

INSTITUTE OF CURRENT WORLD AFFAIRS

ATW-18

Reading the Windows of the Soul - I

New York, New York

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Mr. Richard H. Nolte
Institute of Current World Affairs
535 Fifth Avenue
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Dear Mr. Nolte:

Iridology is a system of diagnosis of illness based on observation of the human iris. The iris is the colored part of the eye surrounding the pupil; it is named for the rainbow goddess of the ancient Greeks, who, along with Hermes, carried messages from Olympus to earth. Although iridology has been around for over a hundred years, it remains an unorthodox science, not only unused by medical doctors but even unknown to most of them.

A delightful story about the origin of iridology is that the initial discovery was made by a ten-year-old boy, who while playing with a pet owl accidentally broke one of its legs. Soon after, he noticed the appearance of a dark stripe in the lower region of the owl's iris on the same side of the body as the injury -- a change that regressed as the leg healed. That event took place near Budapest, Hungary, and the boy, Ignatz von Peczely, grew up to become a medical doctor. Intrigued by his chance observation, he continued to look at irises, first of owls (easy) and then of people (harder), and eventually was able to establish a map correlating different areas of the body with specific parts of the iris. His first book on the subject was published in 1866. At about the same time, working independently, a Swedish homeopath named Nils Liljequist also discovered the principles of iris diagnosis. His writings were translated into English as a two-volume work, Diagnosis From the Eye, and it was

he who first brought iridology to America.

Over the years, these early discoveries were refined by an unbroken line of practitioners following the precepts of von Peczely and Liljequist. Almost always these men adhered to systems other than allopathy (orthodox Western medicine). For example, in the United States iridology is used, when at all, mainly by chiropractors and naturopaths. Very few graduates of orthodox medical schools have even heard of it.

I came across iridology first by reading unorthodox literature on health, then by running into someone who had had his irises read, and finally by meeting last month a real live iridologist who practices in Fairfax, California, north of San Francisco. Since then I have read a textbook of iridology, have looked at a number of irises, and have tried to put this new knowledge together with some of what I know from my orthodox medical training.

I am not able to say at this writing just how accurate iris diagnosis is compared, say, to the standard methods of physical examination and laboratory work. I do not have enough practical experience with iridology, and I am sure that skill with it, like skill at any diagnostic method, comes from practice alone. But I am now well-grounded in the theory of the system, and I can say something about that.

The basic postulate of iridology is that all disease changes in the human body are reflected in the iris and can be read there by one who knows the signs. To analyze this assumption we can begin by noting that the iris is an organ made up of layers of different tissue, the bulk of which is muscle. There is a dark pigment layer deepest down, and a vascular layer that is more superficial, but most of the structures we see on looking at an iris are muscle fibers arranged circumferentially and radially around the pupil. The job of these muscles is to regulate the size of the pupil.

There is no question that our muscles live in intimate balance with our nervous systems. Muscles are literally nourished by nerves: if their nerve supplies are interrupted, muscle fibers

wither and die. The state of our nervous system is revealed in the state of our muscles.

This simple idea, taken as truth by the most orthodox physiologists, ought to have important implications for medicine. For one thing, the nervous system regulates every aspect of bodily function. There is no cell in the body that is not under the direct influence of nerves and through them, of consciousness. Therefore, we ought to ^{be} able to tell things about our bodies, our minds, and the relations between them by observing our muscles. That orthodox medicine has never pursued this line of inquiry is a consequence, I think, of two problems, one theoretical, one practical.

The theory of orthodox medicine (what there is of it) does not look at wholes like concepts of "vital energy" or mind-body interrelationships; instead, it concentrates on isolated mechanisms. The allopath sees muscles as an isolated system subject to certain specific diseases (like muscular dystrophy); he does not see them as an interface between mind and body in the whole organism. Wilhelm Reich, the great Freudian heretic who did pioneer work on the energy relationships between psyche and soma insisted that psychological problems were manifested in physical ways, particularly by chronic muscular tension ("armoring"), and that they were susceptible to physical as well as psychological interventions. This insistence led to his ostracism from orthodox Freudian circles.

Reich has been dead 15 years, but his fame continues to grow and his influence is now felt in many diverse systems of therapy. For example, Rolfing, an immensely popular technique of deep massage developed by Ida Rolf is directly in the Reichian tradition. It is designed to restructure personality and body by working with the attachments of muscles to bones and by identifying and breaking up points of resistance in muscles that are believed to be physical correlates of painful experiences repressed into the unconscious. It seems to work for many persons. As I have learned more about Rolfing and other types of massage,

I am astonished that my medical education included not a single word on this vast subject. By contrast, many non-allopathic systems (like classical Chinese medicine) place great emphasis on muscular manipulation -- not simply as a method of alleviating symptoms in specific muscles but as a means of affecting general physical and mental processes.

But even systems that admit the theoretical possibility of using the muscles to understand the rest of the body face a practical difficulty: muscles are manipulable but they are not directly observable. The tongue and anal sphincter are the only visible muscular organs, and their fibers are hidden beneath coverings of epithelial tissue. For this reason the iris has a special claim for attention. It lies just beneath the cornea, the transparent window that admits light to the eye, and thus is the only muscle that can be observed directly. Moreover, as an integral part of the eye, the iris is even more special because the eye is a direct extension of the brain. Of all visible parts of the body, the iris alone affords a glimpse into our innermost workings. The term "window of the soul" seems very appropriate, as does the name Iris, the messenger of the gods.

It makes sense to me to think that all parts of the body are reflected in each part, that the state of the whole can be read in any part if one knows how to do it. Even an orthodox physician knows that every cell contains the entire DNA code that has produced the whole body, and that every organ is linked to every other organ through the nervous system. I have seen a Mexican woman make extremely sophisticated diagnoses by observing only hands. Acupuncturists can do the same by measuring pulses with great precision. If one could diagnose simply by looking at a visible structure, there would be no need to explore surgically or even take blood from veins. Therefore the possibility of seeing in the iris conditions in the rest of the body is exciting. In the next letter I will describe a technique of doing that.

Sincerely yours,

A handwritten signature in cursive script that reads "Andrew J. Weil". The signature is written in dark ink and is positioned below the typed name.