

The Spleen In Iridology New Research in Immunology

The Spleen, appearing anatomically on the left side of the body, appears solely in the left iris. Classically at approximately 140° or 20' in the ciliary zone - from iris edge to the external border of the collarette. The major spleen iris signs, in order of importance, are:

- The Transversal with pigment patch attached is of the ultimate importance. The gravity of the two combining signs can be extremely serious and warrants thorough investigation and case history taking.
- A spleen to heart transversal is a severe sign according to the studies of T. Kriege and his contemporaries in German Iridology - this sign relates to a family history of myocardial infarction; even possibly impending M.I. in the present patient. If observed check cardiac history (both personal and familial) and cardiac risk factors (see book/CD-Rom "Heart Diseases and Iridology" by Mikhail Dailakis, Hellenic Medical Association of Iridology, 2000).
- Root, Antlered and Fork transversals are the most frequently observed; often they can be Vascularized transversals. This amplifies the intensity and gravity of the sign and could concur an inflammatory/infective process in the spleen. A vascularized transversal in the classical spleen topography; is often present in patients with a history of Appendicitis and/or Appendectomy. Epidemiological and clinical research has shown that those persons without an appendix, place extra stress on the spleen, in so far, that the spleen has to overcompensate immunologically for the lack of an appendix and the overall effect this can have on the lymphoid tissues. Studies have shown that in these cases, the spleen is performing up to a third less of it's full immune potential.
- A Vascularized spleen transversal can concur an autoimmune condition or restricted RES responses. Vascularized transversals or vascularized stromal vessels can be indicative of infection or inflammation in the organs concerned, particularly seen in the spleen (splenomegaly), liver (hepatitis), bladder (cystitis), kidney (nephritis), bronchi (bronchitis) and maxillary sinus (sinusitis). The vascularized sign can be (although not always) a reversible iris sign for the practitioner to evaluate.

- A spleen transversal reaching the collarette where an indentation toward the pupil occurs can indicate a period of extreme splenic stress; possible splenomegaly through an infectious process (infectious mononucleosis, malaria, etc) or an adverse drug reaction, vaccination, geopathic stress or environmental pollutant-based reactions. On both an emotional and physical level; this type of transversal and collarette collaboration illustrates severely compromised immune reactions, chronic inflammatory processes and conflict and great suffering from not only, physical but also on a psycho-emotional level. There may be poor resistance generally to infection and mesenchymal toxic overload.
- If the transversal is pointing away from the collarette and pupil; thus toward the ciliary iris periphery then there is a potential for freedom, the ability to 'let go' and readily resolve emotional trauma. Colourpuncture has proved useful in such cases of individuals with these signs. With the use of blue, orange and green colour on specific pressure points and reflexes for the 'Triangle of Release' on ankles and lower abdomen.
- A Fountain Transversal in the periphery of the splenic reaction fields both at 5' and 20' in the left iris ciliary zone and in regard to the New Topography possibilities inside the collarette; within the 'pupillary zone' - can show insufficient filtering function of lymph nodes in/around spleen and possibly of the spleen itself.
- Pigments of brown or orange/brown colouration in splenic reaction field can attest to anaemic conditions and spleno-hepatic reflex tendencies and associated pathways (mononucleosis, hepatitis (viral infections of liver/spleen), splenomegaly with marked pain during palpation, portal hypertension and sometimes Hodgkin's and Non-Hodgkin's Lymphomas in rare cases). Mononucleosis may take hold as a result of a PNEI reflex to anger at not being valued. Adverse vaccination reactions in both adults and infants can be evidenced with a dark granulated pigment patch in spleen topography.
- Black pigment patches, with an apparent density even under high fiber optic illumination and microscopic magnification; could be a serious sign. Investigation of the family medical history for tumours (anywhere in the body) is of primary importance. Refer to other testing methods if any suspicion in the patient of this.
- Yellow pigment in spleen reaction zone may herald RES restriction from intestinal dysbiosis and/or mesenchymal overload of toxins and metabolic debris.
- Two of my greatest inspirations from the annals of Iridology are Josef Angerer and Siegfried Rizzi. They had a placement for the

spleen at 5' in the left iris ciliary zone. Which is great confirmation and consolidation, and you can ask for no more enlightened authorities; after you've correlated the signs in this area with patients threatened by splenectomy.

- The new embryological topography from two years research work between 1999 and 2001; locates the spleen at 160° to 172° in the right iris and 78° to 82° in the left iris on external pupillary edge and 66° to 70° in the inside border of collarette respectively. The amalgamated embryological iris chart of Lo Rito & Andrews includes this new splenic topography
- Rarification in the splenic field indicates a tendency to reactivity, a *general tendency*. For you the Iridologist, a psycho-emotional dynamic is suggested for exploration here.
- The spleen does not make lacunae. The presence of crypts is more commonplace. Crypts can indicate poor resistance, adaptability and communication of the RES. Crypts in the periphery of the splenic zone refer to poor mesenchymal exchanges.
- Brushfield's Spots (Tophii) infiltrating in an arc from the ciliary iris edge, betwixt the collarette and this 'normal zone'; particularly when 'clouded' with pigment or joined/coupled illustrates the lymphatic stagnation, mesenchymal thus immune compromise and allergic hyper-sensitivity, (elevated IgE, IgG and IgG4 antibodies) oedematous tendency and inflammatory cascades (imbalance of pro-inflammatory cytokines, elevation of prostaglandins and leukotrienes, fibrinogen and cenloplasmin).
- Inner Pupillary Border signs are present at SPACE 15 location at 103.4° to 109.6° degrees; for the spleen and symptoms such as: Chronic Fatigue Syndrome, Splenomegaly, Anaemia, Thrombocytopenia, Leucopenia, Appendectomy, Splenectomy, heavy steroid usage and vaccination reaction. The spleen can be involved or is influenced by all of these.
- Pupil flattening on the left pupillary edge in an inferior temporal location can attest to and amplify any spleen iris signs.

Embryological Aspects of the development of the Spleen

Embryologically the spleen is made from and of mesoderm tissue. As are the dentin, musculo-skeletal system, urogenital system, connective tissue, serous membranes, and synovial fluid, primitive heart, the adrenal cortex, blood and cells, lymph, testes, ovaries, tongue and the cranium.

Focal reflexes can occur between all these embryologically related areas. Remember to check for these important referred areas. Probably the most relevant indication from an immunological perspective are connective tissue (systemic lupus erythematosus, Scleroderma), tongue, adrenal cortex (psychoneuroendocrinology), lymph tissues, serous membranes, primitive heart (endocarditis), and the dentin ("Function Circles" of the spleen-stomach meridian, according to Jochen Gleditsch).

These reflexes are important from an Iridological and therapeutic perspective, particularly with acu/colourpuncture (after Gleditsch) and Functional Medicine (after Schimmel) approaches.

When the spleen is within the dorsal mesentery, just dorsal to the greater curvature of the stomach during the fourth and fifth week of embryonic development. At this time the stomach is lying in the midline of the body. The spleen then develops between the mesothelial layers covering the dorsal mesentery. Initially this formation is as isolated 'spleen islands', which then coalesce, and form the spleen as we know it.

The spleen manufactures lymphocytes and produces, stores and destroys red blood cells both in the foetus and after the birth. This blood forming tissue develops in a region where the endoderm and mesoderm (i.e. the stomach) are in very close proximity, yet they don't have contact. As the stomach rotates the spleen is carried with the dorsal mesentery to the left. This then fuses to the colon's dorsal wall where the left urogenital ridge is developing. A short stretch of mesentery attaches the ridge to the spleen, known as the lienorenal ligament. The artery to the spleen is a branch of the coeliac artery and runs mazily in the mesentery.

Aetiology of Spleen Disorders

- Tonsillitis and tonsillectomy
- Bacterial endocarditis
- Anaemia (haemolytic or macrocytic)
- Appendicitis and appendectomy
- Peritonitis
- Vaccinosis
- Geopathic stress
- Dysbiosis
- Hepatic portal hypertension

- Hodgkin's and Non-Hodgkin's Lymphoma
- Hepatitis
- Sarcoidosis
- Still's Disease, RA in adults, SLE in young adult females
- Splenic cysts
- Leukaemia
- Steroids
- Infection such as mononucleosis and malaria
- Poor nutritional status
- Unexpressed emotional conflicts
- Physical injury

Main psycho-emotional dynamic correlations for the spleen signs relevant from iris analysis with such patients include:

- Self-limitation
- Easily distracted/strong determination
- Strong disappointment of self or others
- Guilt/observation of inhumanity
- Anger toward oneself (with infections)
- Jealousy

Spleen Therapies

- Manual Lymphatic Drainage (after Dr Vodder)
- Skinbrushing
- Botanical remedies include: *Galium aperine*, *Arctium lappa radix*, *Phytolacca decandra*, *Thuja occidentalis*, *Withania*, *Astragalus*, *Urtica*, *Centella*, *Coleus*, *Andrographis*, *Sutherlandia*, *Larrea*

tridentata, Tabebuia, Ganoderma, Rehmanna, Usnea, Lentinus, Grifola, Coriolus, Curcuma longa & Carica papaya

- Acupuncture/Colourpuncture
- Lymphomyosot Homotoxicology Heel™

Full details on the treatment of the spleen and many other facets in connection to the spleen in iridology are included in several chapters in the book on *Immunology & Iridology* by John Andrews. See www.johnandrewsiridology.net for further details.