

Embryology & Iridology
New Research in Iridology with an emphasis on the endocrine system

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The study of embryology linked to Iridology has provided us with a new topographical perspective – new charts within the iris – based on research and clinical application. We have found that this new topography has provided Iridology with a greater degree of diagnostic and analytical accuracy and has answered many controversial questions. The combined result of research on the same premise, but conducted in different countries, was presented in Italy in May 2004. A co-authored book on *Embryology & Iridology - New Topographical Research* will be available this year.

With the new study and practical application of the embryological topography we are examining the area between the internal border of the collarette and the pupil for a physical & emotional embryological projection of organs and glands.

From the study of the endocrine system in Iridology we know that 93% of the time pathologies with the endocrine system have their signs or markers attached to the external border of the collarette – it will be the first area of analysis for concerns the patient may have with the Hypothalamus, Anterior pituitary, Pineal, Posterior Pituitary, Pancreas, Thyroid, Ovaries, Adrenals, Testes, Uterus and even the endocrine role of the liver. All of these subjects are covered in detail, based on Iridology research, in the new book *Endocrinology & Iridology* by John Andrews.

With the incorporation of an embryological understanding and also a thorough and expanding base of knowledge on the Inner Pupillary Border (IPB) and its many structures – we are able to fine tune and clarify our assessment in Iridology with greater accuracy, improved priority and enhanced confidence. Indeed, with the integration of new, embryological topography of organs & glands it is easier to identify problems with the breast (where classically the ciliary iris can remain “silent”), ovaries, liver and also the Hypothalamus. The identification of the function and regulatory ability of the Hypothalamus is essential for any approach in health, but is especially pertinent in Iridology.

If we have a sign for the hypothalamus at 360° in either iris between the pupil & collarette – then this takes the Iridologist's priority and it will have enormous consequences and influence for the patient. It has a profound influence and resultant impaired adaptability covering a spectrum of different facets involving the -

- Endocrine System
- Immune System
- Gastrointestinal endocrinology
- Embryology
- Psychoneuroendocrinology (PNEI)

When we introduce the notion and accepted medical reality that our health and balance are dependent on the balance of the endocrine system, we can begin to see the importance of combining the:

- Research on the collarette & endocrine identification
- New Embryological Topography & the endocrine system
- IPB Topography & Morphological Structures
- Immune System identification & the iris
- Emotional Dynamics of the Collarette

With this combined – advanced, yet practical approach we have improved accuracy of assessment plus clarity from the practitioner's and technological perspectives with:

- Current & Previous Personal Medical History
- Genetic & Environmental Medical History
- PNEI dynamics of an individual and their causes – both on a personal and genetic level
- Epigenetics & the iris

These new approaches in Iridology are part of the way forward towards a greater scientific acceptance, plus an improvement in clinical terms of understanding the patient and their own essence. We have advanced what we can see within the iris, pupil & IPB at such velocity over the last ten years' and with increasing advances in technology this work is vital and will develop and branch out – but the foundation remains and the main priority of any iridologist is to understand the patient and help to return to or maintain health.

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