

We will explain the research that Dr. Lo Rito did for pupil topography.

As we go thru slides, please note the detail to his clinical trials and his content of research. It should be suggested that if any of our members, or instructors wish to embark or explore new research with their current findings, please follow the procedures and details of the research that Dr. Lo Rito followed.

Positive influence of iris signs and marks- while we tend to dwell on signs we see in the iris as possible weaknesses or areas of nurture, Dr. Lo Rito shares with us the positivity we can view in markings seen in the eye.

**Lacuna**- an openness to energy. There can be a yearning or an ability to interject energy and recharge. Non-yearning of energy disperses, creating dysfunction.

**Pigment**- a potential energy not yet expressed. The spot is something we did not manage to do, there was an interference or something blocked. We could look at it as a gift ready to be unwrapped.

**Radial**- a flash of inspiration. An idea or an imagination. It may be short-lived.

**Stair step lacuna**- on the plus side, it may be evolution of moving upwards. It may also mean that we are in a standstill, or we have become immobile. If it appears in an area past our current age, an evolution is expected. It can represent the need for spiritual transformation.

**Defect**- gives us an opportunity to reach our inner realizations or let ourselves go with confidence.

**Crypt**- feels high levels of perfection and balance.

## Newest Research on Pupil Topography

- Pupil topography is the latest works from Dr. Lo Rito concerning the markings seen on the pupil.
- By using this form of detection through the pupil, we can see organs of the body that confirm signs seen in the iris, ciliary body, limbus and sclera.
- **As light enters the pupil so it also emits light.**

# STATISTICS

## Investigation models



**OBSERVATIONAL**

**EXPERIMENTAL**

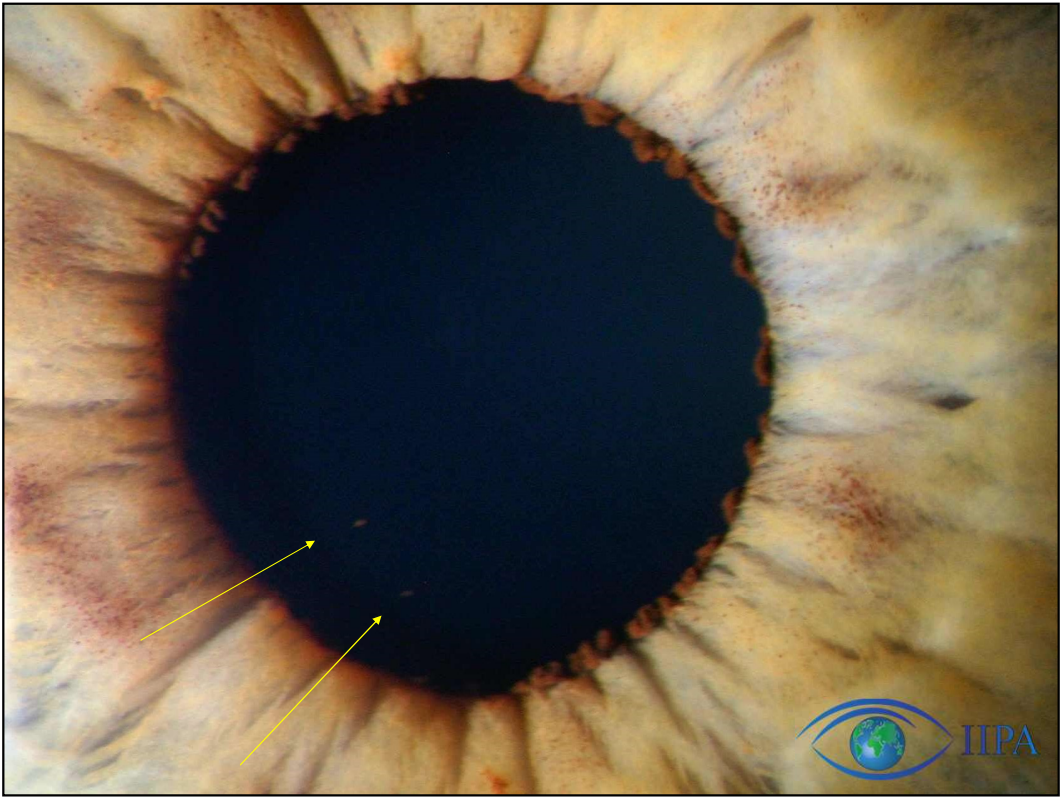
**RETROSPECTIVE**



Dr. Lo Rito's study was based on the observation of the pupil and experimenting with the case studies. In confirming the relation of the signs to the noted markings, he was able to work with the patient in dealing with what the pupil revealed.

## Photos of the pupil

- By photographing the pupil and expanding the photo you can see areas of light detail or areas that seem “raised” like little tiny bumps.
- We are only concerned with using the pupil in this case and the inner pupillary border.

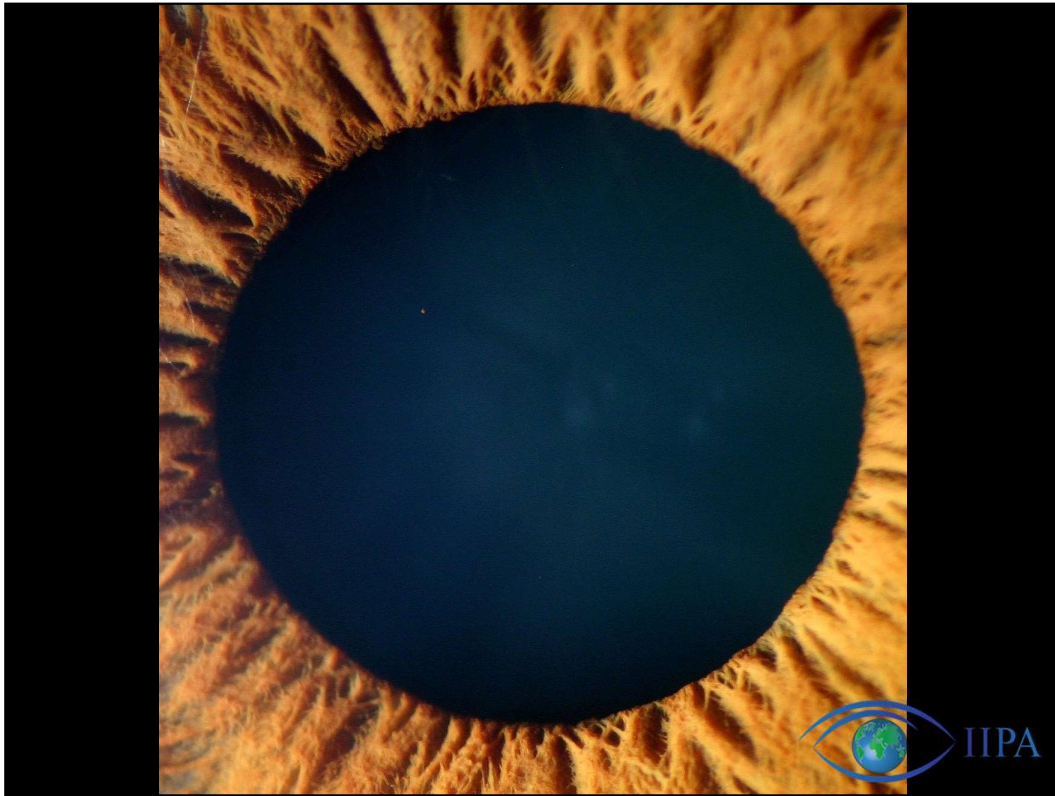


## Changing the photo

- Using a reverse setting in photo editing, you can produce an “x-ray” type of photo used to see the marking of the pupil.
- This allows for a very definite placement of markings to be seen in detail.
- In the next slide, notice how the markings are easier to view and take shape as raised and bumpy or indented in some cases.



This photo shows the clarity of using a reverse system to adjust the photo for viewing detail.



Even to the naked eye, some detail is still able to be seen. Smudge or cloud like areas can be noted.

## OBSERVATIONAL STUDY Single Center



Dr. Lo Rito describes this photo as an asteroid or meteor coming into the pupil. The location of the marking or marking will be shown and better defined when using our grid to see the areas of the disease.

## Inclusion criteria



- Patients with diseases diagnosed by clinical-instrumental means, previous or ongoing diseases.
- Patients with multiple pathologies being treated or already treated.
- No limit on gender, age, race and religion.



These factors were also included in the study of pupil topography.

## Inclusion criteria



- All patients enrolled in the medical office were enrolled from January 2010 to July 2011.

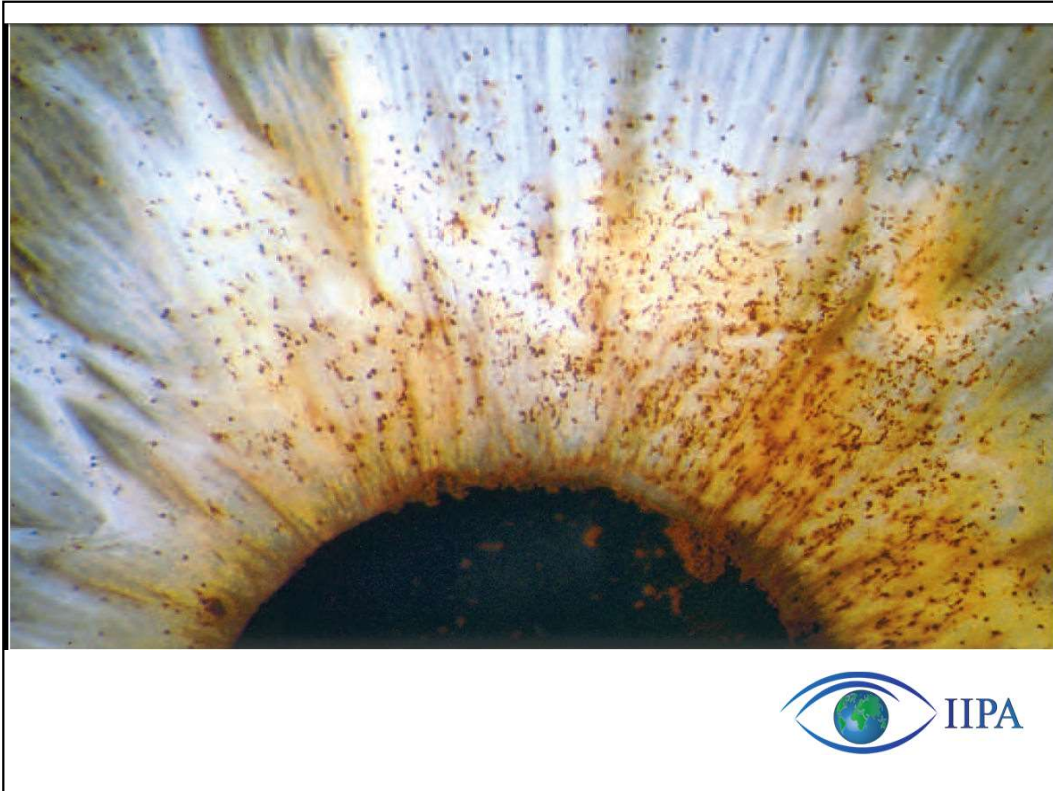


## Exclusion criteria

- Monocle
- Cicatricial outcomes of rainbow inflammations
- With previous eye trauma or iris damage
- People undergoing cataract surgery
- Presence of corneal lesions, superimposed on the pupil
- Coloboma
- Lack of the pupillary hole (congenital acoria)



The people considered for trial studies having these iris or pupillary issues were not considered for this study.



A pupil that looked like this, with the inner pupillary border was not used for this study.

## Exclusion criteria



- Dislocation of the lens
- Patients who did not have the shooting of the pupil (photo) with the tangential light (85 °)



Photos with improper lighting were not used for this study.

## Photographic artifacts



- Not all artifacts were considered photographic, due to the bright reflections of the flash:

Ciliary reflexes on the pupil due to Flash

Luminous reflections due to the iridoscope lens

Bright reflections due to the support of the iridoscope





This photo shows some of the markings on the pupil that were examined, and the arrow shows a marking that was not used.

## Materials and methods



- Visit lasting 1 hour
- Clinical history and documentation relating to therapies and tests
- Direct observation of the iris and data recording
- Iris photography and filing in progressive sequence by number and date
- Photograph of the pupil with flash at an angle of  $85^\circ$
- Data recording on the computerized folder for data processing (Excel program).



## Materials and methods



- Computerized Excel analysis program
- Registration of written consent for privacy.



## Instrumentation



- Binocular microscope C. Zeiss with electric zoom up to 40 x  
Zeiss 63t image deviator  
Camera: Canon D300 Reflex  
Fiber optic lighting.  
Fiber optic flash, with an angle of 85 °.



This details the camera and setting used to photograph the patient.

## Analysis method



- For each patient, a photo was analyzed for each iris with exclusive attention to the pupil.
- How to recognize signs:
  - signs visible directly on observation
  - little visible signs, subsequent processing with 3D effect (Corel Photo-Paint program version 11).



The reverse photograph was used with this process.

## Analysis method



- Application of the 36-square interpretative grid (for the pupil) and identification of the mark on the square.



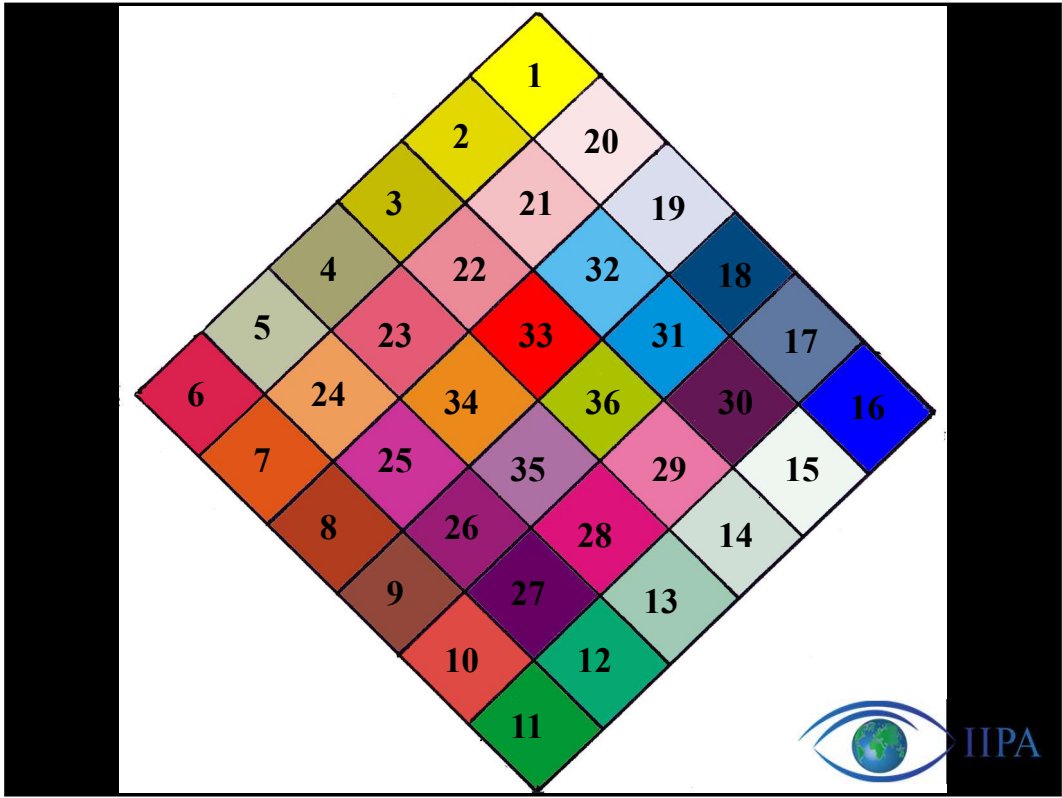
The 36 square grid was developed by Dr. Lo Rito

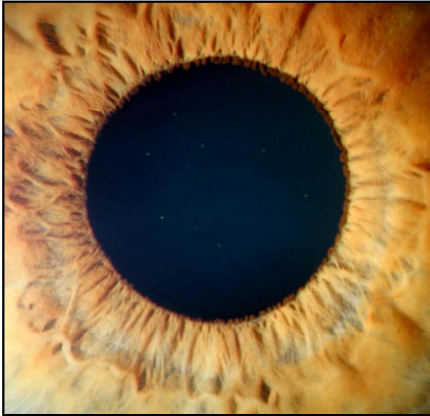
## Primary End Point



- Evaluate the presence of an iris sign at PUPILLA level in relation to the previous or ongoing disease, reported by the patient.

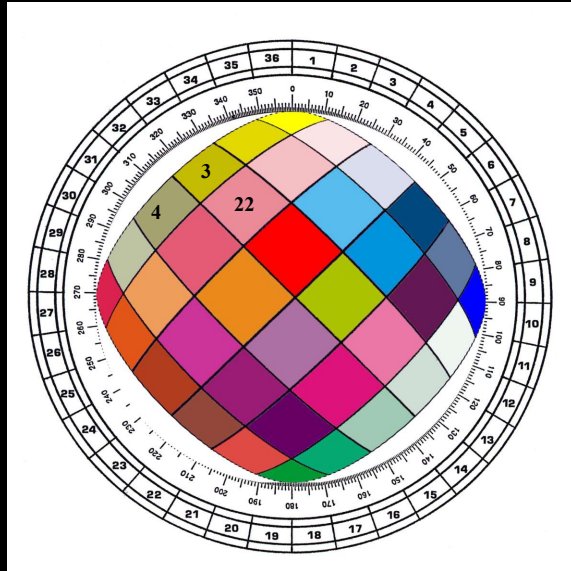


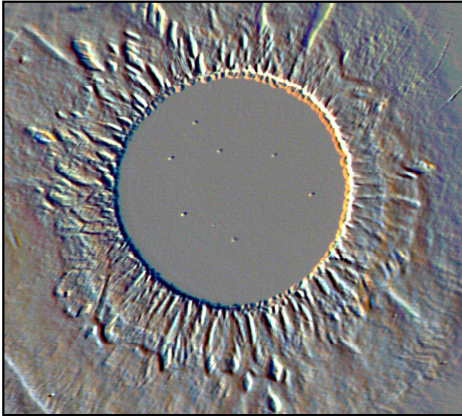




# Pupillary bodies

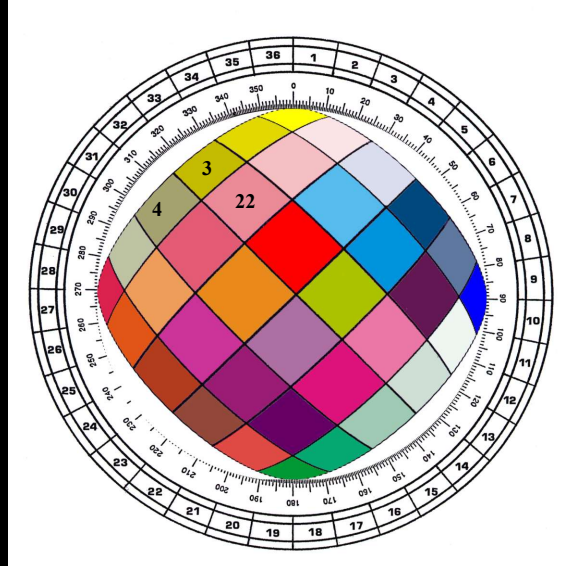
36 squares





# Pupillary bodies

36 squares



# Secondary End Point



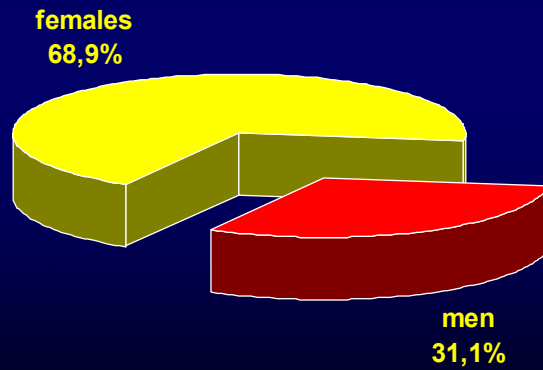
- Correlation between signs and laterality
- Correlation between sectors, pathology and constitutions
- Correlation between sectors, diabetes and allergies
- Correlation between sectors and psyche (to be completed).





# Sample analyzed

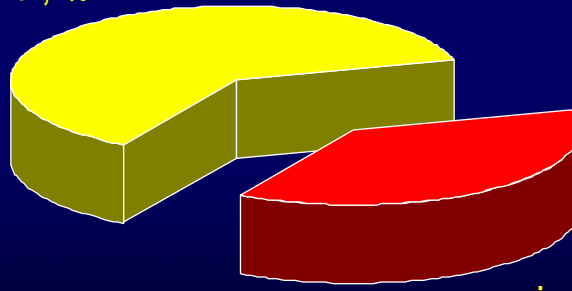
Altogether 180 cases  
(Male 56 / Female 124) (31.1-68.9%)  
Average age: 45.9 + 13.8 years (range: 11-80)



# Sample analyzed

Altogether 180 cases analyzed  
112 cases with pupillary sign  
68 cases without pupillary sign

+ sign  
62,2%

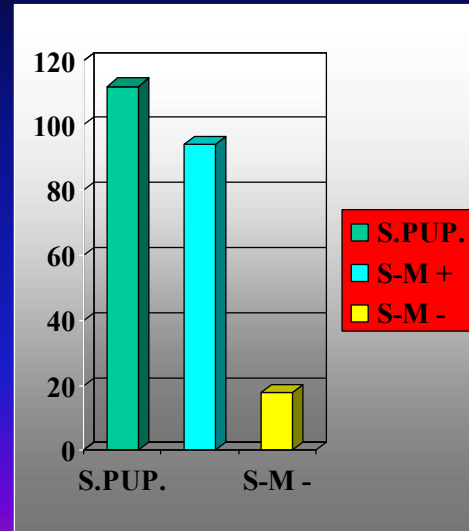


- sign  
37,8%



# Positive pupil marks

- Patients with pupillary signs 112
- Correspondence between 94 sign-disease
- Mismatch between 18 sign-disease



IIPA

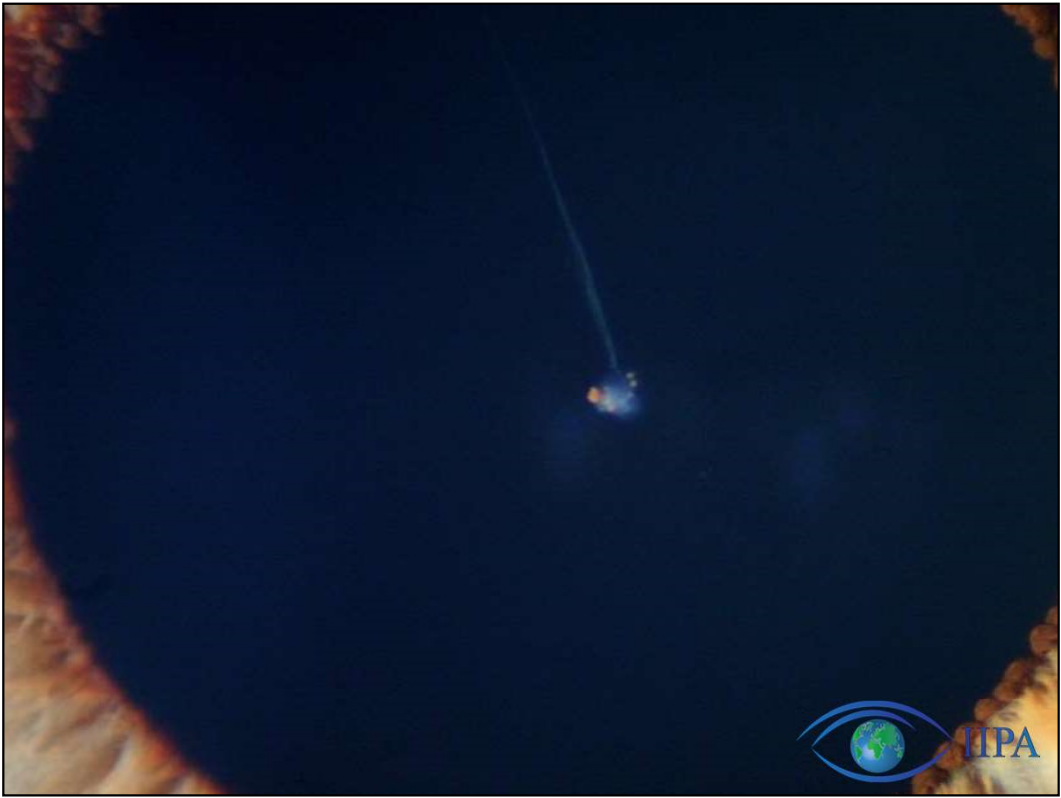
# Primary End Point



- Evaluate the presence of an iris sign at PUPILLA level in relation to the previous or ongoing disease, reported by the patient.
- Experimental use of a new PUPILLARY topographic map, linked to physical appearance.









**For more information on how  
to use Pupil Topography, please  
contact Dr. Daniele Lo Rito**

