

Holographic Triangulation – The Vision Of Three Modalities

Wheelwright explained the clarifying, transcending insights of combining reflexive modalities in terms of *holographic triangulation* meaning that healers and practitioners must have expertise in the applications of multiple modalities (preferably three) to reveal the deeper causes of health issues. From the insights and questions of three modalities, a practitioner could derive a three-dimensional model of cause and effect that could be used for genuine healing.

In human eyesight, the brain uses two eyes to triangulate on a remote object to understand depth of field and direction of motion. The same scientific laws apply to locating the source of a radio transmission and in range finding equipment. It takes two perspectives to calculate information about the position of an object in three-dimensional space. This is the basis for *Causations*—that one modality is myopic, but two modalities, used properly, provide more essential information, and a third modality—even just simple observation of a person’s demeanor—revealed confirmatory information.

Wheelwright took this equation one step further in his work that was founded on bio-energy¹. He believed that the best insights upon which to determine and construct a healing program was founded upon applying three modalities. It takes two modalities to triangulate, but it takes three modalities to understand more of the multi-dimensional human being.

Wheelwright believed, (even guaranteed) that if healers/practitioners did not apply diverse insights, that they would be less effective because they would base therapies to include the limitations of whatever modality they practice, augmented by their own limitations of intellect and prescience.

For Wheelwright, his first two modalities of choice were Sclerology and Foot Glyphology². For him, his third modality changed from time to time and included: Iridology, questionnaires, electro-acupuncture, urinalysis, blood analysis, Native American empathetic connection, and magnetic resonance.

¹ **Wheelwright’s research** – more information on Wheelwright’s bio-energetic and herbal research is presented in the book, *New Dimensions In Herbal Healing*, available at www.apple-a-daypress.com

² **Foot Glyphology** -- the unique modality of charting the fine lines in the soles of the feet to interpret for their health implications. Founded by, A.S. “Doc” Wheelwright. The soles of the feet provide a critically important insight to Wheelwright’s amazing system for understanding the body’s inherent struggle to maintain optimal health. He found that the feet often held the determining “hidden causes” behind a person’s health concerns—particularly if pathogens such as parasites, bacteria, and fungus were involved. He developed this unique system of ‘dermataglyphics’ (interpreting the fine lines on the skin) and refined it to its present state in 1989. Wheelwright used the soles’ information to 1) gain new insights about tissues in distress, 2) determine if pathogens were involved, 3) validate and differentiate his findings from his sclera analysis, 4) prioritize treatments. This information is available at www.apple-a-daypress.com.

His first point was that for practitioners to become healers, they would apply three modalities in some capacity. His steadfast opinion was that Sclerology was a viable modality for every practitioner because it provides 1) deep, constitutional information, 2) five element information, 3) the current stress patterns, and 4) acquired conditions.

I saw this first hand when, in 1986, Wheelwright asked me to analyze Mary's sclera chart (with iris annotations) and foot chart that he just completed in a group consultation setting. I immediately honed in on a pronounced adrenal stress pattern and confirmed syncope, fatigue, and blood sugar imbalances verbally with the patient. Thus I stated with fledgling confidence that the program should be founded on adrenal support.

The patient replied that an Iridologist had already put her on a big adrenal program and it made her feel worse.

Wheelwright promptly designed a lymphatic program as one facet of his tri-faceted program. Fortunately for me, he took time to explain this top priority.

He first pointed out the numerous lymphatic lines in the sclera chart. They were in the breast, shoulder, and spleen zones. None of those lines were advanced, or particularly noteworthy, but collectively they made a priority 'overview' statement that I missed by simply looking for the most advanced stress line.

Then he commented on the iris's scurf rim and lymphatic rosary (as they were called in those days.) "Here's your second witness and thus the iris and sclera combine to elevate the lymphatics as a priority. But he cautioned, "The jury's not yet reached a verdict."

Then, on the foot chart, he showed me the callous on the heel and lateral side of both feet. "So we see that the iris suggests it, the sclera alludes to it, but the feet clinch it. It takes all three witnesses to tell the essence of the story."

He commented to me, "Adrenal support will be superficially helpful, in fact it's necessary at some point, but it won't elicit a deep healing because it's out of sequence. "Mary's so congested in the lymphatic system that she won't be able to detoxify, have an effective immune response, or get viable nourishment to her cells. The lymphatic congestion is the all-pervading blockage to her body's ability to heal."

I wrote in my notes, "Priority #1 – Lymphatic congestion."

He positioned the charts back in front of me. "Now, what is causing the lymphatic congestion? You won't find it in the iris information ... it's there, but it's not being given the respect it should have—not discernable. There's a better clue in the sclera, but her body has made so many compensations it's somewhat obscured there. Using the iris and the sclera you get a pretty good picture of the cause, but in the feet, you'll see it quite nicely."

Pause. Everyone in the group was looking at me. I didn't have a clue. I just didn't know what he was getting at, so I gulped and gave the popularly pat answer, "It's heavy metal toxicity?"

Not yet expiring on patience, Wheelwright queried me, "According to the simple feet-alphabet, what pattern registers the most stress?"

I knew the answer would not be the lymphatics because we were now looking for something else, so I replied, "Well, there's a "star" line and a callous over the stomach and pancreas zones on the left foot. I think that "star" line is the highest stress mark."

Wheelwright nodded, "Right, now look at the wrinkling of the skin here in the arch—that's a lack of nucleo-protein. Also, look at the curve of the stomach line—that's a hydrochloric acid deficiency. Look in the pads of the toes—there's amino acid imbalances."

The light bulb in my head came on, "I got it! There is poor protein digestion resulting in both deficiency and large molecule proteins congesting the lymphatic system. It all goes back to digestion!"

Then Wheelwright pointed to the sclera and asked, "Can you confirm it here?"

"Yes, but it wasn't clear. There are three stomach lines, but they are all simple stress lines and there is a simple pancreas/liver line."

He interjected, "But they all add up. Now what about the iris?"

"It's just a basic marking, hardly worth mentioning," I replied, "but it's there."

"Okay," said Wheelwright, "Now you have time and progression. The digestive issue is a more recent acquisition, so it first appeared in the feet, then the sclera, but it hasn't been an issue long enough to also play into the digestive weakness portrayed in the iris. This leads me to think there might be even deeper causes or other causes, but we now know this—we'll never help the body restore its health until the digestion improves. The digestion is a cause or contributor to the lymphatic distress. Other factors—lack of exercise, pathogenic artifacts, swollen

lymph nodes—may all contribute to the issue as well. But we know that digestion is a major obstacle to lymphatic cure.

I went back to my notes and scratched out “Priority #1—Lymphatic congestion” and wrote, “Priority #1—Digestion, Priority #2—Lymphatic congestion.”

Wheelwright looked over my shoulder and said, “Uh-oh, nope, the top priority is lymphatic because that’s where the bioenergetic and biochemical congestion is, but you have to address the digestion to get there.” So I started again with a fresh piece of paper and he drew a “wheel and spokes” diagram to illustrate the possibilities. The hub was “lymphatics” and one spoke was “digestion.”

He then said, “Now, let’s be detectives and look for other spokes that have a bearing on Mary’s case.”

Wheelwright had already written on the program sheet his recommendations to 1) improve diet, 2) improve digestion, especially protein digestion, 3) temporarily help the body with the digestive processes until it could work on it’s own.

This was a big lesson in “connecting the dots” and moving into a deeper vision of how to help the body heal.

Wheelwright then surprised me with the third facet to his program. He let me off the hook and stated, “So we’ll do a lymphatic program, a digestion program, and we should have some token support to the liver because there is this traveling line (liver to spleen) in the sclera showing that the liver is introducing intermediate metabolites into the lymphatic system that are probably very toxic. The liver is also a contributor to the lymphatic distress. So here in the sclera we find—once we interpret the entire chart in regards to lymphatic information—that the liver is putting direct stress on the spleen. We don’t want to initiate a liver cleanse right at the beginning—her lymphatics can’t handle it—but we have to help the liver do its job better right here from the get-go. Then in 30 days, increase the liver support. Then in 60 days, start your adrenal program, and this time the adrenals will respond.”

So I added “Liver” to the wheel and spokes diagram to Wheelwright’s nodding approval.

All that Wheelwright said came to pass and Mary reported massive improvements in many diverse areas of her health that included and end to chronic fatigue, the disappearance of fibrous cysts in the breasts; restoration of luxuriant thick hair; correction of a class two pap smear; stabilization of blood sugar; weight loss; and great improvement in self-confidence and attitude.

The Strength Of Knowing Your Modality's Limitations

Every modality has limitations. Every one. To further stress this point, no modality is all inclusive of the complex human condition that encompasses the physical, emotional, mental, and spiritual aspects of life.

No matter how much we love our chosen modalities, we must know their limitations and know how to use them properly. Yet this wisdom is sorely lacking in all health professions and modalities—both medical and natural.

Opinion. It must be a disease of the human mind to assign an exaggerated value to whatever intrigues it, but this phenomenon holds us back as healers if we try to fit the whole of life into one matrix.

This exaggerated attitude has spawned the “show me your eyes and I’ll tell you what’s wrong with you” approach where the eye-reading ends up as an oversimplified, unsubstantial, and superficial “you have hypothyroid, parasites, your liver has candida, and you have a neoplasm in the lungs.”

It has generated teachers of modalities that offer students the lazy way of “this line means that condition”—a dangerous and specious (actually unethical) approach to causative and reflexive views of health; instead of teaching how to take the parts and derive a better vision of the whole. Wheelwright always cautioned practitioners against recipe book interpretations.

The natural health practitioner has the opportunity to transcend the “view of the parts” and become truly holistic by understanding how the various parts add up to a causative understanding of a person’s health pattern. Causative understanding means that a causative treatment can be designed. A causative treatment stimulates the body’s innate healing mechanism to correct the disease process.

It is only through causation that a practitioner can implement true healing. And few do this. Most implement amelioration of symptoms as evidenced by 1) the patient returning with statements of initial palliation, but not cure, 2) the patient returning to re-treat the condition after a period of improvement, 3) the patient having to continue to take a medication or nutritional therapy for an extended time, 4) the patient going to another practitioner seeking better results.

Modern medicine is limited by its parameters that do not accommodate the bio-energetic aspect of a human being, and by its practice of symptom suppression rather than ultimate cure. Thus, all currently accepted medical modalities fall short of revealing the true causes of disease upon which healing must be based. This is further supported by the pharmaceutical industry where drugs only palliate causing

people to become dependent on a drug that can never cure. Yet, as medicine advances, it inevitably draws close to causation. This is why we often find that medicine adopts tenets of natural healing as new discoveries reveal the deeper causes of symptoms.

Example: Blood work modality. Foundational to the practice of medicine, laboratory blood values are certainly an incomplete portrait of human health. They do not reveal the cause of all the auto-immune diseases (multiple sclerosis, cancer, arthritis, etc.) and the massive amount of human suffering labeled “no known cause, no known cure.”

Further, the scope of blood work must be based on the fact that the body keeps the blood in tight parameters of homeostasis. Thus people with normal calcium levels can and do have rampant osteoporosis. Blood calcium levels cannot reveal the disease where the bones decalcify. [In natural health we know that osteoporosis occurs because the bones give up their protein matrix to which calcium is an attached component, and thus osteoporosis is not a calcium-based disease, but a high carbohydrate diet induced disease via the dictates of an insulin-based metabolism as opposed to leptin.]

Yet, laboratory blood work can be a valuable window into understanding some of the body’s processes when knowledge is applied to its strengths, and assumptions avoided where they fall outside the scope of the modality. When used properly (applying its strengths in context of knowing its weaknesses) blood work can be an important tool in understanding certain components of health.³

The same limitations of forcing the complex and multidimensional human dynamic into the framework of a modality also apply to natural health practices as well. While more diverse and more accommodating of bio-energetic views of the body, natural health modalities also have defined parameters that limit a full understanding of the causes of health complaints.

Each modality is a window to the body, but each view is different. Practitioners fail in their healing work when they 1) try to apply a modality beyond its scope, 2) practice just one modality because while revealing important information, it inherently limits the fuller view. Yet it seems that every modality presumes and pretends that it knows all, sees all. Eventually, the practitioner must reconcile the facts based on results.

³ ***Blood Chemistry and Clinical Nutrition*** – an interpretive guide to the SMAC-26/CBC laboratory blood report with nutritional applications, available at www.apple-a-daypress.com

Big Mistake – Applying Causative/Reflexive Modalities to the Medical Model

The biggest mistake being made in the natural health movement is applying “causative” and “reflexive” modalities to the western medical model of disease. It’s like having a veterinarian work on your car.

Causative, reflexive modalities include: Iridology, Sclerology, Foot Glyphology, acupuncture, reflexology, shiatsu, touch-for-health®, classical homeopathy, and so forth. All these modalities are based on the bio-energetic matrix of a human being and thus reflect a different facet of life that is not necessarily and readily congruent with medical pathology, chemistry, and biochemistry.

The foundation of western medicine is that a disease condition is caused by a pathogen or molecule that can be identified, corrected, and then health is restored. The glaring problem here is the lack of individualization or why a person got the pathogen or manufactured too many or not enough molecules in the first place. Most often, the primary reasons for health complaints fall outside the scope of medical practice as they are the result of poor nutrition and the toxic environment.

Western medicine ignores and fails to cooperate with the body’s innate intelligence. The natural health paradigm fills this void with concepts of bio-energy, body-mind connection, and terrain.

Western medicine has taken an infinite, multi-dimensional being—the human being—and crammed it into the tiny box of pathology and chemistry resulting in a program that admits that 90% of its diagnoses are wrong (reported in the *New England Journal of Medicine*) and causes 500,000—750,000 deaths a year due to mistakes and horrific drug interactions, and requires governmental laws and guns to help maintain its financial cartel.

So much of the human being is unable to fit into that confining, limiting box, is it any wonder that medicine is struggling to retain patients who instinctively know that a poisonous drug and an overeager knife are not the best tools for most health problems? People are seeking alternative therapies that respect the body’s inherent process and healing integrity with greater zeal than ever before. It’s almost as if their lives depended on it.

Unfortunately, many natural health practitioners are caught up in a “this for that medical mentality—“this line means you have bad arteries”, “these blood cells clumping together means you don’t have a enough fish oil in your diet”, “this little swirl means you have some cancer cells looking for a blood supply”, “this lesion means you have a tape worm,” *ad nauseum*.

So why do we find such rampant misuse of natural health paradigms in that their proponents try to “play doctor” and diagnose diseases from causative, reflexive information? When I posed this question to a sclerology class in 2004, responses included: 1) the practitioner is insecure or lacks awareness in applying causative information because he or she doesn’t understand the true scope of the modality; 2) the patients expect a medical diagnosis because that’s all they understand; 3) the practitioner’s ego wants to play doctor, but did not have the discipline to go through medical school; 4) the practitioner’s ego wants to play doctor, and had the intelligence and insight to avoid medical school (and the study of drugs because there is little truth and genuine healing to be found there), but assumed the diagnosing/prescribing paradigm as valid and applied it to natural modalities; 5) the practitioner has not evolved into trusting a non-concrete, non-established perspective; 6) the practitioner is gullible and lazy and wants a mechanical ‘this for that’ recipe book system; 7) the practitioners are trapped by the herd mentality and can only look at health and healing from the perspective of what society dictates is acceptable—thus they deviate a little bit to a natural modality but it’s not a complete deviation because they still apply the accepted diagnose/prescribe paradigm.

The causative view of health is actually a more profound and revealing view of the factors involved in a person’s maladies, so it’s particularly sad to see natural health practitioners ignore that consciousness-expanding vision and settle for the mechanical implementation (medical model) of a natural health paradigm.

Causative Modalities Are Not Necessarily Diagnostically Accurate

My explanation to the rampant misuse of natural health paradigms (diagnosing diseases from the iris, sclera, live blood, electro-dermal equipment) was that natural health practitioners are raised in the medical-thought-process box which pervades (and limits) the current human collective consciousness and are thus tempted to apply reflexive modalities to the medical paradigm of diagnosing and prescribing because they do not see the fallacies inherent in that process, (why the person got the disease) and because they do not fully appreciate the creative process of the causative overview. But what I found interesting in the class’s answers was that no one suggested that the modality was nonsense; they all suggested it was how the practitioner applied the modality.

Case In Point. In 1979, proponents of Iridology failed a scientific test in which they examined photographs of the eyes of 143 people to determine which ones had kidney function impairments. (48 had been diagnosed with kidney problems via standard medical tests, and 95 had normal function.) The three iridologists were unable to differentiate between those who had kidney disease and those who did not. In fact, the results were embarrassing. One iridologist concluded that 88% of the normal patients had kidney

disease, while another judged that 74% of patients sick enough to need artificial kidney treatment were normal.

These horrific results have caused medical model proponents to discredit the science of practice of Iridology. But the mistake was not in Iridology itself, it was in the foolish notion that causative information was diagnostically accurate. There are numerous, inherent flaws in the diagnostic model itself and huge flaws in applying a causative art to such a model. Proving Iridology to the medical model is tantamount to explaining how music comes out of a transistor radio to a bushman in the wild.

Now, to me, the problem was not an inherent flaw in the philosophical insights of Iridology, the flaw was in the application of Iridology within the constraints of the western medical paradigm. It was using an ohmmeter to appreciate a symphony.

To understand Iridology's failure to diagnose the kidney issues, we must ask:

- 1) Can kidneys malfunction and not have an overt stress of the tissue or lack of tissue integrity? Yes or No.
- 2) Can kidneys have a condition such as calculi (stone) and not have a lack of tissue integrity or mechanical impairment? Yes or No.
- 3) Can kidneys function properly despite having a disease process? Yes or No.
- 4) Can the kidneys bear the brunt of a deeper metabolic disturbance and thus be diseased, but not the cause of the disease? Yes or No.

If you answered "yes" to any of those questions, then you've found a reason that the iris information has trouble being validated by the medical scientific method. It's a simple misapplication of causative information translated into the medical paradigm of "diagnose mechanical malfunctions."

The first problem encountered in the cited test is the assumption that medicine has the sole exclusive rights to truth. Most diagnoses are wrong, yet it was assumed that the iris had to match the medical diagnoses.

Secondly, most diagnoses are superficial and are only looking at effects, not causes. The doctor might diagnose a kidney problem by looking at the Blood Urea Nitrogen/Creatinine ratio, but the iris (or sclera) would show a pituitary issue (the cause) rather than the kidneys not filtering BUN and Creatinine properly (the effect of posterior pituitary vasopressin malfunction). So here, we have a person medically diagnosed with kidney disease but the causative stress is the pituitary.

Being a causative reflection, the iris would not necessarily reveal a kidney stress pattern because the kidneys are simply doing what the body is telling them to do. However, the iris would reveal a pituitary stress pattern that then has to be interpreted to reveal its impact on kidney function.

If you answered 'yes' to the first question (malfunction without inherent damage), then you have a situation where the iris information does not reveal a kidney problem, because the kidneys are not exhibiting weak tissue integrity, an overt pathology (infection, inflammation), or gross mechanical malfunction. Perhaps a urine specimen shows a trace of protein and this is declared to be a disease. Yet, in some people, this is normal—its just how their body works and is not a disease. So medically they have a disease marker, but in actuality they don't. In such an instance, the iris will not reveal a kidney problem, nor would it reveal a problem if the pituitary is responsible for the kidney malfunction (in which case the kidneys are healthy and just doing what they are told.)

If you answered 'yes' to the second question (a stone without tissue damage), you realize that diet could cause calculi (too much oxalic acid as in excessive spinach juice, rhubarb, etc.) and the kidneys are healthy, but spin up a stone in a nephron. Thus the iris would say "healthy kidneys," but medical testing would say, "stone."

If you answered 'yes' to the third question (proper function at onset of a disease process), you understand that a kidney might at first have a disease such as a cyst formation that does not impair function. Thus the prevailing signal is that the job required of the kidneys is occurring and not stressing other tissues. Bio-energetically, the kidneys would register a congestion in the water element, but the kidneys are assumed to be okay until the cyst impairs function or results from a more pronounced bio-energetic disturbance.

If you answered 'yes' to the fourth question (non kidney cause of kidney malfunction), you realize that what medicine is calling a kidney disease could really be a problem of glucose metabolism, pituitary problem, or auto-immune reaction against a large molecule protein that the kidneys must filter, etc. A causative-based portrait may not register a kidney problem in the kidneys because the problem exists elsewhere and the kidneys are simply doing their job the best they can.

Thus, we could say that the purpose of Iridology is not to diagnose kidney disease, but to reveal causative stress patterns. The same applies to Sclerology. So what hubris is involved in "playing doctor" and diagnosing from the eye when it's totally unnecessary to help the body effect cure of its adaptive limitations? It's the hubris of the medical model being used by the unaware natural health practitioner.

Actually, it is a normal evolutionary process to take a reflexive, causative art and apply it to the known, scientific information of the day. It's simply a right of passage in that the reflexive information must be mentally understood and its strengths and weaknesses evaluated. But we, as natural health practitioners should not want to stay stuck in the "this lacuna means that you have a cyst," or "this loopy line means that you have an arterial lesion" mentality, or we'll deny the next evolutionary expansion of reflexive insight.

Here in *Causations*, you are being exposed to the next step—that of taking reflexive information and, instead of limiting it to a pat and often inaccurate diagnosis, expand it with the insight of a second source of information to understand the constitutional pattern and how inhibitions (congestions) to energy circulation are manifesting.

Another Case In Point. In the late 1980s, five well-trained iridologists in Holland failed a similar challenge in which they were given color photograph slides of the right iris of 78 people, of which 39 had gallbladder stones or disease. None of the Iridologists could differentiate between the patients with gallbladder disease and the people who were medically declared to be free of gallstones or gallbladder disease. Nor did they have any concurrence among themselves in their findings. One critic pointed out, "A blind, retarded monkey could have done better by the law of probability."

Before asking our simple questions, let's first wonder, 1) why would proponents of a holistic science (Iridology) agree to a test where one eye's information was withheld? That would be like taking a person with blood and gravel in the urine, but only allowing an x-ray of the left side of the body. Someone might say that the gallbladder is a right-sided organ so you only need the right eye. If the influence of the gall bladder is exclusively right sided, why is left arm pain a medically acknowledged symptom of gall bladder distress?

2) Even more puzzling is why would the Iridologists agree to such a test as it reveals that they were not grounded in the fundamental principles of holistic, causative information. They erroneously assumed that the gallbladder must be independent of the rest of the body and that all gallbladder diseases originate in the gall bladder.

So let's ask three questions about the gallbladder and its role in health and we'll see why the experts' results were so poor.

1) Is there a case where the gall bladder has a stone but there is no overt stress put on the body or on the gallbladder's ability to perform its duties (emulsify fat)? Yes or No.

2) Is there an instance where there is no stone, and no symptoms, but the gall bladder is congested and not being efficient in its duties, and even causing other symptoms such as headaches? Yes or No.

3) Is there a case where the gall bladder could be predisposed to disease if the diet encouraged a disease to manifest, but currently the gallbladder is working fine? Yes or No.

So if you answered yes to any of those questions, you have a case where causative/reflexive information is incompatible with empirical evidence.

A 'yes' to the first question (stone but no stress or damage) acknowledges a healthy gallbladder that, due to a systemic reason such as pH (acid/alkaline balance), turned soap (alkali and calcium) into a stone. The stone is not blocking the duct or causing any inflammation, and thus it is not expected that the gallbladder zone would reveal any clues, yet it shows up on a sonogram and the doctor says, "laparoscopy⁴" to this reversible condition.

A 'yes' to number two (no stone, no symptoms, yes congestion) is simply an early stage situation where there is a thickening of the bile, an altering of its pH, and thus a stress on the gall bladder to perform. A stress pattern is present in the iris and sclera, but without overt stone or disease, medical science says, "Everything's just fine. Medicine also misses low-level inflammation which is a precursor to disease.

A 'yes' to number three (genetic predisposition, no symptom manifested yet) recognizes the bio-energetic aspect where a person has a bilious constitution. As life provides circumstances that are deemed irritable and the person reacts with anger, the gallbladder becomes prone to disease that may later manifest as stone, inflammation, or allowance of pathogenic proliferations. Here the iris and sclera would show a stress pattern, but medicine would say that there is no problem.

And what about a person that has a roving parasite that intermittently causes gall bladder twinges, but is not seen in medical testing?

What we've accomplished with these questions is outlined numerous instances of incompatibility between medical and causative/reflexive information. In some instances, the medical information was more insightful; in other instances the

⁴ **Laparoscopy** -- An operation in which a laparoscope is used, as in an examination of the liver or the surgical treatment of endometriosis.

reflexive information was more insightful. Each modality should be used according to its strength with an understanding of its weaknesses.

Factors That Govern Causative Information

So statistically, we have numerous considerations that govern the presence or lack of presence of a stress pattern (lesion in the iris, line or marking in the sclera):

1. Healthy tissue, healthy function, healthy constitution = no stress pattern, with the exception that a stress in a remote tissue impacts the function of another tissue that then performs impeccably but manifests a symptom (like our pituitary/kidney example.)
2. Healthy tissue, acquires a 'condition' that does not affect function or tissue integrity = no stress pattern most of the time, but if an underlying elemental weakness exists, that individual is prone to more quickly manifest a stress pattern.
3. Healthy tissue, acquires a 'condition' that does not initially affect function or tissue integrity, but expresses a constitutional weakness affecting that tissue or its element = stress pattern manifests or increases.
4. Disease process ensues but healthy function continues = sometimes stress pattern appears, sometimes it does not depending on the individual's vitality and compensations, but it's pending.
5. Disease process, impaired function or impaired tissue integrity = stress pattern.
6. Constitutional weakness of tissue or element associated with that tissue, but overt symptom has not yet manifested = stress pattern.

So now we have a scope of reference upon which to base our causative/reflexive observations. People will have:

1. Some disease processes that circumvent the parameters of Iridology and Sclerology. In such cases, a deeper, causative analysis (combined modalities) can help triangulate on preemptive information and therapies. Thus multiple modalities compensates for a modality's inherent weakness.
2. Disease processes that are quickly revealed in the eyes. (Constitutional imbalance aligns with poor tissue integrity and acceptance of pathogens.) Here we find that the rate of manifestation in the eye-information is dependent upon the individual and the body's ability to compensate. Also, here is a compelling point about why the reflexive information in the eyes cannot be honestly or accurately labeled with a diagnosis. It's all individual. The general patterns are universal, the expression in the eyes is individual.
3. Constitutional predispositions to disease that reflect in the eyes before overt symptoms manifest.

So, to summarize, in causative, reflexive views of health, there are no absolutes. Lines and markings cannot be equated with named diseases. But like a good detective, we can gather the clues and insights, and synthesize them into a recognizable pattern that is more far reaching than any overtly diagnostic science—

provided the practitioner has the training (anatomy, physiology, multiple modalities) and avoids the trap of ‘this for that recipe book’ interpretations.

Philosophically, I do not believe that one modality can ever reveal all. The reason for this position is that every modality is a translation of the body’s ‘original text,’ and something’s always lost in translation! Further, the modality must be interpreted by another human being or by a computer program designed by another human being, thus the translation must be translated. With only a modicum of humility, surely we must admit that one modality does not and cannot reveal all about a person’s health.

Multiple Modalities Triangulate To Reveal Deeper Causation

Wheelwright felt it absolutely essential that healers/practitioners should use three, independent views of a person to better understand the underlying causes of why the patient manifests a symptom which is simply the body crying out in distress at its inability to express balance.

To this effect, he used a variety of modalities, but always use them in threes. Thus, he would correlate Iridology to Sclerology to Foot Glyphology. Or he would correlate Sclerology to Electro-Acupuncture to Foot Glyphology. Some practitioners might choose a comprehensive questionnaire as one modality, and add Iridology and Sclerology to make three.

Which three modalities work the best? The answer can only be known by the practitioner’s heart and it’s an individual answer. What interests you? What do you find fascinating? Do you want a hard science such as blood work included in your view? Do you want three causative sciences? Do you like technology? It’s the modalities that capture your interest that you will synthesize into a view of life that will help you triangulate a person’s health issue into a model that reveals healing priorities.

By contemplating the similarities and differences of information revealed by different reflective views of the body’s struggle for homeostasis, the deeper pattern comes into focus; and thus an understanding of how to truly help the body correct its distress.

It’s like the magic eye⁵ pictures where an image is hidden within a pattern that can only be discovered by looking through the object. Once the practitioner sees through the obvious “thyroid stress line” or “liver lacuna,” he or she can then

⁵ **Magic Eye Puzzles** – an optical illusion promoted in the 1990’s where the human brain must bring forth a hidden, three dimensional image from a two dimensional picture.

connect the dots of WHY this is occurring and construct a healing program that allows the body's innate healing mechanism to effect complete correction.

Let's take this 'thyroid and liver' example into the multiple modality paradigm. In this example, one practitioner might give herbs for the thyroid and the liver. This will be helpful, but not curative. Why? Because supporting stressed tissue does not address the cause, but it is a valuable part of a comprehensive, therapeutic program.

Aside note: I recently learned that an Iridologist proponent of Sclerology has stated that there is no such thing as a 'healing line' revealed in the sclera. This is not true, and this is my first opportunity to refute this misconception based on countless documented examples from clinical experience. This "lack of experience" statement must stem from instances such as: 1) the rescinding of the healing lines (white fibers) concept in Iridology where it was originally taught but found to be a photographic anomaly, 2) the proponent's limited view of Sclerology and proclivity to make it a "this for that diagnostic system," 3) inability to apply causative information effectively toward designing a corrective therapy, 4) lack of effective health products that impact both the bio-energetic and biochemical aspects of a human being, and 5) inability to recognize the appearance of new stress-tension lines that have the ability to relax.

The sclera line that rises up under the stress of bio-energetic congestion will relax (healing line) when the congestion is replaced by circulation. Not every line in the sclera can transform into a healing line, but effective practitioners who treat the person, not the disease, observe healing lines regularly.

Another practitioner might correlate the thyroid and liver stress to an imbalance between the Earth and Wood elements and endeavor to support the person with herbs that address the sedation of earth and the tonification of liver in addition to the same tissue support that the first practitioner applied. The resulting program would be based on two modalities (Iridology, Chinese 5-Element Theory) and provide the body a more thorough and resonant impetus to heal.

Pursuing this analogy further, another practitioner might apply a therapeutic triad based on the information from three modalities. Let's select homeopathy to exemplify the third perspective. In classical homeopathy, the *similimum* (cure-initiating remedy) is derived by correlating the symptoms with the body's instinctive preferences and verified by strange, rare, and peculiar symptoms or other essential qualities of the case. So by properly analyzing the effects (symptoms, etc.), the homeopath draws closer to understanding the nature of the cause –a specific bio-energetic disturbance (congestion) in the body's energy

matrix. So here the practitioner addresses 1) individual tissue integrity like the first practitioner, 2) the constitutional imbalance like the second practitioner, but adds 3) the insights of the homeopathic modality (time and progression, totality of symptoms) to construct a comprehensive healing program⁶.

Thus, when multiple modalities are applied, the practitioner can draw closer to the cause, and not just be throwing patent products at all the effects based on marketing literature (recipe book).

So the reason for all this preliminary information is simply this: to be the best practitioner you can be, you must have multiple modalities.

⁶ **Comprehensive healing program (Healing Triad)** – more on comprehensive, herbal programming is outlined in the book, *New Dimensions In Herbal Healing*, available at www.apple-a-daypress.com