

## Sawbones 431: Iridology

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**Intro (Clint McElroy):** *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

**Justin:** Hello everybody, and welcome to *Sawbones*: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

**Sydnee:** And I'm Sydnee McElroy. What was that—what was that chair slap, there? The slap on the arms of the chair?

**Justin:** [simultaneously] The chair slap is—

**Sydnee:** That usually means it's time to go. That's what you do when it's time to get goin'.

**Justin:** What do you mean, when it's time to get goin'?

**Sydnee:** That's the si—that's the signal.

**Justin:** Like when we're out of the house and I'm signaling, [slaps chair] "Time to return to the house. Everyone, I'm losing strength!"

**Sydnee:** This is a universal si—well, not universal. This is a cul—this is a—there are other people who do this. This is some subsection of culture that does this, like, it's either like a slap the arms of the chair, or you do the knee slap. "Well." And you say "Well."

**Justin:** "Well."

**Sydnee:** "Well." And that means either "I gotta go," or "You need to leave."  
[laughs]

**Justin:** That's weird. That's weird, Syd, because—

**Sydnee:** [through laughter] It's time for you to offer, like, "Oh, uh, I guess I better get going." That's what—that's the expected reply. "Well." And then the other person says, "Well, I better get going."

**Justin:** That's actually weird, 'cause a lot of times I'll do that and you'll act like you *don't* know that I'm ready to leave. [laughs quietly] So it's weird to know that you—

**Sydnee:** Oh, no, I know.

**Justin:** Oh, you know, okay.

**Sydnee:** I'm ignoring it 'cause I don't wanna leave. [laughs]

**Justin:** Oh, perfect. Syd, what's on the—what's on the docket today, on the *Sawbones*—the *Sawbones* docket?

**Sydnee:** I already told you last week, so I'm just terribly disappointed that you've forgotten.

**Justin:** I—I know.

**Sydnee:** I know, I'm joking.

**Justin:** I'm setting people up for the...

**Sydnee:** I know. Um, last week we covered Droz and his many forays into pseudoscience, and one of those was iridology. And I gave you a little, uh, snippet, a little tidbit of the history of iridology, and then I thought, "Well, let's do a whole show on that."

**Justin:** It sounds fascinating.

**Sydnee:** Mm-hmm. Um, so that's—that is what I'm thanking—no, I don't wanna thank Droz for anything. Thank me, for...

**Justin:** Thank you. [laughs]

**Sydnee:** ... suggesting it to me. Thanks, Sydnee of the past. Usually Sydnee of the past is doing no favors for Sydnee of the future.

[both laugh]

**Sydnee:** But this one time. Um, so I mentioned—and let me say that with a lot of these alternative medicine practices, it is common for there to be this claim of ancient roots, right? Like, this is something that's been practiced for thousands and thousands of years. You can't always find evidence of that.

**Justin:** Of... iridology. Or just the evidence of the practice of being practiced for thousands of years.

**Sydnee:** Yes, exactly. Like, I don't know that this—that iridology is, certainly as we understand it today, um, that you have—that there's any ancient roots to that practice, because it involves such an intense inspection of the iris. And, like, modern tools make that a lot easier. It would've been hard to examine the iris to the level of, you know, specificity that we can now.

**Justin:** Sometimes you see this, though, in, um... complimentary alternative homeopathic medicine, where it's building on an ancient concept with modern technology. As if to say, like, we have the best of both worlds. Like, this was a great idea, but now we really have the technology to get in there and look at that iris.

**Sydnee:** Well, and they're really, like—so they talk about, like, the ancient Egyptians had these silver, like, engrave—what do you do in silver? Engrave? I don't know. Silver...

**Justin:** Silver plating?

**Sydnee:** Plate things?

**Justin:** What are you doing?

**Sydnee:** I don't know. Like, they have pictures of the eye in silver.

**Justin:** Okay. [holding back laughter] So, like, silver art.

**Sydnee:** Yeah. Anyway. As, like, "So, see? They really got eyes, that eyes are important." Which, like, you can think eyes are important and not believe in iridology, I think. But, like—

**Justin:** Yeah, I'm a big fan. [laughs quietly]

**Sydnee:** There's that. And then there's, like—and then there's ancient Tibetan medicine which talks about how you can see liver disease in the eye. And it's like well, I mean, okay. There's some—like, you can see jaundice. So...

**Justin:** Yes. [crosstalk]

**Sydnee:** But that's not iridology. So I don't have any—

**Justin:** You can see, um... what is it? What's the, like, red lines in the eye from when you've been, like, drinking or stuff like that?

**Sydnee:** [laughs]

**Justin:** You know?

**Sydnee:** Yeah? Those, like, dilated blood vessels.

**Justin:** You can see the dilated blood vessels. You can read that.

**Sydnee:** Well, there's lots of stuff you can—

**Justin:** That symptom.

**Sydnee:** This is true. There's lots of stuff that you can see in the eye, um, that aren't iridology, right? Like, I'm not gonna sit here and say, like, we don't use the eye as a diagnostic tool. First of all, there can be things wrong with your eye. So, like, we have doctors who...

**Justin:** You look inside the eye sometimes. That's—

**Sydnee:** ... do eyes. That's their thing.

**Justin:** —that's wild. You know that little light that they're looking at where they look through the hole? They're looking inside your eyeball, folks! Did you know this?

**Sydnee:** [laughs quietly]

**Justin:** I found this out when Sydnee was in medical school. They're looking right inside there!

**Sydnee:** Mm-hmm.

**Justin:** That's wild!

**Sydnee:** Right to the back. Right to the back of your eyeball.

**Justin:** If you ever wanna see something wild say, "Hey, doc. Let me spin that around you and take a look in your peepers while you got that out real quick." 'Cause it is wild in there, folks. It is wild.

**Sydnee:** But that's—I mean, we have doctors devoted to this. We have optometrists and we have ophthalmologists, and they know all about the eye, and can tell you all things that are wrong with your eye. And then of course there are signs of systemic diseases that we can also see in the eye. If you have high blood pressure for a long time, we can see changes in your eye. If you do have liver disease, obviously we can see changes. And there are some things that are, like, classic—like, they use them on *House* so you know it's, like—"Oh, that's a thing in medicine," because we used it on an episode of *House*. Like, you see the gold rings in the eye and you're like...

**Justin:** Ooh.

**Sydnee:** Copper. That's Wilson's Disease. Like, you know? I mean, like...

**Justin:** And then Wilson's like, "Um, excuse me?" [wheezes]

**Sydnee:** Well, no, not that Wilson. It's a different Wilson.

**Justin:** The volleyball.

**Sydnee:** [laughs]

**Justin:** The volleyball.

**Sydnee:** Not the... and, you know, the—so there are all kinds of things. Like, we can look at the size of your pupils and say, like, "Mmm, you've been exposed to a certain kind of toxin." So there are lots of things we can tell from looking at your eyes.

**Justin:** By the way, Wilson? They picked that 'cause it sounds like Watson. Wow. How's your mind? Is it blown? 'Cause I think so. Also, House? It's just like—  
[wheezes]

**Sydnee:** It's just like Holmes.

**Justin:** That one is lazy. That one has always irritated me.

**Sydnee:** Holmes, House.

**Justin:** Holmes. Uh... it's like that, but there's just one. [wheezes] And it's more of a building. It's a H—just House.

**Sydnee:** It's a House.

**Justin:** Just a House.

**Sydnee:** And then you can build on that and be like, Apartment.

**Justin:** Apart—[wheezes] what, like Jeff Goldblum in his Apartments.com ad? "Hi, I'm Jeff Apartment."

**Sydnee:** Well, I mean, instead of Sherlock Holmes—

**Justin:** [simultaneously] "I'm a mystery solver."

**Sydnee:** —and then Gregory House, I don't know what the next iteration is. But...

**Justin:** Um—

**Sydnee:** I'm just loose associating with House.

**Justin:** "[gruff voice] My name's Kirk Tent." [wheezes]

**Sydnee:** [laughs]

**Justin:** "[gruff voice] I'm Kirk Tent and I'm gonna solve your—your, uh, wild animal mystery. Whatever's loose in here, Kirk Tent is gonna get it out."

**Sydnee:** I would totally watch that show.

**Justin:** I would watch Kirk Tent!

**Sydnee:** I would watch Kirk Tent! Make that show, please. TM. Um, so anyway, like, this is not what iridology is, though. None of this that I'm talking about is iridology. These are all, like, real things.

**Justin:** [through laughter] We've wasted a lot of time!

**Sydnee:** Well, I'm just saying. The—the—'cause to say, like, "Well, of course you can tell things about a person's health from their eyes." Well, yeah! Obviously we can. Um, but that's—so, iridology that we are talking about starts really in the 1800s.

There was—and I mentioned this on the Droz episode—there was this Hungarian physician, Ignaz Peczely, who by the way was also a lover of homeopathy. And you see this with iridology. A lot of the practitioners of iridology, like a lot of other alternative medicines, like, sort of overlap. They like a lot of them.

So anyway, uh, Peczely broke the leg of an owl when he was a child.

**Justin:** Hm!

**Sydnee:** Like, accidentally. How did he break an owl's leg? I don't know. I don't have that information.

**Justin:** [simultaneously] How did he do it accidentally, though?

**Sydnee:** I don't know anything about this.

[both laugh quietly]

**Sydnee:** But the owl's leg was broken, is the point. The owl did survive, because he went on to notice changes in the eye of the owl over time. So obviously the owl was okay, because how else would he have—

**Justin:** [simultaneously] Yeah, it seems alright.

**Sydnee:** —noticed these changes?

**Justin:** [laughs]

**Sydnee:** And again, like I've mentioned, I don't know if this story is really how he got interested. This is supposedly his origin story. [laughs] He looked in the eye of the owl and he noticed a dark spot developed after it broke its leg and it healed. And he thought, "Well. There must be a connection. There must be more we can learn about health." Because there's a change in the eye from a broken leg.

**Justin:** In an owl!

**Sydnee:** In an owl.

**Justin:** [laughs loudly]

**Sydnee:** There—as—as often happens, around this same time there was another physician who had sort of his own, like, accidental...

**Justin:** His own—his own—his own [through laughter] twister, skewed view on this.

**Sydnee:** He did some—

**Justin:** I like to bring a little bit of—[wheezes loudly] [unintelligible]

**Sydnee:** Wouldn't it be wild if I was about to—

**Justin:** [laughs breathlessly] Sometimes when a hawk gets the flu [wheezes] you can tell it in their eyes!



**Sydnee:** Wouldn't it be wild if it—one, if it was also bird-related, or two, if it was another owl with a broken leg.

**Justin:** [laughs]

**Sydnee:** It was like, two different doctors broke owl's legs, and then... no.

**Justin:** [laughs] It's the same owl and he's just traveling around and being their muse.

**Sydnee:** [laughs] No. He did not have any—there was nothing avian about his discovery. So, Nils Liljiquist was a Swedish priest, healer, doctor...

**Justin:** Okay. All around...

**Sydnee:** I don't know. Uh, I don't know. I don't know his, uh, schooling.

**Justin:** The thing is, he loved owls.

**Sydnee:** Yeah. I believe the other guy did go to medical school of some sort.

**Justin:** Okay.

**Sydnee:** I don't know about—Nils may have to—you know what? I'm not gonna say he didn't. I—I—I will tell you that this is—in some branches of alternative medicine, when you get into sort of, like, the founders and fathers—and I know that's gendered, but they're often men. There can be women. They're often men. But when you get into those stories, um, like, you'll find this really intense, like, everything about them. Um, this is one where, like, I don't—I'm not finding a lot of easy giant tomes written in tribute to these particular people. [laughs quietly]

**Justin:** This is a bit more of a—this sounds like one where even the... the, uh... true believers, um, maybe... [laughs quietly]

**Sydnee:** It gets a little weird. Like, a little grey.

**Justin:** You start to lose 'em a little bit with the broken owl iridology stuff.

**Sydnee:** Yeah. Which is why, like, I found as many mentions where they were like, "Maybe that's not true." But either way, he definitely was into this.

So, he was treated with some medications. Um—

**Justin:** This may not be true, but that's never really mattered to us that much—[wheezes] that much.

**Sydnee:** Well, I always like to—I always like to preface that, that, you know, there are lots of stories in this area that are somewhat apocryphal. Um, but then when the whole practice isn't based on science...

**Justin:** Right. It's like, yeah, we're all open to...

**Sydnee:** Uh, so anyway, he was treated with some medications, quinine and iodine, and then he noticed that his eyes changed colors. According to him, his eyes were blueish, and then after he took these medicines they were greenish with reddish spots.

**Justin:** Probably not.

**Sydnee:** I... probably not, yeah.

**Justin:** [wheezes]

**Sydnee:** I looked into that. Um, because, you know, we don't—in terms of just straight quinine or straight iodine, we definitely use these things in medicine. Like, derivatives of them and, you know, medicines made including them and things. These are still medicinally relevant medicines. Um, but I would imagine—we're talking about, you know, the 1800's—that the doses and the methods by which he was taking these would not be the same as today, right? Like, he would not be taking the same sorts of substances, or using them the same way or with the same caution or monitoring. And iodine particularly you have to be very careful with. But anyway, like, is it—like, back then if you just took these things straight up, would you see changes in eye color?

Um, from what I could find, with quinine, no. With iodine, it does—like, if you do a fundoscopic exam, meaning they're looking in your eye, when they take the ophthalmoscope and look in your eye, if you're looking, you can see changes there related to iodine. Like, if somebody is taking a lot of iodine.

**Justin:** Okay.

**Sydnee:** You can see some changes there. And so I don't think it's wild to posit that if you were taking that unmonitored you may see some sort of difference. Um, I don't know about this blue to green with red spots stuff.

**Justin:** Seems like a lot, yeah.

**Sydnee:** That seems like a lot. And then some of it I couldn't—'cause I also found that there was this whole other area of the internet where people were suggesting that you do this intentionally to lighten the color of your eye. Which is...

**Justin:** That seems...

**Sydnee:** Yes.

**Justin:** Yeah.

**Sydnee:** Problematic, for a variety of reasons.

**Justin:** [simultaneously] A lot, yeah.

**Sydnee:** And also still, I couldn't tell that there was any truth to that. That also seemed fake.

**Justin:** [wheezy laughter]

**Sydnee:** [laughs] Um, the point is, I don't—I don't—

**Justin:** Layers upon layers!

**Sydnee:** I do not believe that taking iodine and quinine would turn your blue eyes green and red.

**Justin:** Okay.

**Sydnee:** There you go. That is what I'll—that is my—[laughs] my medical opinion. Please do not try it. Please do not take these substances on your own, unregulated. Please don't do that.

**Justin:** Probably didn't need us for that one, but hey. Let's cover all our bases.

**Sydnee:** I saw one source that tried to link his story to vaccines. There was one mention where they were like, "He had a vaccine, and then he took quinine and iodine, and then his eyes changed colors."

**Justin:** "Do the math."

**Sydnee:** But—and, like, there was a smallpox vaccination around at this point. Like, so there was a vaccine to get. But I have no e—not even his stories talk about that. So I don't know where that—that was just sort of like—I think people who are into alternative medicines and also hate vaccines were like, "Let's throw a vaccine into that story. Nobody knows. It's really hard to research these people."

**Justin:** "They bought—they bought the owl stuff. We'll just see what sticks!"

**Sydnee:** [laughs] So, anyway, both of these guys noticed changes in the eye. One in an owl, one in a human. They seemed to correlate with other things. One a broken leg, one with taking certain medicines. And so they embark on their own individual investigations of the iris, um, basically by looking at the eyes of a lot of people that was kind of like the—that's the methodology of this.

**Justin:** That's where you gotta start.

**Sydnee:** So I see this connection. Maybe I'm going to examine the eyes of as many people as I can and take a detailed health history and find connections. You know?

**Justin:** Okay. Yes.

**Sydnee:** So they both did this. And drawing lots and lots of pictures, by the way. You can look up, um... I mean, so many diagrams of irises with, like, detail. Like, clock face drawings for the different parts of the iris, you know, 'cause it's a circle.

**Justin:** Can we be clear for people that may not—like, what i—when you say the iris, what parts of the eye specifically are you talking about?

**Sydnee:** I'm talking about the pigmented part of your eye.

**Justin:** Okay. The black part's the pupil.

**Sydnee:** Mm-hmm.

**Justin:** And then it's the iris.

**Sydnee:** Yes.

**Justin:** And then no one—they have not yet come up with a name for the white part.

**Sydnee:** You'll never know. [laughs quietly]

**Justin:** Do you know?

**Sydnee:** It's—well, there's the cornea and the sclera.

**Justin:** Yeah, but the white jelly part? There's not a name for that [crosstalk].

**Sydnee:** Well, there's—there's the—

**Justin:** It's just the rest of the eye.

**Sydnee:** —vitreous humor, and the aqueous humor, and the... there's lots of parts of the eye, honey.

**Justin:** Pupil, iris, white part.

**Sydnee:** There—there—well, [holding back laughter] there's lots of parts of the eye.

**Justin:** Pupil, iris, white part.

**Sydnee:** You're talking about the cornea and the sclera. I don't—like, it depends.

**Justin:** [simultaneously] The pl—the [crosstalk] where—the—

**Sydnee:** The white part—

**Justin:** There's the part where sleep boogers are made.

**Sydnee:** There's the globe. [laughs]

**Justin:** [laughs] There's the white part, and there's the iris and the pupil.

**Sydnee:** The important part is the colored part's the iris.

**Justin:** The lids! [claps] Sorry, forgot. The lids.

**Sydnee:** Yeah, the lids.

**Justin:** That's in there, too.

**Sydnee:** Um...

**Justin:** Oh, and for me? [whispers] The twinkle.

[pause]

That's in mine.

**Sydnee:** Uh-huh.

**Justin:** It's not in everybody's.

**Sydnee:** Uh-huh.

**Justin:** But if you look at me, you see there's something special.

**Sydnee:** Uh-huh.

**Justin:** Yeah. Something unique.

**Sydnee:** That's just the—yeah. Anyway—

**Justin:** Something you wanna bottle. You know?

**Sydnee:** Okay. Let's get back to the iris. That's the color—that's the colored part. Um... [laughs] so anyway, um, they both start looking at these irises, and they're drawing these pictures and guides. Peczely publishes *Discoveries in the Realms of Nature and the Art of Healing*, which included a chart of the iris, and all of the

different parts that it, like, connected to in the body, in 1880. That's when that work comes out. In the same period, uh, Liljiquist is working on his own account. First he publishes, like, just a short paper that's titled [laughs quietly] *Quinine And Iodine Change The Colour Of The Iris; I Formerly Had Blue Eyes, They Are Now A Greenish Colour With Reddish Spots*.

**Justin:** [laughs loudly] That's the—y'all, that's all in italics. That—can you do it one more time?

**Sydnee:** *Quinine And Iodine Change The Colour Of The Iris; I Formerly Had Blue Eyes, They Are Now A Greenish Colour With Reddish Spots*. 1871.

**Justin:** That's quite a book spine. Quite a book spine, there.

**Sydnee:** Yes. And then he goes on to actually publish, like, his account of all the other eyes that he examined in 1890 with, like, a ton of pictures. I looked through this. A *ton* of pictures and diagrams of the iris. Um, and then in 1916 his, like—*The Diagnosis From the Eye: Iridology*, his big tome, in 1916.

And of course when you put these great works [laughs quietly] of science and medicine out into the world...

**Justin:** You—you become the giant on which others must stand.

**Sydnee:** Exactly. So others will build upon this and grow this field in directions you have not yet predicted.

**Justin:** What a relief.

**Sydnee:** Um, but before we talk about that... we've got to stop by the billing department.

**Justin:** Let's go!

**Speaker One:** Her Majesty served Great Britain and the Commonwealth loyally, for over 70 years. And while of course we feel a profound sadness, we must remember she lived a long life, and died in such a way that I think many of us would want for ourselves. She was at home, surrounded by her family. And, of course, she was listening to *The Beef and Dairy Network Podcast*.

[air horn]

[music plays]

**Speaker One:** *The Beef and Dairy Network Podcast* is a multi-award winning comedy podcast, and you can find it at [Maximumfun.org](http://Maximumfun.org), or wherever you get your podcasts.

[music and ad end]

**Jordan:** You're in the theater. The lights go down. You're about to get swept up by the characters and all their little details and interpersonal dramas. You look at them and think, "That person is so obviously in love with their best friend. Wait, am *I* in love with my best friend? That character's mom is so overbearing. Why doesn't she stand up to her? Oh *God*, do I need to stand up to *my* own mother?"

If you've ever recognized yourself in a movie then join me, Jordan Crucchiola, for the podcast *Feeling Seen*.

We've talked to author Susan Orlean on realizing her own marriage was falling apart after watching *Adaptation*, an adaptation of her own work, and comedian Hari Kondabolu on why *Harold and Kumar* was a depressingly important movie for Southeast Asians.

So, join me every Thursday for the *Feeling Seen* podcast, here on Maximum Fun.

[ad ends]

**Justin:** It's funny to think that someone could read *Quinine And Iodine Change The Colour Of The Iris; I Formerly Had Blue Eyes, They Are Now A Greenish Colour With Reddish Spots*. and think there's still more to do here. There's still more meat on the bone. But you're telling me that's what happened.

**Sydnee:** We figured it out. Well, part of what I imagine that the issue was moving forward—like, if you're going to build this into a new field of medicine and science, you need something that's easy—like, I was looking through all of these diagrams and charts of irises. And I imagine it was difficult to apply that. Like, okay, I see—I would have to—every time I would see an eye, I would have to flip through page upon page upon pa—you know what I mean?



**Justin:** Yeah, yeah, yeah.

**Sydnee:** To, like, figure out all the different things about—it would take a long time.

**Justin:** Every eye is different! That's why they use eye scanners in security. You know what I mean?

**Sydnee:** Yes. Yes. So it would be a very difficult thing to put into practice. So what you needed was somebody to, like, put together a—like, a universal chart that would become, like, your dominant chart. That you could really use.

**Justin:** Yes. Refine this a little bit.

**Sydnee:** Yeah.

**Justin:** —take it out of the dark ages and really modernize it.

**Sydnee:** And that's where Dr. Bernard Jensen comes in. He was already sort of this natural healing enthusiast. So, he has a story. And a lot of people—there's actually another person we're gonna talk about who has a similar story. [laughs quietly] Um, where he had his own sort of health challenge when he was younger. Um, and he found that, you know, modern medicine...

**Justin:** Just couldn't...

**Sydnee:** It just didn't do it. Like, he could not find any solutions among actual medical doctors. And so he turned to natural, alternative, nutritional, holistic.

**Justin:** Mm-hmm.

**Sydnee:** I always hate when holistic, the word holistic, gets taken away from me.

**Justin:** Holistic's a great word.

**Sydnee:** Yeah.

**Justin:** Holistic's a great word. It's so useful.

**Sydnee:** Well, and I like to think that the kind of medicine I practice is holistic. I understand that it's more than just the wound or injury in front of me. I understand that there's a whole human who has a variety of questions and concerns and barriers they face, and problems they need to work through. And, like, I understand that. And I feel like the word holistic has been taken from those of us who, you know, practice... I don't know. I think of it as just medicine, but I guess... [pause]

**Justin:** Allopathic medicine?

**Sydnee:** Yeah. Or osteopathic medicine. They're in the same boat. But, like, it's been taken from us. And holistic has to include, but also, like, do you take into account all of these things that have never been proven to work, but might work? And it's like, well, no. I don't take those into account. I take the whole person into account. And I don't know why the whole person has to include...

**Justin:** Things that might [crosstalk]—

**Sydnee:** ... pseudoscience.

**Justin:** Things that don't work. [laughs quietly]

**Sydnee:** Yeah. I mean, that's not—then that's something else. I mean, then—

**Justin:** You've tried all the things that work. Why not?

**Sydnee:** Then in that case, like, be a spiritual adviser or a philosopher. Like, you can do those things. Like, that's fine.

**Justin:** A life—a life coach!

**Sydnee:** Yeah! [laughs] I think there's lots of room for all of us to try to help people live better lives. But medicine is a thing.

**Justin:** Be one of those people that consults on, uh—on, like, law of attraction. You know? One of these, like, visualization teachers that teach you how to, like, harness The Secret and—and achieve all your dreams. Just do that.

**Sydnee:** You—you go do that. I will not be seeking your, um, expertise myself.

**Justin:** We'll send—we'll send *Oh No, Ross and Carrie!* after you. At least then you're off our streets. [through laughter] And we don't have to—we don't have to patrol you.

**Sydnee:** That's not my particular, um, preference. But just don't—don't steal "holistic" that way.

**Justin:** Yeah.

**Sydnee:** What I do is holistic. I will stand on that. What I do is holistic, and I don't practice iridology. Um, so Dr. Bernard Jensen went looking for some nontraditional sort of methods. And really, like, naturopathic practitioners is sort of where he found, like, a lot of his solutions for himself, and botanicals, and nutritional kinds of—you know, like food is medicine sort of—that kind of thing.

**Justin:** Yeah, yeah, yeah.

**Sydnee:** Um, so he was a big, like, proponent and proprietor of a lot of these methods. You know, I mean, and that's—we're getting into the modern era where, like, it's not enough just to develop a new field of science or medicine, or pseudoscience or pseudomedicine. You have to... find a way to sell it, too.

**Justin:** Yeah, right. You gotta profit.

**Sydnee:** Um, he wrote more than 40 books on various natural healing methods. He had three sanitariums, and one of them was called the Hidden Valley Health Ranch.

**Justin:** [laughs] "Listen, my methods are a little bit—[wheezes] a little bit out there. Uh, I put this stuff on everything. That's the whole bit. I love this—I love this ranch seasoning. I love ranch popcorn. Ranch on my nugs."

**Sydnee:** [through laughter] I mean, ranch is really good. I get it.

**Justin:** Yeah, for sure.

**Sydnee:** Um, I think it should be part of your diet. Not your whole diet.

**Justin:** Yes. It's—ranch is a sometimes food, for sure.

**Sydnee:** [laughs] Um, but it's ta—I mean, I get it. It's tasty. Uh, his interest in iridology specifically—so, when he became introduced to that he was like, "Wow. Okay. This—this is something I can really work with."

**Justin:** "Now this... "

**Sydnee:** And he wrote books about iridology, and he did lectures all over the US. He became, like, the U—the United States iridology guy. Right? This was our expert on our shores. Um, and he went around and he taught it, and he sold books on how to practice it. And, like, you can't—I mean, you can be... I don't know, certified? You—you know. You are trained and then somebody gives you a piece of paper that says that you were trained in iridology.

**Justin:** Right.

**Sydnee:** Um, and he did his own sort of interpretation of all of this information, all these charts, and made, like, the chart that is—if you look up "iridology charts" you will probably stumble on his. Even if you don't put in Bernard Jensen iridology chart, which of course I did because I wanted to see that one, you will find it a lot, just by looking up "What does an iridology chart look like?"

Um, and you can see. They're very pretty. I can see why you would want one. Like, um, in the same way that I see a lot of people in, like, science and medicine or like in psychiatry, psychology, or just people who like medical history will have, like, a phrenology head in their office. I could see wanting one of these iridology charts next to it. Do you see how pretty it is? Like, all the colors.

**Justin:** I'm still trying to find it.

**Sydnee:** Um, if you look up Bernard Jensen iridology chart you can find a lot of images. Some of them are in black and white, and those are interesting, too.

**Justin:** Whoa, they're cool.

**Sydnee:** But the colorful ones I think are cool looking.

**Justin:** Do you know what these remind me of? They look like the map for, like, a starship or something. Like, the different layers that you'd see.

**Sydnee:** Yeah. And it's just—it's just like you would imagine. It's a—it's the circle.

**Justin:** It reminds me of some of the, like, early Epcot designs.

**Sydnee:** [laughs quietly] It's the circle of the eyes, of the iris, and then it's, like, wedged into all the different, um—what they, you know, connect to in the body. And, like, when I'm talking about what they connect to in the body—so, iridology...

**Justin:** It looks like—the one I'm looking at, you know what it looks like exactly? I'll help you picture this at home. Imagine the wheel from *Wheel of Fortune*.

**Sydnee:** Yes.

**Justin:** That's what it—that's what these look like. Except instead of money you can win, there's things like locomotion, or shoulder, or spleen, or whatever.

**Sydnee:** So they—

**Justin:** Arm hand. [laughs quietly] Is one.

**Sydnee:** So you can look. And by looking at, like, slight changes in color in those areas, or sometimes you'll see little flecks of other colors or things like that, or a different pattern in the iris at that exact location. All of that would correspond with a specific organ system dysfunction, or a specific disease, or just something. We can learn something about the other parts of your body by looking at that in your eye.

**Justin:** This is—this is like, umm... phrenology and reflexology and...

**Sydnee:** It's the—yes.

**Justin:** It's the—yeah.

**Sydnee:** It's the—and, I mean, it's seductive. It would be nice, right? What if we could do all diagno—what if we could take—'cause we know we can do this now, right? We can take really detailed pictures of your iris, um, to track you. [laughs quietly] So, like, why—why couldn't we take a really detailed picture of your iris, and then we could, like, print out a health profile for you? And now you know everything that's wrong with you. That's a very seductive concept. Um, were it true.

**Justin:** Yeah. Not real.

**Sydnee:** No. But, I mean, I can see why you would be drawn to that and want it to be true. Um, so anyway, he developed this chart that is the dominant one that has been used and built upon further. Um, around the same time that Bernard Jensen was kind of formalizing iridology in the US, Dorothy Hall would go on to expand. Like, why settle for just diagnoses and body parts connected to the eye? Why not personality types and characteristics?

And so Dorothy Hall started to develop this kind of, like, "I can look into your eye and tell you things about who you are as a person." Not just if your spleen as a problem. Right?

**Justin:** [laughs]

**Sydnee:** Like, "I can tell you if you're very independent, or I can tell you if you're very creative, or whatever, by looking in your eye." Which... I don't know. That really—I begin to call into question, what is the—what is the benefit of that? Unless—unless we're talking about, like, "I want to use this as some sort of therapeu—like, therapy." Like, mental health, kind of. But I don't know that... I mean... I don't know that that has any relation at all.

Um, so then we started to understand, like, the—the field of iridology started to include this kind of, like, we can tell you things about who you are by looking in your eye. And I will say one time—

**Justin:** Personality types. People love that.

**Sydnee:** Yeah. No, exactly. And I think that made it a lot more attractive, because then you see, um, like this development of clinical iridology and applied iridology, especially by Harry Wolf, who—

**Justin:** Why does "applied" always mean faker? [laughs quietly] Applied—

**Sydnee:** Well, it shouldn't. Applied means you're taking something and, like, using it for something. You're applying it.

**Justin:** [simultaneously] That's like applied kinesth—like applied kinesthesiology.

**Sydnee:** I know. [laughs]

**Justin:** It's like, applied—stop messing up words! Applied means useful! Please!

**Sydnee:** So this—and this will take you both—as this field expanded iridology into the past and the future, is the way I think about it. Because first of all, it builds on this idea that we can tell what's wrong with you from your eyes and we can tell what you're like from your eyes, to we can tell what happened to you in the past from looking in your eyes. So we can look in your eyes and see, like, past trauma, long term stress. And not just, like, the things that have happened to you, but how you personally have adapted and dealt with that, and the changes in the eye related to that response.

**Justin:** I will say this. You know what? I will say this. As somebody who has now heard about a lot of these, iridology shows a real lack of discipline. You gotta hand it to those phrenology people and the reflexology people. They put out the chart and they said, "Listen. Can't do everything, but if you squeeze this toe your kidneys'll be fixed. But that's it! Like, it can't tell you about your personality. It does have limits. It's just if you tickle your heel it makes you barf."

**Sydnee:** And this—and this, uh—[laughs] like, this field takes us into behavioral iridology.

**Justin:** [wheezes loudly]

**Sydnee:** So, like, first of all we have applied iridology. And by the way, with applied iridology, again, the idea is like, um, we can figure things out about you from reading your eye. And I'm certain you would pay someone to do this, right? Like, you'd go to a practitioner and pay. Insurance is not gonna cover this. I'm just gonna say. I haven't looked into every insurance plan. Insurance doesn't cover this. Um, so you go to an iridologist. You pay them to tell you about your eye. And then probably, from what I can tell—'cause I kept trying to find, like, but what are they gonna tell you to do? Like, what's the cure? What's the treatment?

**Justin:** Oh yeah.

**Sydnee:** And what a lot of—there's a lot of overlap with a lot of these practitioners with other, again, alternative medicine fields. And so, like, they may tell you you need certain supplements, homeopathic remedies, natural, herbal, botanical kinds of things, chiropractic work. There were a lot of work with, like, body work like that. Like "I can adjust you to fix that."

**Justin:** Hmm!

**Sydnee:** Like, there was a lot of overlap between this, and then "I also do these other ten things that can fix the things that I found when I did the iridology on you." Does that make sense?

**Justin:** Yes. Yeah, for sure. It's the check engine light of the human body.

**Sydnee:** Yes, exactly. We use this to tell you what you need to do, and then we also happen to be able to provide a range of services that could fix the problem.

**Justin:** Now, I will say, I use a similar technique for you. Because I need to look in your eyes to be able to tell what I should do in any given situation.

**Sydnee:** Right. Well, 'cause when I'm wearing sunglasses, that's hard for you.

**Justin:** Yes, I do—[wheezes]

**Sydnee:** You find that very challenging.

**Justin:** Hey, eventually I just admitted it. And honestly, things have been a lot better since I admitted to Sydnee that I can't tell how she feels if she's wearing sunglasses. And if she's gonna talk to me, [through laughter] she has to take them off, 'cause I can't tell.

**Sydnee:** Yes. And I take them off, and our conversations go better.

**Justin:** Yes, 'cause I—

**Sydnee:** Well, you always think I'm upset when I'm wearing sunglasses.

**Justin:** I can't—I don't—I don't know what to say.

**Sydnee:** I don't know why your default is "Whatever's hiding under those sunglasses, it's anger." [laughs]

**Justin:** I need all the clues, folks! I'm just barely hanging on there, understanding how people are feeling. I need all the clues! You can't withhold it from me.



**Sydnee:** [laughs] But again, like, that's not... you are not doing that in a pseudoscientific way.

**Justin:** No. It's scientific. [wheeze-laughs] It has—it has taken me 16 years to create this, uh—my chart. [wheezes] So I—no, it is all scientific. I've tested.

**Sydnee:** So—so from this—and there's a whole—I was—I—you move into behavioral iridology, um, which Jim Burgess is the one who has developed this field. And we're moving into modern times, by the way, now. Now we—this stuff is still out there. These people are still alive and practicing, and selling products related to these sorts of areas. Um, but behavioral iridology is like, "We can tell you very personal things about you, and give you guidance." Not just for, like, medicinal purposes, but for, like, mental and spiritual well being.

**Justin:** Perfect.

**Sydnee:** Um, based on things that we can see in your eyes. And you can go and, like, you can learn how to take photos of your eyes so that you can send them... to them. And they can... I mean, again, and you have to pay them to read these things. But, like—and there's all kinds of diagrams and pictures about what we can tell. There's specific areas—I thought it was interesting. I was looking through this website about behavioral iridology, and there's a whole section on fertility. So I don't even wanna... I can't go down that road right now. It's just too much for me. Um, but anyway, that—so, behavioral iridology is a field you can go—that has branched off of this. Um, he, by the way, feels that, like, generally speaking, everybody's iris puts them into two types. There are two types of iris people. Um, there's a thinking type, and you have burnt orange or dark brown spots in your iris. Um, and then there's an emotional type of iris, and you have rounded openings... in your iris.

**Justin:** Okay.

**Sydnee:** And the thinking type has, like, a left brain sort of mentality. And the other one, the emotional iris is a right brain kind of... thing.

**Justin:** Yeah, I love that. That's all—that all sounds good to me. Yes.

**Sydnee:** Yeah. It's just—but it's just like—it is—it is all these same things we use to predict people's personality and behaviors and, like, how they'll react to things without, like, having great research for that.

**Justin:** Yeah. It's made up.

**Sydnee:** And then, uh, finally of course, it all comes back around. I was reading some work from John Andrews, who also is doing a lot of... and when I say "studies," please remember that a lot of studies in these kinds of practices are not what we would consider rigorous scientific studies. They often don't have a control group. Meaning, like, a bunch of people tried something, and then they asked them if they thought it worked. They don't have, like, another group who didn't try it and see if [laughs quietly] you know, are they fine too? Um, they're very small. They could be done solely on people who sought out the practice to begin with, which is a bias in a selection sample, you know. If you are someone who is predisposed to seeking alternative healing methods, you are also predisposed to believing that they are working. Especially if you're spending money on them.

**Justin:** Yes.

**Sydnee:** Um, so anyway, uh, John Andrews has expanded this work to talk about vaccination reactions.

**Justin:** Yes! We got there, folks!

**Sydnee:** In children.

**Justin:** Confetti!

**Sydnee:** And, like, basically trying to say that there's immune issues that you can see in the eye because of vaccines. There's no, absolutely no evidence for any of that. That is absolutely nothing to worry about when it comes to vaccination. Um, because the practice upon which that is built, iridology, has never been scientifically validated. So that's where we end with this. There have been meta analysis done of studies that have been published on iridology through the years, and basically to look and say, "Is this something that works? Is there research that supports it? What is—what is our whole of information on iridology?" And after looking through dozens and dozens of studies, there were, like, 77—this was published in the year 2000, so this was an older study, but

you're not gonna find a lot of meta-analysis on iridology. Um, they looked through, like, 77 publications from all over the world. They only found four at the end of the day that actually had a controlled, masked approach to it. So, like, something where you could tell something from it.

**Justin:** Mm-hmm.

**Sydnee:** You know. The participants didn't know who was in what group, and all this different stuff. Right?

**Justin:** Right.

**Sydnee:** And in all four of those, they found absolutely no evidence that someone practicing iridology could tell anything from a person's eye outside of random chance.

**Justin:** Alright.

**Sydnee:** So there is no... there is no evidence that iridology—

**Justin:** [crosstalk] Seems like we could've started there [through laughter] and just made it a very short episode.

**Sydnee:** Well, I feel like you all knew where we were headed. There's no evidence at all that iridology works. Um, like a lot of things—looking in your eye is not harmful, right? Somebody looking at your eye is not a risk. The problem—

**Justin:** Unless you're hiding something.

**Sydnee:** [laughs] The problem is one, did you go do that instead of seeking out actual medical advice? At which point you've put yourself at risk. Two, there's a financial risk. You're wasting your money, because there's no evidence that this works. And three, if the person who's practicing iridology is also practicing other alternative medicines, they may recommend to you things that are harmful. Because as we've talked about a lot on this show, just because something is quote-unquote "natural" doesn't mean it's safe for you to put in your human body.

It can have lots of side effects or direct effects that can be harmful to you, or interact with other medicines, or make a problem worse than it already was. Um, on top of the fact that you're not actually getting treated for whatever was wrong

to begin with. Um, so, you know, I would not recommend seeking iridology. Um, they would need to do way more studies, really rigorous clinical trials, to show any sort of impact of this whatsoever. And I don't really see that happening. Uh, all that being said, one time I was getting my eyes checked, because I wear contacts and glasses and I have to do that regularly, and the ophthalmologist told me that he could tell I liked Dr. Pepper.

**Justin:** And she did.

**Sydnee:** And I do love Dr. Pepper.

**Justin:** So, okay. Just take that for what it is. We have two opposing sides.

**Sydnee:** [laughs]

**Justin:** There's two different—we're letting you choose, this week on *Sawbones*. Either all that other stuff, or this one time [mumbles] He knew about Dr. Pepper.

So I don't know. You tell me! I don't know!

**Sydnee:** In retrospect, I feel like—

**Justin:** Case close, question mark?

**Sydnee:** 'Cause, like, I don't think breath can smell like Dr. Pepper. But I also used to frequently use Dr. Pepper chapstick. So I feel like that may have played a role.

**Justin:** Mmm, and you were holding a Dr. Pepper at the time.

**Sydnee:** I don't know. There had to have been something. There was so—I do not believe—[laughs]

**Justin:** I just realized I did the chair slap. I did the chair slap and scoot to end the episode, too. I'm ready to leave the episode. Thank you so much for—hey. Public service announcement. Don't forget to go get your flu shot.

**Sydnee:** Yes. Get your flu shot.

**Justin:** It's a good one this year. Real smooth. And if you haven't gotten your, you know, they call it bivalent...

**Sydnee:** The most recent COVID booster.

**Justin:** There you go.

**Sydnee:** A lot of people think of it as the one that will protect you against Omicron and related—

**Justin:** We should do—we should do, like, a—we've—just talking to people lately, so many people don't know when they can get it. Like, there's a lot—some people have a lot of questions about, like, when I had COVID last and, you know, is it safe for me to get it now? Or when's, like, the best time for me to get it?

**Sydnee:** Um, check the C—how about this? Check the CDC website. They have really clear, easy to follow guidelines if you just type in COVID vaccination or COVID booster. Um, it is really easy to follow. You know, generally speaking if you don't currently have COVID, you're probably due. Unless you got your last booster fairly recently. So check the time frames. Look and see. Has it been a couple months since your last booster? You're probably due. Um, did you have COVID but you're out of the quarantine period and you're now fine? You're probably due. But check the CDC. They have really clear to follow guidelines. They have a calculator. They have a little thing where you can plug in information about your last doses and current stuff, and it will tell you, like, "Yes, go get a booster" or "No, don't get—you don't need one."

**Justin:** Yeah, knock 'em out at the same time. Why not?

**Sydnee:** Yeah. No problem.

**Justin:** Um, that is, uh—that's gonna do it for us for this week. Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. And thanks to you, for listening! That's gonna do it for us. Until next time, my name is Justin McElroy.

**Sydnee:** And I'm Sydnee McElroy.

**Justin:** And, as always, don't drill a hole in your head.

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