

DIABETES PREVENTION AND IRIS DATA

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Данное исследование – начальный этап по разработке алгоритма обработки иридологической информации для диагностики сахарного диабета (СД). В работе выявлены корреляции между апробированными в практике иридологии верифицированными знаками и характерными для СД патологическими процессами в организме.

Abstract

GOAL: Diabetes Mellitus is on the increase worldwide. We hear it in the news and we see it clinically. Among the more obvious reasons are poor diet and life-negative lifestyle. We obviously need help in both identifying and treating this disease. Most helpful would be employing a means of discovering those already predisposed to the malady.

METHOD: Common methods of clinic and lab identification of those already symptomatic can be augmented by accessing certain more traditional exam methods. One such approach is Iridology, used successfully for many years in Russia as a useful adjunct to other means of diagnostic and health / pathology evaluation. A particularly interesting characteristic of Iridology is its ability to identify patterns of genetic predisposition, thereby fostering a more preventive—and, by extrapolation, possibly even health promotive—approach.

RESULT: In the following brief initial study, we were able to discern certain iris patterns clearly suggestive of the pre-diagnosed disease. Perhaps more importantly, our results pointed tantalizingly to the possibility of determining undiagnosed tendency, and hence help for those so predisposed and at least potentially vulnerable.

CONCLUSION: We are apparently already able to see the signs of diabetes mellitus in the eyes. If further tests bear the fruit suggested in our study (and suggested and verified in related but unreported clinical studies), we should be able to develop programs that would:

- (1) Examine, evaluate, and identify the disease tendency, using clinical methods including eye signs
- (2) Determine its stage of development (including prior to symptoms)
- (3) Inform the patient on how the disease developed to its current stage (or how it may in the future without preventive / health-promotive practices)

- (4) Recommend pure diet and life-positive lifestyle practices both preventively and health-promotively
- (5) Involve the patient in the processes of his health and healing, and hence
- (6) Effectively and significantly slow the progress of this disease.

Text of Research Study

Diabetes mellitus is a disease characterized by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. This is one of the most costly and burdensome chronic diseases of our time, and is a condition that is increasing toward epidemic proportions throughout the world¹. The complications resulting from the disease are a significant cause of morbidity and mortality, and are associated with the damage or failure of various organs such as the eyes, kidneys, and nerves. Individuals with type II diabetes are also at a significantly higher risk for coronary heart disease, peripheral vascular disease, and stroke, and they have a greater likelihood of having hypertension, dyslipidemia, and obesity²⁻⁴. Although diabetes can be associated with serious complications and premature death, people with diabetes can take steps to control the disease and lower the risk of complications—especially by (1) eating higher percentages of fresh raw produce, (2) cutting back on animal products and processed foods, and (3) by getting regular moderate exercise.

Before people develop type II diabetes, they almost always have "pre-diabetes"- blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes. Recent research has shown that some long-term damage to the body, especially the heart and circulatory system, may already be occurring during pre-diabetes.

However, research has also shown that if an action is taken to control blood glucose when pre-diabetes exists, type II diabetes can be delayed or prevented from ever developing. While genetic components certainly exist, the principle risk factors for type II diabetes are preventable. These include obesity and diminished physical activity. Furthermore, microvascular disease is already present in many individuals with undiagnosed or newly diagnosed type II diabetes⁵⁻⁷. There is also growing evidence that at glucose levels above normal—but below the threshold diagnostic for diabetes—there is a substantially increased risk of cardiovascular disease (CVD) and death^{4, 8, 9}.

One of the most important goals nowadays for diagnosis of diabetes is to develop tests that should be safe, acceptable, and predictive to detect the pre-disease state. During the last few years, we have gotten useful and perspective data on the evaluation of human individual adaptation in our clinics by using Iridology along with clinical and instrumental analyses.

Iridological information on patients with cardiovascular, urological, and digestive diseases has been verified in our previous research¹⁰⁻¹². Taking into consideration that diabetes is chronic and in most cases an “inherited-tendency” disease that involves complications from the aforesaid disorders, our task was to work out an appropriate pattern of iris markings in patients with diabetes. Heretofore, there has been no systematic Iridology research in this area, and only some separate signs in patients who were afflicted with diabetes were described¹³.

To work out an exact pattern of Iridology information, we focused on patients with clinically confirmed diabetes. One hundred thirty seven (137) patients (54 men and 83 women) were examined Iridologically by using an SLR film camera attached to a slit-lamp. Then, the

most frequent and typical markings that were observed in patients were compared with clinical, biochemical and instrumental analyses. Among these patients, 13 had type I diabetes and 124 had type II diabetes. We also paid attention to the duration and severity of disease.

As our first step in this research, we tried to find a correlation between verified and generally accepted markings used in Iridology practice typical for diabetes pathology¹⁴. We began with a study of the condition of pancreas areas in the irises, with the pancreas as a diabetes target organ. We determined six iris signs that were typical for pancreas failure:

- Border deformation (66%)
- Wreath introflexion (55%)
- Pigment spots and lacunas (54%)
- Rusty-orange color (42%)
- Pancreatic triad (21%)
- Iron sign (20%)

It is very important that one of these six signs can be found in the irises in case of pancreas failure in 96% of occasions. Worthy of note is the frequency of appearance of these markings: one mark was found in 21% of occasions; two marks in 29%; three marks in 23%; 4 marks in 13%; 5 marks in 6%; 6 marks in 4% of occasions.

The insufficient insulin produced by the pancreas causes at first the lipid metabolism disorder, and then, as a consequence, metabolic acidosis. Iridology markings of metabolic acidosis, or the over-acid sign were found at (92%), and signs of kidneys' failure as stroma brightening (71%), lacunas (55%), stroma rarefaction (47%), and pigment spots (20%). These markings, found in patients with diabetes, were very informative in establishing the existence of a metabolic disorder that was confirmed by clinical and instrumental analyses.

The deficiency of insulin also leads to increased cholesterol synthesis as well as triglycerides. This process can be traced in the irises by learning the frequency of appearance of a sign such as the cholesterosis ring. In the case of our diabetes study, this sign was valued at 60%, and correlated with the high level of these lipids in the blood in most patients.

Anomalies in lipid metabolism promote the development of atherosclerosis, and finally, cardiovascular system failure (high blood pressure, heart diseases), and a negative condition of eye microcirculation. We determined that the most typical iris signs for the CV system in patients with diabetes as follows: heart lacunas (64%), wreath straightening (44%), wreath introflexion (10%); for hypertension, we found heterochromia in the head area (80%), cramp rings (92%). We observed eye microcirculation pathology in patients with diabetes in 94%.

We assumed that the pattern of iris information in patients with diabetes might not be full without checking Iridology information from the hepato-biliary system, which plays its well-known role in metabolism. In this area, we found: lacunas (45%); border deformation (39%); stroma brightening (34%); pigment spots (23%), and wreath extroversion (14%).

Along with this system, we gave attention to learning the general signs in the irises that reflect the condition of the central nervous and the endocrine systems. The increased activity of

the sympathetic nervous system and consequently the level of catecholamines and glucocorticoids in the blood develop contra-insulin action. Therefore, iris markings that we took into our consideration, including cramp rings (92%) and wreath deformation (87%), were very informative in assessing the condition of the sympathetic nervous system in patients with diabetes as abnormal.

We have chosen verified markings, brown-red pigments, as an indicator of other hormone disorders that have an influence on insulin action. In our investigation, we observed it in 55% of all examined patients with diabetes. All markings that were observed in our research as predictable signs of pre-diabetes and diabetes we put in Table 1. We fully anticipate that this will all be worked out in our future investigations by accumulating more findings to create an appropriate pattern to distinguish this disease quickly and non-invasively. As mentioned above, our task was only to determine the most remarkable and specific signs in patients with clinically confirmed diabetes.

At first look, the group of general signs, consisting from nine marks (right side of the above table), showed us the existence of pathological processes in organism: inflammatory, toxic and degenerative. Even the discovery of most of these signs should be taken into consideration very attentively. An understanding of different combinations of these signs, with the specific marks for certain systems (e.g., the cardiovascular and hepato-biliary) and various organs that are in failure in diabetes (including the pancreas and kidneys), might be very informative for the evaluation of the level and severity of this disease. [Dr. Mehlmauer is currently involved in such a study, including the extensive observation of sclera markings.]

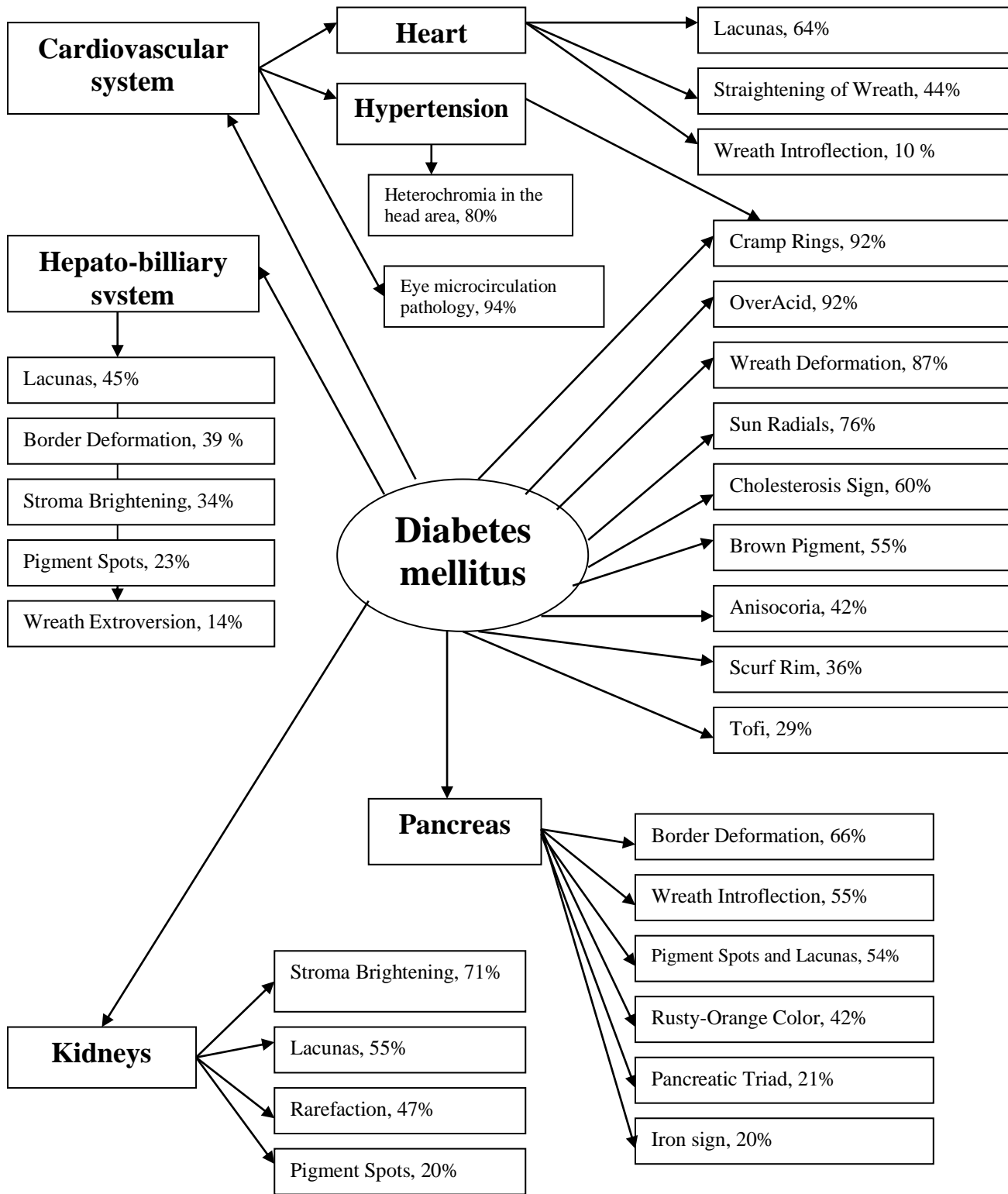
For example, the combination of certain signs—heterochromia (80%) in the head area, with cramp rings (92%), and lacunas (64%) in heart area—shows us hypertension that is a major factor in the development of kidney problems in people with diabetes. Hypertension is also known to accelerate the progress of kidney disease where it already exists. The fact that diabetics are more likely to suffer from heart disease isn't news. Heart disease is the leading cause of diabetes-related deaths. Therefore, heart area markings should be taken into consideration in working out a diabetes pattern in the irises (see signs on the Table 1).

Diabetes is the most common cause of kidney failure, accounting for more than 40 percent of new cases. Even when drugs and diet are able to control diabetes, the disease can lead to nephropathy and kidney failure. In this case, it is very important to look for the combination of general signs such as over-acid (92%), sun radials (76%), scurf rim (36%) and tofi (29%) with specific marks for kidney disease, shown above in Table 1.

A focus on specific signs in the pancreas (as the main organ responsible for insulin production) should be made, in combination with signs of the hepato-biliary system, and such other more general marks as over-acid (92%), wreath deformation (87%), sun radials (76%), the cholesterosis sign (60%) or brown pigment (55%) and anisocoria (42%).

This Iridology information should help alert you to the presence of diabetes or pre-diabetes. We detected several combinations of markings in diabetes patients that we plan to learn about in depth. Finally, our new data might be very useful in preventing or delaying the development of diabetes in people in the early stages of hyperglycemia that portend the diagnosis of diabetes. It is only necessary to look into their eyes.

Table 1. Typical Iridology signs for diabetes patients



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