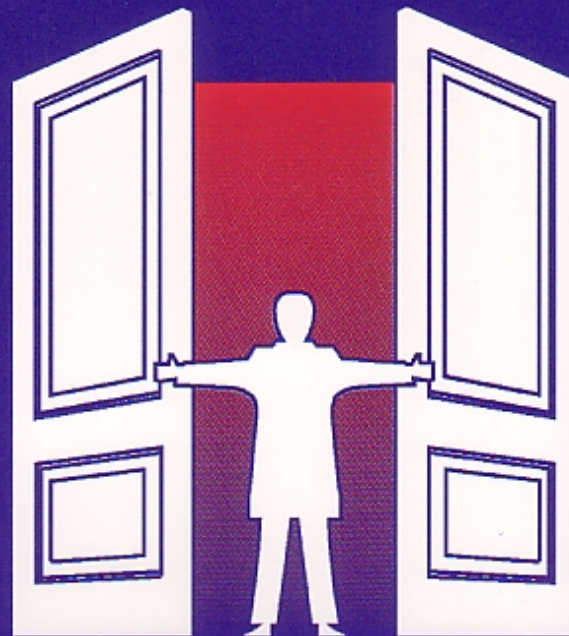


LIVING NIGHTMARES

Case Studies in Anxiety



based on the readings of
Edgar Cayce

David McMillin, M.A.



BOOKS BY DAVID McMILLIN
PUBLISHED BY
LIFELINE PRESS
A series of works
focusing on mental health,
based on the readings of Edgar Cayce:

The Treatment of Depression

The Treatment of Schizophrenia

UPCOMING TITLES BY DAVID McMILLIN
FROM LIFELINE PRESS:

*Alzheimer's Disease and the Dementias:
An Alternative Perspective
based on the readings of Edgar Cayce*

Broken Lives: Case Studies in Schizophrenia

Shades of Sadness: Case Studies in Depression

LIVING NIGHTMARES

Case Studies in Anxiety

based on the readings of
Edgar Cayce

David McMillin, M.A.



Copyright © 1992 by David McMillin

Published by
LIFELINE PRESS
2204 Spring Run Court
Virginia Beach, Virginia 23454

Edgar Cayce Readings © 1971
by Edgar Cayce Foundation
Reprinted by permission.

Book design by
Beth Miller Redwood
Redwood Tree Graphics & Editorial

Disclaimer: The reader should view the material contained herein as a report on research done by the author into the psychic readings of Edgar Cayce. This information should not be regarded as a guide for self-diagnosis or self-treatment. The cooperation of a qualified health care professional is essential if one wishes to apply the therapeutic principles discussed in this book.

All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the publisher.

First printing, November 1992

Printed in the United States of America

CONTENTS



INTRODUCTION	<i>vii</i>
CHAPTER 1	
<i>The Sensitive Thyroid</i>	1
This woman's panic attacks, fear of trains and agoraphobia were linked to a glandular dysfunction.	
CHAPTER 2	
<i>The Vulnerable Coccyx</i>	13
Fear of leaving the house and talking to other people were produced by a fall which injured the spine.	
CHAPTER 3	
<i>Another Crooked Tailbone</i>	25
A spinal injury was also noted as the cause of this woman's "nervous attacks."	
CHAPTER 4	
<i>"Don't believe 'em!"</i>	29
Agoraphobia and panic attacks were traced to an injury to the abdomen. Psychoanalysis only worsened the anxiety.	
CHAPTER 5	
<i>"Tell him to go where he belongs!"</i>	35
Edgar Cayce strongly disapproved of the psychiatric treatment of this man's panic attacks.	

CHAPTER 6		
<i>Fear Complex</i>		41
	His reading focused on self-indulgence as a primary factor in his tuberculosis and generalized anxiety.	
CHAPTER 7		
<i>Obsessions</i>		45
	This young man was obsessed with his hands and the idea of baldness at age 21.	
CHAPTER 8		
<i>Compulsions</i>		53
	She was driven to scrub everything that she could lay her hands on.	
CHAPTER 9		
<i>Afraid of the Dark</i>		57
	Accidents injuring her neck were cited as the root cause of her phobias. Without treatment, her anxiety would only worsen.	
CHAPTER 10		
<i>Kundalini Crisis</i>		65
	Panic attacks, agoraphobia and social phobia were associated with raising the kundalini forces during prayer and meditation.	
CHAPTER 11		
<i>A Periodical Reaction</i>		75
	This young woman was experiencing anxiety and depression in conjunction with her menstrual periods, a condition commonly called Premenstrual Syndrome (PMS).	
CHAPTER 12		
<i>Menopause</i>		85
	Cayce provided some practical suggestions for dealing with the emotional turmoil sometimes associated with menopause.	

CHAPTER 13	
<i>Perils of Pregnancy</i>	89
Her reading stated that she had injured her pelvis during her last pregnancy resulting in pressure on the nerves. The anxiety was severe - she was even afraid that she would go berserk and harm her three young sons.	
CHAPTER 14	
<i>"Saving the brain itself"</i>	97
Anxiety can be associated with the early stages of dementia.	
CHAPTER 15	
<i>The Doctor's Spleen</i>	103
Contraction of the spleen is a key factor in the "fight or flight" response to danger. When triggered by an abnormal digestive system it can also produce panic attacks.	
CHAPTER 16	
<i>Fear</i>	115
Everyone experiences some form of fear. Here are some helpful insights into the causes and cure of fear.	
CHAPTER 17	
<i>Some Closing Remarks</i>	123
There is hope for those experiencing the daily nightmare of anxiety disorders. The Cayce readings offer therapeutic options for those preferring natural forms of treatment.	
APPENDIX: RESOURCES	129

INTRODUCTION



Nightmares are frightening, oppressive dreams which terrorize the sleeping person with threats to survival, security, or self-esteem. Fear is a common emotion in these nocturnal dramas. We have all experienced nightmares and know the feeling of helplessness and vulnerability which they produce.

Anxiety disorders are like recurrent waking nightmares. Even though the afflicted individuals may be fully awake and conscious in a physiological sense, they find themselves just as helpless as if they were dreaming. However, the fear evoked during an anxiety attack is more real and threatening than any nightmare - and more debilitating. Anxiety disorders are daily nightmares from which many persons do not awake.

This book provides a glimpse into the causes and **cures** of anxiety disorders from the perspective of a **widely acclaimed** psychic diagnostician. For over forty **years**, Edgar Cayce routinely entered a self-induced **trance** and gave information on virtually every aspect of **the human condition**. At least 14,145 psychic readings **were transcribed** and preserved for posterity. Of this **voluminous output**, over 9,600 readings were given for **persons suffering** from physical and mental illnesses **including the various forms of anxiety**. The readings **contain explicit descriptions** of the physical, mental and

spiritual dimensions of anxiety. These psychic discourses address the major forms of anxiety such as phobias, panic attacks, obsessions, and compulsions.

We will take a look at several of the most pathological of these cases. In selecting the case studies, I have looked for instances where the correspondence from the sufferer or the reading itself clearly indicates clinical pathology. That is, if a person with a similar condition were to go to a modern doctor for help, there is a strong likelihood that at some point in time a diagnosis of anxiety disorder would be invoked and some form of antianxiety treatment provided.

Obviously, this group of cases is not necessarily representative of all cases of anxiety disorders. It is merely a collection of fascinating stories about a few individuals so desperately anxious that they would seek the help of a psychic diagnostician. In most cases these persons had exhausted the mainstream medical options of that era. That they had gone to medical doctors for help is not surprising; anxiety disorders are typically associated with numerous physical complaints, as we shall see.

As it turns out, most of the case studies in this volume have a heavy physical emphasis in both causation and treatment. This is consistent with the hundreds of readings given by Edgar Cayce on all forms of major mental illness. Regardless of the factors (whether mental, spiritual, interpersonal, environmental or whatever) which may have precipitated the illness, once it increased in severity to the level of clinical pathology it invariably disrupted the biological systems of the body. Consequently, physical treatments were usually deemed necessary.

Modern psychiatry has acknowledged the importance of biological therapies in the treatment of major mental illness by utilizing various drugs as the primary treatment. While research and clinical experience has

improved the effectiveness of these medications, some persons respond poorly or not at all. Furthermore, drug side-effects and relapse after medication is withdrawn have proven problematic for practitioners using the medical model of mental illness.

Likewise, psychotherapy has its limitations. In certain forms of depression (particularly reactive or situational depression) cognitive-behavioral therapies have proven quite effective. On the other hand, psychological therapies are usually quite inappropriate in treating psychoses. Certain forms of anxiety may respond to psychotherapy. For example, phobias which have been learned (conditioned) through traumatic experiences can often be treated effectively with behavioral techniques. Yet, obsessive/compulsive disorder and panic attacks do not yield as easily to psychotherapy.

Many clinicians have seen the benefit of combining biological and psychological therapies to increase therapeutic effectiveness. This encouraging trend toward integration is referred to by various names such as comprehensive, biopsychosocial, and even holistic.

In this respect, the Cayce readings anticipated contemporary attempts at integration. This psychic resource cogently discussed the inherent unity of body, mind and soul. Furthermore, it urged the use of natural therapeutic modalities which work with the body's innate proclivity for healing. Although the physical dimension was often emphasized, the whole person (body, mind and spirit) was considered in the treatment recommendations. The case studies which follow will clearly demonstrate the holistic approach of the readings.

Generally speaking, Edgar Cayce preferred to address the unique condition of each individual who came to him rather than be concerned with broad diagnostic categories of disease. Not surprisingly, the readings endorsed a case study approach of research and presen-

tation. The brief excerpt which follows was taken from a reading which discussed means of making the information available to the general public and health care professionals:

Then with the articles published, and the Book that would arouse interest, there will be begun the seeking for the manners and ways in which each individual case ANY case - EVERY case - has been treated, and as to the conditions that surrounded same! Then each report may be presented to **WHAT-EVER** school or phase of healing it pertains! And there will be the phases presented not only in the osteopathic and medical fields but in the eclectic, the hydrotherapy, the physical culturist, the dietetic, and in all fields.

From these there may be articles gathered that would not only be helpful but would eventually become as the work of the organization.

Not that so much **NEW** data would be stressed, but how many hundreds and **HUNDREDS** of volumes may be written from that which has been proven for ten, twenty, thirty years!

The reading from which this excerpt was selected is designated by the number 254-88. Recognizing the need for confidentiality, each reading is assigned a number corresponding to the person or group requesting information. The identifying number is followed by another number designating the sequence of the reading. For example, a reading cited as 254-88 indicates that this reading is the 88th in a series of readings for an individual or group designated as 254. In this particular case, 254 refers to the group of individuals who eventually formed the Association for Research and Enlightenment (A.R.E.). Each chapter focuses on a primary case study. Background information and excerpts from the

readings are blended with insights gleaned from the contemporary mental health literature. When appropriate, I have also included selections from other similar cases to further illustrate key points of Cayce's perspective. Chapter 16 varies from this format by focusing on a theme (fear) rather than a case study. Fear can be thought of as the common emotional thread which runs through the anxiety disorders. Whereas many readers have never suffered the nightmare of an anxiety disorder, they can all identify with the feeling of fear.

This book is an introduction to the subject of anxiety in the Cayce material. It is not intended to be technical or definitive. It may be considered as a sampler - an invitation to look more closely at the hundreds of readings which discuss anxiety in all its manifestations. This volume may be particularly helpful to individuals suffering from anxiety and desiring an alternative perspective on the problem.

However, it should not be construed as a treatment manual. While this work briefly discusses the various therapies which were commonly recommended in the readings, readers wishing a deeper explanation may wish to explore two previous works which are more substantial in their presentation of this material. *The Treatment of Schizophrenia* and *The Treatment of Depression* are more extensive in their discussion of Cayce's holistic approach to mental illness and provide considerable documentation of the therapeutic techniques advocated in the readings. These books are available through the A.R.E. Bookstore in Virginia Beach, Virginia.

The Treatment of Depression may be particularly helpful since depression and anxiety have a high rate of comorbidity. That is, when a person is anxious they are also often depressed and vice versa. The readings describe the reasons for this linkage and suggest sensible treatments which address the underlying causes of

all symptoms. Thus the treatments for one disorder may be helpful for the other.

Times have changed since the readings were given in the first four decades of this century. In respect to the Cayce readings on health, one of the most significant changes has been the evolution of the osteopathic and chiropractic professions. Both of these professions utilize manipulative therapies such as spinal adjustments to treat a wide range of diseases. In the years since Edgar Cayce's death in 1945, chiropractic has progressed considerably in its therapeutic techniques and professional stature.

Osteopathy, on the other hand, has become more mainstream since its physicians can perform many of the services traditionally reserved for M.D.s (such as prescribing drugs). Many contemporary osteopaths do not perform manipulative therapy to the degree that was the standard in Cayce's era.

The importance of this point will become readily apparent in the chapters which follow. Various forms of spinal dysfunction (such as lesions, subluxations, etc.) were cited in the readings as a primary causative factor in many cases of anxiety. The readings usually preferred osteopathic treatments to remedy these abnormalities. Undoubtedly, were the readings given today, the relative importance of chiropractic would be greatly increased.

There are important themes which readers should keep in mind as they examine the cases in this volume:

(1) there is a strong physical dimension in causation and more importantly, in the treatment of anxiety disorders

(2) the readings advocate the integration of physical treatments into a holistic framework including mind and spirit

(3) anxiety disorders overlap with other diagnostic groups such as depression, psychosis, and "medical" conditions

(4) the body's peripheral systems, especially the autonomic nervous system, sensory nervous system, and endocrine systems play a major role in the cause and treatment of anxiety disorders.

This last point diverges from current models of mental illness which emphasize brain biochemistry. The readings acknowledge the importance of the brain and its involvement in mental illnesses such as anxiety disorders; however, brain dysfunction is usually viewed as an effect rather than a cause. Typically, spinal lesions and glandular dysfunctions play the central role in many cases with brain functioning being eventually compromised. This aspect of the readings' unique perspective will become abundantly clear in the chapters which follow.

The ideas in this book are not being presented as a therapeutic panacea. They are merely offered as an alternative perspective which may provide hope and help to those who have not found relief in existing resources.

The recommendations given by Edgar Cayce required personal involvement in the therapeutic process. Consequently, many of the persons receiving readings did not choose to follow through with the information. The good news is that in the 9600 readings on physical disorders, many persons did apply the information and benefited greatly. In these cases where the information was consistently applied as given, successful results were usually forthcoming. Unfortunately, in many of the cases included in this volume, the recommendations were ignored and the information was not given a fair trial.

Perhaps it is time to look more closely at the Cayce readings on mental health. With this in mind, this book is offered simply as an introduction to open-minded individuals seeking a comprehensive understanding of anxiety.

CHAPTER 1



The Sensitive Thyroid

It started almost a year ago; it seems to be nerves, but I have a terrible fear of trains, and going out by myself; as my job necessitates train travel...I live each day in constant fear that I shall have to go. When one of these attacks comes on I feel as though I were going to leave my body and the fear is terrible. They come on even when I am going to a familiar place, now, whereas before they only seemed to occur when I went to a new place...It is ruining my health and my opportunities and I do not seem to be able to fight it. I have tried everything I know. I have forced myself to do things but it doesn't help. Now this feeling comes more frequently and without much apparent cause. I'm afraid I am not being very clear about this thing, but I do ask you please to find out what I can do to cure myself. I cannot stand this panic much longer and feel that I am in for some kind of breakdown. Nancy tells me that I can ask questions, but all I want to know is how to stop this fear.

This excerpt from a letter written by Ms. [2114] graphically portrays the living nightmare produced by

chronic anxiety. This thirty-year-old artist was on the verge of a nervous breakdown when she sought the aid of Edgar Cayce. The overwhelming sense of futility and desperation conveyed in her plea is common in these cases. She had marshalled all of her inner resources to fight the monstrous fears which dominated her consciousness - she had tried everything that she could think of and had come up short in her efforts to find peace of mind.

She was not alone in her desperation - anxiety disorders were, and still are, among the most common psychiatric disorders. The frequency with which these horrifying illnesses afflict persons living in the twentieth century has led some observers to call our time the "age of anxiety."

No doubt, if this woman were living today she would eventually make her way to a mental health professional for treatment. The first step in the therapeutic process would be to diagnose her problem. From a psychiatric standpoint, her letter suggests at least three forms of anxiety: a fear of trains (a simple phobia), a fear of going places (agoraphobia), and unexpected periods of intense fear (panic attacks). *Simple phobias* are quite specific since the persistent fear is associated with specific objects or situations (in her case trains). *Agoraphobia* is the fear of being in places or situations from which escape might be difficult (or embarrassing), or help might not be forthcoming in the event of anxious symptoms. *Panic attacks* are unexpected, discrete periods of intense fear or discomfort. Since persons who experience frequent panic attacks tend to suffer from agoraphobia, some researchers postulate that these two entities are actually different aspects of the same disorder. This does make sense; if a person is prone to experience unexpected attacks of fear, they might avoid public places or situations where these attacks might be disabling and even humiliating.

It is unclear in this case just what the sequence of symptoms were - that is, whether the attacks preceded her fear of going out. The relation of the train phobia to these other forms of anxiety is also unclear. As we shall see in a moment, while these diagnostic categories and psychiatric labels are helpful for describing her problems, they are relatively unimportant from the perspective of the reading given by Edgar Cayce.

Note that she had "tried everything I know" and wanted to know what she could "do to cure myself." This quality of secrecy is common in anxiety disorders and consequently many cases are undiagnosed and untreated.

Edgar Cayce gave one reading for this woman on February 24, 1940. Edgar's wife, Gertrude, directed the reading and provided the hypnotic suggestion to the entranced psychic.

In presenting the reading, I will break it down into several portions and provide some commentary about relevant points in each section. The first point to note is that while the suggestion from Mrs. Cayce was for a "Mental and Spiritual Reading," Edgar Cayce responded that the "entity as a whole" must be taken into consideration:

Mrs. Cayce: You will have before you the body and enquiring mind of [2114], born May 18, 1909, in Johannesburg, Africa, who is now at...New York City. This entity seeks information, advice and guidance in a Mental and Spiritual Reading, as to the cause of her terrible fear of trains and going out by herself, and what she may do to overcome it.

Mr. Cayce: Yes, we have the body, the enquiring mind; the mental reactions, the spiritual attributes and developments of the entity.

In giving mental and spiritual advice or counsel,

it is well to consider the entity as a whole. While the entity finds itself made up, as it were, of body, mind and soul, each of these may function in a consciousness without the awareness of the other.

This preliminary section introduces an important concept which runs strongly through all the readings on mental illness: consider the whole person - body, mind and soul. This message speaks to us even today when we are prone to think of mental symptoms as indicative of mental or spiritual problems. So even though this woman was suffering from mental symptoms of anxiety and the hypnotic suggestion was given for a Mental and Spiritual Reading, Mr. Cayce insisted that the physical dimension was also important and must be addressed. The last sentence of this excerpt indicates, in a general way, the source of this woman's anxiety. Her body, mind and soul were out of synch with each other. As the reading notes, "each of these may function in a consciousness without the awareness of the other." The cause of this incoordination was pinpointed a little further on in the reading.

The reading continues with a classic explanation of the concept of holism. Edgar Cayce is widely recognized as the "father of modern holistic medicine." In this respect, the readings are distinctive for two reasons: (1) they insist upon a triune model of the human being and (2) they explicitly describe how the triune aspects of the self connect or interface together. Mind manifests through the nervous systems while spirit is active through the glands of the body.

It is important to note that the reading is not equating or reducing the mental and spiritual aspects of the self (or "entity") to physiological processes as modern science tends to do. Be aware that the brain and nervous system are "not the mental consciousness" or mental body. The mental body merely uses these anatomical

structures to express itself. This caution also applies to spirit's manifestation through the glands of the body.

Hence we find, in the experience of this entity, there are physical or material, as well as mental and spiritual attributes, that oft attempt to function in their individual sphere of activity through the experiences of the other. Thus the disturbances which arise.

For, the effects in the physical consciousness appear as fears, inhibitions, or doubts.

Hence we may say that there are pathological and psychological reactions in the body. There are centers in the physical body through which all phases of the entity's being coordinate with one another; as in the physical functioning there are the pulsations, the heart beat, the lungs, the liver, and all the organs of the body. They each have a function to perform. They each are dependent upon the other, yet they function according to those directions of the mental self - or the nervous systems.

Yet, while the brain and the cords through which the nerves function are the channels, these are not the mental consciousness; though it is through the nerve plasm that the nervous systems carry impulses to the various forces of the system.

There are the spiritual attributes, - desire, hope, will, - that function through the organs of reproduction, as well as becoming the import or motive force in expression even in a material manner through the senses of the body; the eye, the ear, the taste, the feeling.

All of these, then, through the lack of coordination, are at times drawn into confusion through those reactions that reflect themselves as inhibitions and fears in the body.

This not only causes a great deal of disturbance,

but the lack of the ability to concentrate, or to rest at times. These naturally, in their various phases, find centers in some portions of the physical or anatomical system through which greater expression is given than in others.

In this instance we find that the glands of the body form the greater portion of such associations or activities. And, as we have indicated heretofore, one of the more sensitive glands to such is the thyroid, and the activities of same in their entirety.

Thus we find in this particular body, [2114], some deficiency in the activities there. Hence at periods when, through the association of ideas or conditions or circumstances, the body becomes overexcited and active, there are periods of fear, trembling, and conditions in which the body will find the reactions as to the lack of a circulation at all scarcely to the superficial, or even to the extremities.

Thus, the reading traces this woman's phobias and panic attacks to a deficiency in the functioning of the thyroid gland. Readers familiar with the Cayce material will not find this connection particularly surprising. Several prominent readings were given on the spiritual centers in the body and the thyroid was cited as a key component in this physio/spiritual network.

In light of modern psychiatric research, one can theorize that the sense of panic was produced by the thyroid deficiency and the phobias were a learned or conditioned behavior linked to these episodes. For example, she may have experienced her first (a particularly severe) attack while on a train. Thereafter, her nervous system was "programmed" with a fear response associated with trains. A similar explanation could also apply to the more generalized fear manifested as agoraphobia.

While the episodes of panic may have been the

source of the phobias, the cause of the panic itself apparently ran deeper than psychological conditioning or dysfunctional glands. It was the incoordination of body, mind and soul that was emphasized in the reading.

This incoordination is explicitly described in the letter from Ms. [2114] at the beginning of this chapter. She stated: "When one of these attacks comes on I feel as though I were going to leave my body and the fear is terrible."

This type of dissociative experience would likely be viewed as *depersonalization* by an attending psychiatrist. Depersonalization is a feeling of strangeness or unreality regarding one's self, particularly one's identity and/or body perceptions. The depersonalization experienced by [2114] was probably produced at a physical level by an incoordination between the deep and superficial circulation of the blood. As the reading states: "... there are periods of fear, trembling, and conditions in which the body will find the reactions as to the lack of a circulation at all scarcely to the superficial, or even to the extremities." This form of incoordination was occasionally described in the readings as a breakdown between the deep circulation (as governed by the central nervous system) and the superficial circulation as governed by the sympathetic nervous system). The incoordination takes on further significance when one realizes that the readings associated the central (cerebrospinal) nervous system with the conscious mind and the sympathetic nervous system with the unconscious mind (which is the mind of the soul). Thus the incoordination was experienced as a dissociation of the self.

Mr. [440] was a young man (twenty-three-years old) who was having similar episodes of depersonalization which the readings linked to an incoordination in the nervous and circulatory systems. The brief excerpt which follows helps to clarify the physiology of

this dissociative experience by emphasizing the importance of a balanced flow of blood between the deep circulation (within the body cavity) and superficial circulation (the “outer portion of the system”).

Throat, bronchi, lungs, larynx, show the effect of the poor circulation, or the conditions that have been described of there being a deep circulation well cared for but the lymph and the superficial in the outer portion of the system being slow. Hence the conditions that arise often for there to be a tendency of portions of the body in the extremities to appear or have the feeling of being separated from the rest of the body. And also those influences that make for the periods when vision or dream experiences are as if the body were separating itself from its physical being while the mental activities vision that going on. These are very well if controlled, for it shows the activity of the psychic forces and psychic influences in the body being able to operate either with or separate from the physical body. (440-2)

The level of dissociation in these cases could almost be described as a form of “out of body” experience. However, in the case of Mr. [440], the experience was apparently not as unpleasant or frightening as it was for Ms. [2114] since the degree of incoordination was not as extreme.

This theme of incoordination between body, mind and spirit is extremely common in the hundreds of readings given for persons suffering from major mental illness. As was the case in reading 2114-1, the physical dimension was strongly emphasized. The direct linkage of the incoordination with a “deficiency in the activities” of the thyroid is an excellent example of this theme. Interestingly enough, thyroid dysfunction is widely recognized by the medical profession as an

organic cause of various forms of anxiety including panic attacks.

Medical science does not know just how thyroid dysfunction can lead to panic. The Cayce readings may shed some light on this process for they link glandular functioning to the nervous system: "All portions of the nervous system of the physical body, of the physical functioning, are affected by those activities of secretions through glandular forces of the body." (566-7) "For the glands are that through which the relationships are kept established as it were between the spiritual body and the mental body." (1158-13) Thus, glandular dysfunction can lead to an incoordination between the body's systems through which body, mind and spirit interface.

More specifically, the glandular influence on nervous functioning may affect the cardiovascular system resulting in the symptoms of panic. Consider, for example, this excerpt from reading 1548-3:

Q: What is the peculiar feeling of contraction in throat at times? (used to have it years ago, before my lung trouble started)

A: It is the need for the activity with the GLANDULAR system, or the thyroids specifically, as related to the GENERAL circulation.

Hence it is well that at TIMES the Calcios be increased; not every time, but once a week or oftener, increased just a little; to aid in stimulating glandular activity.

Also it is well to increase in the diet especially the quantity of fish or shell fish that would be taken - to add iodine to the system.

The feeling of contraction of the throat (choking) is one of the physical sensations that is commonly experienced during a panic attack. The medication and dietary recommendations for Mr. [1548] (Calcios and iodine)

were similar to the suggestions provided for Ms. [2114], whose treatment plan we shall now examine.

A holistic therapeutic approach was advised for Ms. [2114]'s anxiety. She was encouraged to analyze her mental and spiritual ideals and apply them in her physical experience. She was told to find that upon which she could "rely for SPIRITUAL enlightenment, spiritual affiliation and associations." Specific selections from the Bible were recommended (the 30th chapter of Deuteronomy and the 14th, 15th, 16th, 17th chapters of St. John.) The readings frequently suggested these chapters for persons suffering from mental and emotional problems such as anxiety and depression.

The treatment plan went on to specify physical treatments which addressed the thyroid dysfunction and sought to restore balance to the glandular and nervous systems. Three medications were prescribed: Atomidine, Calcios and a gold and soda solution.

Thus, the recommendations for Ms. [2114] covered all three aspects of the self: the mental ("mind is the builder... through that which the entity as a whole holds as its ideal"); the spiritual ("find that upon which it [the entity] may rely for SPIRITUAL enlightenment, spiritual affiliation and associations") and physical (the Atomidine, Calcios and gold and soda solutions).

Since the medications mentioned in this reading are not widely known and will be cited in other cases in the chapters which follow, I will briefly discuss them here.

Atomidine was frequently recommended in the readings as a stimulant for the glandular system. It is a form of "atomic iodine" which is relatively nontoxic. Its apparent function in this case was to stimulate the thyroid and coordinate its activity with the other endocrine glands. Calcios was a commercially available formula made from pulverized chicken bones. In addition to being high in calcium and protein, it was also a source of iodine. It was recommended to improve

assimilations and glandular balance which would ultimately “strengthen the vital forces which flow through the nerve impulses themselves.” The gold and soda solutions were recommended in many cases of mental illness to “produce stamina in the tissue of the nerve cords in the cerebrospinal, in the association [coordination] of the cerebrospinal and sympathetic in varied plexus and the muscular forces...” (271-1).

The recommendation for the calcium supplement is interesting in view of recent research linking low levels of calcium (hypocalcemia) to certain symptoms of panic such as paresthesias (abnormal sensation without objective cause), myalgias (tenderness or pain in the muscles) and a sense of fatigue. Perhaps reading 2114-1 anticipated this research finding and prescribed an accessible remedy.

From a theoretical perspective, one can see how these physical treatments were aimed at coordinating body, mind and spirit. The various medications were directed at balancing glandular functioning (through which the spiritual forces manifest) and improving nervous system functioning (through which the mental forces act).

Since this is not a treatment manual, I will not go into the details of therapy at this time. I have discussed these treatments at length in previous books and readers seeking an in-depth discussion can refer to these works (*The Treatment of Depression* is particularly relevant since anxious persons are also frequently depressed). There are several other important resources available including circulating files on the application of ideals and the use of Atomidine. The list of resources in the Appendix may also prove helpful in this regard.

There is no follow-up report in this file to give us information on treatment outcome. A letter from Ms. [2114] dated February 27, 1940 states: “I am most glad to get it [the reading] - I am faithfully going to follow the

instructions. If hope that this is the answer has anything to do with it, I can assure you that it will be successful....”

The importance of the physical aspect of mental illnesses such as anxiety disorders will be strongly emphasized in the case studies which follow. The uniqueness of this case is its biochemical emphasis. More often, the readings cited structural dysfunctions such as spinal lesions. Our next case, Mrs. [5117] is an excellent example of this pattern of pathology.

CHAPTER 2



The Vulnerable Coccyx

Mrs. [5117] was thirty-one-years-old when she wrote to Edgar Cayce concerning her anxiety. She was married and had one child. Her letter dated September 17, 1943 also exemplifies the desperate, nightmarish quality so often associated with anxiety disorders:

I have read an article about the miracles you have done, and would you please help me? I am desperate. I have a bad case of mental disease and have been to so many doctors - none seem to help me. Will you kindly try to help me? ... I have a fear case, and it is bad ... Please explain to me what and how you operate, and what I have to do, and please don't ask me to come to Virginia. I never leave the house, and my head is splitting. Please help me, please.

Her admission that she never left the house suggests that she was suffering from agoraphobia. Note the comment about her headaches. This problem will be addressed in her reading. A letter dated nine days later indicates she was also suffering from **social phobia** (a

reluctance to talk to anyone).

...I will tell you I was born a coward, and can't face life. I am a mental case, and I can't stand myself ... I dreaded to talk to you over the phone. I went through torture just to speak to you or anyone.

A subsequent letter states that she has been suffering from agoraphobia for about one year.

Received your letter telling me of my membership and reading date. Now as to my headaches and my whereabouts: I am at home every minute and day; I don't set foot out of my door. It is about a year now, I don't go out at all. My headaches [last] from morning until night time, when I go to bed.

A total of nine letters were sent to Edgar Cayce previous to the single reading given for this woman on May 18, 1944. All the correspondence from Mrs. [5117] was pervaded by her desperate pleas for relief from her overwhelming fears and torturous headaches.

As was the case with many of the readings given near the end of Edgar Cayce's life (he died on January 3, 1945), reading 5117-1 was extremely concise. Previously, the readings were considerably longer with a wealth of detail addressing all aspects of the person's condition. The brevity of the latter psychic discourses was necessitated by the overwhelming public demand for his services. As with this case, most of the persons seeking help were in a most dire condition. Cayce's strong sense of responsibility to these suffering individuals drove him to increase the number of trance sessions and to include several brief readings into each session. Unfortunately, the strain produced by the increased work load was a major factor in the decline in

health which led to his death.

Due to brevity of the reading 5117-1, I will cite it in its entirety:

Yes, we have the body here, [5117].

As we find, there are disturbances that not only cause physical distresses, but mental upsets, or that are the basis of same.

Thus, many of those experiences in associations with others are easily magnified by the entity, are often taken as personal when such is not meant, and the body feels that it is not and yet is upset by the activities; giving a general dissatisfied condition, making unpleasantness in many of the activities when the entity is attempting to plan within self for future relationships or activities.

There are physical defects, and as we find, these arise from an accident to the body. There was a fall that has caused an injury to the end of the spine, and this is the source of the disorders physically and mentally.

As we find, osteopathic adjustments should be made with special reference to the coccyx end of the spine [the tailbone], then coordinating the areas where cerebrospinal and sympathetic are closer in reactions one to another: the lumbar axis, the 9th dorsal, 7th and 6th dorsals, through the brachial center, 3rd cervical and about the head and neck, and the head axis or 1st cervical; then along the side of the face to the points of the chin, then temples between the eyes, back of ears, coordinating these corrections made in the lower end of the spine. Have at least 12 of these adjustments.

Take regularly the Radio-Active Appliance. This is to be taken when the body rests, whether the afternoon or at night, but whenever there is tiring,

whenever there are the upsets.

Then the attitude mentally: Set the self to study something of a spiritual nature. Here we would advise this body to read and apply "A Search for God".

Do this.

Keep the plates very clean on the Radio-Active Appliance. Do prepare for at least 20 minutes before it is attached to the body. Clean plates when taken from wrist and ankle. And do not cross these, but be sure to attach the same one first each time.

Thus we will bring better conditions for this body.

Ready for questions.

Q: Will this relieve the pains in head?

A: It will relieve pains in head.

We are through with this reading.

The reading immediately stated that the mental upsets were caused by physical defects. "There was a fall that caused an injury to the end of the spine and this is the source of the disorders physically and mentally." This type of injury was frequently cited in cases of major mental illness such as schizophrenia, anxiety disorders, and bipolar disorder (manic-depression) as well as a wide range of physical diseases. It is certainly strange that an injury to the tailbone could produce such diverse symptoms.

A reading for another woman, Mrs. [577-1], may help us to understand the significance of this kind of spinal injury. Reading 577-1 elaborates on this point by stating: "... most any condition may arise from injury or swelling or plethora (as more of this here [to the coccyx or "tailbone"]) than from most any portion of the body, unless in the head or brain itself." The reading stated that Mrs. [577] was suffering from "acute pains ... in

varied portions of the body; making a dizziness, a heaviness to the activity, insomnia, melancholia, the tendency for the desire to be away from others [social phobia?]. The reading stated that she had injured herself when "she fell on a dance floor - years ago." Like Mrs. [5117], the initial injury had also produced "pains in the head."

The treatment suggestions were similar in both cases. Osteopathic manipulations to straighten the spine were recommended as the primary therapy. The Radio-Active Appliance was also recommended. This appliance was suggested in many cases of restlessness and nervousness. A couple of excerpts which describe the therapeutic effects of this device will be provided to illustrate its purpose.

As given respecting the use of the Radio-Active Appliance, the vibrations created by same are NOT curatives - these are EQUALIZERS. If the body is tired, if the body grows weary, mentally or physically, this will be found to be MOST beneficial - it is for ANY body, and it would be extremely well then for this body. If there are periods when there is weariness, if there is the tendency for an overnervousness, use same. This only stimulates the activity of the nerve or vibratory forces of the low electrical energies in the system to UNIFY their purposes. [1158-11]

And this will be ... a type of appliance for bringing rest to the weary, rest to those who have been inclined to depend upon sedatives, and narcotics for rest; to those who have been under great periods of stress and strain; to those who seek to find an equalizing influence that will assist them in producing a coordination in their physical and mental spirituality upon the body-physical. [1800-28]

Note that this appliance was recommended to produce relaxation and restfulness by improving coordination between the body, mind and spirit. The importance of coordination of these aspects of the self was emphasized in Chapter 1 and was designated as holism.

Getting back to the primary case study of this chapter, reading 5117-1 concluded with a holistic emphasis. While the primary cause was physical, the reading insisted that the mental and spiritual dimensions must also be addressed. "Then the attitude mentally: Set the self to study something of a spiritual nature. Here we would advise this body to read and apply 'A Search for God'." *A Search for God* was written by members of an A.R.E. Study Group who asked Edgar Cayce for readings on the spiritual laws of life. A series of readings were obtained and the material was discussed and applied. Note the importance of application - Mrs. [5117] was encouraged to "read and apply" the material.

Although it was not mentioned in this reading, Cayce often recommended that electrotherapy and spiritual application be combined. That is, during the use of the Radio-Active Appliance, the individual might pray, meditate or read an inspirational book.

After receiving her reading, Mrs. [5117] wrote many letters to Edgar Cayce (and after his death, to anyone at the A.R.E. who would respond). This correspondence provides additional insight into her condition:

(5/30/44): I received the reading on May 23, and I did not have any treatments as yet. But I am to start them this Monday, and of course, the doctor I called was skeptical about the reading, but is willing to do as I say ...

(6/20/44): ...The reading told about a fall, and I

do remember that I did fall. And the doctor also said there is something wrong with my spine, but he would like to take X-rays first ...

(7/2/44): Will you please give me another reading if you can? I have had so many of those treatments, but I don't seem to get any better, and now the doctor tells me to go into an institution. I don't want to go if I can help it, but I can't get myself out of this mental mess ... the doctor told me I was a dementia praecox [schizophrenic]. Please Mr. Cayce give me another reading, to see if the doctor is doing the right thing for me. Please, Mr. Cayce, see if I can be helped without going away from my home.

(8/9/45): ...please can you possibly give me some information on finding a doctor ... who would know exactly how to carry out the suggestion given in my reading? I am certain that the doctor did not do what the reading had said, although he said he did, but the reading refers to the coccyx [tailbone]. I have noticed nothing had been done to that part of my body ...

(9/27/46): I hope you won't mind my writing you about my personal problems ... Well, here is my story: About five years ago, I started getting faint feelings and terrible headaches, so I went to a doctor and he told me to stop eating pork, so I did; it didn't help my any. Then I went to another; he examined me and I told him of my headaches and was told to get my tonsils out, and teeth fixed, which I did; no relief. So I was told to go to a scychiratis [psychiatrist]. I went to one and told him my fears and headaches; was told to forget about it. I got worse every day, and felt I couldn't stand it any longer; then I went to another sychriast [psychiatrist], and he told

me to have electric shock treatments. I did, and still no relief from my fears and headaches. Then I read about your father, and begged for a reading which I had to wait almost half year, for it was when he must have been feeling ill; but I did get it, and I asked the doctor to come to my home and help me. I seen when I told him of the reading that he was skeptic, but was willing to do as I did beg him to try, and I did send for the Appliance, did use it and tried to apply the 'Search for God', and I still feel terrible. I have fear of everything, and am afraid to go out of doors, afraid to think. I wish you could understand what torture ... My head and fears are with me constantly ...

(12/25/46): ... I was sent back to the State Hospital again. So far, I don't feel any better. Do you think you could ... convince them that they could help me? Do you feel that the reading was right, and would they believe in it, I mean the doctors in this hospital. Of course, if I explained that I sent for a reading, they would say I'm crazy ...

(5/9/50): I received your letter of 3/21/50. Please read this letter thoroughly and do try to understand. Thank you so much for remembering me in all these years gone by; never thought I would hear from you again. Have such unpleasant things to say. Am wondering if you will be interested. Well, anyway, I am going on, to tell you about myself. Since I had my reading from Mr. Cayce. First I was at home, called in a doctor and explained that I had a reading and would he please carry out the instructions. He looked at me in a queer way. But I begged him to try. Gave me treatments 3 times a week. As the weeks passed, I felt no better. He thought I should not spend my money and wouldn't come to my home. I

sent to you people for a second reading. Mr. Cayce was very ill. Soon after, I heard of his passing away. I have written to you after that, I remember.

Now for the rest of my years. It was five years ago, I seemed to get worse, my husband got tired of me and got a divorce, remarried. I lost my only son, he has to live with other people. You can emagine [imagine] how mentally ill I am, not to be able to fase [face] my rights in the world and not to contest and ask for support for myself. My poor son having a mother and yet not having one. God alone can understand. I have been brought to the ... State Hospital about November of 1945, and am here since. I have a fear of going outdoors and fear of facing reality. You can't ever know what it is to live this way. I pray you never will. I know you must think me a queer person. I can't blame you. Something within me is guiding me on to write you all about myself ... I wrote you and had my sister mail it from the outside. She, by the way, does not believe in the reading, and that battery I sent for, every time I used it at home, I had to hide; they just couldn't see such foolishness as they called it. Anyway, I didn't get any better, no matter what I did. I know I am mentally ill, my mind just thinks one way, and that is fear constantly; I just can't explain it to you ...

(2/13/69) [letter to Hugh Lynn Cayce]: I have heard you on many radio programs. Enjoyed them very much. I have written to you before and had a reading by your father. Couldn't carry out his suggestions for lack of funds. Now I am suffering from rheumatic arthritis. Would like to know if Mr. Cayce spoke of any help for it. Please send information.

It certainly is a shame that Mrs. [5117] was unable to receive a check reading which could have critiqued the spinal adjustments which she received. From the description provided in her letter of August 9, 1945, it is unlikely that the doctor made the adjustments in the coccyx as the reading suggested. Furthermore, the explicit instructions for *coordinating* the lower portion of the spine with the major centers along the middle and upper areas of the spine was a crucial ingredient to the healing process. The techniques for *coordinating* these centers with each other was intrinsic to the osteopathic training during the early decades of this century. The readings consistently cited the importance of treatments which *coordinate* the body's system and advocated traditional osteopathy as the best approach for this end.

Certain doctors could perform this type of spinal manipulation better than others and the readings frequently made referrals to practitioners who knew how to provide an effective treatment. A check reading might have clarified the recommendations for treatment or made a referral to a better qualified (or perhaps a more sympathetic) doctor. Of course, at this point in time we shall never know.

It is interesting that one doctor referred to her as a dementia praecox case. Dementia praecox was the diagnostic label which preceded schizophrenia. Edgar Cayce gave readings for numerous persons diagnosed as dementia praecox and the patterns of pathology were strikingly similar to those described in Mrs. [5117]'s case. In other words, spinal injuries were common, especially to the lower portion of the spine.

It is also important to note that the osteopaths and chiropractors of that era were successfully treating a wide range of mental disorders including dementia praecox (schizophrenia) in their private sanitoriums. When the antipsychotic medications came along in the

1950's, manipulative therapy was generally abandoned for drug therapy. There was a widespread belief that the new wonder drugs would be refined and improved to the point of *curing* all the major mental illnesses. In hindsight, it is obvious that this expectation was grossly exaggerated.

Presently, there are still no generally acknowledged medical *cures* for the major mental illnesses - at best drugs can only relieve or repress symptoms. When drug therapy is stopped, the patient often relapses. Perhaps it is time to reconsider the traditional treatments practiced by the early osteopaths and chiropractors which were advocated in the Cayce readings. I have documented much of this material in a previous work entitled *The Treatment of Schizophrenia*. The style is somewhat academic; however, the book contains extensive citations from the Cayce readings and frequent summaries for those readers interested in this fascinating subject.

So while the cause of the anxiety in this case may seem farfetched to many readers, it was not particularly uncommon in the many readings given by Edgar Cayce for persons suffering from mental symptoms. Spinal injuries were often cited by the psychic diagnostician in such cases. Our next case provides another dramatic example of this pattern of pathology.

CHAPTER 3



Another Crooked Tailbone

Ms. [4579] was thirty years old when she requested a reading from Edgar Cayce. Before the reading, she submitted several questions including: "Why do I get nervous attacks?" One reading was given for this woman on June 9, 1931.

The first paragraph of the reading acknowledged that she was experiencing mental symptoms that were "neurotic in their aspect." However, a physical condition affecting the nervous systems was cited as the basic cause:

Yes, we have the body here, Mrs. [4579]. Now, as we find, there are specific conditions as cause the greater distress in the physical forces of the body. While these produce some conditions that are neurotic in their aspect, and while the aspects take on the form of imaginative conditions, those of wanderings and hallucinations at times, these are not necessarily even mental aberrations, but from physical conditions' effects on the nervous systems, both on cerebrospinal and sympathetic, or in the cerebrospinal

and in conjunction with the branch ends of the sympathetic - which produce such reactions in the body.

The reading then proceeded to specify the exact nature of the physical condition. As with the case study in Chapter 2, a misalignment of the lower portion of the spine was cited as the problem.

As we find, in times back there was an injury to the end of the spine, or in the coccyx end, so that the curve, or the improper position of same, produces pressures in the nervous system, and systems, in such a way and manner as to bring about the disturbances as are seen in many portions of the body ... itching sensation over the body, pains - severe pains in the base of the skull, at the top of the head ...

The reading provides an excellent clinical description of the anxious symptoms experienced by this woman. Most of us have had similar feelings at some time in our lives. We can empathize with woman's panic attacks (or as she called them, "nervous attacks"). And again the injury to the nervous system is emphasized:

The body becomes restless, irritated easily, at other times depressed, as if being in a crowd or among peoples would smother the body; the feelings of flushes all over the system, that there must be more air into the lungs, when it is nerve's reaction, as we find, from the whole of the pressure being brought about by those changes as wrought in the system by those activities that have increased those pressures.

These symptoms suggest recurrent panic attacks and a tendency towards agoraphobia. The level of severity is not discernable; however, since she sought

help from a psychic diagnostician, we can assume that she was quite distressed.

Naturally, the reading recommended spinal adjustments to correct the misalignment of her spine. The readings often gave specific instruction for carrying out these treatments. For example, the attending physician was cautioned to gradually straighten the spine, taking care to relax it with hot packs before each adjustment:

In meeting, then, the needs of the conditions, we would have those manipulations, osteopathically given, of the whole cerebrospinal system. We would, by gradual pressure - relaxing the body before the pressure is brought to bear, with hot packs over the sacral, the coccyx region - gradually straighten, or align, this end.

The reading concluded with a brief question and answer period which was a standard procedure in each trance session. Almost as if in disbelief that a spinal injury could be the source of her problem, the question was again put to the sleeping psychic:

Q: Why do I get all upset when I go out?

A: The nervous reaction from pressures in the coccyx region.

Thus we have another case of an injured coccyx producing anxiety attacks. Note the similarities to the previous case of Mrs. [5117], particularly the "severe pains in the base of the skull, at the top of the head."

We do not know what benefit the reading may have been to Ms. [4579]. There is no follow-up report in this file and we can not determine to what extent, if any, she followed the recommendations of her reading.

Considering the importance which the readings at-

tach to the tailbone, it might be helpful to look more closely at the anatomy of the coccyx region, especially regarding the nerves and plexus in that area. The coccyx gets its name from being compared in shape to a cuckoo's beak. It is usually composed of four small bones at the base of the spine, in other words, the tailbone. Of particular relevance to the present discussion is the nerve plexus associated with this portion of the spine. The major cords of the sympathetic nervous system closely parallel the spine and are joined in front of the coccyx at the *ganglion impar*. It is at this extremely strategic connection of the sympathetic chain that the readings trace many physical and mental symptoms. Presumably, pressure at this point produces aberrant nerve impulses upwards to the major plexus along the spine (and in certain cases to the brain itself). In later chapters we will look more closely at the physiology of the nervous system to help us to understand how pressures along the spine can lead to the symptoms of anxiety. Our next case study examines how an injury to another portion of the body, the abdomen, can also affect the nervous system and produce anxiety.

CHAPTER 4



"Don't believe 'em!"

Mr. [3318] was suffering from an "anxiety neurosis" when he sought a reading from Edgar Cayce. A letter dated September 4, 1943 stated:

I have been engaged in important war construction but find my efforts greatly weakened by an anxiety neurosis which makes it practically impossible to do any work. All the doctors say I am in perfect health but that the weakness, exhaustion and dizziness are all a part of nervousness.

Questions submitted prior to the reading indicated that this man may have been suffering from panic attacks and agoraphobia.

- 1. What causes and what may be done to correct overwrought nerves?*
- 2. Why am I overcome with terror if circumstances make me go any place by myself?*
- 3. Why does the least exertion completely exhaust me?*
- 4. Should I take any medicine, such as Phenobarbital*

tablets ... as some doctors suggest?

5. Should I attempt to be very active or not?

6. Is my trouble rooted in some great fear of my childhood, as psychoanalysts tell me? If so, what was it and how may it be overcome?

7. Any further advice?

One reading was given for this forty-four-year-old man on October 27, 1943:

As we find, there are disturbing conditions, but these to a great extent have arisen from the fear that has been created by what the body has been told is the source of his disturbance. Don't believe 'em!

It is true that there are those hindrances causing the blocking of the coordination of the sympathetic and cerebrospinal nerves with the general mental reaction; almost causing spasmodic reactions or "fits."

But this condition does NOT arise from those sources intimated. Rather in days back there was an injury in the right side from being struck by a bat or clout of some nature. And there is a lesion in the area of the lacteal ducts, where the greater patch of same is in coordination with the lower portion of the duodenum and the jejunum.

When certain characters of foods are taken, or when there is overexertion of excitement, it causes the spleen to be overactive - or if quantities of sugar are taken it causes this reaction. The nerve forces of the sympathetic system break down within their reaction and the body becomes trembly, almost losing consciousness - or staggering.

We would apply warm Glyco-Thymoline Packs over the lacteal duct area, using heavy sea salt heated in a pad to keep the Pack warm, not common salt but sea salt, so that there will be the reactions from the

kelp in same. Heat the salt, put in a sack, and apply over the thorough Glyco-Thymoline Pack, and allow the Pack to stay on for thirty minutes to an hour, at least two or three times each week.

Each time following the Glyco-Thymoline Pack, have a thorough massage given by a good osteopath, and, we will gradually break up this lesion. In the osteopathic treatment, to be sure, coordinate the areas where the cerebrospinal and sympathetic are more closely connected; 3rd cervical, 2nd and 3rd dorsal, 9th dorsal and the lumbar axis. Relax these. Don't stimulate them, but relax them.

In the diet, add more of the B-1 complex or that obtained in the compound called B-1 tablets, and we will get better results quickly - if these applications are adhered to as suggested.

Do NOT take those sedatives or those things that have been indicated, to keep off or to keep down this nerve reaction - for these spells will grow worse if you keep on using them.

We are through.

Edgar Cayce would occasionally demonstrate his penchant for clairvoyance at the beginning of a reading by volunteering some detail about the person receiving the reading. Remember that the recipient was often at home many miles away from the entranced Cayce. The precise time of the reading was predetermined and the person was encouraged to be in a prayerful or meditative state to facilitate the psychic process. As this reading began, perhaps Mr. [3318] was disturbed by some activity about the house and was not prepared for the reading. At any rate, the psychic link was promptly established and the reading was given. The reading straightforwardly described the problem as a "blocking of the coordination of the sympathetic and cerebrospi-

nal nerves." While the condition was basically a physical disorder, it had been exaggerated and magnified by the "general mental reaction."

The specific cause of this mental reaction was explicitly stated - "fear that has been created by what the body has been told is the source of his disturbance." Judging from the preliminary questions asked by Mr. [3318], one can easily imagine the nature of the ideas which had been planted in his mind. He had been seeing a psychoanalyst. The psychoanalytic approach of that era focused on certain theoretical developmental crises which could result in later neuroses. These hypothetical traumas were of varied natures, ranging from improper potty training to the fear of castration associated with an Oedipal complex. Generally speaking, the psychoanalytic model of human development has been abandoned by contemporary mental health professionals due to a lack of research and clinical support (in other words, Sigmund Freud's exotic notions about human development were largely figments of his imagination).

In a sense, the readings anticipated this decline by cautioning against placing undue credence in psychoanalysis. Hence, Mr. [3318] was strongly cautioned, "Don't believe'em!" The fear produced by worrying was only worsening the underlying physical problem. This is consistent with the readings insistence that "mind is the builder" and fear can only build patterns of disease into the body.

The precise nature and location of the injury to the abdomen which occurred in "times back" was described and the effects upon the visceral organs noted. Note the involvement of the spleen in this case. It is significant because it was mentioned in several cases of anxiety. Since its reaction was not the primary cause of the problem, we will wait to discuss its role in certain cases of anxiety until a later time (see Chapter 15).

The treatment plan focused on eliminating the lesion. Hot packs were often suggested in the readings for this purpose. The combination of Glyco-Thymoline and salt packs was unique. Glyco-Thymoline is a strongly alkaline solution and perhaps was recommended to change the PH of the tissue which needed correction. A reading given for another anxiety case explicitly states that the Glyco-Thymoline was recommended for this purpose. Salt packs were recommended in about eighty readings as a form of physiotherapy. The qualification that it must be sea salt containing kelp may have been related to the trace minerals (such as iodine) which are contained in kelp salt. These packs were to be given immediately before the osteopathic treatments. Apparently, the packs were intended to soften and prepare the tissue for the manipulative therapies provided by the osteopath. The treatments were to be relaxing, not stimulating! This stipulation makes sense when dealing with a person who is anxious.

The reasoning behind the vitamin supplements is not given. Supplements were occasionally recommended in the readings, however, they were usually to be administered in cycles so that the body would not become too dependent upon them.

Mr. Cayce addressed question #4 (regarding the use of medication) without the question being directly posed during the reading. The answer was consistent with the readings philosophy of "cure by removal of cause" rather than just suppressing symptoms through medications. There is no follow-up report in this file, thus we do not know if the treatments were given.

It is quite clear that the sleeping Cayce had little use for the mental health professionals of his day. His admonition to Mr. [3318] of "Don't believe 'em" was mild compared to his view of Mr. [3392]'s psychiatrist which we shall consider in our next case.

CHAPTER 5



“Tell him to go where he belongs!”

This declaration was given by the entranced Cayce in response to the question: “How can the psychiatrist assist him more?” The reply was adamant: “Forget him! Tell him to go where he belongs! He doesn’t belong in this man’s life at all!”

Mr. [3392] had been seeing a psychiatrist for several months for a “mental” condition. In a letter dated June 21, 1943 he stated:

For the past two years have been most miserable ... an illness no doctor can diagnose ... doctors have finally come to the conclusion that my problem is mental and for the past two months I have been under treatment with a psychiatrist ... However, felt no better ...

In a subsequent letter of July 6 he described the physical symptoms which had stumped his doctors:

My most serious trouble is that frequently I will get a tight feeling in my chest, also in my neck on both

sides of my Adam's apple ... My face will get a freezing feeling and I will quiver inwardly ... my doctors claim it is mental.

These symptoms are characteristic of the physical sensations commonly experienced during a panic attack. The reading which follows was given on December 9, 1943. It portrays a very anxious thirty-three-year-old man on the verge of a nervous breakdown.

Yes, we have the body here, [3392].

In considering the physical disturbances in the body, much more than the mere pathological conditions must be taken into consideration. While in the present this is not a mental condition, there may become such. But if proper precautions are taken and corrections made we should have an entirely new outlook on life, new abilities, new possibilities, new opportunities coming to this entity.

Those conditions then, while psychological, are produced by a pathological [physical] condition. With the change or correction, do change the psychological conditions also and find within self those abilities to control desires, hopes, wishes, as well as habits of the body.

These, then, are the conditions as we find them with this body:

In the nerve forces of the body, we find the sources of the disturbances. There has been an injury to the 8th and 9th dorsal area, and thus a lesion has been formed. This is circular and on the under side. Hence there will be required some real precautions in making those corrections. And do have such an one as Coulter [an osteopathic physician] to make these corrections.

The reflexes from these to the brain cause great

anxieties, great imaginations at times as to the manner in which individuals will react, great anxieties as to the possibilities of this disturbance or of this change, or of the regulations or rules bringing disturbances to the body forces. These cause sleeplessness at times; at other periods anything may produce a "don't care" attitude in reflexes to the body forces.

Thus, we have another case of a physical injury resulting in anxiety. The "reflexes from [the lesion] to the brain cause great anxieties, great imaginations [exaggerations?, paranoia?] at times as to the manner in which individuals will react, great anxieties as to the possibilities of this disturbance or of this change..." Although the injury produced "psychological" symptoms, it was essentially a "pathological" (physical) condition. However, the warning was given that a mental breakdown was coming if the corrections were not made. Naturally, the treatment plan in this case addressed the physical source of the problem. As was the situation in preceding chapters, osteopathic manipulative therapy (OMT) was advised to correct the lesion along the spinal column.

First, do have at least twelve to fifteen gentle but specific corrections, coordinating the lumbar and sacral axis, the upper dorsal and through the cervical area, with the corrections made in the 8th and 9th dorsals.

Osteopathy was so frequently recommended in such cases since it advocated a relatively gentle form of adjustment. For example, consider reading 325-60 given for an elderly woman suffering from anxiety. The question was asked:

Q: What can be done when she feels like jumping out of her skin because she can't let loose of her nerves?

A: Only the activities that will make for the quieting of the nerve centers, as we have indicated may be had best by the osteopathic treatments gently given to the centers.

The manipulative treatments were suggested to lessen the disruptive nerve impulses from along the spinal cord to the brain. Vitamin supplements were also advised to better balance the system. In addition to these physical treatments, Mr. [3392] was encouraged to consider the mental and spiritual dimensions of his condition:

During that period [of the adjustments] do find self. Read Exodus 19:5. Know that this is speaking to you. Use it.

Then apply the whole setting of that in the 30th of Deuteronomy as to how and where spirituality is to be found in self, in the choices made by the mental self. And the mental self is dependent upon the spirit, the purpose, the desire, the hope with which ye entertain ideas, and these lead to the choice of ideals and manner of activity.

This excerpt is very typical of the readings' insistence on self-responsibility. Self-responsibility must have a basis in the mental and spiritual ideals which serve as a blueprint for living - for making the choices which daily confront every human being. Self-responsibility was also stressed in regards to this man's consumption of alcohol:

The body does not desire nor hope to be ruled by someone else, neither does it wish the spirit of corn or

wine to rule, but rather that as indicated in Exodus 19:5 - "If ye will be my people, I will be your God." Not that you become goody-goody, but just be good for something, and in the application of self, ye will find - as the changes come physically, mentally and in thy hopes and desires - ye may indeed make this life, this experience worthwhile.

The expression "spirit of corn or wine" referred to Mr. [3392]'s tendency to indulge in drink. It is not clear from the reading or the correspondence just how much of a problem the drinking was. In a letter dated December 6, 1943, Mr. [3392] did volunteer that he had been doing "quite a bit of drinking." Perhaps this was an attempt at self-medication to relieve the anxiety in which he was engulfed. Whatever the reason, it was not encouraged.

Finally, note that he was instructed to apply this information in his daily life: "Not that you become goody-goody, but just be good for something ..." This emphasis on practical application was an important ingredient in restoring balance to [3392]'s life.

As noted in the previous chapter, the readings were not supportive of the psychoanalytic orientation of many psychiatrists which was in vogue during that era. Reading 3392-1 concluded with the strong injunction to avoid such irrelevancies and address the cause of the problem:

Q: How can the psychiatrist assist him more?

A: Forget him! Tell him to go where he belongs!
He doesn't belong in this man's life at all!

As is the situation with so many of these cases, no follow-up information is available. Obviously, if Mr. [3392] shared his reading with his psychiatrist, it is most

likely that the treatment plan would not have been followed and he would have been discouraged from seeking further assistance from Edgar Cayce.

Our next case study also emphasizes the contrast in Cayce's perspective and the psychiatry of his day. However, the source of the problem was quite different.

CHAPTER 6



Fear Complex

Mr. [5123] was a forty-one-year-old factory inspector who suffered from a "fear complex."

Ever since I was a boy, I have been afflicted with a stage fright complex. Psychiatrists say I was shocked badly when real young, and that if the situation could be recalled it would help to dissolve my trouble. This fear has come to bother me in many other ways ... The fear complex has been the bane of my whole life.

This man was also suffering from tuberculosis. His original request sought help with his anxiety problem, however, he changed his mind shortly before the reading:

A few months ago, I sent for a reading indicating on application that I wanted a mental and spiritual reading. I have been afflicted with a deep-seated chronic disease for years now, and because I considered a mental complex as the most contributing cause of my illness, I thought it best to get at that first. However, since my application for a reading, I have

changed my mind somewhat, due to physical changes and also the reading of your monthly letters, etc. My physical condition demands attention, and I am more or less confounded as to just what treatment I should receive... If it were possible, I would have an additional reading which might uncover the origin of my mental fear complex which a prominent psychiatrist told me was due to a forgotten emotional experience when I was quite young. According to him, if this experience would be recalled from my subconscious mind, it would dissolve my fear complex. I have often wondered if Mr. Cayce could trace a forgotten experience of this type through his work. I would gladly make such an application at once, but I suppose his readings are so far ahead that this would be almost impossible.

One reading was given for Mr. [5123] on May 19, 1944. It began with the observation that most of this man's problems were self-induced:

Yes, as we find, from long standing conditions the body is itself's own enemy. These are conditions where lack of control of the emotions, and the activity of organs through the body ... has gradually brought on a complication of disorders through the mental reactions and the physical conditions.

Weakness in the general vitality of the body, lack of stability in the purposes or desires of the body; all of these become a part of the general conditions.

The reading confirmed Mr. [5123]'s suspicion of the "mental complex as the most contributing cause of my illness." This case is an excellent example of how mental and physical causes can interact to produce a "complication of disorders through the mental reactions and the

physical conditions.” From the explanation of the pathology in this case, it would appear that selfish preoccupation can actually contribute to a form of internal pollution, so to speak. This man was stuck in a mental rut of destructive attitudes involving self-pity and the condemning of others. The reading labelled these tendencies “self-indulgences” and stated that they were contributing to the drosses in the body. In other words, the mind/body connection was in a destructive mode - interfering with the body’s normal processes of eliminating metabolic wastes. The resulting toxicity was contributing to the general loss of vitality and the vulnerability to tubercule bacillus.

From a psychological perspective, the mental aspect was also of particular significance in so far as anxiety was concerned. The readings often stated that selfishness was a common source of fear (we will examine this subject more thoroughly in Chapter 16).

When we become focused entirely on our own desires, we can become unnecessarily fearful about our well-being. Fear has a destructive influence, in any form. The prescription for dealing with self-indulgently induced anxiety is simple, yet not necessarily easy.

Q-1: What is the cause of my mental fear, and how may I overcome it?

A-1: As has been indicated, the draining of the drosses in the system from self-indulgence, and if there is the replacing of such with study, and the applying of self in the physical and mental towards helping others, we can dismiss this fear and tension in body and build up through the activities as have been given.

So, Mr. [5123] did get his chance to focus on the

mental and spiritual aspects of his "fear complex" after all. And it was probably not what he wanted to hear.

Of course, treatments also addressed the tuberculosis with recommendations for osteopathic manipulations, electrotherapy and diet. However, the foundation of the treatment plan was a change in the mental attitude emphasizing helping others.

A follow-up letter dated June 8, 1944 indicates that [5123] sought osteopathic treatments. Further attempts at maintaining contact were not successful and no additional information on the outcome in this case is available.

CHAPTER 7



Obsessions

From a psychiatric perspective, “obsessions are persistent ideas, thoughts, impulses, or images that are experienced, at least initially, as intrusive and senseless.” This description from the *Diagnostic and Statistical Manual of Mental Disorders: Third Edition - Revised* (or DSM-III-R for short) clearly defines the intrusive and recurrent nature of mental fixations.

[5042] was a twenty-one year old disabled veteran who suffered from a “hand fixation.” His desperation was clearly evident in his letter to Edgar Cayce:

I can't use my hands for working, simply because I am so conscious of them that when I try to use them my nerves get so bad I have to stop or else have them go all to pieces, much the same as after a shock. This condition came on me while I was recovering from a serious heart condition, and I haven't been the man I should be, since. The doctors tell me my heart is now normal, although it does act up an awful lot, which probably is due to this nervous condition. I am literally a nervous wreck ... I realize this is a very

strange mental case, but I hope you will understand because otherwise I am perfectly normal mentally...

A note included in this file states that "this letter was written in [5042]'s own handwriting which was very legible." This is significant since a check reading intimated that he was not doing as much as he could to help himself. This aspect of the case will be discussed in a later section.

His mother clarified the extent of his debilitation by noting:

...[the] hand fixation renders him absolutely incapable of being employed; even to tie his shoes, comb his hair, or spread his bread ... When he takes a bath, he has to wear rubber gloves ... He has tried so many forms of treatment, without relief ... Besides the suffering, this hand fixation incapacitates him for any work; therefore, he is unable to be employed in anything, whatsoever. Otherwise, he is in very good physical and mental condition...

In a subsequent letter she continues:

His suicidal tendencies are very strong right now, and so we never leave him alone. Besides his hand obsession, he is also obsessed with the idea of 'baldness at 21'; his hair which is naturally curly has been quite a source of pride, although the hair line has somewhat receded. He also has the idea that it is impossible for him to live long, and that he is faced with a horrible death; therefore, the suicidal intent. He has an unusually competitive nature, and a very keen mind, so that having been held back since he was 15 with a heart ailment which finally led into these obsessions, has been almost too much for him...

Persons experiencing obsessive thoughts or concerns often manifest this trait in multiple ways. It can actually be thought of as a style of looking at oneself and the world. Hence, it is sometimes considered a personality disorder - a deep and abiding flaw in the character of the individual. So it is not unusual that this obsessive style of thinking had "spread" to other areas such as his mild loss of hair and the possibility of an early, horrible death.

This young man was given two readings. The first reading, which was given on May 4, 1944, noted the seriousness of the problem and the dire physical condition which had affected his brain:

Yes. These are very sad and serious. The better manner here is that of arousing the spiritual awakenings in this body for its hindrances and pressures through the use of locomotories for body reflexes in the brain.

As we find, the pressures in the brain are of such nature, that operative measures may not be practical for the body [this in response to a question by 5042], yet there may be help if there are the spiritual tenets, not as to become a zealot or one oversensitive (for the body is oversensitive at present), but one letting the spirituality shine through, as in the association with and the reading of Unity, and with especially the prayers of the Unity groups.

This would bring greater aid to this body, when the body accepts same as a part of its own activity and uses its abilities that it has in the mental reflexes at the present, to bring better conditions for someone else.

For each soul should learn to help self, to help someone else, for they that would have life, must lose it. They who would have love must give it; they who would have friends must give friendship; they who

would be healed, who are in the condition of meeting their own self, must rid themselves of the conditions which in their experience have produced same.

These are caused from a rising in the head that has produced the pressures on the reflexes in the upper portion of the brachial centers. [heart condition?]

Do that and better conditions should come.

We are through with this reading.

Reading 5042-1 was given near the end of Cayce's life and therefore is exceptionally brief in its diagnosis and treatment recommendations. Apparently, the heart condition from which [5042] suffered was linked to the "pressures in the brain." Whether the pressures produced the heart condition or vice versa is uncertain.

It is quite extraordinary that the reading did not suggest physical therapies to address this condition. On the other hand, in extreme situations (which are "sad and serious"), the readings occasionally emphasized the spiritual dimension in the initial stages of treatment. The readings consistently maintained that all healing comes from the divine within. Therefore, unless the spiritual forces could be mobilized, further treatment was useless.

As in the previous chapter, the emphasis here is on selfless service to others. Focusing on one's problems only increases their stature in our mind. This is a predominant theme in this case. Several weeks after the first reading, [5042]'s mother noted that:

His nervous reaction seems less severe and of shorter duration. At times he says he doesn't think it will be long before he'll be able to go to work. This is a most encouraging sign to me ... He is taking much greater interest in people and life generally. He is

much more helpful. He seems to want to do more for others than the consciousness of his hands permit. He has been getting about socially at parties and picnics with his own age-group, and is getting to where he enjoys and forgets himself somewhat. There seems to be a gradual growth in his faith. Lately he is taking quite an interest in the bible. His greatest difficulty is belief in 'things not seen'. He is very keen and has a discerning mind, and he seeks proof for everything. The friends of Unity have been unusually kind. Unity seems gradually to be taking hold of him.

A second reading was provided on July 18, 1944.

Yes we have had the body here before. As we find, as yet there has been little in the way of the entity or body-mind attempting to become less self-conscious. This, as has been indicated, can or may be only done through filling its mind with thoughts and things of the spiritual. The warnings have been given that it [the entity] was not to become so enwrapped in same, but to make it practical. An outline has been indicated, but the entity must do something itself. This it has.

If there is the desire to give self over to someone else, then seek a good hypnotist and let self be submerged, but the better manner is to fill the mind, fill the daily activities with the desire, with the purpose, with the reading of that type of literature as has been indicated. And this will bring better conditions, but follow through explicitly. Don't ask for that to be done for yourself that ye may do for yourself.

Ready for questions.

Q: Is there some definite thing I could do to lose this most disturbing and upsetting consciousness of my hands?

A: Definite things have been given. Do them!

This check reading acknowledged that there was some improvement and that [5042] had applied the information in certain respects. However, more needed to be done to effect a total recovery. Hypnosis was submitted as an alternative approach if [5042] could not bring himself to study and apply the spiritual material which was suggested. However, the reading maintained that the better way was through personal study and application.

His mother wrote numerous letters to Mr. Cayce on her son's behalf. It is difficult to determine if her level of involvement was an appropriate response to her son's debilitating obsession or a dysfunctional attachment which allowed her to be manipulated by him. Based on the readings, one would certainly suspect that the young man was at least self-indulgent. Based on his mother's letters, it is obvious that he was adept at gaining sympathy from friends and relatives.

The following excerpt from his mother's letter provides the only follow-up information in this case. It presents a mixed picture of her son's progress:

In my son's last reading a hypnotist was suggested if he seemed unable to do anything for himself. He has tried very hard to help himself with practically no results. Also we have searched for a hypnotist without avail. He is so anxious to get well and to do whatever is suggested that he has asked that I write you to inquire the address of a hypnotist, or give information as to how he might reach one. Right now he is camping in the wilds of northern Michigan. He is swimming, rowing, chopping wood, clearing land and picking berries. We are in hopes that all these outdoor activities will help him some...

Even tho, as yet, his improvement seems slight, waiting for whatever assistance you may give has seemed to help him to hang on. We're hoping that, as long as nothing else has cured him, hypnotism will solve the problem.

This concluding letter does sound as if [5042] had made some progress. Yet one has the sense that he continued to rely on the hope that someone else would cure him. Apparently, Cayce's original observation that the condition was "very sad and serious" was justified.

CHAPTER 8



Compulsions

Whereas *obsessions* are intrusive *thought patterns*, "*compulsions* are repetitive, purposeful, and intentional behaviors that are performed in response to an obsession according to certain rules or in a stereotyped fashion" (DSM-III-R). Mrs. [392] was ensnared in such repetitive behaviors when her sister requested a reading:

This time it started a year ago with a nervous breakdown, we think caused by the loss of money during the depression. She had several nervous breakdowns before this but could always be handled at home. In the previous ones she was always very depressed but docile and there has never been any mental derangement. But this one has taken on a slight mental derangement which manifests itself in an overactivity and the outlet is to wash and scrub anything she can lay her hands on, whether washable or not, such as fur coats, fine dresses. She must be disciplined along this line, but when she is, there is a temporary outburst of wrath ... she is in a nervous

state and is constantly wanting to do physical labor of the most menial sort.

Washing compulsions are a very common form of this disorder. Such compulsions often focus on a body part (such as hand-washing). Other common compulsions involve counting, checking and touching. The individual behaves as if they were a machine, driven by some relentless, internal mechanism.

While persons will typically recognize the unreasonableness of their repetitive behaviors during the early stages of the illness and seek to combat the compulsions, eventually resignation may set in and the compulsions are no longer resisted. It is impossible to ascertain the progression in the case of Mrs. [392], although the behaviors were clearly pathological. One reading was provided for this woman on August 17, 1933. As with many of the cases in preceding chapters, the problem was traced to an incoordination in the nervous systems:

And, an incoordination exists between the cerebrospinal and sympathetic; not to the point where the condition may be termed wholly mental, but there are periods when the impulse for activity on the part of the body and the reaction to carry same out do not coordinate in the locomotories of the system. This of itself has its psychopathic effect upon the body.

However, in this case the incoordination was not produced by a spinal injury or other physical insult.

At some period back there has been the attempt on the part of the body to alter or change the effect of the reactions in the normal activities of the body; thus producing to the nervous system, to the functioning

of organs in the system, a shock to the general organism. There has more recently been a general nervous strain under which the body has passed. And a collapsing, as indicated, of the nerve forces with the general activity of the glands; especially in reproductive, adrenal and the lacteals, as well as involving - to be sure - the thyroids, that have produced this debilitation in the system.

As the reading explains, this was a long standing condition that was exacerbated by two forms of shocks or strains upon the nervous system; the first being produced by changes initiated by [392] herself (perhaps a change in diet or medication?) and the second being "a general nervous strain under which the body has passed" (due to the economic depression?). The effect of these strains impacted particularly strongly on the glands of the system producing a general debilitation. This depletion affected the nerves producing an incoordination between the cerebrospinal and sympathetic nervous systems. Consequently, there were "periods when the impulse for activity on the part of the body and the reaction to carry same out do not coordinate in the locomotories of the system. This of itself has its psychopathic [or mental] effect upon the body." The compulsive behaviors were the result of this incoordination which affected the "locomotories" or motor neurons of the nervous system. One might say that the body was operating on its own, outside the control of the conscious mind.

The treatment recommendations were primarily aimed at the physical pathology. A mild sedative and gentle osteopathic massage was recommended to calm the body. Atomidine was suggested to normalize glandular functioning. The Radio-Active Appliance with the gold solution was recommended to stimulate the

nervous systems to rebuild themselves. A blood and nerve building diet was suggested to strengthen the body.

A subsequent letter from a brother indicates that the recommendations given in the reading were not followed. This was truly unfortunate, not only for this particular individual, but also for the many persons who suffer from compulsive disorders at the present time. Although there have been some advances in treating compulsions with drugs and behavioral therapies, these disorders are still considered among the most treatment resistant of the mental illnesses. Perhaps this case can yet make a contribution to our understanding of the causes and cures of compulsions.

CHAPTER 9



Afraid of the Dark

[2825] was fifty-four-years-old when she wrote to Edgar Cayce for help:

I am dizzy at times, nothing that I do to cause it, have bad headaches almost all the time, great fear of being alone. Not afraid of people but afraid to be alone after dark. Do not know what I am afraid of, but a terrible feeling comes over me and I am sick all over, a rapid heart at times and lately a great deal of trouble with my kidneys and bladder. Take cold very easy and have sinus trouble. So you see I can't feel so well with all that the matter. I hope you will be able to help me.

The mixture of anxiety and physical symptoms (dizziness; headaches; kidney, bladder and sinus trouble) in this case suggests a physical basis for this woman's condition. As we shall see, the reading for Ms. [2825] links all these problems back to accidents which produced pressures along the spine. Here is an excerpt from her reading which describes the cause of her

condition and makes recommendations for relief:

As we find, there are disturbances that prevent the better physical functioning of the body. That the disturbances have not produced a greater unbalanced condition is unusual - owing to the nature of the disturbance and the portions of the body as we find affected. The causes, as we find, arise primarily from pressures existent in the nervous system. These have arisen from outside pressures, or from accidents. The pressure is upon those areas of the upper cervical, or through the cervical, 2nd and 3rd, 4th and 5th, - and in the coccyx area. While these in the present are not causing any disfigurement in the body, in their activity, they eventually will, as well as affecting the mental forces of this body, - unless corrective measures are taken.

And these should be done mechanically (that is, osteopathically); but not all be attempted at once. First gently relax the body with preferably wet heat, or oil heat, or oil packs with heat. This would be done especially in the area of the cervicals and in the lumbar and coccyx area. These are subluxations, and lesions vary - those in the cervical being of lateral nature, and those in the coccyx and lumbar of the circular nature. Thus through the areas these press upon the nerves and produce tiredness; while these in the cervical area are of such a nature as to produce fear especially of being alone, or of the dark, or of heights, or of those things that become as fearful experiences for individuals.

According to her reading, she was lucky that her condition was not worse than it was. Having studied hundreds of cases of mental illness in the Cayce readings, I can attest to the accuracy of that remark. In fact,

in similar cases where the readings cited comparable physical insult, the individual was often in a state hospital experiencing manic psychosis or dementia. Reading 2825-1 does go on to caution that a more serious mental condition is likely to prevail "unless corrective measures are taken."

Note that the physical symptoms such as the sinus, kidney and bladder troubles were all linked to the primary causative factors - the spinal subluxations and lesions. Hence treatment aimed at the underlying causes addressed all the symptoms at their source.

There are no follow-up reports in this case and we do not know if the recommendations were followed.

The explicit association of cervical pressures with phobic reactions is fascinating: "these (lesions) in the cervical area are of such a nature as to produce fear especially of being alone, or of the dark, or of heights, or of those things that become as fearful experiences for individuals." In a similar case, Mr. [1052] was given this explanation of his phobias:

IN THE NERVE REACTIONS, we find there is a disturbance produced through the centers or ganglia from which these portions of the body receive their reactions from the cerebrospinal and sympathetic systems, in their coordinated activity. Thus impulses are caused that make for fears of the nature where the body - if peering over cliffs or large places - becomes dizzy; or certain characters of movements make for periods of nausea or of activity that produces fear in the very activities themselves of the system. These are rather nervous reflexes.

The physiological explanation of the phobias in these two cases does not fit the views of most contemporary clinicians. Generally speaking, phobic reactions

are considered to result from conditioning produced by a traumatic experience. For example, a person who nearly drowns may develop a fear of water (hydrophobia).

The readings do contain examples of conditioned phobic reactions. When Mr. [2774] asked: "Why do I fear water so that I do not swim far in water over my depth?" the unconscious Cayce responded: "This is from a condition that existed in the subconscious in very young childhood. Suggestions to self, or forcing of self to overcome such, might discharge this from the subconscious influence." A follow-up question and answer sequence elaborated on this man's fear: "Is this why I am afraid to dive or jump into the water even if I am only one foot above the water? A: The same."

The readings occasionally noted that phobias could be part of a reincarnational pattern. This broadened perspective on the effects of traumatic experience certainly stretches the concept of conditioning. Take the case of Mrs. [2428]'s daughter. The mother asked why her daughter had such a fear of water and how it could be eliminated. The reading traced the problem to "experiences that brought about destruction of many, in the former appearance. This may best be seen by paralleling the life of that entity (or through that entity's own Life Reading, or record)." Apparently, the child had been the victim of drowning by flood in a previous life. The recommended treatment was to provide hypnotic suggestions to the child as she fell asleep. This hypnotic technique was referred to in the readings as *suggestive therapeutics*.

In another case, Edgar Cayce was asked to explain the fear of darkness which [852] experienced. The reply traced the cause to two previous incarnations: "Those experiences in the activities of the Colonial period; but more particularly from the experiences in the dungeon

in which thou wert plunged in France.”

The use of hypnotic regression (past life therapy) by certain contemporary hypnotherapists substantiates many of Cayce’s psychic insights into the role of past life trauma in cases of anxiety. The Association for Past Life Research and Therapies (APRT) has been formed to provide access to qualified practitioners for those individuals seeking this form of therapy (see the Appendix for more information).

At this point, the question naturally arises, “How can phobias be caused by such different factors as spinal injuries, childhood traumas and past life events?” There are several explanations. One of the most plausible focuses on the autonomic nervous system (ANS) as a key mediator of emotional states such as anxiety.

The ANS was commonly referred to as the sympathetic nervous system during Cayce’s lifetime. So when you encounter the expression *sympathetic nervous system* in a reading, you may wish to translate it into current terminology - the autonomic nervous system (or ANS for short).

The ANS serves as an automatic pilot for the body. It helps to insure that internal physiological processes are in harmony with the external environment. For example, when faced with a potentially dangerous situation, the ANS almost instantaneously shifts the body’s organs to a “fight or flight” status to deal with the emergency. If the situation is experienced as traumatic, fearful ANS responses may become associated with the offending situation or object. In psychological terms this process is called conditioning. In other words, the body may learn a phobic response which will be repeated whenever the feared stimulus is present. This is comparable in certain respects to programming a computer. When you give a programmed cue (the feared object or situation), the nervous system responds with a

programmed response - a fear response.

While this brief explanation of physiology and learning theory is useful in understanding how traumatic life events can produce phobias, how about past lives and physical injuries? The readings' holistic perspective explicitly states that we are triune beings composed of body, mind and spirit. The connection of these aspects occur at definite centers in the physical anatomy of the body. The readings state that mind functions through the nervous systems and that spirit manifests through the glands (you may wish to review the case of [2114] in Chapter 1 for a discussion of holism). The readings acknowledge that these two major systems work in close conjunction, not only in a strictly physical sense, but together they enable the entity (or soul body) to inhabit the physical body. The anatomical centers through which the soul forces manifest are referred to as *chakras* by many traditional sources (such as the various yogic and theosophical literatures).

The readings state that the ANS is the nervous system of the unconscious which is the mind of the soul. The soul memory encompasses past lives as well as the present. Hence, past life memories are closely linked to ANS patterns. Such patterns are sometimes described as operating like cassette tapes which play prerecorded messages upon the nervous and glandular systems. If these patterns include traumatic past life memories, one could expect to experience considerable anxiety in the present when confronted with similar experiences.

Perhaps spinal injury or disease can also produce a similar pattern. The ANS is quite vulnerable to insult, particularly as it runs along the spinal column. Imagine that an injury impinges upon the nerves along some portion of the spine. Further imagine that the change in nerve impulses to the major visceral organs and glands mimics the pattern which is produced in a state of fear.

Thus, we might experience the physical sensation of fear without any apparent reason. This could manifest as a phobic reaction as in the case of [2825] or as a panic attack as we have seen in several previous cases involving spinal injury. We will take a closer look at some physiological factors which can precipitate anxiety attacks in Chapter 15 when we consider the case of the Doctor's congested spleen. The important point to keep in mind here is that many diverse factors can blend together to produce the experience of anxiety.

In this chapter we have expanded our survey to consider some transpersonal aspects of the readings. Edgar Cayce's elaborations on the role of reincarnation illustrates the expansiveness of his perspective. In this respect, the readings are in general agreement with other important aspects of the world's great religions and philosophies. For example, the energy or life force that operates through the chakras to influence ANS functioning is known as *kundalini*. Our next case study examines the phenomenon of *kundalini* and its relation to anxiety disorders.

CHAPTER 10



Kundalini Crisis

Kundalini is the personal aspect of the universal life force named prana by the yogic tradition. This primal cosmic energy is akin, if not identical, to ch'i (Chinese), ki (Japanese), the Holy Spirit, and various other terms from cultures that identify a life force that is the source of all vital activity.

This brief selection from John White's *Kundalini, Evolution and Enlightenment* documents the universality of human experience with the force known as kundalini. Over the centuries, numerous meditative disciplines have evolved to activate and harness this potent bioelectrical force.

For most of her thirty-eight years Mrs. [3061] lived a normal, happy life. She had endeavored to walk the spiritual path, even practicing the discipline of meditation. However, due to some physical problems culminating in a nervous breakdown, she found herself in a desperate situation as this letter to Edgar Cayce reveals:

For over three years I have been more or less

isolated from my former participation in an active enjoyment of social contacts. I have suffered from the pains which seem to come from a spinal curvature, plus what has variously been term a "nervous breakdown," menopause, malnutrition, and even some type of infantile. After many months in bed I attempted to fight my way back to normalcy, but had developed a tendency to have a "complex" about being in the company of my friends, dreading callers and finding it almost an impossibility to walk out of the sight of my home, as I have terrible physical experiences each time I have attempted these things. I have had many doctors, including orthopedic men, psychiatrists and Christian Science practitioners. I am not bed-ridden, but am active with many hobbies at home such as gardening, music, painting, photography and development and tinting work, and work for the Red Cross which I can do at home.

My husband ... is on active sea duty, and it would be a great relief to him to know that I am once more able to be without fear, and restored to my natural state of self reliance, as I have to call upon others to stay with me when he is away.

This woman was desperate. In clinical terms, she was suffering from panic attacks, agoraphobia (fear of going outside), and social phobia (fear of specific social situations). The list of questions which she submitted prior to the reading clearly described her anxiety and a host of physical symptoms which were addressed in her reading:

My list of questions is as follows:

- (1) *What causes the nervous sense of fright and how can it be overcome?*
- (2) *What causes the tension in neck and dizziness?*

- (3) What causes sharp pain under the rib area?*
- (4) Can the spine be helped? How?*
- (5) What about diet?*
- (6) Why am I so frightened and apprehensive all the time, so that I fear company and yet fear to be alone?*

Edgar Cayce was able to accommodate her request for a reading on June 23, 1943. The reading stated that her anxiety was produced by a combination of factors. The misalignments in her spine were distorting and deflecting the powerful kundalini force which she was activating during meditation:

As we find, there is rather the combination of conditions causing the disturbance and upsetting in the mental as well as the physical reactions of the body.

These, as will be seen, more oft than otherwise cause unexpected anxieties in the body, owing to the very nature of the structural body, as well as the manner in which the body has applied its abilities to raise the kundalini forces in prayer or meditation.

Thus the fears that arise from same, because of a disturbance in the structural portions - in the lower areas of the cerebrospinal system.

These affect also sympathetically the ganglia along the sympathetic nerve forces AND the cerebrospinal in the areas along the spinal cord, - as indicated in the lower lumbar and sacral area. And this affects in its reaction not only the lower portion of the torso but the locomotion also.

And these continue to be warring factors between the mental (or the training abilities of the present entity) and the physical condition that has been and is a part of this present physical experience.

For, in some times back, with this form of distur-

tion that came to the cerebrospinal system, there has been the use of same in those ways and manners that have gradually prolonged the activity of the ganglia, as to bring periods of distress or disturbance to the body.

Then, with the application of its [metaphysical] studies - or of those things in which the mental forces have been builded, with these combative forces, - there are the periods of anxiety, which are a part of the whole physical forces, as well as the general conditions of the sympathetic body.

In order to understand this case, one must grasp the concept of *kundalini* as it was used in the readings (note: kundalini/kundaline is spelled in numerous ways depending upon the source of the information). Edgar Cayce spoke of a life force or energy that permeates the body and is the basis for physical growth and development. This force is electrical in nature and may manifest at different levels of intensity. In its low vibration this energy circulates through the body in a figure eight pattern. Perhaps this pattern is the same as that found in the acupuncture systems of various oriental perspectives.

During meditation (or in certain cases of glandular dysfunction), this energy can become "supercharged" in intensity - that is, its vibratory rate is increased as it flows through the body. This is what is meant by the expression "the body has applied its abilities to raise the kundaline forces in prayer and meditation." Normally, this process is a natural and healthy step in spiritual progression and can lead to enlightenment. However, in certain cases, the process can go dreadfully wrong.

The case of Gopi Krishna, a well known researcher and writer, was an excellent example of "kundalini crisis." During the middle years of his life he was

tormented by a multitude of mental and physical symptoms. He eventually was able to overcome the physical and mental tortures of his aberrant spiritual awakening. In retrospect, he described the potential psychological effects of kundalini crisis:

The condition [kundalini crisis] denotes, from the evolutionary point of view, a physiologically mature system ripe for the experience, and a highly active Kundalini pressing both on the brain and the reproductive system. But the activity of Kundalini, when the system is not properly attuned, can be abortive and, in some cases, even morbid. In the former case [when the brain is not ready], the heightened consciousness is stained with complexes, anxiety, depression, fear, and other neurotic and paranoid conditions, which alternate with elevated blissful periods, visionary experiences, or creative moods. In the latter [when the reproductive system is dysfunctional], it manifests itself in the various hideous forms of psychosis, in the horrible depression, frenzied excitement, and wild delusions of the insane.

Mariel Strauss provides a western viewpoint on the distress associated with kundalini crisis. She became involved in numerous "new age" activities including meditation and her system could not handle the stress. Her familiarity with the Cayce material enabled her to relate her condition to the concepts presented in the readings. Her book, *Recovering from the New Age: Therapies for Kundalini Crisis* documents the symptoms of kundalini arousal and suggests therapies to minimize its distress. Thus, Strauss describes "kundalini crisis" from her personal experience, while providing a scholarly review of the kundalini literature. Her familiarity with the Cayce philosophy and frequent citations from

the readings serve as valuable stepping stones between the various sources and perspectives in this literature. Her recognition of the pervasiveness of kundalini manifestations, both clinically in psychosis and subclinically in "dis-ease," accurately portrays the readings' perspective of this phenomenon:

We must remember that Cayce found degrees of kundalini imbalance in many individuals, not just in those with the syndrome of extreme symptoms we have delineated [i.e., kundalini crisis]. His cases ranged from those who were simply nervous and fatigued, as the above mentioned woman, to those who had been confined to hospitals or their homes for many years, sometimes since early childhood. Therefore, his remedies dealt less with large alterations in diet and more with the other aids we will discuss, such as spinal adjustment and massage, mental regroupment, and treatments with the electrical appliances he designed.

With this background, we can now look more closely at the reading given for Mrs. [3061]. "In times back" there had been a "distortion" to the cerebrospinal system. The lower portion of the spine was affected. When she meditated and attempted to "raise the kundaline forces" along the spine to the higher centers in the brain, the pressures along the spine disrupted the flow of the kundalini energy leading to a host of physical and mental symptoms. Note that the sympathetic nervous system was affected by the raising of the kundalini and hence the major organ systems were also disturbed as has been the case in so many of the cases which we have reviewed.

In a similar case (Mrs. 1773), the woman suffered

from anxiety during meditation or when left alone. Her first reading stated:

These as we find are the effects of impingements in the structural portions of the system, thus causing the irritation between the cerebrospinal and sympathetic nervous system; which upsets at times not only the emotional but the rationality of the whole reactions, as well as disturbing the functioning of the bodily forces.

As we find, with the birth of the child (the last), there was a straining of the pelvic bone, and an unbalancing. And this, with the unbalanced condition, has gradually produced through the sacro-ileac and through the nerve plexus in the end of the spine those pressures that are causing all of these disturbances with the conditions of the body.

A later reading (1773-4) goes on to note:

Now as we find, there are a great deal of helpful forces that have come to this body. However, there are still those periods of repression, or the tendencies for the body to become fearful when alone or in too deep a meditative mood; owing to those conditions which have existed and that need better coordination, especially in those areas of the coccyx AND the area of the coordinating of the lower nerve forces...

There are several other similar cases in the readings where spinal injury disrupted the flow of the life force resulting in "mental symptoms." Invariably, considerable anxiety was involved with intermittent bouts of depression. In the extreme cases, psychosis resulted.

The case of Mrs. [2863] is an excellent example of the

latter condition. In a letter to Edgar Cayce, she wrote:

At times I can sense or see people that have passed on minute details of hair, eyes, teeth, skin, clothing - so that they are recognized by other people. Have seen numbers and trees or views - never know when these things will appear. Have heard a distinct voice in the last 12 years, never get a message - Sometimes I am alone or talking on phone or with someone. Have no control over it. I don't want it unless I get the honest truth and could do some good with it for other people. I read your book - that's why I've told you about seeing things. Then, too, your reading said the psychic forces react sympathetically on the organs of the body. I don't know how or what to do about this so please help me if you can.

Mrs. [2863] was experiencing considerable anxiety when she requested a reading to help her understand her condition. One can certainly appreciate her reluctance to freely share her paranormal experiences. In today's drug-oriented medical establishment, if a person were to discuss such "hallucinations" with a psychiatrist, no doubt potent antipsychotic medication would be prescribed. On the other hand, such "mystical" experiences are widely sought by many people treading the "new age" path of psychic development. The Cayce readings cautioned that such experiences were only "signs along the way" and that any psychic development should be grounded in daily service to others. When the developmental process goes wrong - as in the cases cited in this chapter - physical obstructions were often noted. Spinal subluxations were one of the most common forms of physical impairment in this regard.

Two readings were given for Mrs. [2863]. The first

noted subluxations in the upper dorsal area and the 3rd and 4th cervicals. In addition to osteopathic treatment, hydrotherapy was also recommended to cleanse the body internally. The second reading recommended two forms of electrotherapy to relieve her symptoms:

Q: What material conditions are upsetting to the body, and what adjustment needs to be made to prevent this?

A: These have just been outlined. As the [psychic] centers are opened, that is why we are giving the electrical treatments in the two forms - one external to act upon the structural portion, the other to the centers that will prevent any form of possession or impression from the psychic forces outside the body.

Discarnate possession was occasionally associated with kundalini crisis. Apparently, the opening of the psychic centers to allow the kundalini to function in its high vibratory level could also make the body vulnerable to "outside influences." Readers interested in this aspect of the Cayce readings may wish to avail themselves of some excellent supplemental material on the subject. Jim Windsor's paper entitled *A Commentary on Possession* is a concise statement of the meaning of possession in the Cayce material. *Possession and Holistic Healing (based on the Edgar Cayce readings)* by Horton W. Amidon offers a more exhaustive discussion of this subject. I have also included an appendix on possession in my book *The Treatment of Schizophrenia* (see the Appendix for information on how to access these resources).

Getting back to the primary case study of this chapter, the treatment recommendations provided to Mrs. [3061] were similar to the other cases of kundalini crisis. Her treatment plan included working with ideals, studying the Bible, Glyco-Thymoline packs, osteopathic treatments, and dietary suggestions.

Reading 3061-1 does contain an interesting reference to “superacidity” in certain portions of the body which may be of interest to those readers fascinated by the body’s physiology. The role of “superacidity” in this case may have been directly related to the anxiety. For example, reading 5419-1 makes reference to this factor in a similar case:

Q: What causes extreme nervousness?

A: As indicated, the bursae about the ganglia of the system, being irritated by the acid in the circulation; not the ganglia itself.

Glyco-Thymoline is a strong alkaline solution and it may have been suggested to normalize the PH in these areas of the body. Reading 3061-1 specifically states that the Glyco-Thymoline packs would act as an “alkalizing antiseptic, as well as being absorbed in the muscular tendons and lymph circulation so as to alkalize and eliminate.” Perhaps an imbalance in the PH of the tissue surrounding the nerve ganglia affects neurotransmission in some detrimental manner causing aberrant nerve impulses in the sympathetic system. Thus the nerve ganglia itself may not be pathologically affected by “spinal pressures” in a direct sense. And yet such pressures could inhibit the lymphatic and circulatory systems from doing a proper job of removing metabolic waste. The resulting toxicity (a lesion) might produce a highly acidic chemical environment for the local tissue. Of course, this is just a hypothesis. The readings are full of such intriguing anatomical and physiological morsels.

A letter from [3061] indicated that she had started using the packs and intended to take the osteopathic treatments. However, there is no follow-up report to indicate if she received all the recommended treatments.

CHAPTER 11



A Periodical Reaction

In recent years there has been considerable attention focused on the physical and emotional changes associated with phases of the menstrual cycle. Consequently, Premenstrual Syndrome (PMS) has become a household expression.

The symptoms associated with this syndrome are wide ranging and include: depression, anxiety, fatigability, difficulty in concentrating, changes in eating and sleeping habits, and irritability. Various physical complaints such as headaches, joint and muscle pain, a sensation of "bloating," and breast tenderness or swelling are also common. Onset of symptoms usually occurs about a week before, and a few days after, the onset of menses.

[1845] was seventeen years old when she sought a reading from Edgar Cayce. A letter from her mother clearly described her condition:

I would appreciate very much a physical Reading for my daughter and I would like to ask some questions: What suggestion would you make for control

of attacks of melancholy and her extreme impatience and irritability? Are these conditions caused by her physical condition? It has been suggested that she has intestinal adhesions; is this so? She feels at times as if there was trouble with her heart, rapid palpitation. What is the cause of this? If she goes to a motion picture she comes out exhausted and irritable. Will you tell me if her mental and emotional condition is from a physical cause? In speaking of her mental condition I do not mean to imply that she is a mental case, but just a highly disturbed person who does not know what is bothering her. Later I would like a Life Reading for her but at the moment I am most anxious to get a report on her physical condition. I will be greatly obliged if Mr. Cayce will give her a reading at his earliest convenience as her condition has been a source of anxiety to me and I want to help her as quickly as I can ...

This revealing correspondence depicts a teenager experiencing considerable anxiety and depression. The concern expressed about "trouble with her heart, rapid palpitation" is suggestive of panic attacks. Her reading clearly addresses this problem by describing the physical basis of her emotional symptoms. One reading was given for this young woman on March 18, 1939:

Yes, we have the body here, [1845]. Now as we find, there are rather the specific disturbances that are causing reactions which bring anxiety and some physical disturbances to the body. These as we find may be corrected in the present, and thus - relieving the body, and those pressures that exist - would prevent a great deal of disturbance that might become of a very complicated nature if it is allowed to remain ...

In the lower lumbar, and especially through the coccyx area, there is a jamming of the segments there, - as may have been produced by an injury or fall in a much earlier period. This reaction to the system, as we find, produces these effects: With the proximity of the activity of the cerebrospinal and the sympathetic nervous systems joining through the brush end, and especially in the lumbar-sacral and coccyx area, we have a deflection of impulses, - as well as an aggravating of the glandular forces of the body as related to the genitive system as well as to the circulatory forces as related to the nerve impulse.

Hence we have a variation in the blood supply, though this causes little disturbance when there is kept the better eliminating force; but at other times, and especially through those periods of the menstrual forces, it causes a great deal of anxiety as well as a deflection of the circulation as related to the superficial and deeper circulation.

In the nervous system this reaction produces those conditions where there is the effect of melancholia, selfjudgement, blaming on self those conditions which have little or nothing to do with either the physical, the mental, or even a social reaction. Yet these produce anxieties, through the deflecting of the impulse, and especially at periods, - or this becomes a periodical reaction. Not at EVERY [menstrual] period, but many of these, - and close to these, just before or after, do such conditions occur.

Here we have another case in which the readings trace the cause of anxiety to an "injury or fall in a much earlier period." As with several other cases, the lower portion of the spine was cited as the seat of the problem ("there is a jamming of the segments there").

Apparently, this injury affected the glands which

produced a tendency for poor eliminations. The body was usually able to handle the resulting toxicity except during the menstrual periods. During those periods, the system was evidently overwhelmed by the increased need for eliminations. The numerous physical and mental symptoms were associated with this "periodical reaction." The feelings of panic which afflicted [1845] were related to the glandular imbalances produced by the spinal lesions:

As to the effect upon the glandular forces of the body: As the deflection is through the sympathetic as well as the cerebrospinal system, we find many of the glandular forces are exaggerated or lacking in their abilities for complete or full activity. Hence those conditions of a quickening of the pulsation, the filling or tingling, or filling through the throat, and the excitements as would cause any great anxiety might produce even a nausea.

These arise from the deflection of the conditions as they act upon the glandular forces of the thyroid, as well as the glandular forces as related to the activity of liver, spleen, pancreas AND the gall duct.

Note that the thyroid was affected (see the discussion of thyroid dysfunction in Chapter 1). This gland is known to be involved in cases of anxiety, particularly in panic attacks. Although the role of the spleen in this case is not elucidated, we will get a full description of this important organ in a later chapter which discusses the spleen's action during the "fight or flight" fear response.

The treatments recommended in this reading were simple and consistent with the diagnosis. Osteopathic treatments were suggested to correct the subluxations of the spine. Codiron, a commercially available dietary supplement containing cod liver oil and iron, was pre-

scribed. It was occasionally recommended in cases of general debilitation, poor assimilations and eliminations, anemia, and toxemia. The Radio-Active Appliance was suggested to produce "rest and relaxation by equalization of the circulatory forces."

There is no follow-up correspondence in this file to indicate treatment outcome, or even if the treatments were given. In a similar case (565), excellent results were obtained by following the readings' advice. In the case of [565], an abnormality in the upper dorsals was linked to a tilted stomach and pelvic disorders:

... the nervous condition makes low blood pressure and at times disturbances to the heart's activity and its pulsation. Dizziness arises at times from distinct causes, during the periods of the menstrual activity in elimination and during the periods when there is overexhaustion by excitement to the nerve forces of the body, or at other times we may find it arises purely from gases that form from nervous indigestion ... the reactions also produce an irritation again which causes the secretions from the vagina in such measures or manners as to make irritations so that the body is irritable in manner; and until the flow has begun there are pains produced in top of head, dizziness, lack of appetite, and an excess activity of the kidneys or bladder. These are purely reflex and are sympathetic conditions, as we have indicated, from a subluxation in the 3rd and 4th dorsal plexus area. (565-1)

Thus while this case has certain similarities to the previous one, the differences are significant. The pressures on the upper portion of the spine affected the stomach producing gas and nervous indigestion. Incidentally, disturbed digestion and "bloating" are ac-

known symptoms in menstrual-related disorders. Headaches and irritability are also hallmarks of these syndromes.

The concluding paragraphs of reading 565-1 contain some excellent advice for anyone wishing to apply the Cayce material to the problem of anxiety disorders:

Q: Please give mental and spiritual advice.

A: When individuals have been under such nerve strain that has existed with this body for some time, spiritual advice is often rather aggravating than satisfying; though at times the body has sought such in its activities. With a change in the physical conditions, the outlook of the mental body will be entirely different.

Each soul should gain this as its basis for activity: The MENTAL IS the builder. Hence the mental attitude has much to do with the physical conditions of the body, but it does not set broken bones; neither does it strengthen ligaments that have been stretched through activities that have gradually drawn in a body. But the attitude of mind, if it is from the spiritual forces and desires, will bring that which will build a life and an experience of peace, harmony and happiness.

In contrast to many of the cases which have been examined thus far, case [565] contains extensive follow-up reports from a variety of sources. Since these documents provide an indication of the results which were typically obtained when the recommendations in the readings were followed consistently, several excerpts will be presented. A letter from Mrs. [565] provides some valuable documentation of her condition and treatment results:

For the past eight to nine years I have been in extremely bad health, having been to the most prominent doctors in Raleigh. I have been to the hospital and undergone five operations at one time. Instead of getting relief I was gradually growing worse. No one was able to diagnose my case successfully. And 5 years ago I had a complete nervous breakdown at the time of my father's death. During this period I was unable to attend the funeral of either my father or mother. Unable to do any shopping or be in a crowd or even in the presence of a small group of people without going completely to pieces.

Having heard of your work and after it was suggested, during a visit to Norfolk, I was most anxious for a Physical Reading, which was obtained through you after I returned to my home in ..., N.C. When the reading was received I was determined to carry it out to the letter if possible. I went to the Tucker-Carson Sanitarium in Raleigh, and the reading was turned over to Dr. Tucker. I asked him if he would treat me as suggested in the reading. After reading it he said he would not treat me as suggested, and would give me no treatment at all until after he had made a thorough examination, which I submitted to. I went to his office four days in succession. I was x-rayed several times and was given a very thorough examination. At the completion of this I was informed that his diagnosis of my case including the x-ray pictures were identical to the diagnosis in the reading, after which he treated me as suggested in the reading. I followed the diet as closely as possible and after several treatments I began to feel some improvements. I continued with the treatment ... as suggested in the reading. I can truthfully say that I feel better than I have felt in years. I can drive

my car and go any place that I wish at any time, something I have not been able to do in years. I am indeed most grateful to you.

A friend of Mrs. [565] confirms her story by relating:

... Mrs. [565] was physically unable to visit a hospital or go near a doctor, having such a great dread and fear of both, but when she received her reading she got up enough courage to go to see a doctor as recommended, and after each visit it was easier next time.

This friend goes on to comment on the osteopathic treatment that Mrs. [565] received. The reading had specifically mentioned the osteopath in Raleigh, North Carolina which she was to see. As was often the case, Edgar Cayce had no conscious knowledge of this man or his sanatorium.

Dr. A. R. Tucker refused to follow the reading until he had made an x-ray. Mrs. [565] finally consented. The x-ray verified the reading in every detail. Dr. Tucker was astounded. He agreed to follow the suggestions and to not charge for the x-ray. He said he didn't know how Edgar Cayce knew this, but it was true. Mrs. [565] said she would not take five million dollars for the reading, poor as she was. Relatives and friends are elated over the outcome of this reading. She is taking treatments regularly and improving under them.

Further substantiation was provided by Mrs. [565]'s sister who reported:

Great improvement; nerves better. Doctor showed

me pictures of x-rays of her stomach - it was under her heart and pressed against this organ. She thought she had heart trouble. Intestine four inches lower than it should have been. It is thought that an operation sometime before might have caused the condition. "She eats better and shows splendid appetite. Bowels wonderful. For 18 years she had not had a movement without medicine. She says she wants to come to Virginia Beach to hear her next reading.

A brother-in-law, Mr. [478], commented on this case in a letter to the A.R.E.:

For approximately ten years prior to the reading Mrs. [565] was in extremely poor health, constantly under the doctor's care ... she was gradually getting worse, especially her nervous system, and was almost a fit subject for the insane asylum at the time the reading was obtained ... Her weight at the time the reading's treatments were started was less than one hundred lbs. Today she weighs one hundred and forty lbs. Her condition is as normal as any person's. She can drive her own automobile, which she had not been able to do for a period of years ... It goes without saying that Mrs. [565], as well as her entire family, is extremely grateful for what this reading has meant to her, both physically and mentally, as well as for the happiness which has been brought to her home.

A final bit of documentation comes from Dr. A. R. Tucker, an osteopathic physician at the Tucker-Carson Sanatorium. He wrote to the A.R.E. in acknowledgment of the referral made by the entranced Cayce.

I have your letter of November 7th, 1934 in refer-

ence to Mrs. [565]. Mrs. [565] was under our care for about six weeks, her last treatment being July 31st, 1934. We made Gastro-intestinal X-ray and checked her up physically from every angle. Your diagnosis was verified by our physical findings and we followed closely as possible your suggestions as to treatment. Mrs. [565] made splendid progress under treatment and she told me today that she is much better than she has been for a long time. I appreciate your referring Mrs. [565] to us and will be glad to cooperate with you in any case you send. We certainly appreciate your recommending the other three patients you mentioned in your letter, and if they come to us we will do our very best for them.

Sincerely,
(signed) A. R. Tucker

Over the years, Dr. Tucker treated several other patients subsequently sent to him with Edgar Cayce readings. Even after Mr. Cayce's death in 1945, the A.R.E. maintained a close relationship to this institution by making numerous referrals of individuals in that region of the country.

While these two cases of menstrual-related anxiety are fascinating in their own right, they also serve to introduce another phase of the female reproductive cycle. Menopause has long been associated with periods of anxiety, irritability, depression and numerous physical complaints. The Cayce readings provide a unique perspective on this natural phenomenon, as evidenced by the following case study.

CHAPTER 12



Menopause

Menopause is a natural physiologic process which marks the end of menstruation and childbearing. Although most women pass through menopause with little discomfort, many (perhaps as many as fifteen percent) experience significant physical and psychological distress.

Menopausal symptoms are diverse and may include hot and cold flashes, insomnia, fatigue, inability to concentrate, headaches, indigestion, constipation, anxiety and depression. Mrs. [1133] was experiencing several of these symptoms with notable anxiety and depression when her husband requested a reading from Edgar Cayce. A list of general questions (none of which indicated her condition) was included in the application which was signed by the husband and submitted by a mutual friend. A single reading was given for Mrs. [1133] on March 20, 1936:

Now, as we find, there are disturbing conditions in the physical forces of this body. While these bring a great deal of disturbance both to the mental and to

the physical reactions, and activities that at times cause distress or anxiety to others, we find that these are more or less a natural consequence of changes that are coming about in the physical forces of the body ...

Hence, as we find, these are those disturbing conditions that arise from the menopause period and the natural accompanying conditions of same. As we would find, then, in giving that as would be the better:

At least once a week, or twice a week for a period of three weeks, we would have the osteopathic treatments gently given.

Each day also we would have the low electrical vibrations that arise from the use of the Radio-Active Appliance, that will keep an even keel in the circulation.

And these periods of melancholia, the periods of the inability to sleep (or the insomnia), those disturbing forces in the digestive system, those tendencies for the body to become overexcited and overanxious - or to express overanxiety at periods - will gradually disappear ...

This forty-seven-year-old woman was apparently suffering through the "change of life" and making life miserable for her immediate family. So while her emotional turmoil was temporary and not as severe as many of the cases which we have considered, help was sought to provide symptomatic relief.

Cayce's recommendations were aimed at restoring balance to the body and improving eliminations. The readings often suggested general osteopathic treatments to relax the body and "set up drainages" (improve eliminations). Not that the spine was necessarily out of kilter and needed adjustment - the general manipula-

tions which were given by the osteopathic practitioners of that era were more comprehensive in their effects and the whole body was "put through its paces," as it were. The readings stated that these treatments were equivalent to moderate exercise in their effects on the body.

The Radio-Active Appliance was also recommended, as was often the case when rest and relaxation was essential. A balanced diet and moderate outdoor exercise were advised.

This individual was encouraged to "balance or budget its own mental and physical activities" - but don't get in a rut! Family members were also counseled to remain balanced in their attitudes: "not always giving in but not always causing anxiety to the body either."

There is no follow-up correspondence in this file to indicate whether the suggestions were followed. However, this case does provide some sensible suggestions for dealing with some of the problems which can accompany menopause.

CHAPTER 13



Perils of Pregnancy

Mrs. [1773] was on the verge of a breakdown suffering from extreme anxiety and bouts of depression. Her first desperate letter to Edgar Cayce hinted at the severity of her anxiety:

I am 38 years old. The mother of three boys. For over a year I have been miserable. I feel sure the underlying reason is a nervous condition that has resulted in FEAR. Fear, mostly for myself, I am ashamed to say. But I have tried - oh, so hard - to throw it off and be calm so that we could all be happier and I could be a better mother to my boys. They need me so. I don't think of much but my physical condition. If I could but have peace of mind and contentment, would not the physical conditions right themselves? The more I try, the worse it seems to get. Could you - WOULD YOU - help me.

She did not elaborate on the symptoms of her "physical condition," however, her second letter did focus on one of the major sources of her anxiety - obsessive fears

that she may go berserk and harm her family.

Mr. Cayce, how long do you think it will be before this disturbing state of mind gives way to calm and confidence. The tantalizing thought that I might do something harmful to someone particularly my own family, constantly reoccurs to me. I argue with myself, how perfectly ridiculous it is, nevertheless it always comes back. That particular chain of thought probably originated a couple months ago, or a little less, when I heard of a woman who became demented and tried to harm her own children. I have mentioned this particular fear to no-one but somehow feel you would understand & advise me. If I could only completely forget it, I would be so thankful.

The nature of the obsessions in this case is common in certain types of anxiety (such as panic disorder), where the afflicted person may suffer an unreasonable fear of going crazy or of doing something uncontrolled. A total of five readings were given - the first one described the cause of her problems and laid out a basic treatment plan.

Now as we find, the conditions with this body are rather specific. And unless there are some corrections made, the condition will become much more serious.

These as we find are the effects of impingements in the structural portions of the system, thus causing the irritation between the cerebrospinal and sympathetic nervous systems; which upsets at times not only the emotional but the rationality of the whole reactions, as well as disturbing the functioning of the bodily forces.

As we find, with the birth of the child (the last), there was a straining of the pelvic bone, and an unbalancing. And this, with the unbalanced condition, has gradually produced through the sacro-ileac and through the nerve plexus in the end of the spine those pressures that are causing all of these disturbances with the conditions of the body. Then, we would correct the condition in the whole of the cerebrospinal system; osteopathically; especially reducing those conditions in the coccyx area, and making for a balance in the pelvic area; coordinating the rest of the cerebrospinal system with same.

We would have sufficient of the low electrical forces from the Radio-Active Appliance to equalize the vibratory forces which have been upset throughout the system. Use this for thirty to forty minutes each day, and let this period be used as the period of meditation and prayer ... Doing these, we will bring the near to normal forces for this body ...

In the matter of the diet, keep to those foods that are body and blood building.

Throughout the rest of the winter and early spring season, take the Codiron tablets. Take one with the morning meal, one with the evening meal ...

The problem was traced back to her last pregnancy when pressures were produced in the pelvis. "And this, with the unbalanced condition" affected the lower end of the spine resulting in anxiety and depression. The "unbalanced condition" may have been a glandular imbalance, as we shall see in a later reading.

A warning was given that the condition could become more serious if the corrections were not made. There are at least two other cases in the readings where pressures produced during pregnancy resulted in major mental illness. In both cases, the women ended up

in state mental institutions suffering from psychosis. I have described these cases (2744 and 3996) in another work entitled *Broken Lives: Case Studies in Schizophrenia* so I will not go into them here except to note that Mrs. [1773] may have been heading toward a similar fate.

The treatments advised in this initial reading were common in cases of anxiety. Osteopathic corrections, electrotherapy and dietary recommendations were consistent with the cases which we have considered in preceding chapters.

Reading 1773-2 noted improvements and provided commentary on the role of the glandular system in her anxious symptoms:

Now as we find, there is an improvement in the structural positions of the body from that as we have had here before.

While there continues to be those anxieties and those disturbing influences as arise from some disturbances through the glandular system, we find that there is considerable improvement in the body ...

Reading 1773-3 noted further improvements but stated that additional osteopathic adjustments were required. This reading also emphasized the importance of constructive attitudes, particularly as applied in relations to others:

In the mental attitudes we would hold to those that have been indicated for constructive influences. And if this is done in a prayerful, meditative manner, following the suggestions that have been indicated as portions of the Holy Writ as should be not just memorized but realized as a living experience in the application of self in relationships to its home, to its friends, to its neighbors, to even its passing acquaint-

tances, - we will find it will not only aid materially in the corrections that are being sought to be made osteopathically in the structural portions of the body to relieve the tensions, but will make the whole outlook upon life and its activities much more, not tolerable but much more worthwhile!

And the joy of life will again be a part of the entity's experience!

The latter portion of this reading apparently addressed the depression that this woman was fighting. A letter written about two months after this reading indicates that she was still experiencing significant distress:

My physical condition is, I think, good but the mental state is not. Mr. Cayce, I have tried so hard to fasten my thoughts on the bible as was suggested but find myself in the most frightful state. The "hows" & "whys" that enter my mind are so depressing. Just don't know, at times, what it is all about. I don't know how to word a question or questions for the reading to bring out what will help me. I just can't seem to help myself at all. I talked with a psychiatrist. He seemed to think it was a neurosis caused by some incident or incidents caused of childhood and that psychoanalysis would help but it would entail so much expense. We just can't afford it unless it is the only answer.

As we have seen in previous cases, the psychiatry of that era was preoccupied with childhood experiences as the cause for neurosis. The anxiety that she was feeling while trying to meditate was discussed in her next check reading, 1773-4:

Now as we find, there are a great deal of helpful

forces that have come to this body.

However, there are still those periods of repression, or the tendencies for the body to become fearful when alone or in too deep a meditative mood; owing to those conditions which have existed and that need better coordination, especially in those areas of the coccyx AND the area of the coordinating of the lower nerve forces ...

Apparently, the corrections to the tailbone and other portions of the spine were not being maintained. This is consistent with the reports provided by Mrs. [1773]. The first osteopath she went to (which her first reading specifically mentioned by name) gave her several treatments and improvement was noted. The doctor took a three-month vacation and she relied upon his assistant for therapy. She stated that she felt worse after receiving treatments from the assistant and that this man was unable to find the pathological conditions that the readings had noted. About that time, the readings noted that the spinal manipulations were not being given correctly and provided specific recommendations to the doctor. Eventually, she went to a third osteopath for treatments, yet he also seemed unsure of himself. He asked Mrs. [1773] to request information on how to do the adjustments to the coccyx. The final reading in this series (1773-5) addresses these problems and adds one further ingredient to the treatment plan:

We find that small quantities of Chloride of Gold and Soda would be beneficial, in aiding the nerve tendons in the system, by the assimilations as would be caused by such activity through the body. These should be taken in small quantities, but taken rather consistently for regular periods ... The active principles of these are to add or stimulate glandular

activity, especially to the nerve energies; and taken in the manner as may be here indicated would be most beneficial ... These do, - and keep that mental attitude as has been indicated; not so much the thought of self as the helpful force it may be to others in their activity.

The gold solution was recommended to stimulate the glands to secrete hormones that would aid in coordinating the nervous systems. The tone of this final reading and the specific questions asked by Mrs. [1773] suggest that her anxiety had abated significantly and that her primary concern was with certain unspecified physical symptoms and occasional depression.

We have just examined a period of ten months in the life of Mrs. [1773]. Initially, her letters indicated extreme generalized anxiety with obsessions about going crazy and harming loved ones. She was also very anxious about her physical illness.

Her frequent reports indicated that she did attempt to apply the suggestions. Although she had difficulty finding an osteopath who was able to follow the recommendations in the readings, she utilized the services which were available and noted an improvement in her condition.

Evidently her anxiety levels decreased with continued treatment. In the later letters, there is no evidence of her previous obsessions about going crazy or harming anyone.

Some discrete episodes of anxiety during deep meditation and periods of aloneness were cited in her final reading and were linked to pressures remaining in the lower portion of her spine. The warning about the condition becoming very serious if left untreated was apparently heeded. There is no indication that her condition deteriorated in any manner. Since she was closely linked to the A.R.E. through her own interests

and through acquaintances who were active members, serious mental illness or a nervous breakdown would probably have been documented if it had occurred.

Certainly, this case does not suggest that pregnancy complications are a major cause of anxiety disorders. However, the portrayal of Mrs. [1773]'s condition is consistent with other cases in previous chapter where spinal injury was cited as a contributing factor. Insult to the spine can occur in multitudinous ways. Perhaps pregnancy complications may be one of these innumerable ways. Possibly this is one of the reasons why Edgar Cayce recommended general osteopathic treatments for pregnant women - to facilitate gestation and birthing and protect the health of mother and baby.

CHAPTER 14



“Saving the brain itself”

According to her reading, Mrs. [1873] was experiencing the early stages of dementia. She was extremely anxious and apparently was having a nervous breakdown.

From a medical perspective, her case might be viewed as prodromal dementia. Prodromal refers to the initial stages of a disorder - the interval between the earliest symptoms and full-blown clinical pathology.

Dementia is a progressive mental deterioration due to organic disease of the brain. It is highly correlated with age - as we become older we are at greater risk for developing dementia. Although Alzheimer's disease is the most common form of dementia, there are many other types of dementia which can be produced by numerous and diverse factors.

Anxiety is a common emotional reaction suffered by persons entering dementia. This is to be expected in a condition where the individual is undergoing a loss of intellectual functioning. Mrs. [1873]'s family was very concerned and sought a reading to help them understand her problem. A letter from a sister stated:

Mrs. [1873]'s daughter and I talked over with the rest of the family last night the things you told us when we called to see you yesterday afternoon. All of us feel that we should like to have you do what you can to help my sister, and on account of the mental suffering which she is undergoing we feel that the sooner you can give her treatment the better it will be. If it is possible for you to see her or any of the family next Sunday afternoon, we will arrange it. Please let us know as soon as possible.

Edgar Cayce gave one reading for this fifty-five-year old woman on May 7, 1939.

Now as we find, there are disturbing conditions which prevent the normal physical and mental functioning in this body.

These as we find affect primarily the nervous system of the body, but have been of long standing, and have gradually grown to be deflections in which there is now a disturbance in the coordination between the sympathetic and the cerebrospinal system.

Thus we find that such reflexes are caused as to prevent the normal reflex between the reasoning forces and the physical adjuncts to the normal reactions.

First, in the blood supply, - this as we find indicates those conditions which have long existed in the structural portions of the physical body, that have caused nerve reflexes such that - for a long period - a deflection has caused the inactivity between the sympathetic or vegetative nervous system and the cerebrospinal.

This as we find exists in the lumbar axis ...

This condition has expressed itself in the fear of those things that arise from the imaginative system,

but that find expression in the sensory system; as the fear of seeing, hearing or having impressions of being possessed, pursued, or such activities.

These become, as indicated, conditions arising, then, in the present, in the MENTAL system, FROM a PHYSICAL condition long existent in the physical or structural portion of the body ... PRODUCING at times ... the deflection of the activity of constructive forces in the thinking.

As such periods the entity becomes as one that berates self, rather than others or conditions, or circumstances. Hence it has produced a form of obsession in which self is at all times berated ...

At periods there is restlessness, or insomnia, - then periods of great anxiety to all portions of the body; requiring that there be a physical reaction, or physical activity to prevent the body from the dwelling upon such disturbing conditions as arise, - from the lesion which exists in the area as we have indicated, AFFECTING the brush end [the lower end] of the cerebrospinal system and producing incoordination between [the] sympathetic and the cerebrospinal [nervous systems].

As we find, if there is consistent and persistent application, these conditions may be gradually aided.

As in numerous other cases, the reading for this woman traced the cause of her illness to a spinal lesion. The lesion was along the lower portion of the spine "producing incoordination between [the] sympathetic and the cerebrospinal" nervous systems. Reflexes from this lesion prevented "the normal reflex between the reasoning forces and the physical adjuncts to the normal reactions." In other words, nerve impulses from this area of the spinal cord were relayed to the brain resulting in irrational thinking. The reading describes the

anxiety produced by the breakdown in the nervous system in various ways, such as fear produced by imagination "as the fear of seeing, hearing or having impressions of being possessed, pursued, or such activities." This description of fear sounds like delusional thinking, perhaps paranoia. The reading also speaks of "a form of obsession in which self is at all times berated." As we saw in a previous chapter, obsessive thinking can be a powerful source of anxiety.

Although the spinal lesions "are the SOURCES, the causes, from the physical angle," there may also have been a genetic factor in this case. You can almost hear the family members worrying among themselves about the possibility that [1873]'s condition might have been hereditary. The reading noted this concern:

And there should never be the impression or feeling (for others) that this is in ANY way a hereditary or prenatal condition, or one that would produce inclinations or weaknesses, or even tendencies in the lives or activities of others, - UNLESS the mental selves of such individuals were to dwell upon same.

The reading cautioned them to stop worrying about it. Worrying could initiate a self-fulfilling prophecy, an example of the principle "mind is the builder."

It is also possible that some genetic vulnerability may have been involved - that is, [1873] may have been genetically predisposed to suffer a mental breakdown. However, the genetic factor in itself was not enough to produce the illness. Some additional stressor was required (in this case a spinal injury) to manifest the disorder.

The idea of genetic vulnerability combining with a stressor to produce disease is known as *diathesis/stress* - diathesis referring to genetic vulnerability and stress

being any factor which triggers the inherited predisposition into action. The stressor may be biological (such as a spinal injury), environmental (such as a stressful life event) or psychological (such as worrying about inheriting the condition).

There are many such instances of *diathesis/stress* in the Cayce readings. For example, Mr. [282] suffered a psychotic breakdown and family members were concerned that they might also be vulnerable since mental illness was known to have afflicted other members of the family. A sister (Mrs. [457]) was on the verge of a nervous breakdown and requested a reading since she was concerned that she had inherited the condition. Reading 457-4 states: "Q: Can I be in any way affected by it [the inherited condition]? A: Only as the mental self dwells upon same and thus creates a field, an attitude for such reactions as to cause a disturbance." Reading 457-5 further cautions: "Do not dwell upon such. Be sure there is at all times sufficient Vitamin B in the diet, as well as with the blood test if found deficient in the procreative plasm then add same through the vibratory forces of Gold." This last remark about "vibratory gold" is very important and will be discussed briefly in a later section.

Returning to the primary case study of this chapter, the treatment plan for Mrs. [1873] was very holistic - it dealt with all aspects of the condition; the physical, mental and spiritual. First, there was to be "constructive thoughts about the body." In the words of contemporary psychiatric rehabilitation, a *therapeutic milieu* was to be provided. In other words, the immediate environment surrounding [1873] was to be constructive - they should stop their worrying and maintain a positive mental attitude.

Then, osteopathic adjustments were to be made to the spine. The Radio-Active Appliance was recom-

mended to quiet the body. An additional form of electrotherapy, the wet cell battery, was prescribed in conjunction with a gold solution. The wet cell with chloride of gold is a form of *vibratory gold* as mentioned in the previous excerpts from reading 457-5. The readings typically recommended gold in cases involving nervous system degeneration (such as dementia). Reading 1800-16 goes so far as to state that with the use of gold one "may create for a body almost a new brain." The gold therapy, in conjunction with the other treatments, was crucial to prevent dementia. As was stated near the end of the reading:

Do these, and we will bring a much nearer normal force, and EVENTUALLY bring back to the activities of the body a balanced influence in the cerebrospinal and sympathetic system, - SAVING the brain itself.

A follow-up report was furnished by the attending physician, Dr. Hudgins. He had been giving treatments for one month and noted "have not had time in her case - slow coming, slow going." Additional follow-up reports were not provided.

CHAPTER 15



The Doctor's Spleen

In three preceding chapters (4, 9 and 11) I have noted the involvement of the spleen in cases of anxiety. The case study in this chapter will allow us to take a closer look at what the spleen is and how it is linked to anxiety.

The spleen is a large gland-like organ situated under the ribs in the upper left quadrant of the abdomen.

In the normal adult, the spleen is a reservoir for blood, and contains a high concentration of erythrocytes. In times of exertion, emotional stress, pregnancy, severe bleeding, carbon monoxide poisoning or other occasions when the oxygen content of the blood must be increased, the spleen contracts rhythmically to release its store of red cells into the bloodstream. (*Encyclopedia and Dictionary of Medicine and Nursing*)

The rhythmic contraction of the spleen to increase oxygen in the blood stream is probably the physiological process responsible for the expression "venting one's spleen." In times of extreme emotional involve-

ment the spleen becomes mobilized as part of the “fight or flight” syndrome.

The present case study will focus on this aspect of the spleen’s functioning. Dr. [4135]’s earliest recorded reading was given on November 16, 1910. Apparently he had received others which had not been transcribed. We have no direct information as to why the doctor requested the reading. However, the reading itself does provide ample clinical details.

Those readers familiar with the readings will be aware of the variation in style between this early reading and subsequent ones given over the decades. Most notably, the director of the reading (the person giving the hypnotic suggestions and asking questions) was more active in the trance process. In later readings, Edgar Cayce did not require so much direction; a question and answer period near the end of the reading was the primary opportunity for input by the director. While lacking in the refinement of later years, reading 4135-1 is nevertheless quite effective in its blunt description of the body’s condition.

Q-1: You are now going to sleep and will be able to tell us what we want to know. You have before you Dr. [4135] who is in the room with you, he is before you now.

A-1: Dr. [4135]. Yes, we have him here, we have had him before.

Q-2: Well, I want you to go over him carefully, examine him thoroughly and tell us what is the matter with him, if anything.

A-2: We have here now from the action here of the spleen to the nerve force and nerve supply has been retarded here from the condition of the action of the white and gray matter [of the nervous system] until we have produced a congestion here of the

spleenic action through the sympathetics; produced a congestion to the nerve center along the spine, just below, just at the lower end of the solar plexus nerve center. Then the action on the sympathetics or through the sympathetics on the solar plexus nerve center has produced a choking up or filling up of the duodenum. Produces this fullness all through the whole system. Same thing you do when you get scared. The rejection of the nerve force on the system to quiet itself, to do what the other matter tells it to do.

This is from forces inside and out, the action comes on the nerve force of the body here.

Q-3: What else do you find?

A-3: We find reflex from this same trouble. A little over the whole system. Nothing else different from what we had before. It is different entirely from here through the pelvis, through the lower intestines, through the colon; around the spine we still have a little lesion here at the lumbar, very slight, does not produce any inflammation.

We have here at the solar plexus (at the lower end) not in the solar plexus proper, is from the effect from the action of the spleen on the nerve force. Produces a choking up, a filling up of the matter, not destroying enough of the forces to allow even force to the nerve supply.

Q-4: Any trouble about the heart?

A-4: No trouble with his heart. We have force now you see, from the same thing we have here. We have action from the same forces produces a filling up like you get scared. Now we have the same effect to the heart, as if the whole nervous force go along the spine, the whole system. He feels it in his head, feels it through the organism of the system. Just as if the

system was scared; the same shock we have from the whole system.

Q-5: What causes trouble about the head, the vertigo feeling?

A-5: No more than we have here from these other forces ...

In order to fully appreciate this reading, one must know a little about the physiology of fright. Most people have heard of the "fight or flight response" that occurs when a person is faced with a threatening situation. The standard example used to illustrate this state is the feeling that you would experience if you were to suddenly be confronted with a dangerous animal like a wild tiger or bear. You must either stand and fight or run for your life. In either case, you would need all your physical resources in order to survive.

Over the millennia, the human body has evolved effective, albeit complex, physiological responses to such emergencies. The sensory data is relayed to the central nervous system (i.e., brain) and the autonomic nervous system (ANS). The sympathetic branch of the ANS stimulates numerous internal organs into a hyperaroused state. Psychiatrist Michael Zal's description of this process is particularly insightful:

Respiration deepens (rapid respiration with hyperventilation), the heart beats more rapidly (tachycardia), the arterial pressure rises, and there is a tremor of skeletal muscles. Blood is redistributed from skin and viscera (stomach and intestines) to muscle tissue, central nervous system, and heart. The spleen contracts and discharges its store of corpuscles, which provide essential oxygen and for riddance of acid waste. All these changes serve to

render the body more effective in the violent display of energy that responds to danger demand.

Now, what would happen if some internal factor activated the spleen into a "fight or flight" mode? A person might find themselves in an aroused state of panic without anything in the external environment or the mental processes to justify such terror. Apparently this is just what happened to Dr. [4135].

The question that was asked regarding the condition of his heart suggests that he may have been concerned that he had a heart condition. Persons experiencing panic attacks frequently harbor this concern since this form of sympathetic arousal has a strong cardiovascular impact. In the absence of any definite cardiovascular disease, such individuals are often referred for "mental" evaluations and are consequently diagnosed and treated for "emotional" problems.

To be fair, diagnosis of panic disorder is not an easy matter. As a diagnostic entity, panic disorder has only existed since 1980 when the American Psychiatric Association included it in the diagnostic manual. Furthermore, many medical conditions such as mitral valve prolapse, asthma, endocrine dysfunction and temporal lobe epilepsy can produce panic symptoms.

In the laboratory, controlled experiments with carbon dioxide and sodium lactate can induce fearful experiences in subjects which are identical to panic attacks. Many researchers believe these substances produce panic by mimicking the physiology of spontaneous panic.

Obviously, there are numerous biological factors which can trigger physiological states which can mimic panic attacks. One of the common themes in the cases which we have considered is the arousal of the sympathetic nervous system. In many of the preceding chap-

ters where panic was present, a spinal lesion or other nervous system dysfunction was cited as affecting the sympathetic system and producing the physical correlates of fear resulting in panic attacks. The afflicted individual would unexpectedly become terrorstricken without any apparent reason. In such cases, spinal corrections were often the primary treatment recommendation.

The therapeutic solution for Dr. [4135] was to cleanse the stomach and visceral organs by taking phosphates and sodas. The Dr. followed the suggestions in this and other readings and lived a long, healthy life. On June 28, 1962 Gladys Davis, Edgar Cayce's secretary of many years, wrote, "Dr. [4135] is still living and is enthusiastic about EC's work. He sent many people to EC through the years to obtain readings."

Dr. [4135] presented a report before the American Association for Clinical Research on October 11, 1911. This talk sheds some light on the early unrecorded readings given for him. An excerpt is included here since it tells of his initial contact with Edgar Cayce and provides some insight into the remark in reading 4135-1 about a "little lesion here at the lumbar."

One day in the fall of 1906 I was attacked by a severe pain and accompanying symptoms which I thought was appendicitis; I immediately counseled two of my medical friends who assured me that I was unduly alarmed and suggested treatments, which I followed, with some relief, but only for a short time, when I again became alarmed, - this time I went to a nearby city where I counseled two prominent men with about the same result as my first attempt. The condition would get better for a time, but only for a little while and would return again. Finally, after eighteen months had passed with no permanent

relief, I sought aid in another medical center. This time three men passed on my case and prescribed. They told me I had a Nervous Appendix. At this time it would have taken but little suggesting until I would have undergone an operation, which was not necessary but when we are suffering, physician and layman alike want relief. On March 29, 1909, I was asked by a friend to try "The Psychic Freak" and see what he said about my case; previous to this I had not seen him for a long time as he was now living in Alabama, but he was visiting at this home. On the afternoon of above date he [Edgar Cayce] came to my office at the suggestion of my friend, who came with him. He laid down and went into one of his usual naps. Now he had been told nothing pertaining to whose case he was to tell about, and as I had tried everything suggested by seven men and found no relief, of course I had little faith in anything. But I was willing and anxious to have him try. My friend said "Go over this man carefully, (giving my name) he is here in this room. Tell us what you find. "Yes, we have him here. A little over twenty-eight moons ago this man wrenched his spine, as a result of which we find an impinging on the vertebral end of the nerves at the last dorsal and numbers one and two lumbar vertebrae. We now find pain and irritation at the opposite pole, or in the inguinal region, worse on the right side, through the sympathetics. We also find some irritation of the bladder. As this was caused mechanically it will require mechanical treatment or manipulation to relieve it." My wife, upon being told, immediately recalled the time when I wrenched my spine while feeding my horse. It had only troubled me a few days and had completely passed from memory until it was recalled. My faith in his statements was strengthened when I found this had oc-

curred only two or three weeks before my first trouble in the Autumn of 1906. Treatment along the new idea followed, but not until I had consulted my Grays Anatomy and found the landmark as he stated. After three or four mechanical treatments my pseudo-appendicitis cleared up entirely and all soreness localized at the original seat in my spine. After taking a total of nine treatments, or from March 29th until April 21st, all my trouble ceased and I have not been troubled since. Then the thought came to me - how does he do it? Where is the source of his knowledge? Was it just shrewd guessing? In the cases and testimonials that follow I shall call on you to decide ...

The report goes on to detail some dramatic case studies where information from the readings produced extraordinary results. The full address is contained in the supplement to reading 3502-1. In November of 1962, Dr. [4135] gave a talk before an A.R.E. study group in California. This cordial speech conveys the admiration of a physician who knew the Cayce work first hand. It is also provides a peek at Cayce's trance technique from a reputable bystander.

He [Edgar Cayce] was embarrassed because the medical profession wouldn't endorse him and they wouldn't endorse me. Not only that, but he didn't know for sure what he was saying himself in these readings! He didn't know a bit except what somebody told him! Yet, some of the most ridiculous things that he pulled, when you chased them down, sure enough would prove to be true. There wasn't any 'fake' about it, as far as I know.

When he would give these readings in the photographic studio, usually it would be just the name given him. "You will have before you the body of

(so-and-so). Go over the body and tell us what you find." First, he would lay down and draw a few long breaths. After he was "down," he was just "dead to the world." He was "under", for keeps, except that he could hear what was said to him. But he wouldn't remember, afterward. Many times, after a reading was all over, I would ask him if he knew about so-and-so or such-and-such, and he would always be surprised. After a reading was over he would come back, just a normal, ordinary man. But when he was under this "fit" that he pulled, it was real. Where he got the "dope" that he did, I don't know.

I wasn't the only one that was impressed by all this, by any means. There were others that "sneaked." Someday it will all come out about some of those doctors. But, you, see, once you come from a reputable medical school, endorsed by the Medical Society, well, you're just "branded" - right away. Why, it's the biggest wonder in the world that I didn't get a "black mark"; but, instead of hurting me I built up the town. The whole thing was too big to be true.

Every once in a while Edgar would make little side remarks regarding things other than the purpose for the reading, but he wouldn't deviate from the main subject of the reading. And in the reading he would talk just like he was looking at the subject. Just like he was right there and it was all very clear to him.

I think he diagnosed my appendix some three to four times. He said it was back of the descending colon. I didn't know it, until years and years later I had all these x-rays. The doctor who operated on me said I was the luckiest boy in the world. He was three hours getting it, it was such a difficult location. If it had ever gone like any other case, I wouldn't be here, now. The doctor said if it had been inflamed - as

hundreds are - he couldn't have dug it out the way he did. I've still got a whale of a scar. A retro-sacral-appendix is one of the most dreaded operations. It's not uncommon, but it has a bad reputation. Cayce was the first one to ever tell me about mine. Of course, he didn't recommend an operation. In his readings surgery wasn't recommended very often, but sometimes he would - and then it was as if he was determined about it. Sometimes, like that, he would recommend operations. And then sometimes he would say that such-and-such conditions exist and the doctors that have it know what to do. In other words, he would put it right back on the doctors what to do - as if he knew what was in their minds, too.

He was a great advocate of this new treatment that has just come in recently - osteopathy. He was quiet anxious for a great many cases to be treated by an osteopath, and he would name the osteopath that was in the immediate vicinity. Most of these had to do with a spinal adjustment or manipulation. I heard him name that many times. We would ask him if an operation was necessary and he would say no. No operation needed. Then he would refer to some osteopathic doctor and then he would tell what was necessary to be done. It was all so far-fetched that, even after I heard him time and again, I would think to myself that I wondered if that was a good thing to hang onto. Maybe I had better just forget about it. Then the next case I took him he would diagnose better than I could, or anybody else, that it would give me fresh courage. If you can imagine, nothing like it had ever been written out. It might have been wrong - I didn't know a thing about it - 'till a fellow called me one day and told me the New York Times had a whole front page of the magazine section all written up. Photographs and everything. Then the town

filled up and you had better believe that it did! It was beyond anything that I had ever anticipated. The article was all true - about what this one doctor had said, and what others had said, too - and all with photographs. There was no chance of backing out. But the town filled up, and some couldn't find places to sleep and went on up to Evansville and came back the next day. Some went to Nashville. Why, you'd think that hell broke loose!

I'm not looking for criticism, and I'm not looking for remuneration either; but I want the records straight and true. After all, I knew this man and knew his family, personally, and can corroborate so much of what happened with my own cases. If anybody else had ever reported this it would be different; but, although there have undoubtedly been others, they have never taken it up.

In writing of the doctor's death in 1968, his wife stated: "Dr. [4135] celebrated his 90th birthday on early morning hours of that day ... No special disease, just worn out." Apparently, the recommendations from the readings had served him well over the decades.

CHAPTER 16



Fear

This chapter will digress from the case study format adopted for earlier sections and address the subject of fear. Fear is the integrating factor in all anxiety disorders - the constant thread that ties them all together as a pathological entity. The readings often spoke of fear as a pernicious force which can manifest in many forms and at various levels of severity. The important point is: fear destroys.

Fear is sometimes differentiated from anxiety. Sigmund Freud laid the framework for this dichotomy by viewing fear as an appropriate reaction to a real external danger, while anxiety is a person's psychological response to danger that threatens from within in the form of forbidden instinctual drives. This formulation led to the concept of *anxiety neurosis*, a term which was undoubtedly applied in some of the cases in this book (for example, see Chapters 4 and 5).

Contemporary researchers and clinicians have generally abandoned Freud's model of anxiety. In fact, the diagnostic category of anxiety neurosis is no longer included in the current psychiatric manual (DSM-III-R).

In large part this is due to the overwhelming volume of physiological and clinical (ie, drug efficacy) studies which document the strong physiological dimension of anxiety disorders. The physiology of "objective fear" is closely linked to "psychological anxiety." In other words, the mind/body split is being bridged. The Cayce readings may help to further heal this split by providing some of the most detailed descriptions of mind/body interactions in the literature of anxiety.

Many of the reading excerpts which follow focus on the mental and spiritual aspects of fear. In innumerable instances, fear results from self-consciousness. We are afraid when we are concerned for our own safety and wellbeing. The more self-conscious and self-centered we are, the more likely we are to experience fear in any given situation. Chapters 6 and 7 provided case studies which linked a preoccupation with self to the symptoms of anxiety.

Recognizing this, the readings consistently advocated service to others as a means of dealing with fear. In other words, we can usually diminish fear if we stop worrying about ourselves long enough to help others. As you will remember, many of the treatment plans in the preceding chapters emphasized this point.

A few of the following excerpts also link the mental and spiritual to the physical. For example, look closely at the selections from 5439-1 and 5497-1. Note the pattern by which fear is said to produce disease in the body. Fear interferes with normal assimilations of nutrients, consequently, the sympathetic nervous system suffers. Since this branch of the nervous system innervates virtually every tissue of the body, it is logical that a wide range of physical symptoms are associated with chronic fear.

Hugh Lynn Cayce has written an excellent book on this subject entitled *Faces of Fear: Overcoming Life's Anxi-*

eties (see the Appendix). The work is far-reaching in its scope, integrating the philosophical and religious aspects of fear with examples from his own life and practice as a counselor. It is a highly recommended resource for those readers desiring an in-depth discussion of fear and its resolution. The selections which follow may whet your interest in pursuing this important topic.

EXCERPTS FROM THE CAYCE READINGS

Fear is the greatest destructive force to man's intelligence. (101-1)

Self-awareness, selfishness, is that that makes men afraid. (262-29)

Fear is as the fruit of indecisions respecting that which is lived and that which is held as the ideal. Doubt is as the father of fear ... If doubt has crept in, it becomes as the father of fear. Fear is as the beginning of faltering. Faltering is as that which makes for dis-ease throughout the soul and mental body. (538-33)

... for fear - fear - is the greatest drawback in the proper development of any well-balanced, normal individual. (554-3)

... fear in the physical sense, will be eradicated through the awakening in the spiritual application of material, as well as physical activities. See? (560-1)

Q: What has caused the recurrent experiences of waking during the night screaming? Explain these experiences and advise the body as to just what to do about them.

A: Looking into self and the choices which have been made respecting the spiritual import, you will find that there has been a conflict between the activity of the flesh and the mental and spiritual self. These produce upon the emotional self, fear. These may only be wholly eliminated by making the mental and spiritual mind and the material or physical body coordinant, cooperative, consistent one with another. (1315-10)

IN THE NERVOUS SYSTEM, we find, as indicated, there was in times back - through a strain - a subluxation produced in the 4th and 5th dorsal center or plexus ...

IN THE FUNCTIONING OF THE ORGANS THEMSELVES, as indicated, we find that all of the organs of the sensory system are involved; the hearing, the sight, the taste, the smell - ALL are disturbed at times. Unusual odors may occur for the body when they do not exist to others. An unusual fear or feeling of the presence of this or that may occur, without the apprehension or understanding of same from others. The body is disturbed by the hearing of noises, and the lack of hearing at all at other times. The vision is gradually becoming impaired, physically; as well as the taste.

All of these are the effects of those disturbances of the character or nature as indicated through the sympathetic or the vegetative nerve forces, and their lack of proper coordination with the cerebrospinal impulses of the body. (1645-1)

Q: Why, after becoming fatigued physically or mentally, does there arise a fear of going to sleep?

A: As indicated, this is the effect of the incoordination between the impulses through the cerebrospi-

nal nerve forces and those of the sympathetic or imaginative or impulse system. The relaxing of these osteopathically, in those areas indicated, should make for easier rest and for resuscitating forces following same. (2085-1)

... fear is the destroying forces of a strong will, that has - and even is powerful in its abilities! (2756-1)

Q: Why does she have such a fear of falling?

A: This is part of its karma - for it made many others fall far! (3057-1)

More individuals become so anxious about their own troubles, and yet helping others is the best way to rid yourself of your own troubles. (5081-1)

Q: How can I overcome fear of advancing old age and being alone?

A: By going out and doing something for somebody else; that is, those not able to do for themselves, making others happy, forgetting self entirely. These are as material manifestations but in helping someone else you'll get rid of your feeling. (5226-1)

Q: How may I get rid of fear of closed places?

A: The attitude must be kept as to that of helpfulness in the spiritual forces of the body - within and without. (5397-1)

Q-3: Why has the patient a fear of the future? Why does he not want to live?

A-3: The natural tendency of the gnawing from within, and the natural pressure created in the upper portion of the system from same, distorts the view of the body, as well as those of depressions from the

associations about same, but with a physical outlook changed, the whole outlook of body mentally and physically - will also be changed. Will these but be applied, we will see great changes in this body, mentally and physically, in three weeks. Not perfectly well, no - for then, as has been given, there should be a change in the physical outlook, or a change in the physical surroundings for a time.

Q-4: What is the cause of his sleeplessness?

A-4: That condition existent in the stomach proper.

Q-5: What will help this?

A-5: This as has just been given!

Q-6: Why does this man have great intolerance and impatience towards people? A great rudeness shows itself.

A-6: This from the variation in the attitudes of that others would choose to fill his place and niche in the affairs physically, the affairs materially, the affairs in the social way. These are fears, and have had much to do - as has been given - with the physical conditions existent in the body. These will be overcome with a different outlook from the physical standpoint; for one may not make a beautiful speech, one may not act congenial to one's neighbor, with the liver in a bad shape. Not particularly as this condition in this body, but rather the digestion and the nervousness, as pounds - pounds - pounds to the upper portion of the body, filling the throat often to where the body is as dumb before those whom he would speak; yet in business - or in activity as an executive, quick in act, in mind, in deed. (5437-1)

Now, in the mental forces - and as related to fear in the system: Fear the greatest bugaboo to the human elements, for in fear comes those conditions that destroy that vitality of that assimilated. To overcome fear, so fill the mental forces with that of the creative nature as to cast out fear; for he, or she, that is without fear is free indeed, and perfect love casteth out fear. Love not that as is of the officious nature, or that that demands in exchange. (5439-1)

Worry and fear being, then, the greatest foes to normal healthy physical body, turning the assimilated forces in the system into poisons that must be eliminated, rather than into life-giving vital forces for a physical body. The destructive energies, then, are in the greater portion active through the vegetative and sympathetic nerve systems - as related to either a portion of the lower portion of the stomach proper, where assimilation first begins to take place, or through the organs of distribution of blood supply so assimilated. (5497-1)

CHAPTER 17



Some Closing Remarks

Unquestionably, the preceding case studies comprise a unique and fascinating perspective on the causes and cures of certain forms of anxiety. The causes cited in the readings ranged from self-indulgence to spinal injuries to glandular dysfunctions. Quite obviously in these cases, physical factors figured heavily in the production of anxious symptoms.

In particular, various forms of spinal insult were frequently cited. Injury to the lower portions of the spine was especially prominent. These injuries typically affected the sympathetic nervous system which then affected the visceral organs, glands, and even the brain itself.

Naturally, treatment recommendations relied heavily on physical remedies. Osteopathic or chiropractic corrections were commonly advised. The use of certain forms of electrotherapy such as the Radio-Active Appliance was also typical. Medications aimed at balancing glandular functioning and improving assimilations and eliminations also played a significant role in these readings.

From the mental and spiritual angle, individuals were often counseled to change dysfunctional attitudes. The readings insisted that focusing on helping others was the best way of helping self.

The therapeutic recommendations were not extreme. To the contrary, compared with many current interventions they were quite mild and sensible.

For example, spinal adjustments have become increasingly accepted as a natural remedy for many kinds of backache. If a person suffering from anxiety had a history of back injury or was suffering from chronic back pain, it only makes sense to seek some form of relief. If this treatment also diminished or eliminated anxiety, so much the better.

This is true for many of the other treatments recommended in the readings. Balanced diet, regular moderate exercise and constructive mental attitude were among the most frequently advised remedies in the readings. With the advent of contemporary health consciousness and preventative medicine, these suggestions are now widely acknowledged and practiced.

From a theoretical standpoint, the readings of Edgar Cayce offer a unique opportunity to understand the causes and cures for anxiety. The case studies which we have examined provide a psychic glimpse into the underlying interconnections between body, mind and spirit. In a sense, we have been allowed to peek behind the veil of psychological symptoms, interpersonal disruption and physical complaints which are typically associated with anxiety disorders.

A frustratingly common pattern in these cases was the lack of application and follow-up correspondence. Persons tended to view anxiety as a mental problem and were unable to grasp the relevance of Cayce's insights. Consequently, the suggested remedies were seldom given a chance. In a couple of cases (such as Mrs. [565]

in Chapter 11 and Dr. [4135] in Chapter 15) where the readings were heeded, good results were forthcoming.

Provided the hindsight afforded by modern medical advances we can better appreciate Cayce's perspective. In particular, we can now be confident in acknowledging the strong biological dimension of anxiety disorders.

Just as medical science has often benefited greatly from personal tragedy, perhaps these disturbing case studies of anxiety from the Cayce readings can also make a contribution. For example, we are all familiar with the casualties of war and civil accidents. The mass media has excelled at documenting the horrifying spectacle of mangled bodies and human suffering produced by such calamities. However, through heroic medical measures a degree of relief can sometimes be provided. Through the study of these severely damaged bodies, researchers and clinicians can often gain insight into human anatomy and physiology which would have been impossible within the framework of traditional ethical research. In certain cases, these insights have been parlayed into therapeutic innovations which have benefitted humanity as a whole.

Similarly, thousands of desperate persons sought the aid of Edgar Cayce. In many cases, these individuals had been through the mainstream treatment options and had been given up by the medical practitioners of that period. The readings offered an "inside" perspective on these lives which had been figuratively ripped apart. While it is far too late to offer assistance to those individuals, maybe their suffering was not in vain. Perhaps we can yet judiciously apply the recommendations in the readings.

The crucial question is how can this information be helpful to individuals currently suffering from anxiety. Undeniably, the development of psychological and

medical treatments has resulted in therapeutic advances. Especially, the contribution of anti-anxiety drugs cannot and should not be understated. These medications have made tremendous contributions to the quality of life of many who suffer from anxiety. Symptomatic relief is an undeniable benefit in such cases.

And yet, perhaps we can do even better. While authors Lickey and Gordon are strongly supportive of the use of drugs for treating mental illness, they also acknowledge the limits of medication (in this case the widely used family of anti-anxiety drugs called benzodiazepines):

Excessive anxiety is seldom a disease in itself. More commonly, it springs from some other distinct illness or stress. For most patients, therefore, benzodiazepine treatment should be seen as an effort to relieve suffering but not as a sufficient treatment for the overall condition. Again, a benzodiazepine's effect on anxiety is similar to aspirin's effect on a fever. It makes you feel better, but it is seldom appropriate as a total treatment for the illness. (*Drugs for Mental Illness*, 1983, p. 226)

The case studies presented in the preceding chapters testify to the complexity of the anxiety disorders. From the standpoint of causation, the readings' perspective often resembled a chain reaction where an injury or imbalance rippled through the body and psyche of the individual. The chain reaction usually resulted in the various physical and mental symptoms associated with anxiety. Therefore, from a treatment standpoint, it was deemed appropriate to treat the causes as well as the symptoms.

Since the recommendations in the readings were relatively safe and natural, one can easily envision their

integration into a comprehensive treatment plan which may also utilize existing therapeutic options. In acute cases, the readings were not hesitant to suggest various sedatives including hypnotics and narcotics. In most cases, these medications were to be gradually tapered off as the symptoms were relieved and the body became capable of reaching and maintaining normal functioning. Thus the integration of anti-anxiety drugs with some of the therapies described in previous chapters may represent a reasonable alternative to those wishing to apply this information.

There are some individuals who recognize the therapeutic results produced by drugs yet who do not wish to be dependent upon medication. This group is not limited to "health food nuts" and "fitness freaks." There appears to be a growing concern in our culture over the use of chemicals to alter mood. Perhaps this is a natural result of our national campaign against street drugs and other forms of substance abuse. Whatever the reason, the recommendations in the readings may be helpful to such persons desiring a more natural approach.

In either instance, the obvious drawback is that we cannot know with certainty that the readings were factual. Thus, we are left to wonder if the readings were accurate in their diagnoses and treatment recommendations in these cases of anxiety. At this point in time, there is simply insufficient evidence to claim certainty one way or the other. However, there is considerable support for the Cayce material based upon the numerous cases of various physical disorders in which the readings were applied and excellent results were obtained. These cases are scattered throughout the circulating files based on the readings and are available to public scrutiny through the A.R.E. Library in Virginia Beach, Virginia.

The challenge and opportunity exists for an alterna-

tive consideration of the causes and cures of mental illnesses such as the anxiety disorders. Perhaps the suffering of the individuals cited in this work can be transformed into helpful options for today's sufferers. Maybe this information can reach forward in time to provide therapeutic options to others who must endure the living nightmares of anxiety disorders.

APPENDIX



Resources

A Holistic Theory of Mental Illness.

by James C. Windsor

Paper presented to the Second Annual Symposium of the Research Division of the Edgar Cayce Foundation, Phoenix, Arizona. Included in the Physicians Reference Notebook, pp. 244-257, A.R.E. Press.

Association for Research and Enlightenment (A.R.E.)

67th Street and Atlantic Avenue

P.O. Box 595, Virginia Beach, Virginia 23451

Telephone (804) 428-3588

Association for Past Life Research and Therapies (APRT)

P. O. Box 20151, Riverside, CA 92516

Telephone (714) 784-1570

Commentary on Possession.

by J. C. Windsor

Available from the author: P.O. Box 557,
Williamsburg, VA 23187.

Faces of Fear
by Hugh Lynn Cayce
Harper & Row

Possession and Holistic Healing
(based on the Edgar Cayce readings)
by Horton W. Amidon

There are copies in the reference and circulation sections of the A.R.E. Library.

Recovering from the New Age: Therapies for Kundalini Crisis.
by Mariel Strauss
Unpublished manuscript.

There is a copy in the A.R.E. Library reference section.

There is a River: The Story of Edgar Cayce.
by Thomas Sugrue
A.R.E. Press
Virginia Beach, VA

The Treatment of Depression
by David L. McMillin
Lifeline Press
Virginia Beach, VA

The Treatment of Schizophrenia
by David L. McMillin
Lifeline Press
Virginia Beach, VA