

DOI : 10.36648/biology-medical-research.4.21

## Eyes are the Gateway to Wellness—and Physical, Spiritual, Mental, and Emotional Balance

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### Insight to Wellness

Our eyes tell us all we need to know to achieve health, wellness, and transform our lives. The eyes show the toxic load our bodies carry, reveal hereditary weaknesses in organs, predispositions to illnesses, and susceptibilities to personal or self-esteem issues from unresolved traumas.

Iridology gives pointers to the state of everything. The intricate markings and color patterns of our eyes give all the information we need. Inside and out, organs, tissues, glands, and regulatory systems to mental, physical, spiritual, and emotional balance, our eyes tell us how to improve health and well-being.

Iridology is a scientific, spiritual, and holistic approach to examining systemic health. It gives a road map or blueprint to naturally reveal the complexity and intensity of problems and conditions, warnings, acute signposts, and guide treatment.

Using Physical and Emotional Method Iridology as starting points helps patients or clients discover who they are, why they may do what they do, and genetic and personal traits. Iridology gives unique access to open the door (sometimes the floodgates) to dramatic self-awareness and improvement.

It often confirms information the health professional suspects or signals potential illness before clinical evidence—or highlights susceptibilities that can be treated with lifestyle or nutritional changes, or other modalities and holistic approaches to improve outcomes. We are able to put in place preventative steps to avert chronic illness, balance emotions to achieve healthy behaviors, and diffuse negative mind talk that erodes our wellness foundations—the physical, emotional, mental, and spiritual planes—which are such fundamental indicators of Well-being.

The eye reveals the condition of all four states of being—minds, body, emotional, and spiritual so that awareness is enhanced and all can be addressed. Using a step-by-step process

to show each personality type and working with other natural modalities means that we achieve the goal of bringing balance and enhanced well-being.

Our eyes can show our current state of physical, spiritual, emotional, and mental health—and signpost the way to wellness.

### Introduction

Cataract accounts for over 47% of blindness worldwide, causing blindness in about 17.3 million people in 1990. Surgery for cataract in people with glaucoma may affect glaucoma control.

### Methods and outcomes

We conducted a systematic review and aimed to answer the following clinical questions: What are the effects of surgery for age-related cataract without other ocular comorbidity? What are the effects of treatment for age-related cataract in people with glaucoma? What are the effects of surgical treatments for age-related cataract in people with diabetic retinopathy? What are the effects of surgical treatments for age-related cataract in people with chronic uveitis? We searched: Medline, Embase, The Cochrane Library, and other important databases up to May 2010 (Clinical Evidence reviews are updated periodically; please check our website for the most up-to-date version of this review). We included harms alerts from relevant organisations such as the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare products Regulatory Agency (MHRA).

### Results

We found 20 systematic reviews, RCTs, or observational studies that met our inclusion criteria. We performed a GRADE evaluation of the quality of evidence for interventions.

### Conclusions

In this systematic review we present information relating to the effectiveness and safety of the following interventions: for peo-

**Note :** This work is partly presented at International conference on Lifestyle Disease; September 05, 2020; London, UK  
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ple with cataract without other ocular co-morbidity: cataract surgery alone, cataract surgery with non-concomitant glaucoma surgery, concomitant cataract and glaucoma surgery, intracapsular extraction, manual (large or small) incision extra capsular extraction, and phaco extra capsular extraction; for people with cataract with co-morbid diabetic retinopathy: cataract surgery alone, and adding diabetic retinopathy treatment to cataract surgery; for people with cataract and co-morbid chronic uveitis: cataract surgery, and medical control of uveitis at the time of cataract surgery.

### Key Points

Cataracts are cloudy or opaque areas in the lens of the eye that can impair vision. Age-related cataracts are defined as those occurring in people >50 years of age, in the absence of known mechanical, chemical, or radiation trauma.

Cataract accounts for over 47% of blindness worldwide, causing blindness in about 17.3 million people in 1990. Surgery for cataract in people with glaucoma may affect glaucoma control. There is contradictory evidence about the effect of cataract surgery on the development or progression of age-related macular degeneration (ARMD). Expedited phaco extracapsular extraction may be more effective at improving visual acuity compared with waiting list control in people with cataract without ocular co-morbidities. When combined with foldable posterior chamber intraocular lens implant (IOL), phaco extracapsular extraction seems more effective than manual large-incision extracapsular extraction at improving vision, and has fewer complications. This procedure has largely superseded manual large-incision extracapsular cataract extraction in developed countries. Manual

large-incision extracapsular extraction has also been shown to be successful in treating cataracts. Combined with IOL, manual large-incision extracapsular extraction is significantly better at improving vision compared with intracapsular extraction plus aphakic glasses. Small-incision manual extracapsular extraction (manual SICS) techniques and phaco extracapsular extraction techniques are similarly beneficial at improving visual acuity for advanced cataracts at 6 months, with few complications. This finding may be particularly relevant to treatment in developing countries. Intracapsular extraction is likely to be better at improving vision compared with no extraction, although it is not as beneficial as manual (large or small) incision extracapsular extraction. The rate of complications is also higher with this technique compared with extracapsular extraction.

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