

EXCERPTS FROM PUBLISHED STUDIES

Velchover E.S. (1992). We have data on three mass population dispancerization using the iridodiagnostic method (1972 – 1988). The goal of the first two screenings was the evaluation of the general resistance of an organism and identification of hidden problems in gastrointestinal tract, liver and kidneys with the goal of subsequent targeted observation of selected individuals at medical centers.

The screening was simple; it was conducted by two doctors-iridologists and performed either at the subjects' places of work or study. The process was organized as follows: first, a doctor-“protocolist” [in charge of protocols] recorded the subjects' passport data, health complaints and previous illnesses. Next, the subject moved to the table where a doctor-“operator” recorded 2 iridograms of the right and the left eye by using a slit-lamp. Next, observations of the right and the left iris were started. Changes discovered during iridscopy were verbally communicated to the doctor-“protocolist”. Some information was communicated in Latin in order to avoid iatrogenic effects. Screenings were performed in a conveyor fashion. Screening of a single subject took 3.5 minutes on the average. The value of this type of screening was two-fold: firstly, changes detected in the subject immediately became available to the doctor, which enabled determination of subsequent actions; secondly, iridograms obtained during screening served as important materials for subsequent clinical observations. Preventive screenings were performed by members of the department of clinical studies at the university of P. Lumumba E.S. Velchover, I. E. Makarchuk, and B.B. Radish.

Results of 1st preventive screening:

During the 6 days, 320 apparently healthy teenagers consisting of 286 males and 34 females ages 12-17 were examined at school. The average subject age was 14. During the screenings, the color and type of the iris, size, shape and deformations of pupils, as well as the condition of the stomach, duodenal tract, liver, gallbladder, and kidneys were determined. In addition, using a set of iridogenetic indicators, future resistance ability of the subject was recorded using a standardized scale.

Iridodiagnostic indications of internal organ changes were classified into three categories: light, moderate, and heavy.

For further validation of diagnostic indicators, 11 people with moderate and heavy changes in projected zones of the stomach, liver, and kidneys were referred for further clinical analysis. **In 10 out of 11, 91% of cases, iridologic data were confirmed using classical methods.**

Analyzing all obtained results it can be said that **the dominant recurring theme of the screening is the high frequency of iridologic detection of pathologies.** They [iridologic findings] serve [together] to identify both hidden and readily observable ongoing processes.

Results of the 2nd preventive screening:

During the 3 hours of work of doctors-iridologists performed at one of administrative offices in Moscow, 45 workers consisting of 36 females and 9 males ages 24 to 62 were screened. Average age of the subjects was 46.5 years.

For further evaluation of the diagnostic value of iridologic indicators observed during the screening, **32 people suspected of one or other pathology were examined in a clinical setting. Heavy structurofunctional deviations of liver – chronic hepatitis and portal cirrhosis of liver were confirmed in 7 out of 7 subjects who were observed in a clinic.**

In 18 people who were suspected of having disease of gallbladder, clinical examination confirmed 15 (84%) of the cases, out of 7 people suspected of having kidney pathology, 6 (86%) were confirmed.

In addition, 11 females showed iridologic indicators of mammary gland problems. Changes in mammary glands were confirmed in 10 (91%) of subjects via clinical anamnesis verification.

Analyses of conducted studies make it possible to draw conclusions regarding the value of certain iridologic indicators. Screening experience shows that one of the best components of the screening-diagnostic method is a set of iridogenetic and iridodiagnostic indicators.

Results of 3rd preventive screening:

The third screening combines iridodiagnostic data obtained during screening of 1,520 members of the military and their family members in a polyclinic setting.

Work began with filling out an iridologic form. Brief information about the subject was recorded: name, age, current health complaints and those dominating throughout life, previous illnesses and traumas, and arterial blood pressure. For evaluation of hereditary pathologies, the subject was asked two or three questions: age and predominant health issues of the parents or age and cause of death of parents, physical likeness with father or mother. On the average, recording of data took one minute.

Next followed iridoscopia – biomicroscopic observation of the iris using a slit-lamp. Color and type of the iris, constitutional features of the organism (on a scale), resistance of the organism (on a scale), diseases of systems and organs (topical diagnostics) were recorded. A diagram of the iris divided into zones was used.

Upon discovery of heavy pathology, the subject was immediately referred for further study using traditional diagnostic methods. The duration of iridoscopia was 2-3 minutes. After completion of iridoscopia, iridography – photography of the iris of the right and left eye onto a color positive film – was performed and took another 1-2 minutes. Thus, the average duration of the initial preventive screening of one subject was 5 minutes. This duration points out the speed of Iridodiagnostics. In fact, it [Iridodiagnostics] is nothing other than screening during which people with diseases of specific organs and systems are identified among masses of various people during a very short time.

More detailed analyses of iridologic data were conducted after development of film into color slides. The slides were projected onto a screen with 36x magnification and [even] the smallest trophic adaptations of the iris were studied. Results of dynamic analyses of iridograms were used for objectification of clinical observations and formation of a database. Such deep analyses, during which hereditary anomalies and different stages of acquired pathologies are determined, take not only practical experience but also a lot of time – 15-20 minutes for a single subject.

From the large number of screened subjects, we performed detailed iridographic analyses on 49.7%. Results of parallel studies using contemporary diagnostic instruments speak of validity of iridodiagnostic indicators and effectiveness of express Iridodiagnostics in evaluations of gastrointestinal tract, cardiovascular, urinogenital, and hepatobiliary systems.

Evaluation typically started with iridologic screening. Iridodiagnostic indicators of pathologies found in the subjects were recorded using iridologic forms after which the information was compared with long-term data obtained from the subjects' medical records. This approach enables determination of validity of iridodiagnostic findings, their concurrence with and diversion from data obtained using classic methods.

Changes in the iris projection zones of the four systems or the organism were expressed as light, moderate, and heavy (see table B of the Appendix of the Statement of Findings from the Medical Institute of Ukrainian Association of Folk Medicine). Most frequent were changes [detected concurrences] in the iris zone corresponding to gastrointestinal tract (90.3%), less frequent in the zone corresponding to cardiovascular system (60%). Such frequency [of concurrence] demonstrates the high value of informativeness and exceptional sensitivity of the iridodiagnostic method.

Light [iridologic] signs were registered for completeness of the analyses and discovery of possible dynamic changes in the process of clinical observation. Attempts to prove the real value via subsequently applied traditional diagnostic methods were not even attempted due to basic differences in sensitivity between methods. Because of that, evaluation of iridodiagnostic signs included only moderate and heavy changes in the iris. Based on them [iridologic signs], we can say that significant pathology of gastrointestinal tract was observed in 45% of subjects, pathology of urinogenital system in 33.6%, hepatobiliary system in 29.6%, and cardiovascular system in 26%. Effectiveness of Iridodiagnostics in 275 subjects with heavy and moderate trophic adaptations of the iris is validated via traditional methods (see table 1 of the Appendix of the Statement of Findings from the Medical Institute of Ukrainian Association of Folk Medicine).

Evaluation of reliability of Iridodiagnostics was based on materials obtained from medical texts and, in the absence of indications of the detected pathology, targeted analysis via clinical methods and instrumentation was used. **Concurrence of iridodiagnostic and traditional methods varied from 81.3% to 92.6% depending on forms of pathologies.**

Attributed to cases of concurring results (19.3%) are **53 subjects with newly discovered diagnoses based on the iris**. Taking into account that in our polyclinic, with well-organized preventive screenings, we find from 3 to 7% of people with new diseases each year, **application**

of Iridodiagnostics shows the perspective of three times increase of newly diagnosed diseases.

Most demonstratively, using iris signs, were detected gastritis, duodenal ulcers, cholecystitis, pancreatitis, colitis, hiatal hernia, urolithic disease, hydronephrosis, prostatitis, heart disease and certain other diseases.

Not least important information is contained in the complaints of the subjects, which, in 80% of the cases, find material confirmation in trophic adaptations of the iris.

In the history of diagnostics, this may be the only method that is capable of tight coupling and interaction of both subjective and objective indicators of disease.

Drawing parallels between hereditary anamnesis data and symptoms of the iris presents practical interest. Our experience shows that data about the age, illnesses and causes of death of just one generation of direct relatives (father or mother) takes on great importance in Iridodiagnostics. Comparison of these data with iridologic data of the subject permits determination of hereditary pathologies in 30% of the cases.

L.E. Lagutina and M.P. Terentjeva (1990) used iridodiagnostic method during clinical check-ups of children with the goal of locating latent pathology of kidneys in 120 practically healthy children ages 3 to 6 years. They were **convinced that iridodiagnostic method is highly informative and permits diagnoses of latent nephropatia**. Based on their data, changes in the iris related to pathologies of kidneys, were mainly related to the presence of lacunas and symptoms of iris fiber separation (89.4%), less frequently elevated toxicity (11.6%).

Other authors (**V.E. Klemenov, A.V. Klemenov**, 1990) used Iridodiagnostics as an express method of identification of borderline arterial hypertension. They found said pathology in 74 people ages 17 to 46 years. The main iridodiagnostic sign was the presence of a horizontally oriented, oval-shaped lacuna in the 3 o'clock sector of the ciliary muscle of the left iris. Said lacuna corresponded with an analogous lacuna in the 9 o'clock sector of the right iris. **In total, this horizontal lacunar sign was observed in 87.8% cases of subjects with known borderline arterial hypertension.**

R.P. Shikunova and coauthors (1990) used Iridodiagnostics during preventive clinical examinations of families. Their research program included evaluation of prevalence of major iridologic signs in a randomly selected population, study of the condition of organs of vision in healthy people, study of iridologic signs in families of healthy probands, and comparison of similarity of iris changes among parents and children. In total, they studied 200 people (400 eyes) from a randomly selected population, which consisted of 59 families of healthy probands and 15 nuclear families consisting of 153 individuals. Among the total population, males constituted 27%, females 73%. Population age ranged from 1 to 70 years. Based on their results, radial gray and blue signs and radial-homogeneous dark color signs were encountered. The autonomous nerve wreath among most subjects had gear-like shape.

Inheritable structural and anatomical iridologic signs were detected in first-degree relatives, mostly along the “mother – children” line. Conformity of iridologic signs comprised 54% by color, 39% by type, 41% by density, 51% by condition of pupil border, 56% by autonomous nervous wreath.

Authors conclude that comparison of iridologic data of older and younger generations permits better determination of potential health of a specific child and to differentiate between inherited signs from acquired signs. In addition, during iridologic observation of families, **R.P. Shikunova and coauthors point out presence of local iridologic signs carried from generation to generation. In their opinion, this enables such signs to be classified as either genetically determined or acquired, which permits the physician to select appropriate tactics after preventive screenings.**

A.O. Daniluk-Kirilenko (1990) present results obtained during preventive screenings at industrial firms, specifically at the Mitischinski Plant of Experimental and Energetic equipment NPO “Energia”, which has harmful manufacturing environments in 8 of its shops. In total, 516 people were screened, including 261 (50.6%) males and 255 (49.4%) females. [Out of these,] 363 people (70.3%) had light color irises and 131 people (25.4%) had dark color irises.

According to the author, the highest quantity of changes detected fall into iris zones corresponding to the brain, respiratory system, heart, gallbladder, gastrointestinal tract, legs, gonads and fallopian tubes.

Based on the results of her studies, **O.A. Daniluk-Kirilenko comes to the conclusion that Iridodiagnosics is a highly effective method for screening large contingents at industrial commercial complexes. It significantly reduces screening time and removes the necessity of on-site travel for groups of specialists. In conclusion, the author summarizes that iridologic screenings are an expedient means of initial preventive screenings at industrial enterprises.**

V.M. Udod and coauthors (1990) used Iridodiagnosics in mass dispancerization screenings for diseases of stomach and duodenum. Out of 877 people, 219 were screened out as a “positive” group by gathering specific [iridologic] data. The latter were subjected to deeper laboratory and clinical evaluation that included endoscopies, fluoroscopy, and pH-metric analysis. Based on the results of these deeper analyses, different pathologies of stomach and duodenum were confirmed in 88 people (1st group). These were patients with gastritis, ulceritis, duodenitis, and polyposis. Iridoscopically, these patients had trophic adaptations in the iris zones corresponding to the stomach and duodenum. Further, the authors note that among the remaining 131 people out of the 219 “positive”, which constituted the 2nd group, pathologies of the stomach and duodenum were not confirmed via the methods described above. However, Iridodiagnosics showed weakly expressed changes in the iris stroma corresponding to the gastrointestinal tract among 13 of these individuals. Trophic adaptations in the zone corresponding to liver and gallbladder were recorded in 62 people of the 2nd group. In 43 of these individuals, pathology of hepatobiliary zone – cholecystitis, dyskinesia, and calculosis - were diagnosed. Pancreatic type of iris was detected in 28 [individuals]. Pancreatitis was previously diagnosed among 20 of them. In 4 people, iridodiagnostic signs of chronic pathology of the appendix were detected.

Based on the results of their studies, **authors come to the conclusion that Iridodiagnostics is a sufficiently informative method that can be used for differential diagnostics among “screening”-positive individuals.**

I.M. Yelisejev (1990) used iridodiagnostic method during mass preventive screenings of [young] children and teenagers with the goal of early detection of preconditions and prognosis of psychological and somatic dysfunctions. A total of 105 teenagers (46 boys and 59 girls) were screened. **The iris was studied in two stages with the interval of 5 years during the ages of 9-10 and 14-15 among the same subjects.** Both stages involved visual examination and photography of the iris.

Examination of the changes in the iris during the first stage showed that 42% of the subjects could be classified as clinically healthy, while 58% showed signs of predisposition to psychological and somatic dysfunctions.

Comparing iridograms obtained with the interval of 5 years, I.M. Yelysejev determined that during that period that the iris became more opaque and faded in 62% of the subjects, while 38% did not show detectable changes. Stromal cells of the iris among teenagers were becoming darker; trabecular meshwork was becoming more opaque. Most frequently, increased opaqueness was observed in the iris zones corresponding to gastrointestinal tract, kidneys, lungs and skin.

It is very important to underscore that **among 18 people with iridologic signs of preconditions for psychological dysfunctions, 17 were inflicted with hereditary psychological illness.**

Further, **author concludes that iridodiagnostic method of prognosis of psychological and somatic illnesses is highly informative, precise, enables early detection of disease, and permits targeted preventive actions.**

V.G. Deynega and coauthors (1990). Interesting work on evaluation of professional suitability by using main iridologic signs was conducted by V.G. Deynega and coauthors (1990). Using Vald's mathematical method of sequential statistical procedure, they calculated diagnostic criteria of not only iridologic signs, but also their range. Their data shows that diagnostic weight varied from +3 to -3 and informativeness varied from 11.6 to 5.3 using the Jeffreys-Kulbakov coefficient. Authors note that most informative [iridologic] signs turned out to be: density of the iris, shape of the pupil border, shape of the pupil and the autonomous nerve wreath, lymphatic rosary, dystrophic rim, lacunas, toxic stains, sodium ring, pigmentation – the very same diagnostic signs that are confidently confirmed by iridodiagnostic practice.

Taking all sets of values as a whole, with the score of 13 points or higher, their algorithm indicates good constitution, strong health, professional suitability towards excessive loads, etc.

At the same time, **authors' data shows sufficiently high percentage (92±2,8%) of concurrence between iridodiagnostic data and data obtained using traditional methods.** Based on these results, authors recommend using iridologic screening of workers as an additional method for professional suitability screening and selection. Unfortunately, V.G. Deyneg and

coauthors are not using automated modes of analyses of iridologic signs, which somewhat reduces the effectiveness of the proposed method.

S.N. Zhmaev and S.P. Berezina (1990) used Iridodiagnostics during clinical screening of urology patients. They studied 120 patients using iridobiomicroscopy with the aid of a slit-lamp made by Karl Zeiss Company. Verification of the obtained results was performed using axial tomography of the abdominal cavity, echocardiographic and biochemical analyses of blood and urine; ultrasound of kidneys, bladder and prostate; fluorography of kidneys and urinary bladder, excretion urography, and other [methods].

Out of 100 patients that were referred for further analyses when their iridograms showed changes in the upper urinary tracts, 82 cases showed deviations from norms.

Based on the results of their studies, authors came to the conclusion that detection of urological diseases using the iris can be used as an express method for detection of early stages of urinogenital problems. The fact that in 82% of the cases results of iridologic and clinical methods coincide speaks of high reliability of Iridodiagnostics.

Melnik O.I, Kirichenko I.V. (1994)

We observed 340 children aged from 3 to 15 years out of which 11 were younger than 3, and 72 were from 4 to 7 years of age. Observations took place during 1992-1993 at the Children's Clinical Hospital #6 in the city of Kiev. **All children were observed in parallel by a pediatrician, specialists, and all had laboratory work done (general blood work, urinalyses, Humoral Immune Response), Ultrasound, FEGDS, EKG, FKG, and EEG.**

Observations of all cases of families with children show that children with corresponding type of the iris were susceptible to pathological conditions that can be traced to adults (parents and parents of parents) with corresponding type of the iris and that said pathologies were realized in 66% of children. In 78.2% of the cases one or another stage of intoxication was detected, which manifested through clinical symptoms. **Sufficiently high degree of diagnostic coincidence of the following conditions was observed: vegetovascular dystonia – 88.7%, mostly of vagotonic type, pathology of nasopharynx – 89.2%, biliary system – 91.3%, stomach and duodenum – 71.4% (with abnormal acidity – 52.3%), weakness of bronchial system and susceptibility to colds – 92.4% with parallel indication of susceptibility to allergic reactions, pancreatitis – 68,9%. Reactive condition of the nervous system, which was observed in the iris, corresponded to reality in 93.6%;** it concerned cardiopathy and propensity towards creative work. Propensity towards vasopathia (feet and brain), diseases of thyroid gland, osteochondrosis was realized in 17.3% of children, mainly during puberty.

Propensity toward diabetes, reproductive dysfunctions, metabolism, and renal calculi were practically not realized in children.

Results of studies permit recommendation of Iridodiagnostics in child healthcare practices as an informative and accessible method of express diagnostics. In addition, use of Iridodiagnostics is

expedient in preventive [clinical] screenings targeted to early detection of disease and risk group assessment, timely treatment and disease prevention.

Syadro T.A. (1998)

It is a general consensus of specialists that Iridodiagnostics is just the right method for mass preventive screening of population and identification of persons suspected of having one or another disease.

The goal of this study was iridomicroscopic study of citizens of Kiev [Ukraine] with the intent of evaluation of health conditions and identification of hidden problems among different organs and systems with subsequent targeted clinicoinstrumental analysis.

Mass preventive screening was performed at the diagnostic and rehabilitation center “LIDIR”. The first stage of observation – screening – was realized using iridobiomicroscopic method, which permitted studies of individuals in a program with a broad spectrum of medical profiles.

A computerized device (including software and camera), which includes an “ARMIR” workstation was used for acceleration of iridologic observations and improvements in comfort levels of the doctor and the patient facilitated by reduced time of observation.

Work began with computer data entry of basic patient information such as name, age, etc. In the process of observation, a dialog with the patient took place about anamneses and hereditary pathologies. The formulated iridologic conclusion reflected patients’ predisposition to diseases of specific organs or systems, signs of dysfunction in organs corresponding to specific iris zones, recommendation on necessity of subsequent analyses via clinical and instrumental methods, and consultations with specialist doctors (generalists, neuropathologists, otolaryngologists, etc.)

A total of 570 people were studied, of which 100 were children ages 8 to 16 and 470 adults aged 16 to 82 years.

Analyses of screening results showed high frequency of iridologic identification of pathologies that pointed to hidden and readily apparent processes. It was determined that iridologic indication of gastrointestinal tract dysfunction existed in 483 patients who’s anamneses matched in 70.39% of the cases, family anamneses in 90.89% of the cases, and pain syndrome in 69.00% of the cases. Among 520 patients with iridologic indications of pathologies in the areas of liver and gallbladder, large percentage of cases were confirmed by anamneses, family anamneses, and presence of feelings of pain in the area of liver and gallbladder. Suspected issues in these organs were confirmed via ultrasound analyses in 87.50% of the cases. Signs of pancreas dysfunction were registered in 110 people, which was confirmed by presence of pathology in anamneses and family anamneses (74.54% and 54.45% of cases respectively). During urinary tract studies, iridologic signs of dysfunction were registered in 196 people. At the same time percentages of concurrence of data with parameters being studied turned out to be quiet high, especially in cases of hereditary propensities towards diseases of this system (91.83%). With regard to reproductive issues, among 171 patients, the frequency of concurrence of iridologic signs with personal anamneses

and presence of pain syndrome was noted in nearly the same percentage of cases (58.47% and 50.00% respectively).

Iridologic signs of thyroid dysfunction were noted in 210 people (out of 570 observed). Among them, 93.80% of the cases were confirmed by data of patients who were examined by endocrinologists. However, data on family propensity towards pathology of this organ coincided with iridologic signs only in 28.57% of the cases. Perhaps, such diversion of anamneses data is related to pathologies of this organ acquired in connection with the events at the Chernobyl Nuclear Plant, which is confirmed by a large number of studies by iridologists in oncology.

Signs of central nervous system dysfunction were noted in 320 people, from which 62.50% were confirmed by personal anamneses data. Nevertheless, while it was not possible to collect data on family anamneses, percentage of iridologic findings in this case points towards increased risk of disease of the nervous system among the population of Kiev. Similar iridologic picture can be seen in the studies of cardiovascular system. **Various iridologic symptoms of pathologies were found in 335 out of 570 patients studied, which found confirmation in 70.00% using anamneses data, in 92.00% by presence of pain symptoms, undetermined dull pain in the area of the heart, weakness, dizziness and hypo- or hypertonic disease. At the same time, 74.03% of diseases were confirmed via EKG and by observation by cardiologists and neuropathologists.**

During the study of bronchopulmonary organs, 253 subjects [with iridologic signs of problems] were detected, which coincided with anamneses data in 85.77% of patients. Similar picture was observed in the diseases of the musculoskeletal system, where coincidences in anamneses data and [iridologic] symptoms were noted in 86.41 and 97.87% of cases [respectively].

Attempts to produce clinical diagnosis based on iridologic analyses, produced the following results: **among persons suffering from gastritis with changed levels of secretion of stomach acids, clinical diagnosis coincided with iridologic in 90% of the cases.** However, during attempts to determine hypo- or hyperacidic gastritis, the number of coincidences existed only in 11.66-16.66% of cases; diagnoses – ulcers of the stomach or duodenum in 24.45-24.48% of the cases, chronic gastroduodenitis in 33.30%, dyskinesia of billiary tracts in 27.53%, chronic pancreatitis in 15%, neurotic syndrome in 42.64%, chronic ischemic heart disease in 36.08%, chronic obstructive bronchitis in 33.33% of the cases. Thus, determination of clinical diagnosis in the contemporary classical context was not possible under the conditions of our observations. **So, if we compare data about discovery of iridologic signs of organ dysfunction and analyses of family anamneses, presence of pain syndrome, concurrence of iridologic signs of pathologies of different organs with ultrasound and EKG data, then what becomes apparent is the high degree of diagnostics not of separate clinical forms, but of diseases of organs or systems as a whole and, basically, this is topical-analytical method [Iridodiagnostics] of discovery of pathological processes via morpho-functional changes of mesodiencephalic screen of the brain, which is indeed the iris.**

Thus, having obtained the data of mass screening of population conducted using the iridodiagnostic method, results were obtained that permitted evaluation of the state of health of each individual at a given time. At the same time, **high degree of [effectiveness of] diagnostics of diseases of gastrointestinal tract, hepatobiliary system, nervous and cardiovascular systems, bronchopulmonary system and musculoskeletal system were noted. Moreover, it was possible to determine and differentiate existing pathological processes from genetically caused in a large percentage of cases of diseases of gastrointestinal tract, hepatobiliary system, pancreas, thyroid gland and urinary tract. Competency and effectiveness of conducted Iridodiagnostics of anatomical systems is validated by results of parallel studies using instrumental methods, refinement of anamneses and family anamneses data, correlation of detected iridologic signs of pathologies in iris zones corresponding to organs and pain syndrome** (see table 2 of the Appendix of the Statement of Findings from the Medical Institute of Ukrainian Association of Folk Medicine).

Informativeness and high sensitivity of the iridodiagnostic method opens the possibility of a qualitatively new approach to delivery of high-grade medical help to broad layers of population and, foremost, children.

Petenko O.V., Grechishnikova N.I. (1991)

During the time of existence of our iridodiagnostic office, our archive has accumulated around 16,000 iridologic diagnosis and subsequent verification data (clinical, laboratory and instrumental).

Verification of iridologic conclusions included leading specialists of the “Reflectotherapy” clinic [...] and specifically:

- Gastroenterology, endoscopy (professor Kan Ch.Y. , PhD, MD; Nikolaeva N.S., PhD of Medicine Candidate);
- Neuropathology (professor Alimov I.Y. , PhD, MD, Ganieva H.H., Doctor of Highest Category);
- Gynecology (professor Trubnikova L.I. PhD, MD, Trubnikov V.S., PhD of Medical Science Candidate);
- Eye diseases (professors Ahrorova Z.D. PhD, MD, Doctor Kijamov S.S., MD)
- Internal medicine (Karchevsky E.S. Medical PhD Candidate, Byalova T.A., MD, Doctor of Highest Category)
- Laboratory studies (Gopfauf O.E. Doctor of Highest Category, Doctor Vahitova F.V., MD)
- Gynecology (Muhamadieva M.A. Doctor of Highest Category, Umezhdanova G.H., MD, Doctor First Category)
- Fluoroscopic studies (Muhigdinova L.B., MD, Doctor First Category);
- Ultrasound studies (Akilova I.Y., MD, Doctor First Category)
- Functional studies (Prutskovaja E.N. MD, Doctor First Category, Martinova A.S. MD, Doctor of Highest Category)
- Cardiology (Madjarova S.M., MD, Doctor First Category)
- Urology (Fisher Z.M., MD, Doctor First Category)

- Otolaryngology (Doctor Nagimatova R.P., MD)
- The following was recorded for each patient (pair of eyes – right and left):
- General iris description (type of constitution, density of stroma, fibers, trabeculi, metabolic-dystrophic changes, pigmentation, etc.)
- Corresponding monochrome iridologic schematic plus color slides of the eye pair.
- Registration data (last name, first name, middle name, year of birth, gender, profession, history of infectious diseases, past surgeries and traumas; professional contacts with toxic substances, etc.)

Conclusions of doctor-iridologist:

- General characteristics of the organism;
- Nervous system;
- Cardiovascular system;
- Bronchopulmonary system;
- Gastrointestinal system;
- Organs of vision; ENT
- Endocrine system;
- Genitourinary system;
- Musculoskeletal system;
- Epidermis and hypodermis;

Verification data:

- Nervous system (observation by neuropathologist)
- Cardiovascular system (observation by cardiologist)
- Respiratory system (observation by generalist)
- Gastrointestinal organs (observation by gastroenterologist and stomatologist);
- ENT organs (otolaryngologist, ophthalmologist)
- Endocrine organs (observation by endocrinologist and oncologist);
- Genitourinary system (observation by urologist, gynecologist);
- Musculoskeletal system (observation by surgeon, traumatologist);
- Epidermis and hypodermis (observation by dermatologist);

In their book, authors site 136 characteristic examples out of 16,000 available in the archives. Here is one of the examples of how the materials are presented:

SLIDES #17, 18

1. IRIS DESCRIPTION

Weak type of constitution (average melanin producent). Characteristic of brown iris with stroma density corresponding to IV-VI stage. Trabeculae are coiled, distance between them increased, stroma tone is low. Uneven topical pigmentation of the iris permits detailed examination of some areas of the stroma while the stroma is hidden in different areas of the iris. Lacunae of significant size, relatively shallow, their bottom are formed by coiled trabeculae. Noted, that weak types of

constitution are practically never strong melanin producer, i.e. pigment forming function of the iris is lowered in individuals with this type of constitution.

2. IRIDOSCHEMA (*Fig. 81*)

3. REGISTRATION FORM DATA

A-va B. born in 1949 (female). Profession – store salesperson. Past infectious disease (tuberculosis, malaria, hepatitis) – none. Past surgeries or trauma – brain trauma in childhood, does not remember the circumstances. Job-related contacts with toxic substances – none. Type of constitution - hypersthenic. Lateralization: right-handed. Biomicroscopy data: Pigmentation spots of "tobacco color" type in the 2:00 and 3:40 o'clock regions of the ciliary belt OS (left eye); present decreased transparency of the cornea and the crystal resulting from metabolic-dystrophic changes; deposits of cholesterol precipitations on the cornea in the 1-11 o'clock regions OS (left eye) and OD (right eye).

4. CONCLUSION

GENERAL CHARACTERISTICS OF THE ORGANISM: Weak constitution type, mixed with weakened connective tissue (cardiorenal) subtype. Organism genetically adapted to zones of intense light, belongs to slow acetylators. High level of bioenergetic activity (raised relative to age group norm). High level of immunity (raised relative to age group norm). Reduced vegetative nervous system function with predominance of sympathicotonia. Reduced resistance to external influences and diseases, hyperactive type of reaction. Low adaptive capacity of the organism (lowered relative to age group norm). Low level of general health.

NERVOUS SYSTEM: signs of metabolic dysfunction primarily in the area of the brain stem, cerebellum as a result of arteriosclerosis of vessels in the brain and traumatic effects on brain structures sustained long ago (perhaps as a result of brain bruise). Signs of *Hypophis dysfunction are present*. Signs of past inflammatory processes (older than 5 years) in the area of cervical and lumbar areas of the spine (signed of past radiculitis).

CARDIOVASCULAR SYSTEM: Signs of infectious-allergic inflammatory process in myocardium suffered long time ago, with predominant localization in the area of the base of the aorta (possible presence of congenital defect of aortic valve with rheumatic etiology).

BRONCHOPULMONARY SYSTEM: Signs of weak inflammatory process in the bronchia (older than 3 years) without recent recurrence.

GASTROINTESTINAL SYSTEM: Signs of old inflammatory process in the upper jaw. Signs of old inflammatory process in the lower third of gastrointestinal tract (present indirect signs of *diaphragmatic hernia of gastrointestinal tract*). Signs of weak chronic *gastroduodenitis with increased stomach secretion, without signs of recent acute recurrence*). Signs of old enterocolitis (older than 5 years) without signs of recent acute recurrence. Signs of ferment insufficiency in the stomach and weak intestinal intoxication. Signs of old inflammatory process in gallbladder (older than 5 years) without signs of recent acute recurrence. Signs of biliary dyskinesia. Signs

of old inflammatory process in the perineum (older than 5 years) without signs of recent acute recurrence.

EENT (eye, ear, nose, and throat) AND RES ORGANS: Signs of old pronounced tonsillitis (older than 10 years) without signs of recent acute recurrence. Signs of recent sinusitis (older than one year) without signs of recent acute recurrence.

ENDOCRINE SYSTEM: Signs of hypophysis dysfunction and signs of secondary endocrine dysfunction. Signs of hyperfunction of thyroid gland with hypertrophy of its back region (signs of diffusive nodular thyroid enlargement with signs of thyrotoxicosis). Signs of ovary dysfunction. Signs of *dyshormonal* matopathy of the left mammary gland.

GENITOURINARY SYSTEM: Signs of old inflammatory process in the cervix and left ovary (older than 3 years) with signs of continuing inflammatory process in the left ovary at the present time. Signs of old inflammatory process in the kidneys and ureters with signs of recent acute inflammatory process in kidneys and left ureter (present indirect signs of chronic *pielonefritis*). Signs of pronounced adhesion process in the small pelvis as a result of urological and gynecological pathology.

MUSCULOSKELETAL SYSTEM: Signs of osteochondrosis of the lumbar region of the spine with signs of old radiculitis syndrome.

DERMIS AND SUBDERMIS: No signs of pathological changes detected.

V. VERIFICATION DATA

NERVOUS SYSTEM. Consultation of neuropathologist: complaints of headaches, degradation of memory function, hot flashes, short term orthostatic changes. From anamnesis: Childhood brain trauma, was hospitalized due to moderate severity brain concussion. Suffers hot flashes for about 3 years. Six years ago had acute radiculitis, received ambulatory treatment, successful. Diagnosis: Posttraumatic encephalopathy. Early climacteric syndrome. Osteochondrosis of the lumbar region of the spine. Fluorography of the spine: Developing osteochondrosis L2-L3-L4. Fluorography of the cranium: Normal.

CARDIOVASCULAR SYSTEM. Consultation of cardiologist: No complaints. Objective: High frequency diastolic murmur in the Botkin-Erb zone. No signs of poor blood circulation. From anamnesis: No treatment or cardiological observation. Diagnosis: Arterial valve insufficiency of the 1st degree, possibly of rheumatic etiology. H₀. EKG: sinusoidal rhythm, 76 bpm, horizontal EPS. EKG - Normal. Laboratory data: Thymol probe - 0,42; sublimate test - 1,8; sialic acids - 2,22 mmol/l; fiber - 72 g/l; albumins - 39 g/l; globulin - 33 g/l; lipids- 8,6 g/l; cholesterol - 6,9 mmol/l; triglycerides -1,98 mmol/L; bilirubin - 22,5 mmol/l.

BRONCHOPULMONARY SYSTEM. Therapist consultation: No complaints. Objective: Vesicular breath sounds in the lungs. From anamnesis: 5 years ago had acute bronchitis, received ambulatory treatment, successfully. Conclusion: No bronchopulmonary pathologies detected.

GASTROINTESTINAL ORGANS. Stomatologist consultation: Caries lower right 7,8. Filling. Gastroenterologist consultation: Complaints of difficulty passage of food in the upper digestive tract; occasional pain; complaints of pain in epigastric region on an empty stomach; pains in lower right thoracic region after intake of food high in fat content; constipation, bloating. Diagnosis: Hiatal hernia. Chronic hypertrophic gastritis in remission. Chronic cholecystitis, gallbladder dyskinesia. Chronic enterocolitis in remission, intestinal ferment insufficiency. Fluorography of intestinal tract and stomach: Conclusion: Diaphragmal hernia of gastrointestinal tract, chronic hypertrophic gastritis. Gastroscopy (extract): Mucous membrane of lower intestinal tract is hypermeric. 1.5 x 1.5 cm herniation 0.5 cm above the upper esophageal sphincter; hypostasis of mucous membrane of hernial sack, hypermeric. Hypostasis of mucous membrane of the stomach, hypertrophic areas present. A lot of liquid in the stomach cavity. Ultrasound (extract): Gallbladder size 62 x 33 mm, stretched out, contains old bile. No signs of concrements. Rectoromonoscopy: Conclusion: Ampulary colon crack, partially cicatrized.

EAR EYES NOSE AND THROAT (EENT) AND RES. Consultation of otolaryngologist: Complaints of dryness in the throat. Objectively: hypostasis of tonsils, hypermeric. From anamnesis: Received numerous treatments 8-10 years ago for chronic tonsillitis (conservatively, successful). Was not treated or examined for sinusitis. Conclusion: Chronic tonsillitis in remission. Chronic *atrophic laryngitis*.

ENDOCRINE SYSTEM. Complaints of incidents of rapid heartbeat, irritability, increased sweating. Objectively: Thyroid gland enlargement 2nd stage, palpable nodule 2 x 3 cm in the lower back right region. Diagnosis: diffused nodular thyroid disease 2nd stage. Thyrotoxicosis 2nd stage. Thyroid scan: thyroid enlarged, raised absorption J¹³¹. Area of high activity size 2.3 x 3.2 cm present in the lower right pole. Conclusion: Diffused nodular thyroid disease. Consultation of oncologist: Complaints of increased density in left mammary gland. Objectively: Palpable tumor-like presence in the upper exterior quadrant of the left mammary gland size 1.5 x 2.0 cm; dense, painless. Peripheral lymph nodes not enlarged. Biopsy performed. Biopsy data: Fibroadenoma of left mammary gland.

URINOGENITAL SYSTEM. Consultation of gynecologist: Complaints of pain in lower abdomen, increasing during menstruation; irregular menstruation (delays up to two-three weeks, excretions, hot flashes). From anamnesis: Sustained tears of perineum and uterus while giving birth. Received ambulatory and in-patient treatment during the last 5 years for salpingoophoritis of the left ovary. Diagnosis: Chronic left sided salpingoophoritis. Ovarian cysts (left ovary). Adhesive process in the small pelvis. Early climacteric syndrome. Mastopathy of left mammary gland. Ultrasound data: Uterus 62 x 31 mm, well-defined contours of homogenous miometric structure. Right ovary 30 x 20 mm, homogenous exostructure; left ovary 46 x 37 mm, tissue noticeably changed by cysts. Conclusion: Ovarian cysts (left ovary). Consultation of urologist: Complaints of dull lower back pain. From anamnesis: Was treated as an in-patient for pyelonephritis. Diagnosis: aggravated chronic pyelonephritis. Ultrasound data: right kidney 89 x 39 mm, parenchyma 17 mm, enlarged renal medulla 18 x 11 mm contains old urine, no concrements detected. Left kidney 94 x 46 mm, parenchyma 19 mm. No changes in the pelvicalyceal system. Diagnosis: Chronic right side pyelonephritis. General urinalysis: Density - 1014; pH - 6.8; fiber - 0.33%; kidney epithelium 2-3 in the microscope field of vision; leukocytes - up to 50 in the microscope field of vision; erythrocytes (modified) - 3-5 in the

microscope field of vision; leukocytic cylinders - 0-1 in the microscope field of vision; mucus - large quantity; salts (oxalates) - nominal quantity; bacteria - significant quantity. Urine analysis using Nechiporenko's technique: leukocytes - 6 thousand in 1 ml; erythrocytes - 200 in 1 ml; leukocytic cylinders - 0-1 in 1 ml.

MUSCULOSKELETAL SYSTEM. Fluorography of the spine: Osteochondrosis C6-C7; L2-L3-L4.

Overall, obtained results permit authors to note the speed and quality of the Iridodiagnostic method with respect to the whole organism as well as separate organs, and a system that enables patients to receive further targeted examination and treatment.

REFERENCES

1. Velchover E.S. Clinical iridology: Monography. – M. Orbita 1992. – 432 pp. with illustrations. Color appendix 48 pp.
2. Iridodiagnosics / E.S. Velchover, N.B. Shulpina, Z.A. Alyeva, F.N. Romashov – M.: Medicine, 1988 – 240 pp.
3. Potebnya G.P., Lisovenko G.S., Krivenko V.V., Clinical and experimental iridology. – Kiev: Naukova Dumka. 1995 – 254 pp.
4. Iridodiagnosics and its meaning to fitotherapy / Krivenko V.V., Potrebnya G.P. – Kiev: Naukova Dumka, 1988 – 112 pp.
5. Petenko O.V., Grechishnikova N.I. Practical guide for Iridodiagnosics. Part 1. (General Iridodiagnosics) – D.: Irfon, 1991 – 300 pp.
6. Filipova N.A., Pesonina S.P. Iridodiagnosics in homeopathy SPb: “Homeopathic Centre”, 2000 – 184 pp.
7. First Ukrainian Conference – folk medicine and ways to advance it; conference materials in 2 volumes / UAFM, MI UAFM. – K., 1994 – Volume 1. – 115 pp.
8. Third Ukrainian Scientifico-Practical conference on folk and nontraditional medicine: conference materials in 2 volumes / UAFM, MI UAFM. – K., 1998. – Volume 1. – 249 pp.
9. Fourth Ukrainian Scientifico-Practical conference on folk and nontraditional medicine: Collection of scientific works, MI UAFM. – K.: “Intermed”, 2002. – 447 pp.