



IIPA

INTERNATIONAL IRIDOLOGY
PRACTITIONERS ASSOCIATION

IIPA Level III

Pigments and Eye Color by Toni Miller

Toni Miller

Age is just a number

Toni Miller

Integrated Iridologist, Naturopath, Herbalist



STUDY EMOTIONAL IRIDOLOGY WITH TONI MILLER



Emotional Interpretation of Physical signs in the iris

Up to 80% of all illness is triggered by emotional stress. Discover the emotional links between health and disease identified from the iris. Be amazed by what you discover about your clients and yourself in this amazing journey of recovery!

IIPA sanctioned



When the student is ready, the teacher arrives.

- Toni is Australia's leading iridology researcher and teacher. She has lectured nationally and internationally at many iridology conferences from her own personal research in iridology.
- Some of her research involves a discovery of unique iris indicators including a sclera sign signifying a potential skin cancer risk. This information was based on many case studies and patterns related in the iris.
- Today, Toni continues to teach, lecture and research and still devotes her time to IIPA as a member of the IIPA Board of Directors in 2016.

Pigments and Eye Color



Pigments and eye colour

Toni Miller ND DHM MII CCII Irid. Fellow



Pigmentation

One of the most notable features in the iris is pigment

Iris pigment



- Is one of the most controversial topics in Iridology
- Do you feel confident discussing this topic?
- Do you know how to answer nay sayers?

Iris pigment



- Is one of the most controversial topics in Iridology
- Do you feel confident discussing this topic?
- Do you know how to answer nay sayers?

- Can you explain what the colours mean?
- Are you up to date on current findings?

Colour of pigment

What are the influencing factors?

Iris Colour

Three primary colours.



Iris Colour

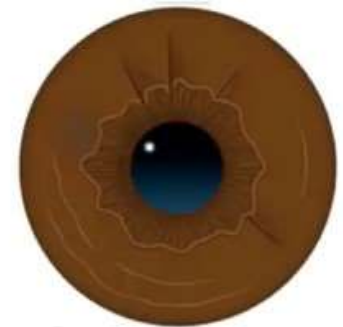
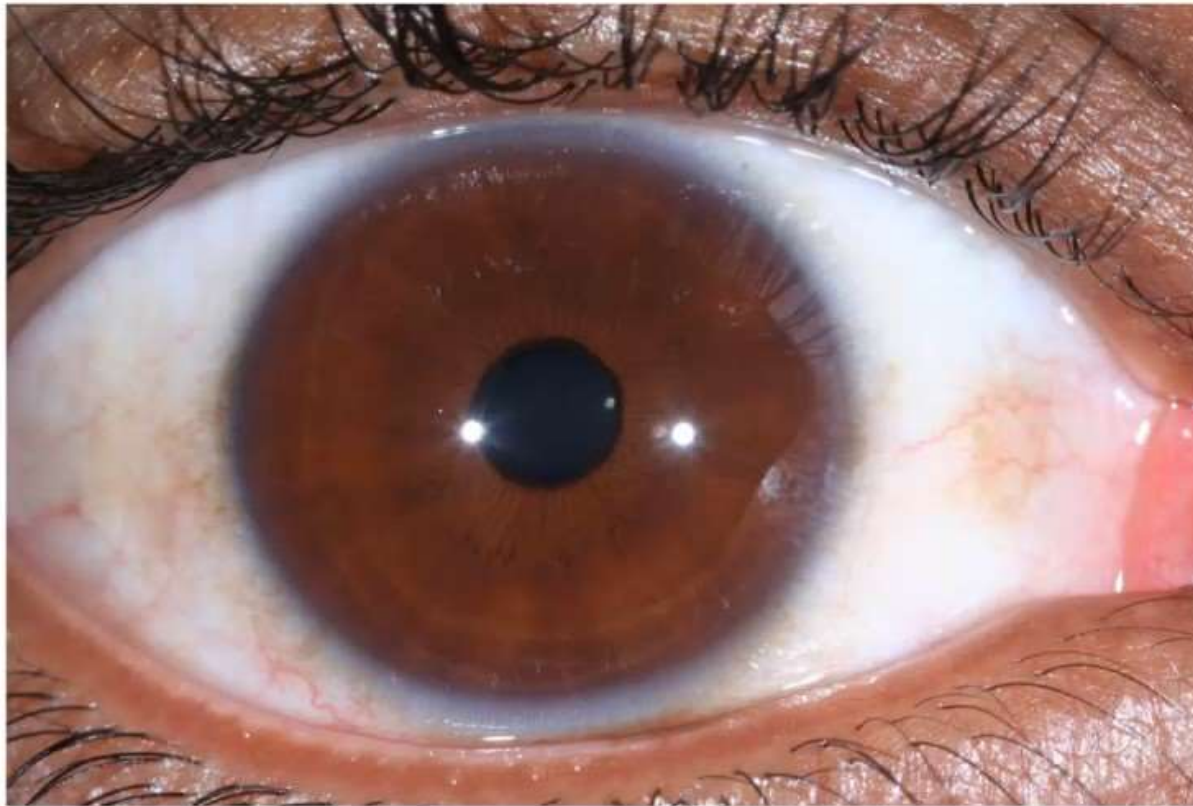
Three primary colours.

- Brown
- Blue
- Mixed

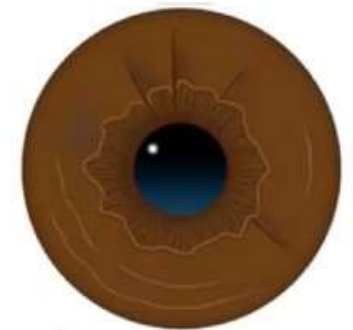
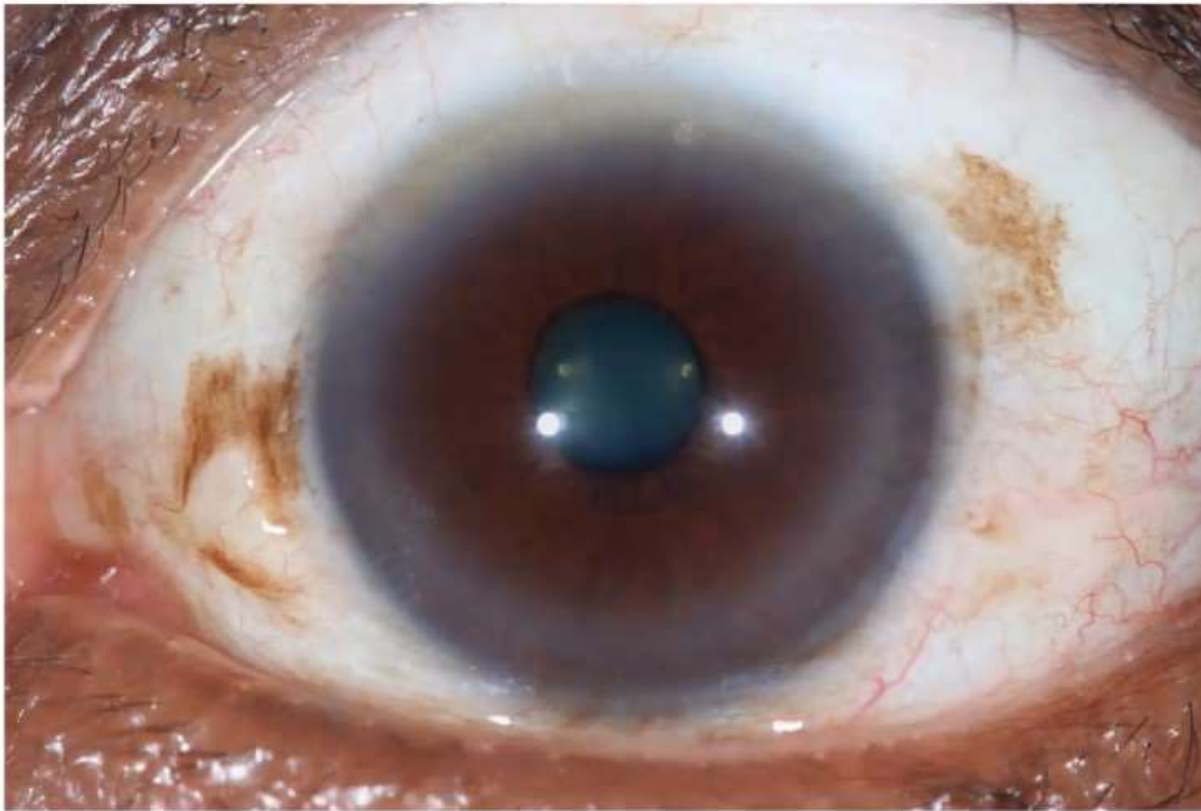
Iris colour is constitutional.



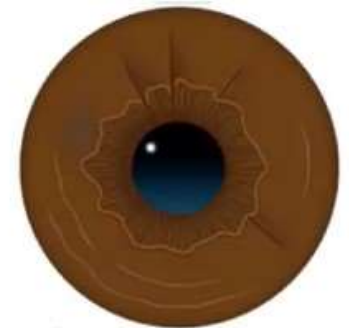
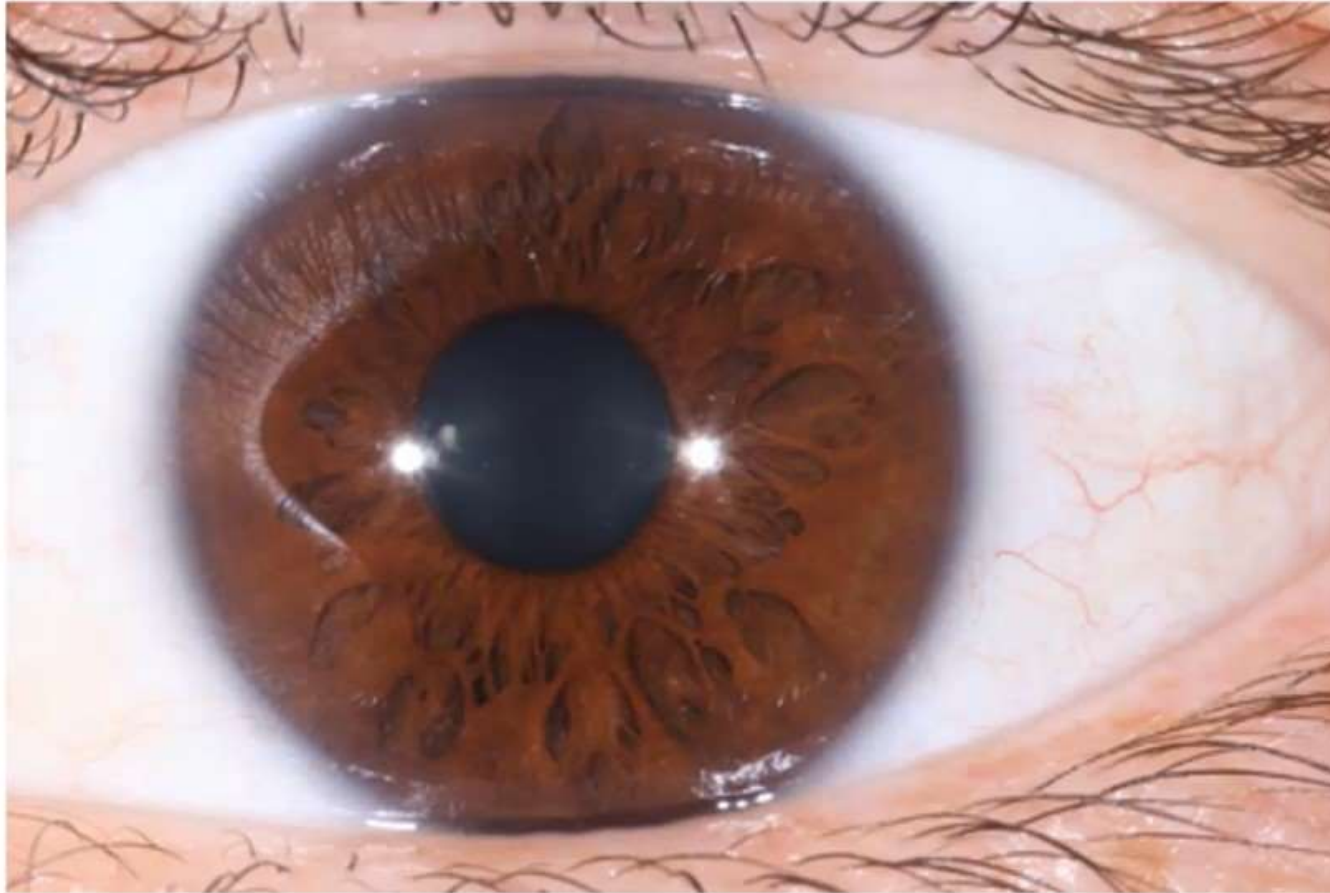
Hematogenous colour



Hematogenous colour



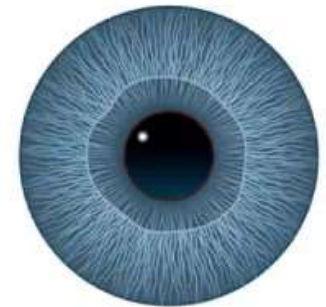
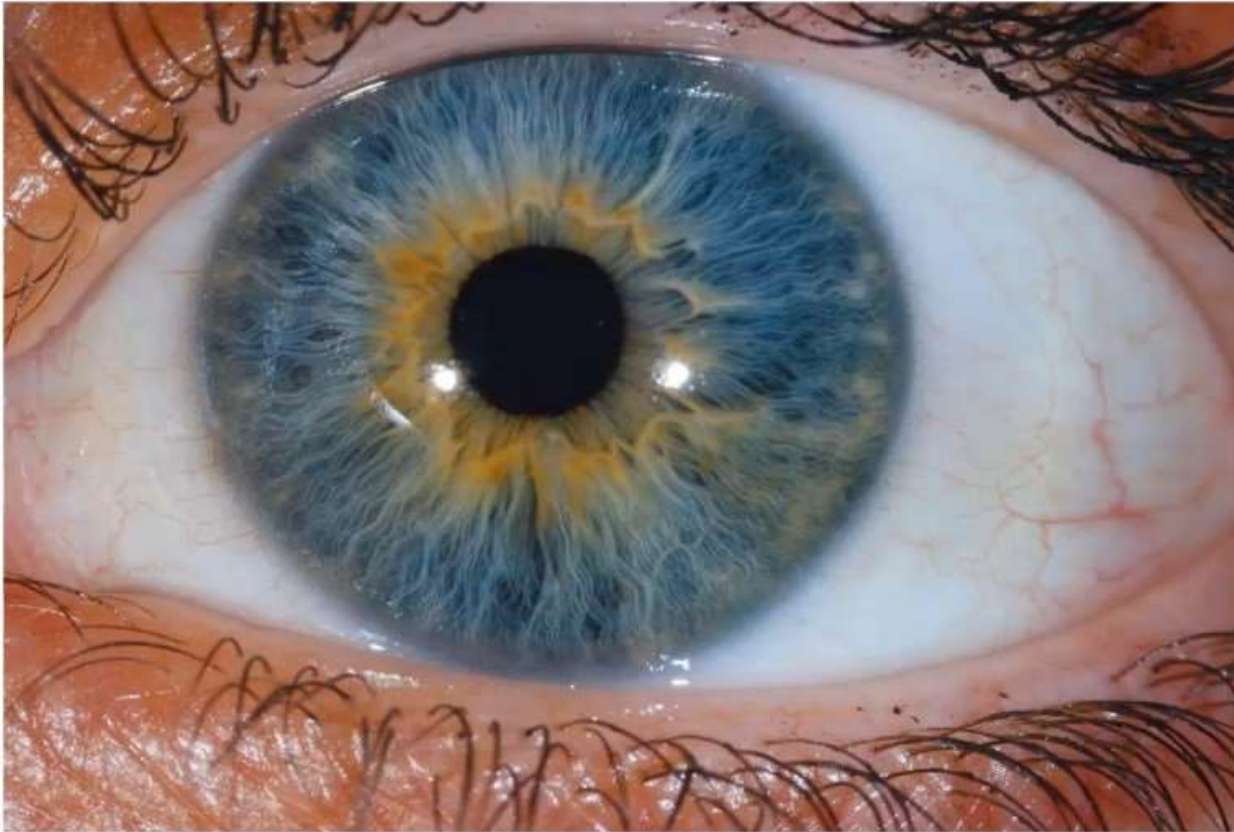
Hematogenic colour



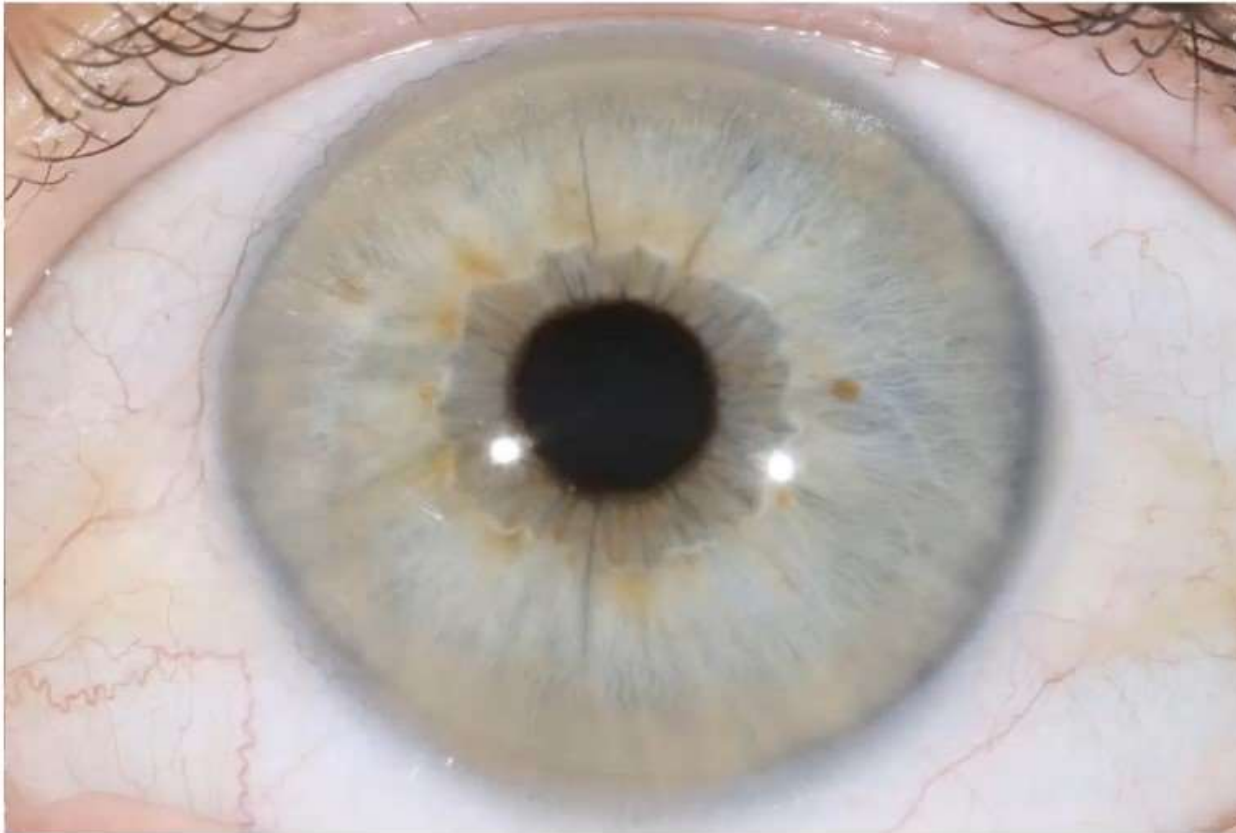
Lymphatic colour



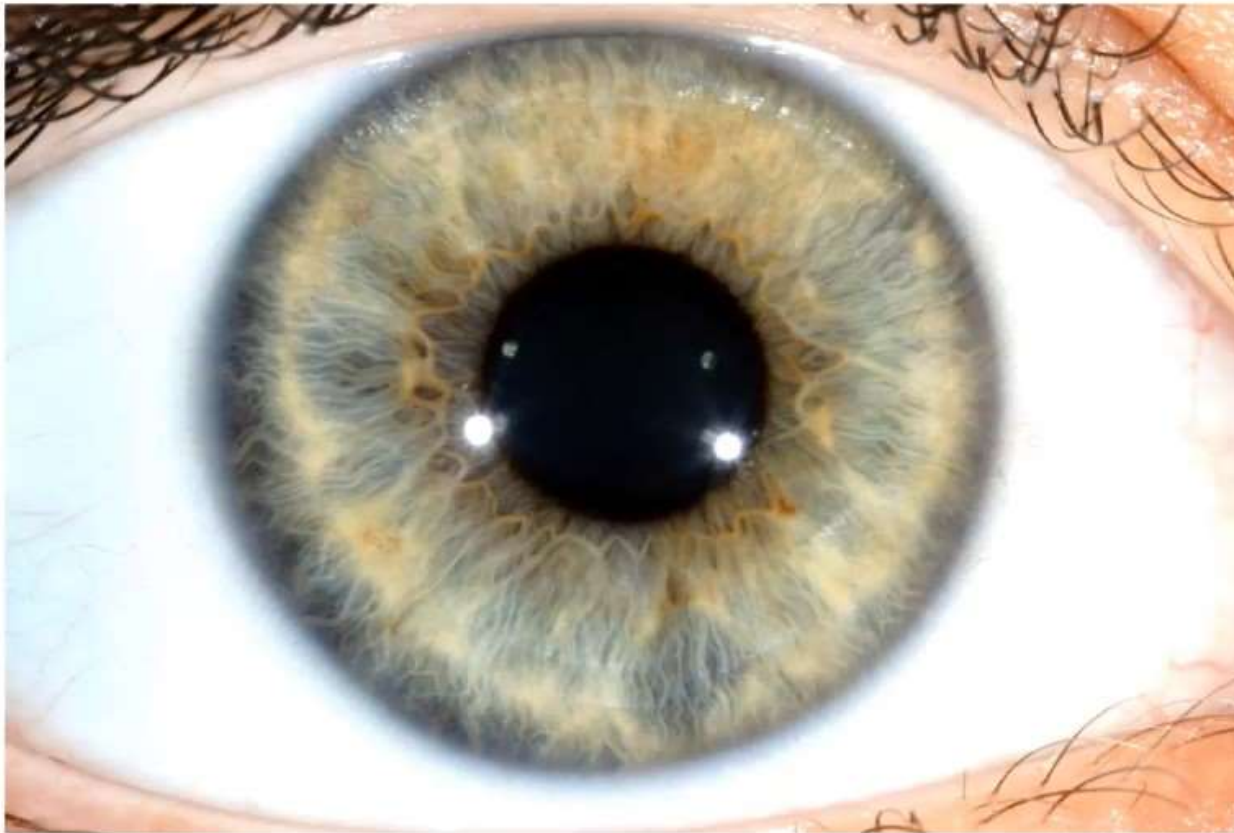
Lymphatic colour



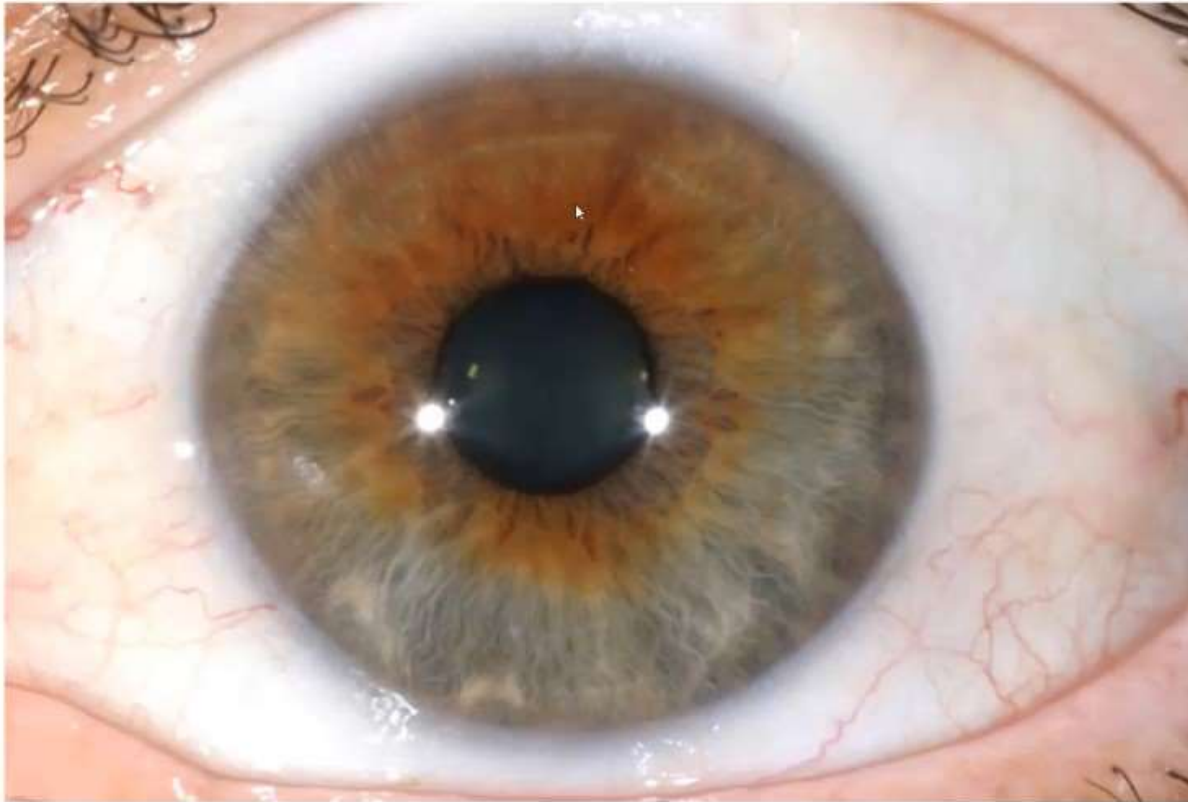
Lymphatic colour



Lymphatic colour



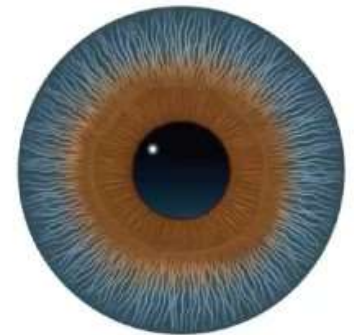
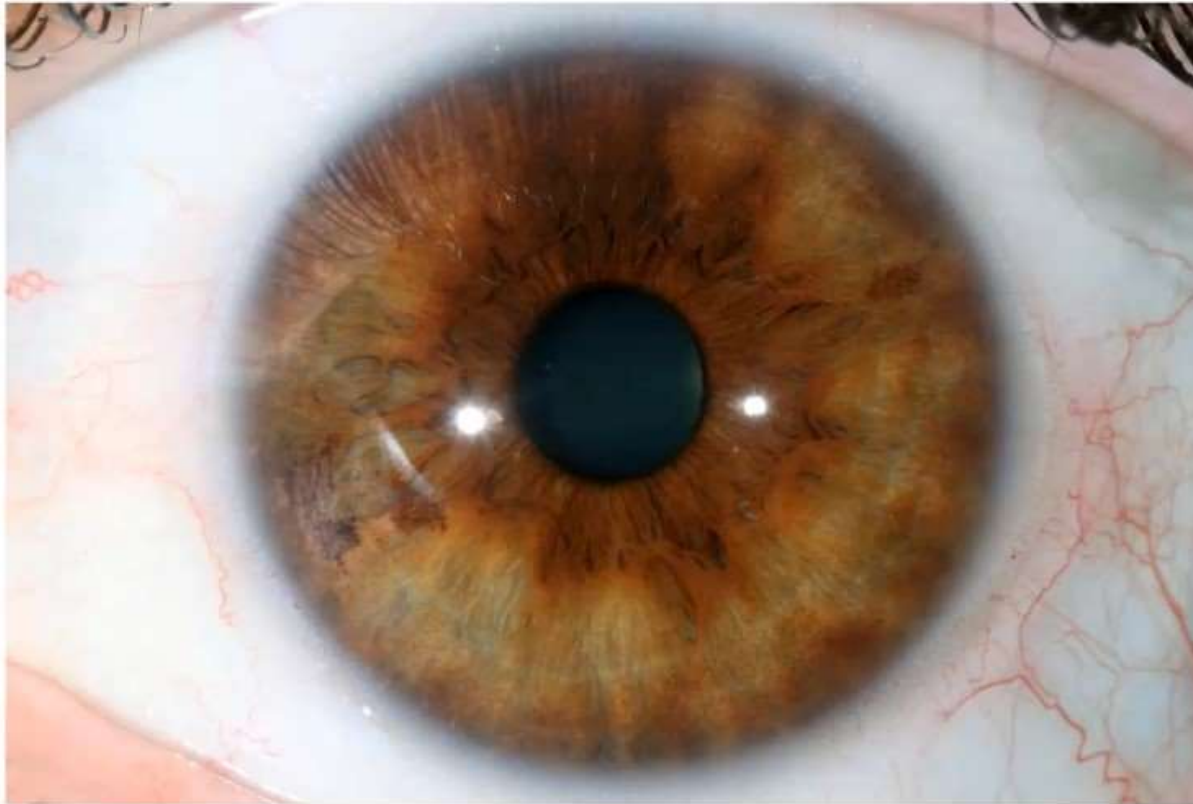
Mixed colour



Mixed colour



Mixed colour



Mixed colour

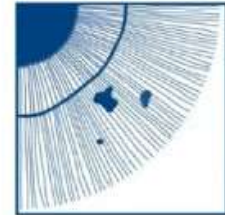




Secondary Pigments

Iris sign: Random flecks of colour throughout the iris. These colours include various shades of brown, yellow, orange and black. AKA psoric spots, miasms, nevi or toxic spots.

Indication: Pigments should be considered in the context of location, colour and number.



A solitary pigment is always more significant than multiple examples. **Less is more!**

"The Integrated Iridology Textbook"
by toni Miller page 204.

Colour of secondary pigments



Can be used to determine

- the origin
- Influenced organ

Pigmentation

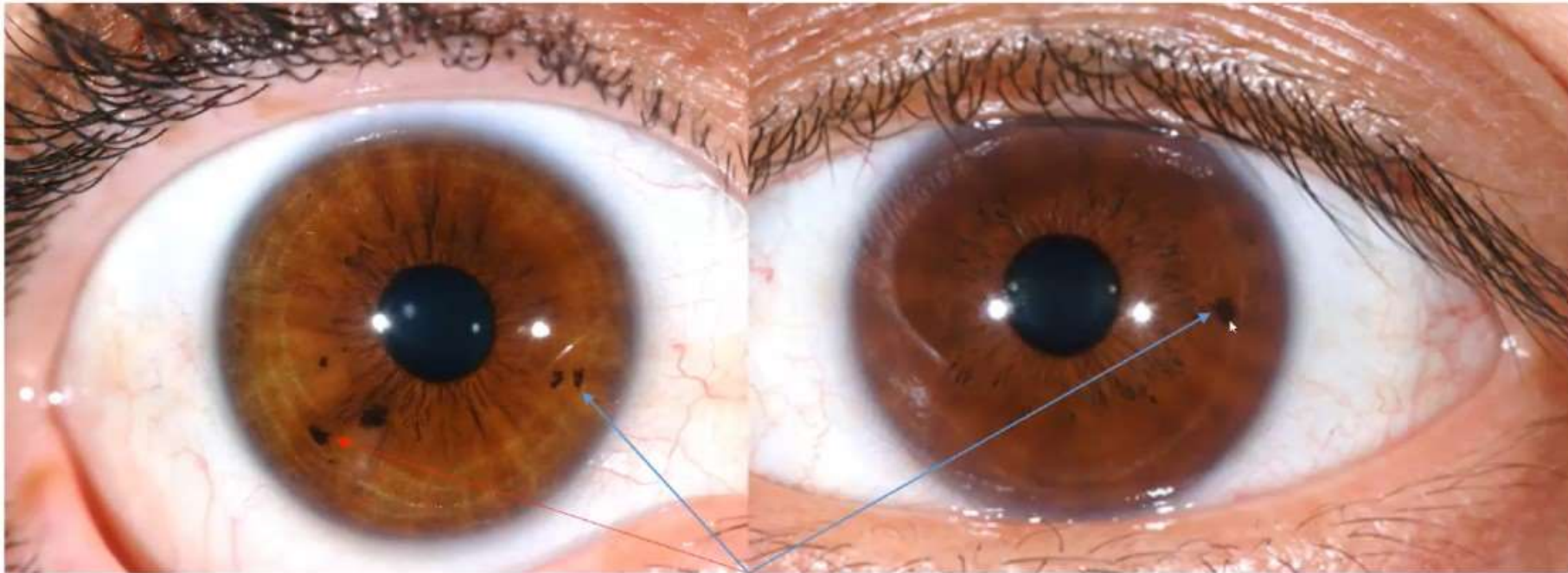


Topostabile refers to a pigment in the reflex area of the generating organ.

Topolabile refers to a pigment in a reflex area other than the generating organ.



Topostabile Liver pigment and
Topolabile liver pigment: spine and lung reflex





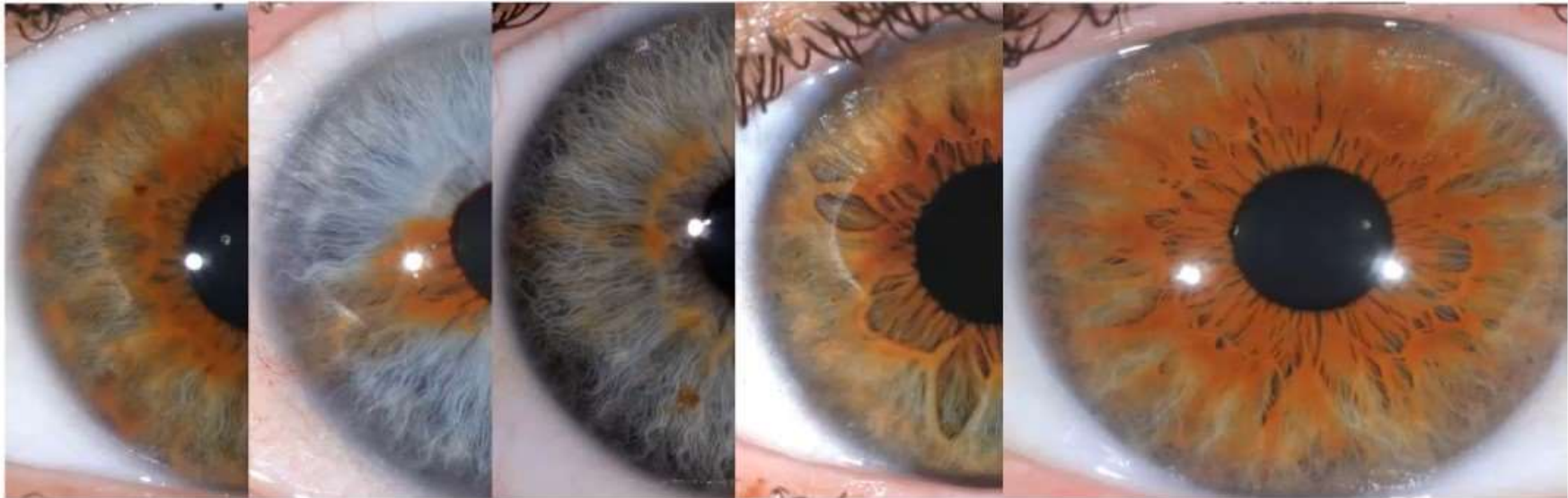
Pigment colour

Is it inside or outside of the collarette?

Yellow – Kidneys



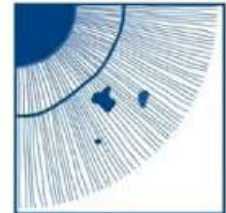
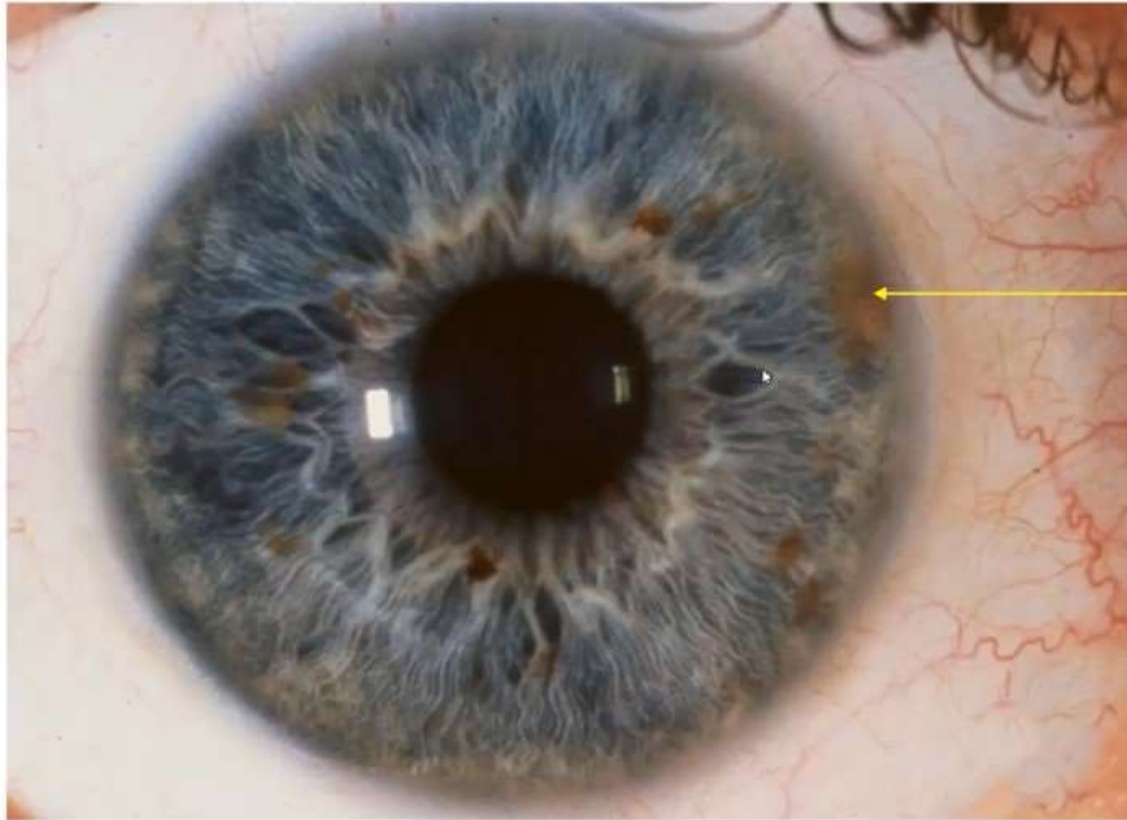
Orange – Pancreas



Brown – Liver



Transparent brown





Secondary Pigments

An interesting fact regarding secondary pigments is that less than 5% of children under 5 have them.

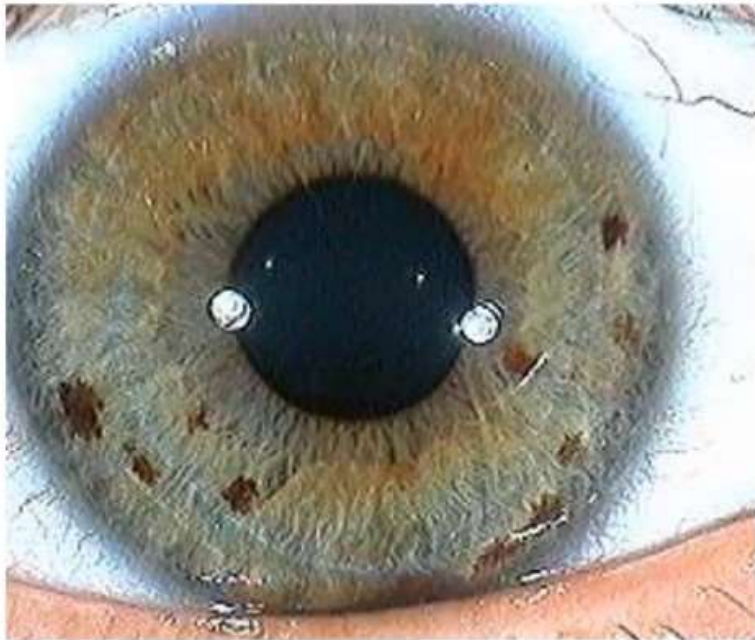
Yet a huge percentage of adults have them

Pigments accumulate with age.



"The Integrated Iridology Textbook"
by toni Miller page 204.

Pigmentation accumulates



April 1998



April 2018

Secondary Pigments



Pigments have been observed to develop after physical injury or exposure to noxious chemicals.

Secondary pigments are a multi-dimensional sign.

Pigment can indicate activation of a disposition. These are called perifocal pigments



Pigments can be trans-generational.

"The Integrated Iridology Textbook"
by Toni Miller page 204.

Trans generational pigment



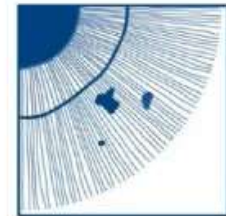
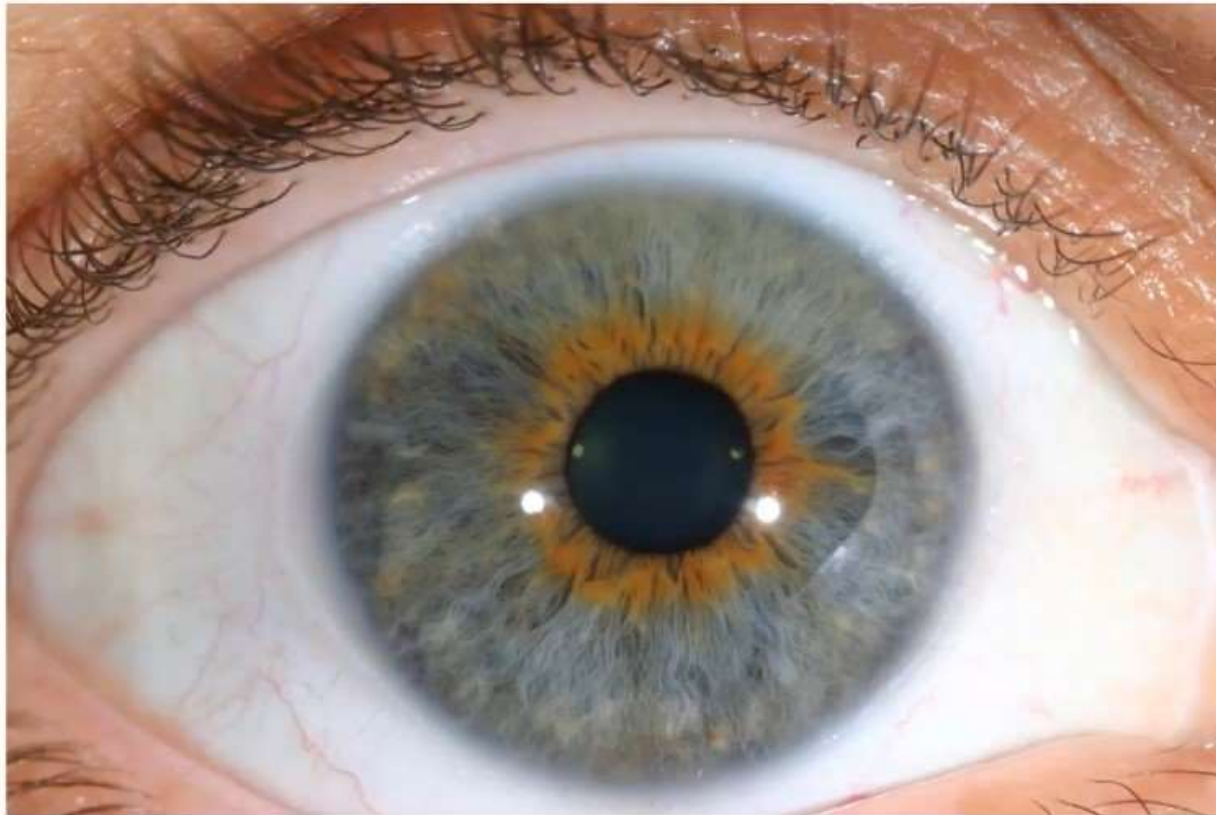


Orange pigment

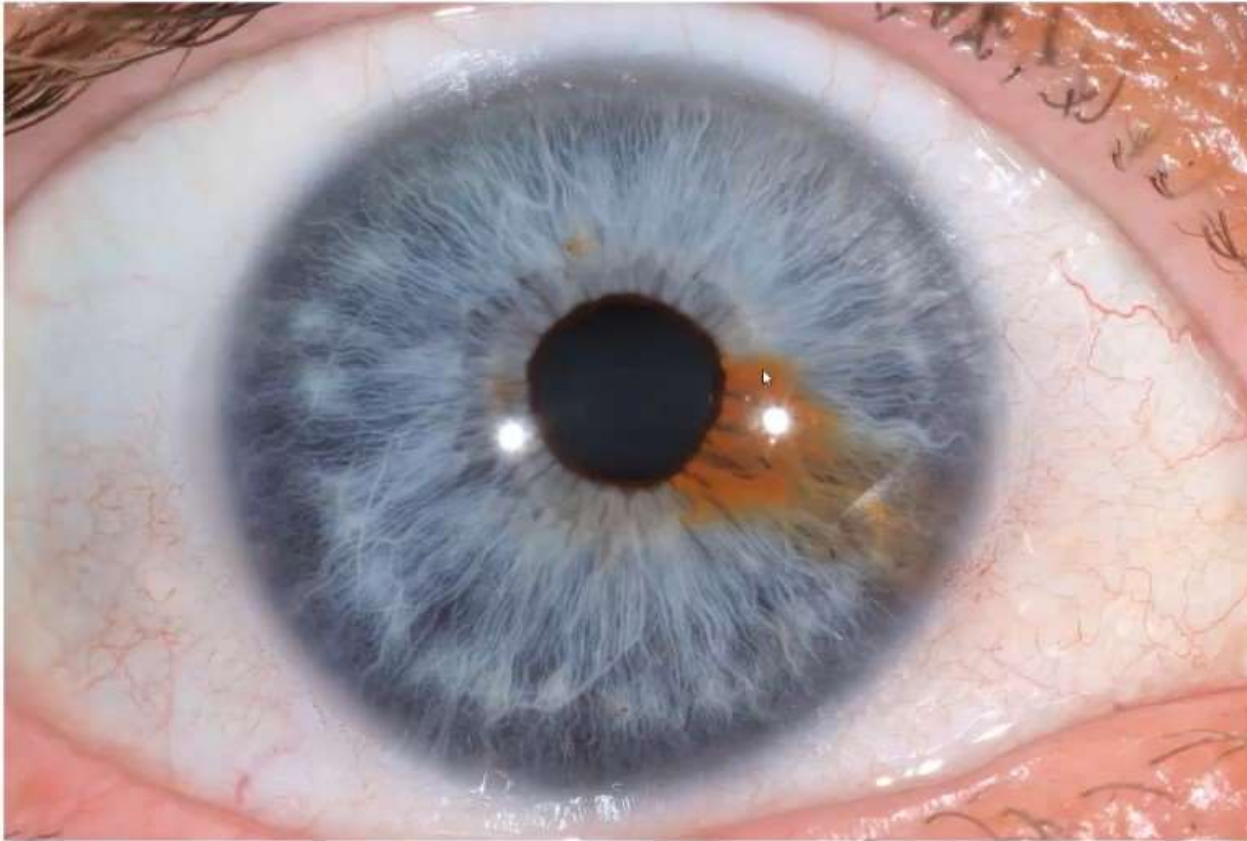
Check location

A decorative horizontal bar at the bottom of the slide, consisting of a green section on the left and a blue section on the right.

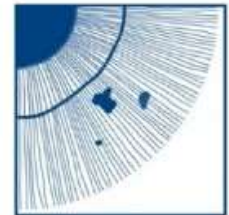
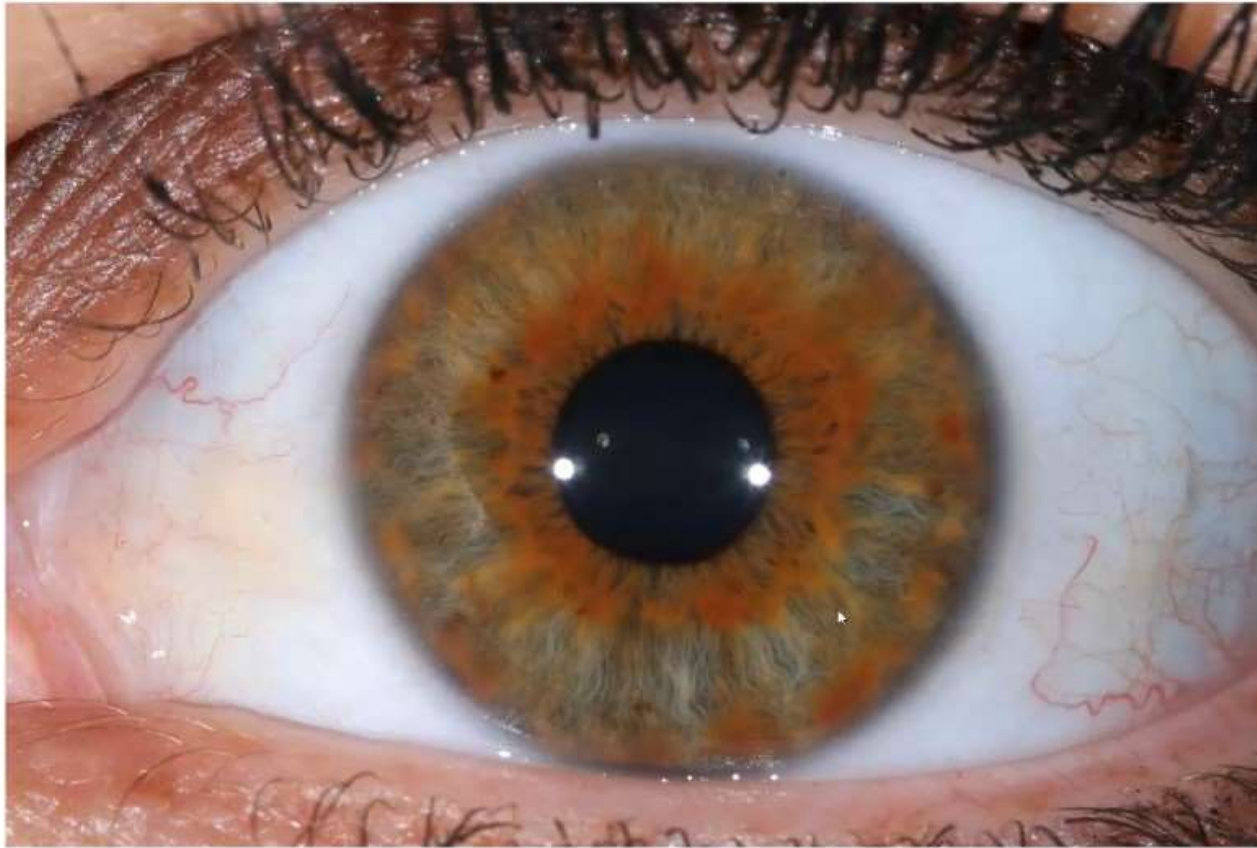
Orange



Orange



Orange



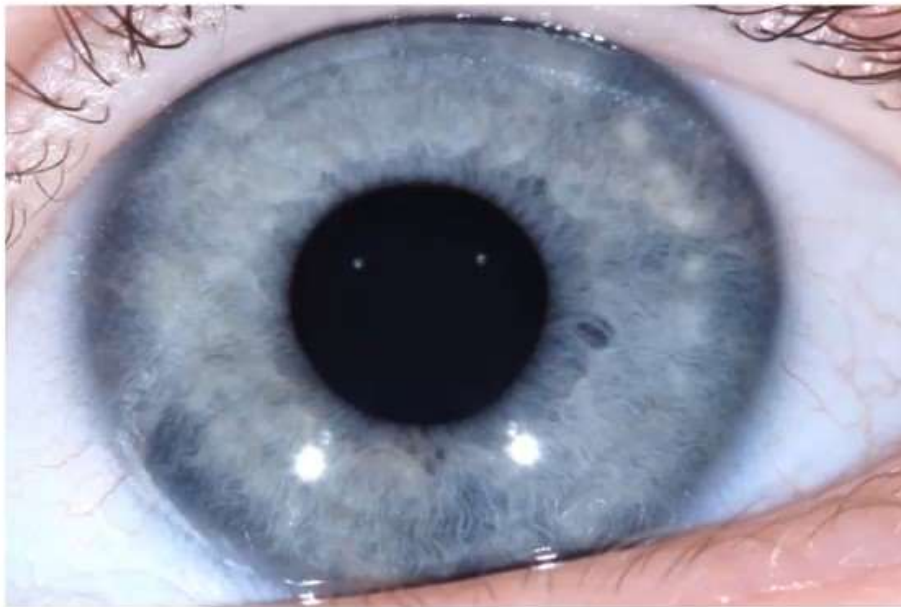


Yellow pigment

Ranging from light to darker yellow

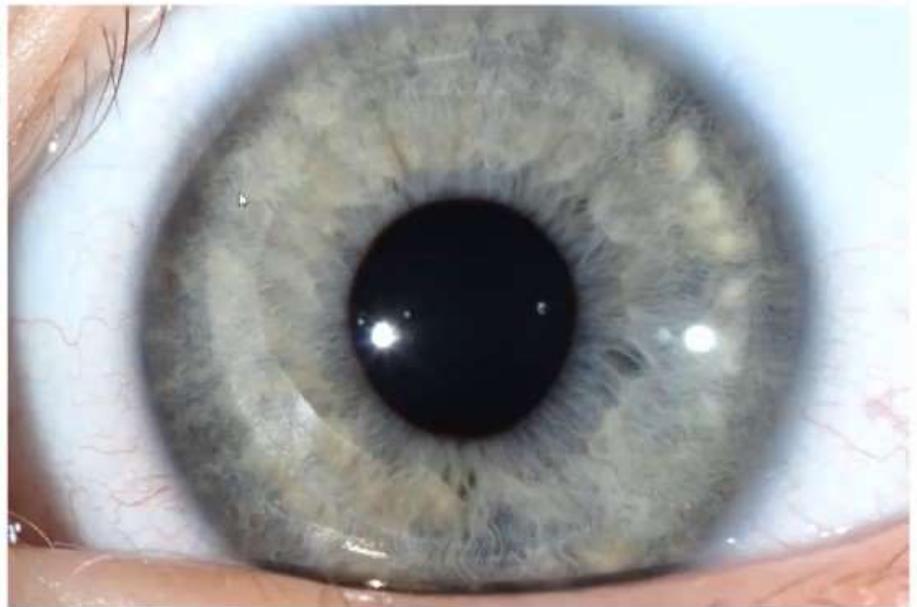
A decorative horizontal bar at the bottom of the slide, consisting of a green section on the left and a blue section on the right.

16 months – 42 months



16 months

–

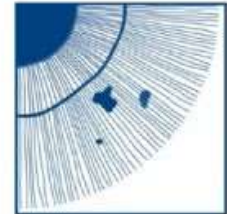


42 months

Straw Yellow - Urosein



Yellow sinus region



Straw yellow and ochre





Secondary pigments

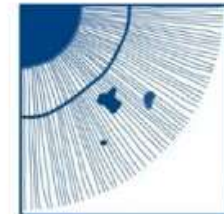
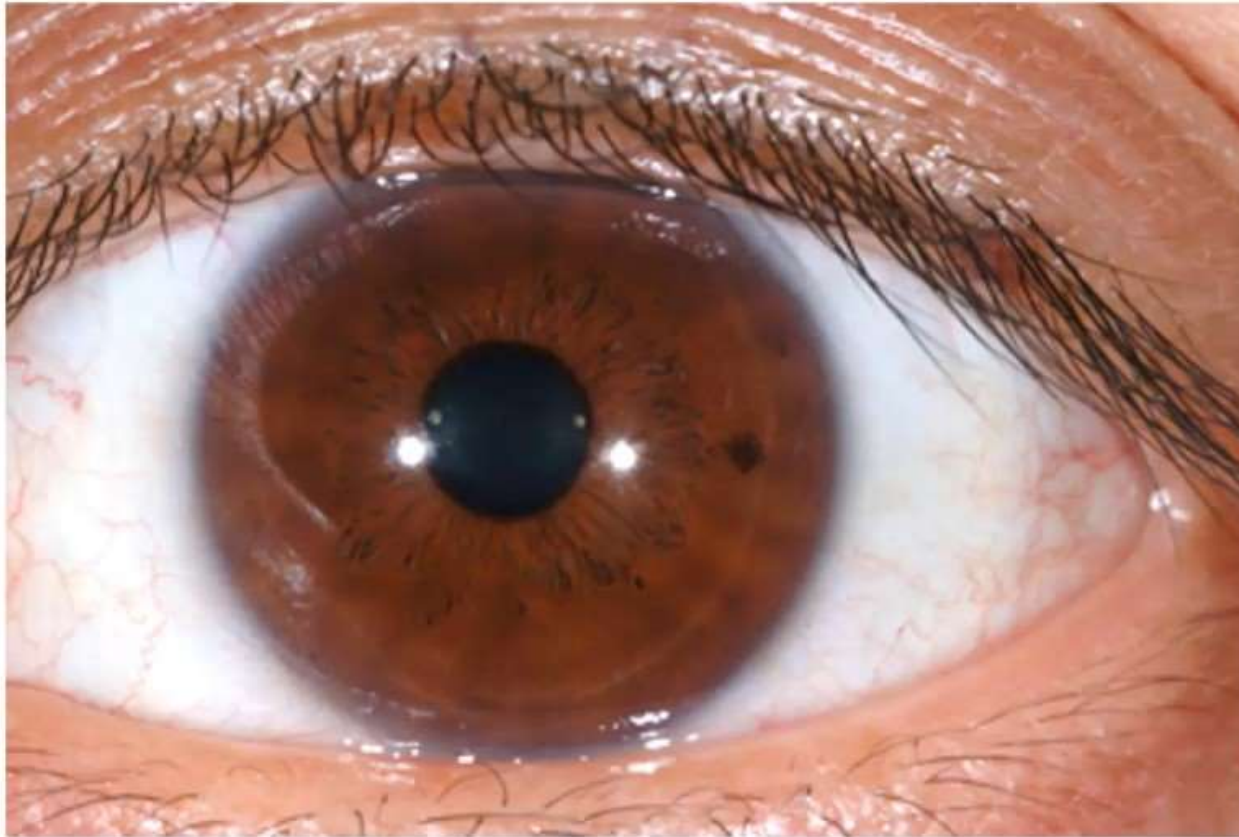
Number and location



Multiple melanin pigments



Pigment – less is more



Perifocal pigment



A disposition to fibrocystic breast disease is common in women with lymphatic topi.

Perifocal pigment on a topi can indicate activation of the disposition.



Heterochromia

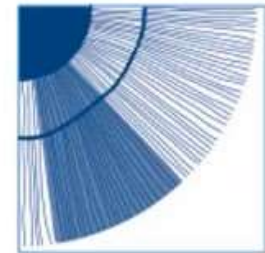
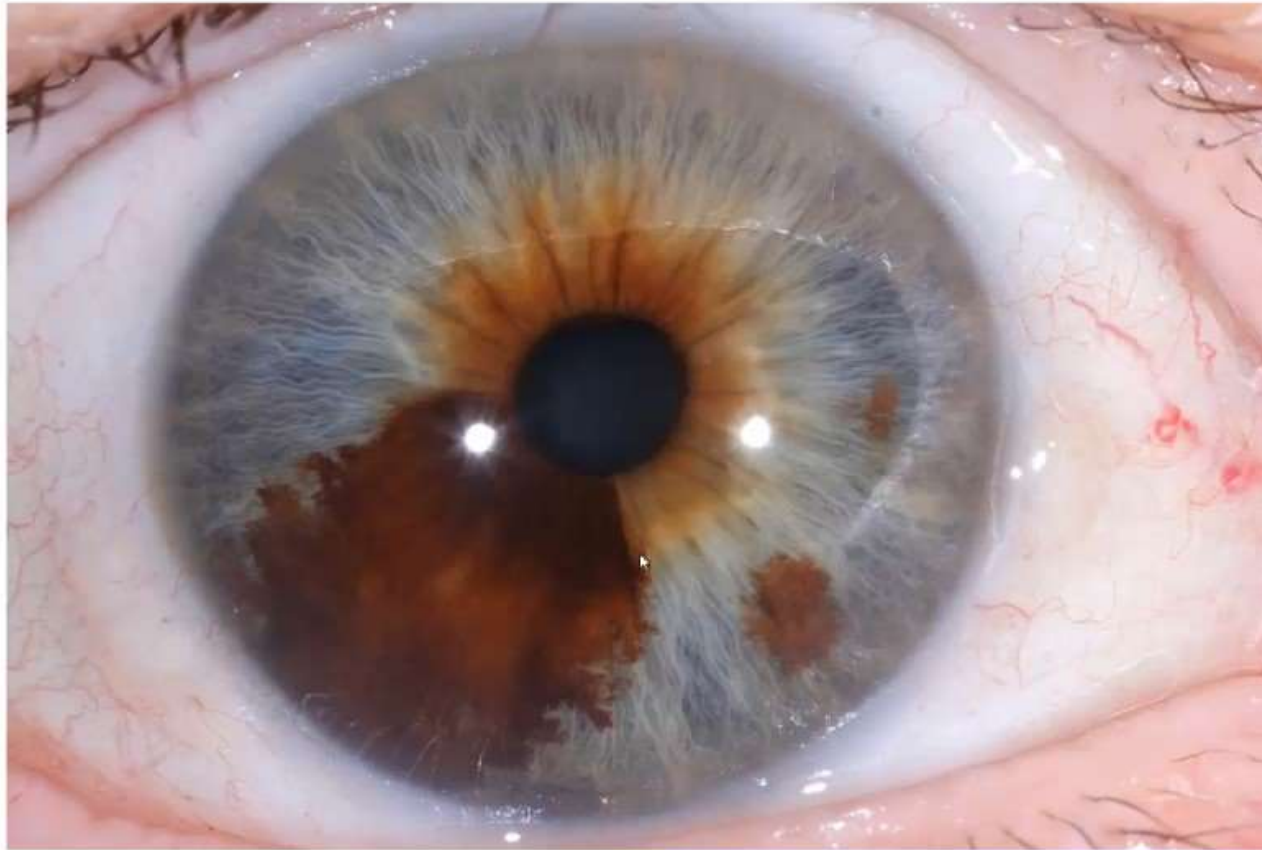
Extra colour

A decorative horizontal bar at the bottom of the slide, consisting of a green section on the left and a blue section on the right.

Central heterochromia



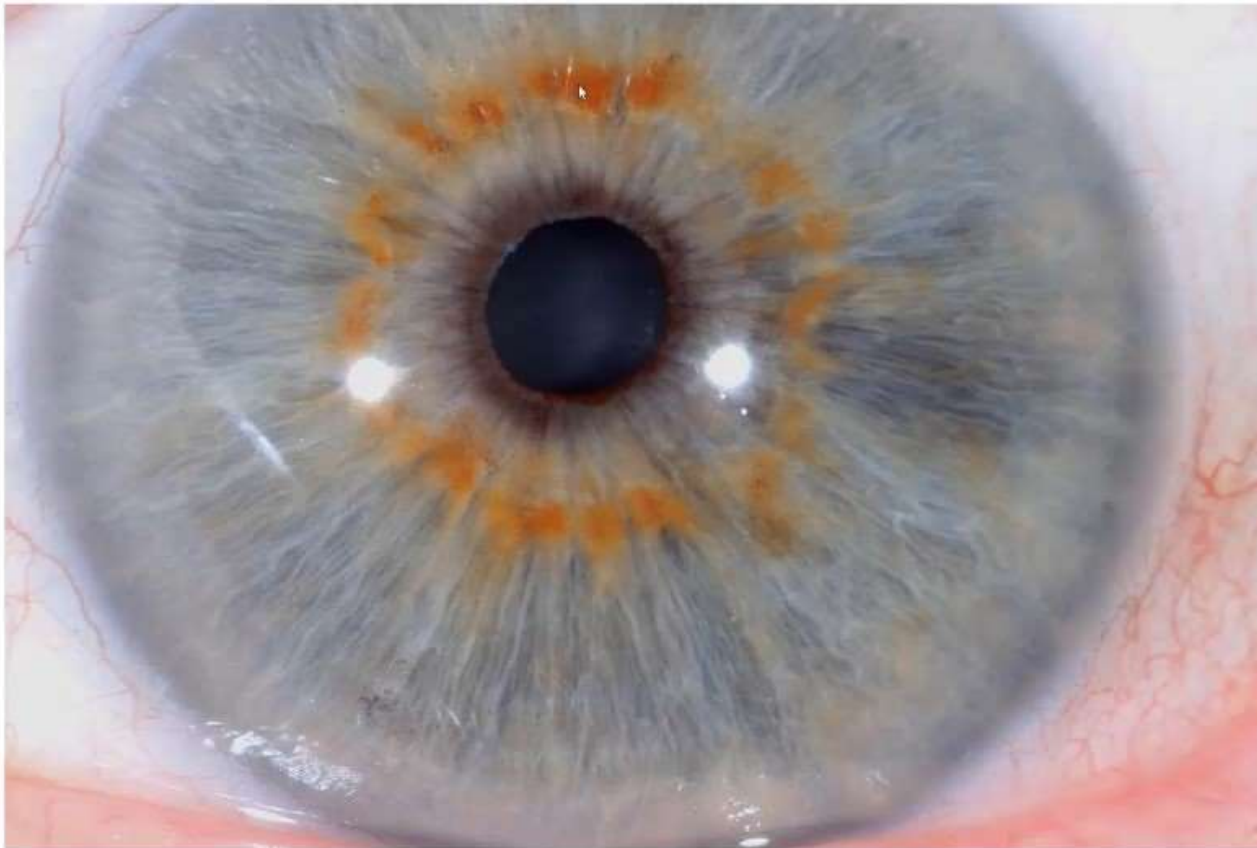
Sectoral heterochromia



Pupillary heterochromia



Collarette heterochromia



Summary of pigmentation

- Primary colour is genetic- brown, blue, mixed
- Secondary pigments accumulate with age
- Pigments can be personal or transgenerational
- Pigments can be linked to your familial history
- A single pigment is often more significant
- Perifocal pigment is a primary indicator
- Pigments can be multi-dimensional

- Pigments AKA jewels



Summary of pigmentation



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Pigmentation is permanent!

Summary of pigmentation



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Pig
There is always
more to learn!

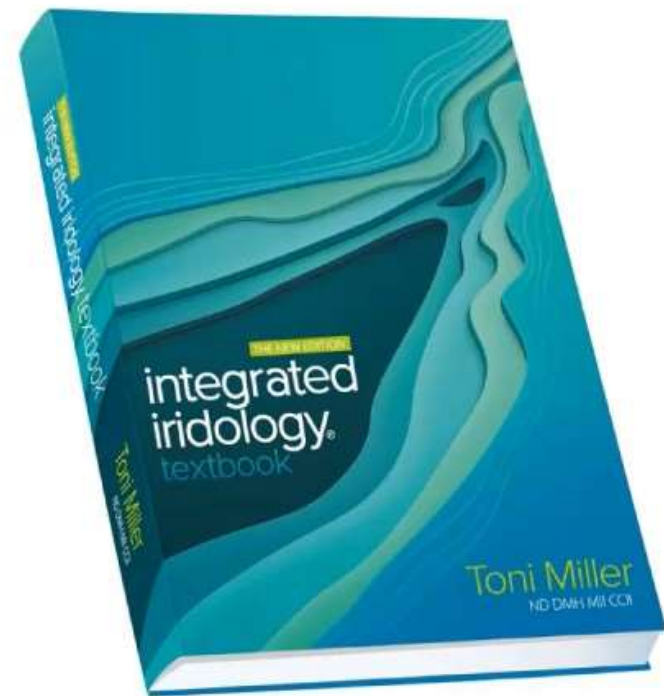


Reference

Two whole chapters on pigments / heterochromia
46 beautiful images with detailed explanations of 26 variants.

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Pigmentation in the gastro intestinal tract

The significance of colour in the G.I.T.

THE DIGESTIVE ZONE: is located between the pupil border and the collarette. This area involves the stomach and the intestines. Colours in the digestive zone can indicate a variety of symptoms and/or susceptibilities in the client. In addition to individual colours, there are three other factors:

DEPIGMENTATION: Partial or total absence in the body of melanin pigment, especially in the skin, hair, and eyes. This is not a common sign. Please note: Depigmentation can occur as a response to injury, infection and some medications. Before making your assessment, you should exclude the following possibilities:

- Is there a history of eye infections, e.g. Iritis or acute angle glaucoma?
- Has there been any eye injury or surgery? Depigmentation can occur through trauma.
- Have they used drops for glaucoma? (E.g. Xalatan or Betagan - known to cause pigment changes)
- Do they have vitiligo?

Pigmentary glaucoma will show iris transillumination and pigment cells on the back of the cornea.

Discounting the above factors means the depigmentation is genetic. In this case it indicates that reduced circulation has altered the function of the reflex area which should be viewed as a "Cold Spot". Recommend stimulating therapies such as herbal bitters or the inclusion of warm to hot spices (Cinnamon, Ginger, Cayenne) into the diet to promote digestive function.

Generally, depigmentation is demonstrated in small sectors of the gut, but can also affect large areas of the digestive system, in some cases leading to degeneration of the indicated tissue. Symptoms include digestive disturbances, headaches, cataract

208 | Pigmentation: Pigmentation in the gastro intestinal tract



Figure 15.2 - Random pigmentation. The more pigments, the less significance in iridology. Always remember - less is more. When you see someone with multiple pigments the first question should be do you have a sweet tooth?



Figure 15.3 - Depigmentation. Female. Right eye. Forearm and shoulder reflex zones. Client presented with symptoms typical of Fasciitis/difflexia but also had a long history of shoulder tension and pain.

Reference

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Pupillary heterochromia

IRIS SIGN: This involves the area from the pupil border to the rim of the pupillary sphincter. This area of the iris represents the stomach. The colours most frequently seen in this area are ochre, yellow, orange, yellow and occasionally shades of brown.

SIGNIFICANCE: The pupillary heterochromia is a primary indicator of a fermentative stomach. The total influence of the heterochromia is determined by the colour. When offering suggestions, support or prophylaxis, emphasise recommendations that will benefit the influencing organ. The most common organ involved in this example is the pancreas.



Pupillary Heterochromia

Collarette heterochromia

IRIS SIGN: This heterochromia starts on the collarette and extends into the humoral zone, which represents the efficiency of nutrient absorption and lymphatic function.

SIGNIFICANCE: This heterochromia arouses consideration of reduced efficiency of absorption across the walls of the gastrointestinal tract to the adjacent blood vessels, and the impact this may have on immune function (GALT). Take into account the organ producing the colour you see when making your recommendations.



Collarette Heterochromia

Sectorial heterochromia

IRIS SIGN: A section of pigment from the pupil to the ciliary border is called a sectorial heterochromia. The majority of these pigments are brown, indicating the liver's involvement on the organ or tissue on which the pigment is located. It is also common to see orange sectorial heterochromia too. These sectors denote inhibited function based on the relationship between the topographical location and the organ producing the colour.

Heterochromia: Introduction

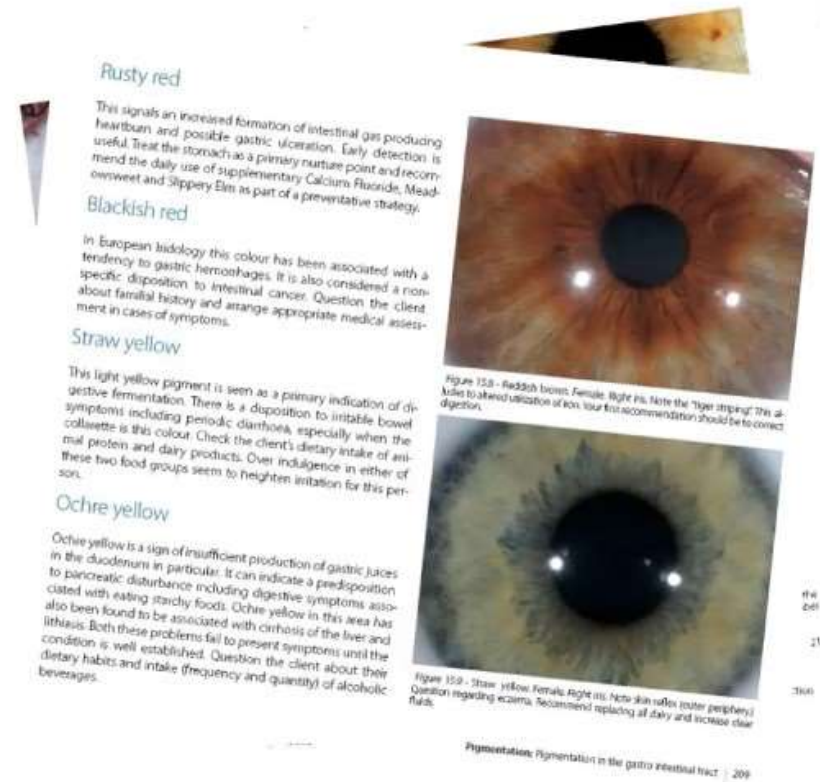
206 | Pigmentation: Pigmentation in the gastro-intestinal tract

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Rusty red

This signals an increased formation of intestinal gas producing heartburn and possible gastric ulceration. Early detection is useful. Treat the stomach as a primary nurture point and recommend the daily use of supplementary Calcium Fluoride, Meadowsweet and Slippery Elm as part of a preventative strategy.

Blackish red

In European Iridology this colour has been associated with a tendency to gastric hemorrhages. It is also considered a non-specific disposition to intestinal cancer. Question the client about familial history and arrange appropriate medical assessment in cases of symptoms.

Straw yellow

This light yellow pigment is seen as a primary indication of digestive fermentation. There is a disposition to irritable bowel syndrome including periodic diarrhoea, especially when the colic is this colour. Check the client's dietary intake of animal protein and dairy products. Over indulgence in either of these two food groups seem to heighten irritation for this person.

Ochre yellow

Ochre yellow is a sign of insufficient production of gastric juices in the duodenum in particular. It can indicate a predisposition to pancreatic disturbance including digestive symptoms associated with eating starchy foods. Ochre yellow in this area has also been found to be associated with cirrhosis of the liver and lithiasis. Both these problems fail to present symptoms until the condition is well established. Question the client about their dietary habits and intake (frequency and quantity) of alcoholic beverages.



Figure 158 - Rusty red Female Right eye. Note the "tiger striping" (7th) shades to altered utilization of iron. Your first recommendation should be to correct digestion.



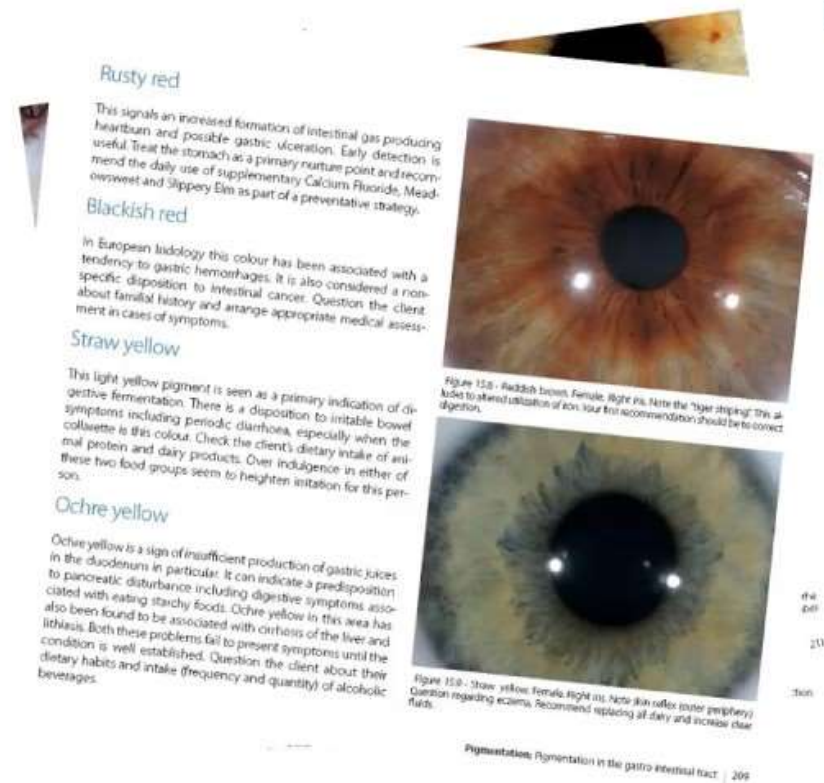
Figure 159 - Straw yellow Female Right eye. Note skin rashes outer periphery. Question regarding eczema. Recommend replacing all dairy and increase clear fluids.

Reference

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Figure 15.20 - Blackish brown asymmetric pigment. Female, left eye. Always investigate any symptoms associated with the iris zone.



Figure 15.20 - In addition to a arcuate pigment over the iris we also have black pigments. This is a diabetic diabetes.



Figure 15.20 - Reddish brown pigment. Always give primary attention to the area with the most prominent colour. Male, Left eye. Present with bleeding duodenal ulcer.



Figure 15.20 - Female, left eye. Dyadic with orange pigment throughout the iris and cornea. She also has a diabetic diabetes. Remember - you can have more than one diabetes.



Figure 15.20 - Blackish brown pigment. Female, right eye. Present with chronic urinary tract infections.



Figure 15.20 - Random pigmentation. Associated with a dysglycemic disposition. Note clients with more than four or five pigments have a sweet tooth.