with introflexion. This represents the age of around 10 or 11. Mary told me that her brother was molesting her during that time. The last significant marker we find is a dark melanin pigment at 16 minutes, which represents the age of 44. This is the year Mary went through a divorce. Shortly thereafter, she developed Fibromyalgia.

Mary experienced several traumatic events in her life, each leaving their imprint on her soul. However, one stands out as the predominant experience, and the one uniquely responsible for her condition. The awareness of this significance requires an understanding of what Primary Fibromyalgia Syndrome is, its etiology, and the spiritual root behind it.

“Primary Fibromyalgia Syndrome is pain that does not have inflammation or swelling as its cause; no infection

or bacterial involvement. Nearly 100% of all PFS patients are female.

Etiology - Primary Fibromyalgia Syndrome occurs mainly in females...is particularly likely to occur in healthy young women who tend to be stressed, tense, depressed, anxious and striving...” ~ Tabor Cyclopedic 16th Edition pages 1369-70

The spiritual root can be found in females who do not feel covered, protected, nurtured, don't feel safe, are always looking over their shoulder, are driven, anxious, moving the pieces of their life around, and are insecure. In most cases this is the result of abandonment by a significant male figure in their life, such as their father or their husband.

With this understanding, we can see the life experience that triggered Mary's disease process was her divorce at the age of 44, so clearly marked in her left iris at 16 minutes. Her difficulty in seeing the root of her problem is also registered in her iris. I explained to Mary that the dark brown pigment also represented suppression. She buried it, and refused to acknowledge and come to terms with what had happened.

The catharsis Mary experienced while reliving her life experience was both gratifying and inspiring to me because I had the privilege of being able to help

in some small way to bring her out of her pain. The experience was both freeing and healing to Mary because she was finally able to look at her life tragedy, come to terms with it, and release it.

It is truly exhilarating to me to have a glimpse of the vast potential Iridology has for providing a deeper understanding of ourselves and others.

The genius of Iridology truly is its capacity to reveal the fabric of our lives so clearly - Spirit, Mind and Body.

Blessings to you all, and be well!

Dr. Michael K. Wells, N.D., Ph.D.