

Principles & Techniques of
Nerve Regeneration

ALZHEIMER'S DISEASE & THE DEMENTIAS



David McMillin, M.A.

BASED ON THE EDGAR CAYCE HEALTH METHODS

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AND THE DEMENTIAS

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DISCLAIMER: This book is directed primarily to health care professionals who are interested in alternative perspectives on the causes and treatment of mental illness. This book should not be regarded as a guide to self-diagnosis or self-treatment. The cooperation of a qualified health care professional is essential if one wishes to apply the principles and techniques discussed in this book.

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by David McMillin

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Introduction

THIS MANUAL IS designed to serve as a companion to a previous work entitled *Alzheimer's Disease and the Dementias: An Alternative Perspective Based on the Readings of Edgar Cayce* (McMillin, 1994). Whereas the earlier book dealt primarily with defining and explaining the various aspects of dementia and Edgar Cayce's perspective on the subject, this work focuses on application. I have attempted to limit redundancy by omitting some of the material in the first book. Therefore, I strongly recommend that readers study the other book before this one.

The information in the following chapters is directed toward the progressive health care professional who is willing to assist in the treatment of dementia based on the ideas in the Edgar Cayce material. While using an academic style (APA), I have also tried to keep the discussions as nontechnical as possible.

My primary interest is in helping people suffering from mental and emotional problems. Many of these individuals suffer from dementia. I have come to value Edgar Cayce's perspective on demen-

tia because he clearly acknowledged the strong physical (biological) degeneration associated with the nervous system while also advocating a holistic (mental and spiritual) emphasis in regards to treatment.

My purpose in presenting this material is twofold. My first objective is to provide helpful information and technical support for individuals who are now presently or will be working with Cayce's ideas in the near future. My longer range objective is to help establish a database of information on the application of Cayce's approach. This is a research effort that is essential if we are to fully understand Edgar Cayce's perspective and give it a reasonable opportunity to make a contribution in the field of health and healing.

The following chapters will explore the details of Cayce's holistic approach. However there is a serious problem in attempting to implement this model. There has been a loss of some of the knowledge and expertise in regards to certain treatment modalities. One of the more significant areas of loss has been in the field of manual therapy—the use of the hands to treat illness.

Another problem is that I am not a professional in manual therapy, nor do I have any formal training. My knowledge is mostly academic and experiential (insofar as I have been an educated consumer of these services from many practitioners over the years). Thus, my approach will be to provide extensive quotations from the literature and the Cayce readings with such commentary and analysis as I feel competent to provide. Hopefully, clinicians in this area will be stimulated to further study and apply the information to the extent necessary to make its application a reality.

In view of the foregoing acknowledgment of my limitations, this is clearly an introductory work. To the best of my knowledge, much of the technical information (therapeutic techniques) contained herein has not been presented relative to the Cayce material. I am speaking particularly of the various aspects of manual therapy which Cayce considered as essential for nervous system regeneration. Also, there is a limited amount of material available on the application of the electrotherapeutic appliances recommended in the readings. Thus, I would expect that we will grow in our understanding of these therapeutic principles and techniques. Edgar Cayce was fond of the expression, "in the application comes the awareness." Hopefully, our understanding of nervous system regeneration will evolve with clinical application and research.

I do want to emphasize the word research. This protocol for the

treatment of dementia is designed to lend itself to clinical research. Chapter Four contains some suggestions for designing a treatment plan that integrates various types of information relative to outcome evaluation. At this time, a clinical case study approach is the most promising avenue of research. Perhaps if individuals find the approach worthwhile, larger and more complex experimental designs may be realistic at a future date.

1

The Concept of Nerve Regeneration

... there needs to be the character of application that would not only tear down the scar tissue made but replenish or rebuild the nerve tissue itself in (the) brain . . .

This may be considered impossible, by some pathologists, or neurologists, or even some anatomists. Yet such has been done, and it may be done, in some instances . . . (3071-1)

THERE IS A widespread belief in our culture, even among health care professionals, that the human nervous system is incapable of regeneration. We accept that other species (such as salamanders and frogs) can exhibit remarkable abilities for this type of healing, even to the point of replacing amputated limbs. Yet when it comes to the “higher” forms of life (on the evolutionary scale), the power of regeneration seems to have been lost.

Thus, it may come as a surprise that scientific research on the possibility of human nerve regeneration has increased in recent years. In large part, this increase has resulted from the desire to help people with spinal cord injury.

The concept of nerve regeneration, as viewed from a scientific

perspective, is that nerve cells do not replicate after the initial stages of nervous system development. Research efforts are primarily focusing on the possibility that mature cells which have been injured or have degenerated due to illness can be encouraged to re-establish connections with other nerve cells and return to normal functioning. Although the difficulty of this type of regenerative process is well acknowledged, some researchers are beginning to express cautious optimism:

Is functional repair in the CNS (central nervous system) a possibility? Will it be possible to roll back the evolutionary and developmental clocks and have humans responding to a damaged CNS in the same way as does a salamander? I think there is much cause for optimism, as the molecular understanding of NGF (nerve growth factor) makes our knowledge of peripheral nerve regrowth more complete, methods for human Schwann cell culture are improved, and inhibitory proteins in the CNS are isolated and their normal function eventually overcome. (Holder, 1991, pp. 243-244)

For many years clinicians and scientists alike considered the phrase "CNS (central nervous system) regeneration" to be a contradiction in terms, especially when describing the response of the adult mammalian spinal cord to trauma. However, it has been accepted since the early studies of Ramon y Cajal (1928) that limited and "abortive" regeneration of central axons does occur. (Borgens, et al., 1990, p. 634)

This atmosphere of "cautious optimism" is based on a growing body of empirical evidence. Experiments on animals suggests that imposed electrical fields can enhance or direct nerve growth. For example, research with earthworms (Todorov, et al., 1992), guinea pigs (Borgens, et al., 1990), lamprey (Borgens, et al., 1981), rabbits (Nix & Hopf, 1983), rats (McDevitt, et al., 1987; Kerns, et al., 1991) and mice (Aebischer, et al., 1987) indicates that when nerve cells are systematically damaged by precise laboratory procedures, mild electrical stimulation can accelerate nerve regeneration. In much of this research, the electrical stimulation is in the form of a minute direct current applied directly to individual nerve cells.

Of course, this research is still very much in the preliminary stages. The methods and procedures in these studies on animals are

not yet available for clinical application on humans. And yet, the possibility exists that such technology may some day be used for nervous system regeneration.

Edgar Cayce's Perspective on Nervous System Regeneration

Edgar Cayce's psychic readings contain numerous references to nerve regeneration. In some instances the information is in the form of a theoretical discourse on the possibilities of such healing. However, more often his discussion of the subject is strictly clinical.

During most of his adult life (and particularly near the end when he became nationally famous), Mr. Cayce was besieged with requests for help in the most severe forms of illness. These cases run the entire spectrum of disease including chronic and degenerative neurological disorders. His recommendations for *in vivo* treatment were based upon an important therapeutic principle—the principle of “self-healing” (see Chapter Two).

In other words, Cayce believed that the natural processes which built the body in the first place could be activated to heal it—even when regeneration of the nervous system was required. Cayce insisted that the glands of the body were capable of accomplishing this healing work if they were stimulated by certain specific forms of electrotherapy and supported by the vegetative processes of the body. These processes may be thought of as the “activities of the system” which we will discuss in later sections. In general terms, these natural, vegetative processes are assimilation, elimination, and circulation. Chapter Three will define and describe the therapeutic techniques involved in Cayce's electrotherapy and other treatments which support the regenerative process.

Thus, Cayce's approach to healing the nervous system is different from current research in that it is more systemic. Rather than stimulating individual nerves cells with a mild direct current, in most cases he advocates using a simple chemical battery which has more widespread effects on the nervous and glandular systems.

His approach also varies in his understanding of how the body works. Although modern conceptualizations of nervous system anatomy and physiology were noted by Edgar Cayce decades before the electron microscope, sensitive assays of nervous system biochemistry, and modern brain scan technology, his readings are more expansive in their view of the human body (McMillin, 1991a;

McMillin, 1991b). Inherent in Cayce's perspective is the concept of subtle, vibrational energy systems which utilize the body's anatomy and physiology for the expression of mental and spiritual realities. Hence Cayce's paradigm includes, yet exceeds, materialistic conceptualizations of the human condition, including the workings of the human body and the meaning of health and illness (McMillin, 1994). Because the primary focus of this book is application, we will not go further into theory and metaphysics at this time.

Alzheimer's Disease and the Dementias

Certainly if any medical condition requires nervous system regeneration, it is the group of illnesses referred to as dementia. Dementia is a medical term referring to a deterioration of mental functioning due to progressive organic disease of the brain. Persons suffering from dementia typically experience loss of intellectual abilities such as memory, language use, and the ability to learn, solve problems, and make judgments. In its more severe forms, dementia may also produce disorientation, hallucinations, and paranoia. Social functioning is impaired and emotional responses may be atypical or inappropriate. For example, irritability and agitation may be present with occasional verbal and physical aggression toward family or caregivers.

Dementia is an acquired illness (as contrasted to disorders which are typically present at birth, such as mental retardation). Alzheimer's disease (a widely publicized dementia which we will look at more closely later in this chapter) accounts for about 50 to 60 percent of all cases of dementia. Vascular disease is another leading cause of dementia contributing around 10 to 20 percent.

Dementia may be caused by a multitude of factors including brain injuries, nutritional deficiencies, epilepsy, infections, hormone disorders, and drug effects. The list of causes is extensive and still growing with at least sixty known factors or conditions which can lead to dementia. There is still much to be learned about the causes of dementia. Even extensive post-mortem examinations fail to reveal the cause of dementia in about five percent of all cases.

The outcome in cases of dementia is variable. Some dementias are reversible—that is, if a correct diagnosis is made and appropriate treatment provided, the deterioration can be halted or even reversed. This is particularly true in cases of malnutrition and vitamin deficiencies. Because many elderly people develop poor eating hab-

its due to limited finances, difficulty in chewing, and other factors which often affect dietary choices, this area should be thoroughly assessed by the health care professional making the diagnosis.

Dementia is closely linked to the aging process—as we become older, we are at greater risk for developing dementia. In the past, dementia was viewed as a normal consequence of the aging process. Just as the body tended to lose its strength and suppleness with the passage of time, aging was also thought to naturally result in brain degeneration and decline in mental abilities. This view was (and still is to some extent) reflected in the term senility. Although in our daily lives we commonly associate senility with aging, technically it is not a useful medical term. With the increased understanding of the role of the dementias in the aging process, senility has fallen from favor. It is simply too vague in its implications to be useful to health care professionals.

It is important that we appreciate the historical usage of the term “senility.” It was the term used during Edgar Cayce’s lifetime when referring to the illness which we now call Alzheimer’s dementia (McMillin, 1994).

Like many of the other dementias, Alzheimer’s disease results in the progressive loss of “higher” functions such as thinking, reasoning, and memory. It destroys the distinctive qualities of mentality which make us human.

The deterioration is usually gradual, beginning with mild symptoms (such as forgetfulness of minor things like phone numbers or dental appointments). This decline is often accompanied by difficulty in learning new information. As the nervous system becomes more incapacitated, patients may have difficulty controlling their bodies or moving smoothly. Emotional problems commonly develop. The degeneration in functioning may produce deep depression, crying spells, or temper tantrums.

While the course of Alzheimer’s dementia may vary in individual cases, the ultimate prognosis is the same—incurable with progressive decline in functioning at all levels. Premature death can be expected, either directly as the result of the organic deterioration or by related syndromes which are caused or exacerbated by the dementia.

Whereas some of the other dementias are treatable (and even curable if the cause is detected and amenable to therapy), the therapeutic options available for Alzheimer’s dementia are mainly limited to adaptive measures. That is, when faced with an incurable

progressive illness, the usual strategy is to minimize the effects on patient and family.

These adaptive measures range from behavioral interventions (which organize and simplify daily activities) to general physical interventions (such as basic health maintenance). For example, basic health maintenance might involve bowel regulation. Constipation is often a problem for persons suffering from Alzheimer's dementia. Dietary changes, drinking adequate water, and the use of laxatives can help to address this problem.

Individual counseling and support groups for caregivers are two additional forms of therapy which can facilitate the process of adaptation. For many families, institutional care (such as nursing homes) represents the final stage of adaptation.

Research has yielded some promising medicinal therapies over the years. Unfortunately, these drugs have not produced consistent results under the rigors of scientific standards of confirmation. Consequently, the therapeutic effectiveness of drug therapy for Alzheimer's dementia is controversial.

Antidepressant medications are commonly prescribed for persons with Alzheimer's dementia since depression is one of the most frequent and debilitating symptoms associated with the disease. Again, however, these drugs do not directly treat the dementia—they are only adaptive measures intended to provide limited symptomatic relief.

Edgar Cayce's Approach to Treating Dementia

In numerous readings, Edgar Cayce maintained that nervous system regeneration was more than a theoretical possibility. In a wide variety of cases involving severe neurological illness, the readings advocated the use of a few basic, naturalistic therapeutic modalities to assist the body in the regeneration process.

Insofar as the readings on dementia are concerned, the focal point of self-healing is the reconstruction of the nervous system and particularly the brain. The use of "vibratory metals" (such as gold and silver) in conjunction with various forms of electrotherapy constitute the cornerstone of this approach:

The PRINCIPLE (of using electrotherapy with gold or silver) being that these change the vibratory forces as they add to or take from impulses within the system, from which those of the

sensory (nervous) system, or senses, react in the brain itself, and which takes place much as has been given with gold and silver in their varied conditions as may be applied to the system. We will find that impulse, whether as to that of senility when produced from age alone or whether senility as produced by conditions produced in the brain itself; for WITH the proper manipulations to PRODUCE coordination WITH drainage in the system, as may be given through manipulation osteopathically, or neuropathically given to the system under various stages, may create for a body almost a new brain, will the patience, the suggestion, the activities in the system BE carried out according to the conditions as necessary to be met. (1800-16)

This reading was given in response to questions about the application of certain electrical appliances recommended in Cayce's readings. As noted above, the term "senility" in this context refers to the medical condition which we now label Alzheimer's dementia. We will revisit this quotation in a later section that will focus on the specific therapeutic interventions listed as requirements for nervous system regeneration.

The assertion that one could "create for a body almost a new brain" is revolutionary in its implications and would undoubtedly be contested by current medical authorities. The readings acknowledged the incredulity which such an assertion would arouse:

... there needs to be the character of application that would not only tear down the scar tissue made but replenish or rebuild the nerve tissue itself in (the) brain . . .

This may be considered impossible, by some pathologists, or neurologists, or even some anatomists. Yet such has been done, and it may be done, in some instances . . .

Now, the influences needed here are Gold, Silver and Camphor; Gold to the gray matter in nerve tissue itself; Silver in the cord of the white matter—that is the principal element or force or influence; Camphor as a healing agent—or that works with, or between, the two elements (in a vibratory force). (3071-1)

This excerpt was taken from a reading given for a fourteen-year-old boy suffering from cerebral palsy. Hence, the assertion that nerve tissue could be "rebuilt" was made on numerous occasions

for a wide spectrum of neurological disorders, including the dementias.

It is important that we understand exactly what the readings meant by the expression “build a new brain.” The intention was not that new nerve cells would necessarily be created. Rather, it was simply that the existing cells, which had atrophied or degenerated, were to be nourished and stimulated into a functional condition. Cayce used the word “reorganization” when referring to nervous system healing. It was a difficult process requiring time and patience on the part of the caregivers.

I again encourage readers to study the previous work on this subject (McMillin, 1994). Pay particular attention to the sections entitled “the context of healing” and “the limits of physical healing” as discussed in Chapter Four. It is essential in the implementation of this approach to achieve and maintain a spiritual focus in the application of Cayce’s recommendations for nervous system regeneration.

Summary

The primary purpose of this chapter was to introduce the concept of nerve regeneration. We have briefly considered some of the scientific research in this area. Although there is obviously much to be done from a research standpoint in bringing some of these breakthrough findings into clinical practice, there does seem to be an atmosphere of “cautious optimism” that clinical application will eventually become a reality.

We have also briefly looked at Edgar Cayce’s approach to nerve regeneration. His perspective is essentially clinical. Although he occasionally provided theoretical dissertations on the principles and techniques involved, his primary focus was on helping individuals with *in vivo* treatment.

This chapter provided a concise review of some of the basics about dementia including Alzheimer’s dementia. The chapter concluded with a few remarks about Cayce’s extraordinary claim that the brain itself could be rebuilt.

The next chapter will lay the foundation for Cayce’s therapeutic model by presenting the therapeutic principles most often emphasized in the readings.

2

Therapeutic Principles

Know that all strength, all healing of every nature is the changing of the vibrations from within—the attuning of the divine within the living tissue of a body to Creative Energies. This alone is healing. Whether it is accomplished by the use of drugs, the knife or whatnot, it is the attuning of the atomic structure of the living cellular force to its spiritual heritage. (1893-1)

PRINCIPLES ARE GUIDELINES which provide direction for the therapeutic process. Edgar Cayce considered the universe to be a lawful expression of a creative energy or force commonly referred to as God. Principles are generalities based upon this lawful structure and must be applied if successful therapeutic results are expected. Specific therapeutic techniques may vary from person to person, but the underlying principles involved do not vary—they are the foundation of the therapeutic process.

In practical terms, principles are guidelines which assist in the individual application of therapeutic techniques. Treatment must invariably be adapted to particular persons. Principles help to in-

sure that treatment stays on track. In other words, principles provide a context for understanding the healing process.

Keep in mind that Edgar Cayce's readings view illness as an opportunity for growth in consciousness. Every experience in life is either a stumbling block or stepping-stone. Therapeutic principles are the link between illness and growth in consciousness. One cannot successfully apply the Cayce material on healing without regard for principles. Likewise, one cannot utilize these principles without experiencing a growth in consciousness.

Healing then becomes uplifting in more than just a physical sense—it is more than simply the relief of symptoms. Healing is more than treatment; more than an external intervention. Healing is an inner activity. In some cases, it may be an inner response to an external intervention. As the introductory quotation emphasizes, healing is “the attuning of the atomic structure of the living cellular force to its spiritual heritage.” It is this inner, spiritual aspect of healing which makes the awareness of therapeutic principles so essential.

The format of this chapter will be to briefly discuss some important therapeutic principles and then provide excerpts from the readings which illustrate these concepts. Keep in mind that even though topics are dealt with separately to make the material easier to assimilate intellectually, they all interface and work together in practice. The considerable overlap in content of each topic points to the underlying unity inherent in these principles.

The Principle of Self-Healing

(“All Healing Comes from Within”)

The medical model of healing, which underlies many contemporary therapeutic modalities, is based on the premise that treatment produces healing. The Cayce readings prefer to emphasize that it is attunement within the body that produces healing—not necessarily the treatments. In other words, in certain cases the correct treatment can be given and the body simply may not respond. In serious illnesses (such as dementia), one cannot merely provide treatment in a mechanical fashion (as if the treatment is all there is to it). Rather, one must seek to produce attunement within the individual.

One can sense Cayce's transpersonal perspective in these instances—the unconscious (or “soul forces”) have to be stimulated

to regenerate the physical body. Without such a response from the “divine from within,” healing is impossible.

Cayce’s insistence on inner healing is consistent with other approaches to healing. For example, in traditional chiropractic the expression “innate” healing is used. The idea here is that there is a creative force within the body that created the body in the first place. This immense resource may be awakened. And yet, it is not an automatic process. If the treatments are provided with a spiritual emphasis whereby the healing forces can be “aroused,” then healing may take place. Without the response from within, healing is problematic at best.

This is particularly true in cases of neurological illness requiring nervous system regeneration. The healing must come from within the body itself.

The clinical implications of this principle are that caregivers must seek to awaken this healing potential within the patient, and then adjust treatment accordingly. If the healing response is awakened, the body will change and treatment must change to match the needs of the body. As Cayce put it in one reading, “there must be periods of reaction of the bodily forces, the bodily functionings, the bodily response to influences without and within; and then the necessary attuning again and again.” (2153-6)

Another clinical implication of this principle is the preference for naturalistic treatments. Because healing comes from within (and the body’s biological processes are inherently natural), it makes sense to work with the body’s natural processes rather than against them. Although Edgar Cayce utilized a full spectrum of therapeutic modalities in his readings, he relied most heavily on naturalistic therapeutic techniques. The next chapter will discuss and explain the application of these techniques and how they work with the body.

A final clinical implication is that physical healing is uncertain. In some cases, there may be little or no response from the body. I have discussed this aspect of healing in a previous work where the spiritual (soul growth) aspects of healing were emphasized (McMillin, 1994).

Excerpts from the Cayce Readings

Q. Would it be satisfactory to continue—

A. (Interrupting) You see, it is not that there are just so many

treatments to be given and they can all be gotten through with and that's all there is to it!

NO application of ANY medicinal property or any mechanical adjustment, or any other influence, is healing of itself! These applications merely help to attune, adjust, correlate the activities of the bodily functions to nature and natural sources!

All healing, thence is from life! Life is God! It is the adjusting of the forces that are manifested in the individual body.

These directions as we have indicated take these conditions into consideration. Then, there must be periods of reaction of the bodily forces, the bodily functionings, the bodily response to influences without and within; and then the necessary attuning again and again.

The BODY is a pattern, it is an ensample of all the forces of the universe itself.

If all the rain that is helpful for the production of any element came at once, would it be better? If all the sunshine came at once, would it be better? If all the joy, all the sadness in the life experience of an individual were poured out at once, would it be better?

It is the cooperation, the reaction, the response made BY the individual that is sought. Know that the soul-entity must find in the applications that response which attunes its abilities, its hopes, its desires, its purposes to that universal consciousness.

THAT is the healing—of any nature! (2153-6)

Q. Will his mental condition improve or be cured entirely?

A. This, as we find, will materially improve. As to cure entirely, that will depend upon the responses in the system. The pressures as exist in the present prevent the normal reaction between sympathetic and cerebrospinal impulses. Not dementia; not a softening, not even a distribution of disorders as of a malignant nature, or of a conservatory nature—yet these are as distortions of the sympathetics, attempting to coordinate in or under pressures.

Q. If this treatment is followed, how long will it be before he will be cured?

A. The responses should show their beginning in three to five weeks. As to be cured, that will depend upon the response of the system. (2359-1)

Here, then, we find the disturbances:

Pressures in the cerebrospinal areas that reflect to the ganglia along the centers in the cerebrospinal system. While there has not been the response to some applications that have been made, these have been more in the nature of purely mechanical adjustments without consideration of the interchanging activity of body, mind and spiritual influences in the body.

KNOW—KNOW—there CAN be NO healing save from the awakening of the divine within self. This is not only true for this body but every individual entity. It is a fact that these influences or centers may be aroused by varied means, through which body, mind and soul function in the physical being. Thus the needs of these considerations for this body, particularly, in making administrations for beneficial results for this body! (2642-1)

Q. Can he be taught to dress, feed, and care for himself in other respects?

A. If there is any response, much may be accomplished through this. If there is no response, little—or none—can be accomplished. It will require patience and persistence. See? . . . This, as is seen, must be builded within the mental being of the body. (5598-1)

The Principle of Interdependent Treatments

(“One Activity Becomes Then Dependent upon Another”)

This principle exemplifies the interconnectedness which is the essence of holism. Some individuals receiving readings applied only those recommendations which were easy or convenient. During subsequent check readings, Cayce would usually give a stern admonition to follow all of the suggestions. This is especially important in the treatment of serious disorders where multiple systems are involved and interventions aimed at producing normal functioning in all systems are essential.

Reading 271-3 provides an excellent example of this principle. The person administering the treatments was advised to give hypnotic suggestions (suggestive therapeutics) during the electrotherapy sessions. In this case, failure to follow the readings thoroughly not only prevented healing, but exposed the person to

the possibility of worsening the condition.

Cayce often recommended suggestive therapeutics for cases of chronic mental illness or certain neurological disorders where the brain had degenerated (i.e., dementia). Such persons were sometimes incapable of coherent mental processes and were non-compliant to treatment due to lack of motivation. Hypnotic suggestions provided “programming” at two levels: (1) at the interpersonal level they increased patient compliance to the therapeutic program, and (2) at the subconscious (“sympathetic”) level, they provided precise directions to the nervous system so that the regenerative processes could proceed safely. In this case, Edgar Cayce noted that without the positive suggestions, the electrotherapy would be ineffective.

The principle of interdependent treatments is often ignored in the application of the Wet Cell Battery for nervous system regeneration. Sometimes people get the misconception that the battery treatments do the healing (rather than the healing coming from within the body itself—see the first principle above). Therefore, they only use the battery and get don’t get the full benefit of the treatments (if they get any therapeutic effect at all). The readings consistently advocated that the effectiveness of this form of electrotherapy was dependent upon certain types of manual therapy such as massage and spinal manipulations to “distribute” the vibratory energies from the battery. Also, it is important that the nervous systems be coordinated and that the eliminating systems (particularly lymphatic and venous drainages) be working effectively.

Thus, it is important that the full range of therapies be considered, especially in regards to how they interact with each other to stimulate the body to heal itself. Cayce’s formula for “rebuilding the brain” in cases of Alzheimer’s dementia (Chapter Three) exemplifies the principle of interdependent treatment modalities. All the major systems and activities of the body are taken into consideration. Furthermore, the holistic emphasis (body, mind, and spirit) also takes into the account the principle of interdependency.

Excerpts from the Cayce Readings

In the administering of those suggestions that have been outlined, as indicated, it is presumed that all will be adhered to in the manner given; and one activity becomes then dependent upon another.

With the revivifying of urges from physical to mental, through those reactions in the activity of the forces from the appliance to the brain's activity, unless the suggestions are carried with same it may be made more harmful than beneficial.

If these are carried together in their activity, then they will produce those reactions—as given—for the betterments of the body.

These, as we find, should be adhered to more in the manner that has been outlined for the body, and there may be expected to be the better reactions from same.

For, without this there comes that of not knowing what to do with the impulses; and the body then becomes at times irresponsible for the activities of the mental reactions.

Then, we would carry out more closely those suggestions that have been given will bring for this body the better physical and mental reactions . . .

Q. Are we doing everything possible for him in his present state of mind?

A. If the whole of the suggestions given had been adhered to, there would not be the recurrent conditions that are apparent in the present!

The suggestions must be made; else leave off, or change, or do without the whole thing!

Q. Why did he seem to lose the cheerfulness of the past ten days?

A. As we have just given, when there is that application for the body that will make for reactions in nerve impulse to a tempered condition in brain's reaction—and the suggestions not adhered to for those activities as outlined, there may be expected these results!

Either DO it, or don't try to do it! (271-3)

The Principle of Cyclical Treatment

The readings suggest that treatments be given in cycles that allow the body to rest and re-establish equilibrium before attempting further healing. Rest is required because some of the treatments can be stressful to the body. For example, the body will often adjust itself to a pathological condition so that it can continue to function. When the condition is changed (even in a healing direction), the body's systems are temporarily thrown out of balance. Thus, the

readings advocated gradual changes with rest periods allowing the body's systems to come back into coordination before further adjustments.

Another primary reason for cyclical treatment is that the body can become dependent upon the treatments. Ideally, treatment should help the body to maintain its own equilibrium without continued outside support. Habitual treatment can rob the body of the ability to maintain itself and form a dependence on the specific treatments. For example, Cayce said that the continual use of laxatives to assist eliminations can make the body dependent upon them. When the laxatives are stopped, the body's natural ability to maintain eliminations may be even worse than before taking the laxatives.

The principle of utilizing cycles of treatment is consistent with the idea of natural healing. Nature works in cycles. The human body is an expression of natural processes.

The cycles of treatment recommended by Cayce varied considerably for individuals and for the type of treatments they were receiving. This is due in part to the variation in cycles among individuals and within an individual at different stages of healing. Even with these variations, there are certain key patterns of treatment in the readings. For example, the readings state that the body typically maintains a 28-day cycle of eliminations. Thus, therapies addressing poor eliminations (such as hydrotherapy and manual medicine) often reflected this cycle in their patterns of treatment and rest.

The utilization of treatments in cycles was prominent in the philosophy of the early osteopathic physicians. A. G. Hildreth, D.O., a prominent osteopath and co-founder of the Still-Hildreth Osteopathic Sanatorium, summed it up by noting that a major problem facing clinicians is "knowing when to leave the tissues alone, that is, timing and spacing the treatments so they will be consonant with the time periods required by the healing processes of the body" (Hildreth, 1930, p. 7). He goes on to comment that, "It is important to know when you have treated the patient enough, when you have done the right thing to correct the physical interference and to have the brains enough to know how much time nature needs to recuperate before a repetition of your treatment is given. Scientific facts are made useful only through complete knowledge and understanding of their applications" (Hildreth, 1930, p. 11).

The Cayce readings provide many examples of the utilization of cycles of treatment, not only from the standpoint of a single type of intervention (i.e., osteopathic treatments), but from a multi-

disciplinary perspective incorporating the various physical, mental, and spiritual modalities which comprise a holistic approach. For example, a series of osteopathic treatments might be given, and during the rest period between series, electrotherapy would be recommended. The sequence and duration of these cycles were important and the readings would often chide individuals for not adhering to the suggested cycles.

Chapters Three and Four will discuss some common cycles of treatment in regards to nervous systems regeneration and provide guidelines for incorporating cycles into the individualized treatment plan.

Excerpts from the Cayce Readings

As to the matter of treatments, we would make application each day in periods of three to five weeks—and then a rest period of a week to ten days when a different vibration would be given the body—and then begin again with the original treatment, and so on. (271-1)

The periods in the treatments for rest, as we find, should have begun in this present week; not before; the rest period for five days, then begin again with the battery that carries the electronic influences through the medicated applications . . .

Q. Beginning today with the rest period for five days?

A. It's already been begun! But five days rest period. (271-6)

Q. Should the sweats and rubs be continued?

A. These would be well, as has been given, to be continued occasionally. Do not come to depend upon any of these activities! Take 'em when needed, and when not leave 'em off! See? Be the master of the body, of that which must be administered; not a servant of! (279-5)

These osteopathic manipulations would be given for periods of six to ten such adjustments, left off for a period of a month, and then given again.

After the second of such adjustments or treatments are begun, we would THEN begin with the application of the low electrical vibrations of the Wet Cell Appliance that would carry Gold into the system . . .

These vibrations would not be given for more than twenty minutes in the beginning, and given only every other day; preferably as the body is ready to rest of an evening—taking the time to do same.

Give these vibrations in periods also; that is, give for thirty days—or fifteen treatments; leave off for thirty days; and then give again. (1439-1)

Begin with those properties as would tend to make for a purifying of the glandular system. Take Atomidine, internally, then, in the manner as here indicated. Take one minim in half a glass of water each morning before any meal is taken, for five days. Then leave off for five days. Then take two minims (drops) each day for five days, in the same manner. Leave off then entirely.

And then begin with the thorough osteopathic adjustments as needed for the inclinations and tendencies for subluxations in the cerebrospinal system, especially between the 9th dorsal and the upper portion of the cervical area, with specific reference to the 3rd and 4th and 5th dorsals; and then, of course, the head and neck, or in the upper cervicals.

About every third treatment coordinate the solar plexus center and the lumbar axis WITH the corrections being made in the upper portion of the body.

Take these adjustments about twice each week. And take at least sixteen to eighteen before the first rest period.

When the sixteen or eighteen adjustments have been taken, rest from them a week and then begin with these again, but they may then be made further apart.

With the beginning of the osteopathic adjustments, take CODIRON; two pellets after or WITH the noon meal and two with the evening meal. This is cod liver oil and iron, with vitamins A, B, C, and G.

Keep away from sedatives as much as possible.

Of course, leave off the Atomidine when the osteopathic adjustments are begun and with the beginning of the stimulation or tonic of CODIRON.

When the sixteen or eighteen adjustments have been taken, rest a week, and then take one series of the Atomidine—the one minim each day for five days, see? (leaving off the Codiron during this five-day period, see) and then after five days, begin

with the osteopathic adjustments again, but further apart. (1995-1)

The Principle of Patient and Persistent Application

Patience and persistence are spiritual qualities which are frequently encouraged in the readings. They are regarded as essential not only for treatment success, but as part of one's lifestyle after healing has been achieved. Hence, they also play a role in health maintenance.

In cases of severe pathology, patience and persistence provide the basis for therapeutic milieu (to be discussed in the next chapter). The application of these virtues offer an opportunity for those providing treatment to grow spiritually in the process.

The readings' preference for natural remedies which activate the body's own healing potential usually involve a gradual achievement of health. Without patience and persistence, the therapeutic process may be abandoned because results are incremental and require a concerted effort. However, the readings insist that gradual change is usually best because this is nature's way. To work with natural processes we often must adjust our pace to nature's rhythms. In altering our consciousness in this way we may also become more aware of ourselves as spiritual beings—we become aware of our soul.

Excerpts from the Cayce Readings

Yet, as we have given, there may be brought about conditions wherein the body may be set to—and will—return to its mental balance, and mental equilibrium.

It will be long (as time is counted by individuals), it will mean persistence, it will mean patience, it will mean keeping the mental balance in spiritual creative forces that are the builders for the body. (271-5)

As to how the associates are to accomplish same (the treatments), it requires patience and persistence, and prayer, and understanding; and if these are not being accomplished they are untrue first to selves and to the duty and obligation that is about those who would direct the changes that are being made in the applications of those things that have started in the bringing about of the reactions in the body . . .

But the conditions to be met are in that of patience, persistence, and reasoning with the body for the better improvement of its own abilities to meet the needs of the varied conditions that arise in the activities of the body itself. Not because "Your mammy wants it," not because "You've got to do it," but because "This will make for the better reactions in yourself!" For there are periods when the reactions are near normal.

The periods then of what may be termed rationality, in reasoning, are longer; they may not be but a moment longer, but to this experience that may mean many years of sane rationalism, if those moments are taken advantage of. Ready for questions.

Q. What approach should Lu make to get (271) to take the (Wet Cell) battery . . .

A. This has just been given, as to how the approach is to be made; with patience, with persistence. Rather than losing patience and saying harsh words, walk away! Then, when self has gained control of self, just reason—and reason—and reason.

Q. When he absolutely refuses to have the battery, is it best to wait until the next night?

A. Best to wait if it's a hundred years; wait until you have succeeded in conquering self, and you will then be able to conquer the body and the mind! If it's a day, or a night, or a week, a month, a year, conquer self!

Q. Is there any way this fear in the body can be removed?

A. By the patience, persistence of suggestion to the body. Is there any way that to the mind of a child that has been burned, it can be taught there is a way to handle fire? This is gradually builded by the overcoming of fear, through the suggestions—patiently, persistently; patiently, persistently; prayerfully. (271-7)

Q. May she be brought to normal in mind and body?

A. As we find, near to normal; and entirely so if PERSISTENCY is kept up. (2465-1)

Keep up the coordinations of the massage and the suggestive forces.

Doing these—with patience, care, persistence—we will bring the abilities of this body to care even for itself. Be persistent.

Do be prayerful. (2721-2)

The Principle of Consistency

Consistency is a close relative of patience and persistence and refers to the actual physical manifestation of those spiritual qualities. Consistency entails alertness to detail and precision of application. In certain cases the readings noted that the suggestions were being persistently followed, but with insufficient attention to detail.

For example, in one case, the caregivers were persistently using the battery. However, they were inconsistent in the placement of the disks to the centers along the spine. Cayce noted that the centers were small nerve ganglia and that the plates should be placed over the centers at each treatment.

It is important to have a definite treatment plan with clear and specific indications of how and when to administer the treatments. Without such clarity, it is impossible to be consistent in the applications. The next two chapters will provide details on the various treatments so as to make consistent treatment more achievable.

Excerpts from the Cayce Readings

The centers to which these (Wet Cell Battery) attachments are applied; these are very well. Be careful that these are applied, however, in the same place each time . . . (271-2)

Do these, consistently; and we will bring—and in a little while, six to nine months—a near to normal mental and physical body. (2248-1)

The Principle of Moderation

(“Moderation in All Things”)

This principle is synonymous with the word balance. It is one of the most important principles contained in the readings. It refers to coordination between the numerous aspects of spiritual, mental, and physical being. As an example, immoderate diet can adversely affect the acid/alkaline balance in the body and produce an internal environment favorable to disease.

The maintenance of a consistent and persistent treatment program without becoming overzealous and immoderate is just as challenging as avoiding a treatment program that is lax and deficit

in its application. Moderation helps to ensure that treatment will be gentle to the body. Moderation is consistent with a natural approach to healing which tends to be gradual.

Excerpts from the Cayce Readings

Better to be moderate in all things, whether eating or drinking, or smoking, or what! MODERATION is the key to success or longevity! (292-130)

... the reactions have not been so well. These as we find arise from too strenuous an application of those things suggested.

In taking of the Atomidine (and this should be a part of the applications), take as indicated; not just at any time and not being particular as to quantity. Take as GIVEN, if there would be the proper reactions!

As for the baths, the rubs—take as indicated! While the applications have been well, the manner of taking has not been regarded in the way and manner as it should—with the conditions to be met. The manner outlined is the manner that will be the more helpful for the body.

Do not be too strenuous in the exercises, but take sufficient to make for the proper reactions from adjustments and massages that have been indicated; as well as in the diet, we would follow closely that which has been indicated as the better for the body—if the body would receive the better results.

These, to be sure, are the manners as we have found. If the body chooses otherwise, then take the consequences . . .

Overstrenuousness is not well for the body, any more than overeating, undereating or overdosing or improper dosing at any time. (1398-2)

We can only do things by doing them! Thinking them will not accomplish, unless put in action! Activity brings strength. Overactivity may weaken the very thing attempted to be strengthened. Moderation in all things—let that be for self and for others. Keep the mind in that atmosphere and channel as holds ever before same the image of that desired. That is Truth! (1916-3)

The Principle of Mind Power

("Mind Is the Builder")

Much interest is currently being focused on the role of mind in the processes of health and illness. The "mind/body" connection is being explored in the laboratory under the guise of psychoneuroimmunology and in the clinic as psychosomatic medicine. Although the precise mechanisms of this interaction are still being debated, one can feel comfortable with the assertion that mental processes are important in the etiology and treatment of a wide range of diseases.

In relation to Cayce's approach to nervous system regeneration, utilization of the power of the mind is essential. The next chapter will explain the use of suggestive therapeutics, a form of naturalistic hypnosis. Essentially, suggestive therapeutics is the application of therapeutic affirmations to access the healing potential of the unconscious mind. Because the person suffering from dementia may not be capable of maintaining a positive, constructive frame of mind (due to the degeneration of the brain itself), the mental attitudes of those providing the treatments becomes the primary source of healing mental power. Suggestive therapeutics is one of the ways this healing potential of the mind can be accessed.

The readings also emphasized the importance of an attitude of positive expectation. Certainly, this can be difficult to achieve and maintain when dealing with a degenerative neurological illness. Yet it is an ideal to be strived for.

Excerpts from the Cayce Readings

For though the entity little understands as yet, if there is the intense study of how mind is indeed the builder, it will see that what is held in the act of mental vision becomes a reality in the material experience.

For mind is the builder and that which we think upon may become crimes or miracles. For thoughts are things and as their currents run through the environs of an entity's experience these become barriers or stepping-stones, dependent upon the manner in which these are laid as it were. (906-3)

That is—God is not mocked; and whatsoever individuals, or

souls, sow, or think, or imagine in the mental self, they build into their own lives. (2081-1)

In analyzing body, mind, soul, all phases of an entity's experience must be taken into consideration. In analyzing the mind and its reactions, oft individuals who would psychoanalyze or who would interpret the reactions that individual entities take, leave out those premises of soul, mind, body . . . Mind as a stream, not mind as purely physical or wholly spiritual, but it is that which shapes, which forms, which controls, which directs, which builds, which acts upon. (4083-1)

Summary

This chapter has focused on some primary therapeutic principles which form the basis of Edgar Cayce's approach to nervous system regeneration. Principles serve as guidelines for keeping the therapeutic process on track. Principles establish criteria for making decisions regarding treatment. Principles provide a context for healing.

With a solid grasp of therapeutic principles, it is possible to more fully appreciate the types of therapeutic techniques recommended in the Cayce readings.

3

Therapeutic Techniques

The PRINCIPLE (of using electrotherapy with gold or silver) being that these change the vibratory forces as they add to or take from impulses within the system, from which those of the sensory (nervous) system, or senses, react in the brain itself, and which takes place much as has been given with gold and silver in their varied conditions as may be applied to the system . . . for WITH the proper manipulations to PRODUCE co-ordination WITH drainage in the system, as may be given through manipulation osteopathically, or neuropathically given to the system under various stages, may create for a body almost a new brain, will the patience, the suggestion, the activities in the system BE carried out according to the conditions as necessary to be met. (1800-16)

Edgar Cayce's Formula for Rebuilding the Brain

THIS SECTION WILL focus on the therapeutic techniques specified by Edgar Cayce as essential for the regenerative process in cases of dementia, including Alzheimer's dementia. It will be helpful to re-

view the excerpt from reading 1800-16, which is quoted above. This selection provides a “formula” for regenerating the brain.

As was noted in Chapter One, this portion of reading 1800-16 addressed a condition then called “senility.” We now call this disorder Alzheimer’s dementia.

Note the therapeutic interventions specified in reading 1800-16:

- I. ELECTROTHERAPY WITH GOLD AND SILVER
- II. MANIPULATIONS TO PRODUCE “COORDINATION WITH DRAINAGE IN THE SYSTEM”
- III. PATIENCE
- IV. SUGGESTION
- V. ACTIVITIES IN THE SYSTEM

The next five sections will discuss the therapeutic application of each of these interventions in detail.

I. Electrotherapy with Gold and Silver

Electrotherapy is a fundamental therapeutic modality in the readings of Edgar Cayce. Cayce’s explanation of the importance of electricity in healing is that the body itself is an intricate electrical system. Illness is often associated with imbalances or incoordination in the energy patterns of the body. Treatment is aimed at correcting imbalance in the body so that the body’s own natural healing processes can bring coordination and regeneration to the system.

The human body is made up of electronic vibrations, with each atom and element of the body, each organ and organism of same, having its electronic unit of vibration necessary for the sustenance of, and equilibrium in, that particular organism. Each unit, then, being a cell or a unit of life in itself, has its capacity of reproducing itself by the first law as is known of reproduction—division. When a force in any organ, or element of the body, becomes deficient in its ability to reproduce that equilibrium necessary for the sustenance of the physical existence and reproduction of same, that portion becomes defi-

cient through electronic energy as is necessary. This may come by injury or by disease, received from external forces. It may come from internal forces through lack of eliminations produced in the system, or by lack of other agencies to meet the requirements of same in the body. (1800-4)

Cayce recommended many different forms of therapy for assisting the body to re-establish equilibrium. Two of the most common therapies utilized electrical appliances, the Radial Appliance and Wet Cell Battery. Here is Cayce's explanation of how these appliances worked with the body's energies:

... consideration must be taken into mind as to when, as to WHAT is accomplished by the vibrations as are set up in the Wet Cell Batteries, and those in the Radio-Active (Radial Appliance) and their differentiation in the vibrations created in system; for in Radio-Active (Radial Appliance)—these are to EQUALIZE the extremities' circulation, as related to nerve IMPULSE, NOT of the whole system. While those of the Wet (Cell Battery) are those of the vibration that assist the nerves themselves to feel OUT, as it were, their roots through the system for the activity OF impulse, and these work or coordinate one with another. (758-12)

Note that Cayce used the term Radio-Active in reference to the Radial Appliance in the above quote. His use of the term was associated with the field of radionics and was before the advent of the splitting of the atom and nuclear technology. In other words, Radio-Active Appliance, in this context, did not carry the negative association with atomic energy and toxicity as it does today. Consequently, the appliance has been renamed by researchers and manufacturers and now goes by various names (e.g., Impedance device, Radial-Active Device, etc.).

Although the Radial Appliance looks like a battery, and was occasionally referred to as such in the readings, Edgar Cayce insisted that it produces no electrical energy of its own. He said that it acts more like a magnet that draws energy from one part of the body and redistributes it to other parts.

According to the readings, placing the appliance in a nonmetallic container full of ice water for about 20 minutes prior to attachment to the body chills the carbon steel core of the appliance. The steel

core then becomes "electronized by ice or cold or water" (1800-4). Acting as a "radio magnet" (1800-28), the appliance can then affect the body's energy system when attached at definite anatomical centers on the surface of the body.

On the other hand, the Wet Cell Battery is definitely an electrochemical battery which produces a measurable direct current (DC) output. However, the strength of the battery is quite low. Typically, the battery produces a DC voltage of about 1/50 the output of a common 1.5 volt flashlight battery.

As with the Radial Appliance, Cayce said that the Wet Cell Battery works with the "low" form of electrical energy or life force of the body. The primary difference between the appliances is that the Wet Cell has a stronger effect on the body.

Note Cayce's statement that the Wet Cell Battery would "assist the nerves themselves to feel OUT, as it were, their roots through the system for the activity OF impulse, and these work or coordinate one with another." (758-12) In essence, this is Cayce's explanation of the Wet Cell Battery's role in nervous system regeneration. It assists the nerve cells to send out connecting filaments to other nerve cells. This is the "re-organization" process whereby a new brain may be created. Therefore, in regards to Cayce's formula for nervous system regeneration, the Wet Cell Battery is the primary electrotherapeutic intervention.

Most often it is used with one or more of four basic medicinal solutions. As has been noted, the two most frequently used solutions are gold and silver (specifically, gold chloride and silver nitrate). The solutions are contained in a jar which is incorporated into the battery circuit. According to the readings, the vibrations of the solutions are carried into the body's vibratory energy systems.

Doug Richards and I have written a book on the appliances entitled *The Radial Appliance and Wet Cell Battery: Two Electrotherapeutic Devices Recommended by Edgar Cayce* (McMillin & Richards, 1994). The book provides extensive coverage of what the appliances are, how to use them, etc. I strongly recommend that readers interested in pursuing this therapeutic model acquire and study this book. For supplementary purposes, I have also included in Appendix C some excerpts from the Cayce readings on the role of gold and silver in nerve regeneration.

Here are some guidelines for the use of the Wet Cell Battery in the treatment of dementia:

1. The battery, accessories, and solutions can be purchased from several suppliers of Cayce health products. See Appendix B for a listing of resources. We will discuss the costs of purchasing and operating the battery in the next chapter.

2. Expect to use the battery on a daily basis. The actual sessions will typically last about 30 minutes. However, by the time you set up the connections and clean the accessories after the session, you can expect to invest about an hour each day in the use of the appliance.

3. Cayce also typically recommended a massage after each electrotherapy session to “distribute the vibratory energies.” The specifics of the massage will be addressed in a later section.

4. The battery is connected to the body via wires attached to small metal plates. The plates are located over “centers” along the spine and on the abdomen. The “concept of centers” will be described in the next section on manual therapy. For now, it is only necessary to know that there are special nerve plexus which were consistently recommended for attaching the battery to the body. The electrical appliance book cited above provides explicit descriptions and illustrations of where the centers are and how to attach the plates.

5. Here are some basic parameters for using the Wet Cell chemicals and attachments:

In the beginning, use a standard battery charge. This may be increased in strength later if the individual situation requires a stronger intervention.

Use the gold chloride in the standard dilution (1 grain of gold chloride to 1 ounce of distilled water) and if available, use the silver nitrate in the 2% dilution (otherwise use the silver nitrate in the 10% dilution). As with the battery charge, the gold and silver solutions may be increased in strength depending on the individual case.

Alternate the gold and silver solutions. That is, use the gold one day and the silver the next until each has been used 15 times.

When using the gold solution, attach the small copper plate to the 9th thoracic (dorsal) center and the large nickel plate to the umbilical plexus to the right and above the navel.

When using the silver solution, attach the small copper plate to the 3rd cervical center and the large nickel plate to the umbilical plexus to the right and above the navel.

If you are unfamiliar with the use of the Wet Cell Battery, the above recommendations will sound confusing. Try not to be confused, it is not really that complicated. It is very helpful to have

someone assist you in mixing the battery and attaching the metal disks to the body during the first session. Also, the visual aids in the appliance book will be very helpful.

There are many possible variations on the above instructions for adaptation to individual cases. Most of the major modifications are described in the appliance book along with contraindications.

One of the most important modifications in treatment is to select a weaker intervention if the Wet Cell Battery is too strong for the body. This is one of the applications where the Radial Appliance may be useful. It can be used with the chemical solutions (i.e., gold and silver) in a similar manner to the Wet Cell Battery. If the person is physically very weak or has a negative reaction to the Wet Cell, consider using the Radial Appliance.

Another possible modification in this basic format is to add one of the other primary medicinal solutions which Cayce recommended for use with the appliances. Iodine and camphor were sometimes incorporated into the electrical circuit. Iodine was recommended to stimulate and cleanse the glands; camphor was described as a healing agent.

Such modifications require familiarity with the readings and experience in the use of the appliances. Some of the appliance suppliers provide consulting services to assist customers in adapting the appliances to their individual situations.

II. Manipulations to Produce "Coordination with Drainage"

The second component in Cayce's formula for rebuilding the brain is manual therapy. *Manual* refers to the use of the hands; *manual therapy* is the use of the hands to treat illness and help the body to maintain health.

There are numerous forms of manual therapy including osteopathy, chiropractic, massage, physical therapy, etc. Many forms of manual therapy were also available during Edgar Cayce's lifetime. Some professions have disappeared and others have changed considerably. For example, the osteopathic profession has largely abandoned the use of manual therapy while becoming integrated into the mainstream allopathic health care system. The neuropathic profession has ceased to exist. This greatly complicates the implementation of Cayce's formula for rebuilding the brain.

What we do have now are the records of these professions in the

form of texts and treatment manuals from the last decade of the 19th century up until Edgar Cayce's death in 1945. There are also some contemporary clinicians in the osteopathic and chiropractic professions who are seeking to understand and apply the traditional manual therapy of these professions.

So when Edgar Cayce stipulated that osteopathic or neuropathic treatments would be required to "PRODUCE coordination WITH drainage in the system," he was referring to specific techniques of manual therapy which for all practical purposes are no longer offered to the public.

An even greater problem is that certain basic therapeutic principles and concepts have also been lost. In regards to the above quote on rebuilding the brain, the type of manual therapy recommended by Cayce is a form of regulation. Regulation is one of two primary therapeutic objectives of manual therapy.

The Concept of Regulation

During Edgar Cayce's lifetime, osteopathic and neuropathic treatment consisted of two definite approaches to treatment. The most obvious emphasis was on finding structural problems with the body and correcting anatomical abnormalities (lesions). On the other hand, manual therapy was also used to regulate the physiological processes of the body (e.g., coordination and drainages). Regulating treatments focused on re-establishing equilibrium and balance among the various systems and processes of the body. Thus, the two aspects of treatment were (1) correction of structure (anatomy) and (2) regulation of function (physiology).

In practice, these two aspects were often addressed by the same treatment. For example, correction of a spinal subluxation would naturally remove a source of incoordination and assist the body in re-establishing equilibrium and coordination. Here are a couple of quotes from Cayce's era which acknowledges the two basic approaches to manual therapy as exemplified by traditional osteopathy. Note Hazzard's reference to "centers along the spine," a key concept for understanding regulation as the basis for coordination and drainages:

In our treatment of a spine there are two points which we may take into consideration; two objects which we may have in view. In the first place, we may wish to TREAT THE SPINE

ITSELF (anatomical correction). In the second place, we may wish to REACH, BY TREATING THE CENTERS ALONG THE SPINE, THE VISCERA TO WHICH THESE NERVES RUN (physiological regulation). It is not always possible to disassociate these in your practice. I have divided these points thus simply for convenience in the consideration of them. (Hazzard, 1899, p. 32)

Osteopathic manipulation is applied for two broad purposes; first, for the correction of spinal and other articular lesions, and second, for its ability to effect alterations in tissue pathology . . . In actual application, no clear distinctions can be made between measures applied solely to correct lesions and those used for re-establishing physiological balance (regulation/coordination) through other means, for it is probably that many of the manipulative procedures used accomplish both objectives at the same time. (Long, 1938, p. 440)

Although much has been lost in the clinical knowledge of the regulatory type of osteopathic treatment, there are still a few practitioners who are familiar with this lost art of osteopathy:

The majority of DOs (doctors of osteopathy) do not use manipulation. Many of those physicians who do so, use it primarily for treating musculoskeletal complaints. They do not use manipulation for its homeostatic benefits (regulation) to the body's physiology. (Kuchera, 1991, p. 117)

The neuropathic profession also emphasized the importance of physiological regulation as well as specific anatomical adjustment. Here is a brief example from the writings of A. P. Davis, M.D., D.O., the self-professed founder of neuropathy:

Starting at the base of the brain, at the atlas, we regulate all the nervous system involved by our particular treatment in the adjustment of the atlas . . . Our adjustment affects the pneumogastric nervous system (parasympathetic), the phrenic nervous system, the circulation of blood, and regulates the heart's action . . . The upper portion of the cervical region we denominate the vasomotor area; hence our adjustments in that region regulate the circulation of the blood, not only the arterial, but

the circulation of all the fluids in the body as well . . . Still farther down, from the first to the fourth dorsal, we have influences, through the nervous system in that area, over the pyloric end of the stomach and lungs; and from the fourth to the twelfth dorsal influences are carried to the pneumogastric nervous system (parasympathetic) in the abdominal viscera, and neutralizing excess of acid or alkaline secretion by the union of the footlets of the two systems of nerves in that area . . . Still lower down in the lumbar area, including all the dorsal nerves in the lumbar region, by our treatment called adjustment, we regulate the action of all the region or regions to the treatment in the middle and lower area of the lumbar nerve-area . . . All conditions of irritability, excessive nervousness, may be avoided by first regulating the circulation of the blood in the vasomotor area and at the fourth and eighth dorsal, for the reason that the first regulates the circulation of the fluids and lessens irritation, and the second unites the forces and equalizes the secretion, resulting in a normal or natural condition. (Davis, 1909, pp. 58-62)

This brief excerpt from the neuropathic literature contains six specific references to physiological regulation as the focus of treatment. Like the osteopaths, neuropaths also assessed and corrected abnormalities in the structural components of the system by specific adjustment.

Edgar Cayce often recommended both types of treatment (structural correction and functional regulation) in his readings. Typically he spoke of "specific adjustments" and "coordinating treatments." For example, he would frequently suggest that the clinician make the specific correction of a spinal lesion and then go on to assist the body in establishing coordination. Here are some excerpts from the Cayce readings illustrating these concepts. As with the previous quote from Hazzard, note the frequent references to "centers."

While the adjustments have in a measure been at times helpful, these have not been—as we find—as correctly given as some that have been had heretofore. To make simply an adjustment and not coordinate same with the sympathetic centers along the spine at times makes for a strain and a lack of coordination, see? In making these adjustments, then, we would make an adjustment in the upper cervical—as in the 1st,

2nd, 3rd and 4th cervical; and then massage, by rotary movements, the nerves and centers and the muscular tendons that react from same in the head, the jaw, side of the face and the like, see? especially the vagus nerves and the 5th and 6th nerves that come to portions of the head . . . Also, as indicated, it is necessary to make some adjustments or rather movements in the lower dorsal and throughout the lumbar area. These we would coordinate with the muscles and nerve ends about the coccyx end, or along the lower spinal end, see? close to the orifices that make their connections with the cerebro(spinal) and the sympathetic nervous systems in the brush end of the spine. (567-7)

First, then, we would apply corrections in the lumbar and the cervical areas as specific. A coordination of the centers along the cerebrospinal system, between the sympathetic and the cerebrospinal system. As indicated, in the 4th lumbar area—coordinated, of course with the 2nd and 3rd. The upper dorsal area or through the brachial plexus area. The more specific in the hypogastric and pneumogastric plexus in the upper cervical areas. These made to coordinate; not so much by adjustments, but by using the structural portions as the leverage for not irritating but relaxing the ganglia that make for coordinations in these conditions. (657-1)

Q. Have the corrections been made properly in the 6th, 7th, 8th and 9th dorsals?

A. These have been corrected in a much better manner than was indicated when we had the body here before—but those conditions existing in the 11th and 12th dorsal and the first of the lumbar need to be corrected, so there is perfect alignment . . .

Q. Should the osteopath treat only those areas, or give a general treatment?

A. Those areas would be specifically treated, but coordinating all of the reflexes from same. For, the one who gives the osteopathic treatments, if thoroughly acquainted with his business (though many think they are when they are not!), will find that there are centers or areas from which both the cerebrospinal and the sympathetic or vegetative nerve system form conjunctions. If specific treatments are given and there is not a

coordination of those plexus or areas where the specific conjunctions are made, these may tend to contract the body rather than relax same. Hence there should be the consideration of all of these when treatments are given. (2094-2)

While both types of manual therapy are important, the concept of regulation is being emphasized here because Cayce's requirement for manual therapy ("coordination WITH drainage") is explicitly a regulatory form of treatment. Furthermore, both Cayce and the osteopathic literature agree that osteopathic regulation is achieved by influencing the nerve centers associated with vegetative processes.

The Concept of Centers

As illustrated in the preceding excerpts, when speaking of coordinating treatments, Edgar Cayce often mentions "centers" along the spine. Understanding the concept of centers is essential for the application of regulative treatments. In other words, there are nerve centers for coordination and drainages. It is necessary to know where the centers are and how to therapeutically influence them.

The concept of *centers* is inherent in the osteopathic model of treatment. From the beginning of the profession, osteopathy recognized the significance of certain nerve ganglia as important *centers* which influence and regulate the vital processes of the body such as circulation, assimilation, and elimination. The excerpts which follow are from the early osteopathic literature. Note that specific nerve centers regulate vital physiological processes. Also note the frequent references to the coordinating role of centers.

Know the location of the centers . . . Our use of the term center is in the sense of a convenient and advantageous place to reach fibres to or from a certain organ. (Riggs, 1901, pp. 21-22)

We all agree upon the one great point, that man is a machine, and that nerve-centers have been discovered upon which a pressure of the hand will cause the heart to slow or quicken its action, from which we can regulate the action of the stomach, bowels, liver, pancreas, kidneys, and the diaphragm. The thousands of people snatched from the grave by an application of these never-failing principles are proof posi-

tive that at last the keynote has been struck; and a school (osteopathy) established that can explain intelligently why certain manipulations produce certain results. (Barber, 1898, p. 28)

Certain points on the surface of the body are spoken of as "Centers." This word has become a part of the osteopath's technical vocabulary. It does not convey to the mind of the osteopath the same meaning which attaches to it when used in physiological text-books.

A physiological functional center in the central nervous system is that point where the action of a certain viscus or other structure is governed.

An osteopathic center is that point on the surface of the body which has been demonstrated to be in closest central connection with a physiological center, or over the course of a governing nerve bundle . . . No portion of the nervous system ever functions absolutely independently. The action of every portion affects all other portions, but certain areas in the brain and spinal cord seem to be somewhat set apart to govern or coordinate the physiological activity of certain organs. Physiology has demonstrated a large number of these centers. (Tasker, 1903, pp. 178-179)

Physiology and Pathology demonstrate that impressions made upon sensory elements in skin, mucous membrane, muscle, or other structures, are carried to a center in the central nervous system. These impressions are coordinated in this center, and affect the physiological action of all structures innervated from the same center. (Tasker, 1903, p. 180)

After the publication of the results of Sherrington's experiments, especially those in which he had been assisted by Alexander Forbes, the clinical evidence that had been collected by the founder of osteopathy and his early followers took more definite form, and certain well-established facts may now be offered for laboratory proof:

A. The presence of definite centres, by which are meant areas at which stimulation may most speedily secure effect upon the final common efferent neuron.

B. The presence of secondary centres, points at which, fol-

lowing fatigue of the synapse from stimulation at a primary centre, excitation will promptly bring a response from an organ or tissue.

C. The production of vaso-motor reactions which assist in establishing immunity, through overcoming the persistence of conditions which invite infection and through changing the specific properties of the blood so that antibody formation is hastened and disease limited. (Ashmore, 1915, p. 223)

Note that in the last quotation from Ashmore, there is the idea of primary and secondary centers. The Cayce readings also recognized a hierarchy of centers. The readings sometimes referred to the primary centers as “coordinating centers” in reference to their fundamental role in homeostatic regulation.

From the perspective of Cayce’s hierarchy of centers, the three primary centers of interest in manual therapy are located at the 3rd cervical, 9th dorsal (thoracic), and 4th lumbar. These are also the centers where the electrical appliances such as the Wet Cell Battery were most often attached to the body. These are the centers which Cayce insisted that the osteopaths coordinate with their treatments. These are the centers where the readings recommended that persons doing “magnetic healing” (“laying on of hands”) should put their hands.

In a more metaphysical vein, these key centers were cited as important “spiritual centers” where the spirit and soul forces were influential in the physical body. These centers were associated with the flow of the “life force” or kundalini energy:

... the 3rd cervical . . . the 9th dorsal . . . the 4th lumbar . . .
These are the three centers through which there is activity of the kundalini forces that act as suggestions to the spiritual forces for distribution through the seven centers of the body. (3676-1)

Hence we find there are specific centers where the (nervous system) incoordination is shown; as in the lumbar (4th to 2nd), the 9th dorsal and specifically the 1st, 2nd and 3rd cervicals. These are centers where the coordination between the impulse and the physical activity produces periods when there are the associations with not only the mental and physical but the spiritual activities—or the source of the ENTITY (SOUL) itself

in its connection with the physical body. (1087-1)

Those tensions to be released in the physical forces of the body, in those centers where there are the coordinating forces between the mind and the physical reactions—which are those centers through which the nerve forces in the sympathetic centers coordinate with the cerebrospinal or the central nervous system; or the spirit and mind system with the physical organism—9th dorsal, 4th lumbar, and throughout the cervical areas. (2528-2)

Thus the significance of these major centers is not only that they help to coordinate the nervous systems and the vital processes of the physical body, but they are centers of coordination between the physical, mental, and spiritual dimensions of the “ENTITY” or soul. In this context, coordination takes on a more expansive, holistic meaning.

Other important nerve centers along the spine are found at the coccyx (tailbone), 5th and 6th dorsal (cardiac plexus), and 1st and 2nd dorsal (brachial plexus). By manipulating these and other nerve centers throughout the body, traditional osteopaths were able to assist the body in establishing health.

The Concept of Coordination

Cayce’s heavy emphasis on coordinating treatments that regulate the systems of the body is consistent with the osteopathic and medical practice of his day. Gregory (1922) went so far as to equate coordination with health and incoordination with disease:

It is the existence and continuation of the normal equilibrium, and of perfect co-ordination and reflex action, which maintain perfect health, and it is the existence of some variation and loss of the perfect equilibrium of nerve action which engenders derangement of function, and the resulting incoordination, and their consequences, which is disease. (Gregory, 1922, p. 18)

Coordination as a specific goal of treatment is also stressed in the neuropathic literature:

The coordination of the various parts of the body with each other is sufficient to cause re-established harmony therein, and restore the body its wonted physical condition. (Davis, 1909, p. 125)

The importance of establishing and maintaining coordination is one of the most important themes in the Cayce health readings. Likewise, incoordination in all its myriad forms, was the most frequently cited source of disease.

Thus, in recommending the use of both corrective and regulating (coordinating) types of treatment, Edgar Cayce demonstrates a vast knowledge of anatomy and physiology, of health and pathology, and of the therapeutic resources that were available at that time.

The concept of coordination is so crucial to our discussion of nervous system regeneration, I will provide several important examples from the Cayce readings. The first excerpt emphasizes the reasoning for using both corrective and coordinating treatments:

Q. Is Dr. Morrison giving the osteopathic treatments correctly?

A. About one time in three they are correct! . . .

Q. How should the osteopathic treatments be given?

A. In the manner as has been outlined for the body. As has been seen, the coordination of the conditions with this body are as those active forces in the glands as direct the nerve energy between the sympathetic and cerebrospinal system, as they enter the brain, the defective coordinations coming from the genitive system. In the manipulations, when there is too severe treatments given in the upper cervical and not a proper coordinating treatment given in the lumbar and lower dorsal, we must have then a reverse reaction, very much in the same manner as we have from an electric vibration when there is short circuit, or voltage is in contact with that which raises the vibration. see? So when the manipulations are given, give them with the idea, and with the active forces as producing the same coordination in all centers from which sympathetic and cerebrospinal radiate; so that their active forces to the brain will be in coordination. Do that. (5562-12)

This excerpt describes the problem of only providing corrective treatments, particularly when the corrections are “too severe” in one

portion of the spine (in this case the upper cervicals). Not only is the spinal lesion being corrected, but the centers associated with this area of the spine are being overstimulated in relation to the other centers along the spine.

Keep in mind that these centers assist in regulating the vital processes of the body (including the organs and glands). So, in this case, the organs in the upper part of the body were being overstimulated in relation to the organs of the lower portion. This was producing an imbalance (incoordination) in the system as a whole. Cayce suggested making the correction in the cervical and also stimulating the other major centers so that all the organs of the body would be operating at the same level of activity.

Here is another example of this principle of providing specific adjustments and then going on to insure that other major centers are in coordination. Note that Cayce acknowledged that the osteopathic profession was well aware of the importance of coordinating the major nerve centers along the spine:

These centers, then, need a stimulation given—in the manner as we have indicated. For, as has been ordinarily determined by these of the osteopathic profession, manipulations to the hypogastric and pneumogastric plexus—or the upper cervical and dorsal—without respect to the lower portion that we have indicated (9th dorsal to lower portion of sacral), will bring the INDETERMINATE activity—or the tendencies for the body to become upset through the stomach, through the digestive system. But, if these applications or manipulations are made from that particular area indicated (lumbar and sacral), and the rest of the cerebrospinal centers only COORDINATED WITH SAME, then we may find that these will—with the other applications that we suggest—be most helpful to the physical forces of this body. (758-38)

The following selection from reading 480-44 is exemplary with regard to coordination as described by Edgar Cayce:

Q. Are there any specific manipulations that can help to relieve the haziness?

A. As indicated, the 9th dorsal and the 4th lumbar or the lumbar and sacral axis. These need to be kept or brought not only to an alignment but to a coordination in their interrela-

tions. For not only is the 4th lumbar, the axis of the pelvis, from which the pressure has been in part at times as we have indicated heretofore, the cause of an activity upon the glandular forces of the system, but the 9th dorsal is that plexus or center from which the solar plexus receives its impulses. Then these reactions brought to perfect alignment, then coordinant in their activity, would remove the pressure from the system. Now that those areas in the lumbar have been corrected more than we have had heretofore, then stimulate same for coordination with the 8th and 9th and 10th dorsal areas, for coordinant activity . . .

Q. The nausea and tingling sensation has reappeared since confinement. What is the cause and how can that be stopped?

A. That's just what we have been referring to, in producing the coordination between the lumbar axis (which is the brush end of the cerebrospinal as related to the vegetative or sympathetic nerve system) and the 9th dorsal center as related to the sympathetic system. These are the great centers—save the vagus itself, in the dorsal and upper portion of the cervical areas—but these are the great centers from which the cerebrospinal and the sympathetic system coordinate in their activity with the body—or the impulse AND reaction from the brain centers themselves. That's what is meant by keeping COORDINATION between the plexus of one ganglia or center and those in another, that the ATTUNEMENT between same is such that their rate of pulsation, their rate of vibration, coordinate one to another. How may we use same? Well, these are not osteopathic terms, but there has been perfected or used in the chiropractic association a thermometer, or a gadget that runs along the spine shows WHEN they coordinate one with another, see?

Q. Where may same be procured?

A. From the chiropractic school in Des Moines, Iowa. (Palmer School, Davenport, Iowa?)

Q. Could the chiropractor do that in Detroit?

A. We would rather give the osteopathic than the chiropractic. Because to make an adjustment even in these conditions for the body, without giving the MUSCULAR forces the proper reactions—well, it's not always good, and their reactions are not always the better. (480-44)

There are several key concepts in this reading. Note that Cayce is recommending a corrective treatment to help align the spine. Yet, he is insisting that the practitioner also assist with coordination of the major nerve centers. The desired coordination is between the cerebrospinal (CNS) and the sympathetic (ANS). The criteria for determining if coordination has been achieved are: (1) pulsation and (2) vibration. This can be measured with a thermometer used by chiropractors. If these major centers are not operating at the same level of functioning, the glandular system will be thrown out of coordination. In other words, it is not simply enough to make the anatomical correction, Cayce insisted upon physiological regulation to produce coordination.

The following example provides fascinating anatomical detail in regards to the mechanics of osteopathic coordination. Note that it is the cerebrospinal and sympathetic nervous systems that are being coordinated; the glandular system is being regulated from the spinal centers; and there is no structural problem with the spine—the treatment is strictly regulatory.

Q. Should other glands be stimulated which have not been?

A. As just indicated, these should be stimulated—but from the centers from which the IMPULSE for their activity emanates!

Let's describe this for a second, that the entity or body here may understand, as well as the one making the stimulation:

Along the cerebrospinal system we find segments. These are cushioned. Not that the segment itself is awry, but through each segment there arises an impulse or a nerve connection between it and the sympathetic system—or the nerves running parallel with same. Through the sympathetic system (as it is called, or those centers not encased in cerebrospinal system) are the connections with the cerebrospinal system.

Then, in each center—that is, of the segment where these connect—there are tiny bursa, or a plasm of nerve reaction. This becomes congested, or slow in its activity to each portion of the system. For, each organ, each gland of the system, receives impulses through this manner for its activity.

Hence we find there are reactions to every portion of the system by suggestion, mentally, and by the environment and surroundings.

Also we find that a reaction may be stimulated INTERNALLY

to the organs of the body, by injection of properties or foods, or by activities of same.

We also find the reflex from these internally to the brain centers.

Then, the SCIENCE of osteopathy is not merely the punching in a certain segment or the cracking of the bones, but it is the keeping of a BALANCE—by the touch—between the sympathetic and the cerebrospinal system! THAT is real osteopathy!

With the adjustments made in this way and manner, we will find not only helpful influences but healing and an aid to any condition that may exist in the body—unless there is a broken bone or the like!

Q. How soon should osteopathic treatments be resumed?

A. As indicated, it is well that these be in periods, then rest a period. Inasmuch as these have not been administered wholly as has been indicated, and there has been a lack of the other properties indicated, we would begin these within a week or less—or the first of next week we would begin again. Then have a series of two to three weeks, then rest two to three weeks from such adjustments—for the reaction from same. For, as just indicated, a long series of such, just pulling or cracking here or there, has nothing to do with HEALING forces! They have to be scientifically or CORRECTLY administered for the individual or particular disturbances, just as we have indicated here.

Now, to stimulate the glands: Some stimulate these, of course, by stimulating the vagus center, or by using the organ itself—that is, the neck or the throat or about the glands.

As we have indicated, as there is a combination of things to be taken internally as well as the mechanical or osteopathic adjustments, these are to be coordinated throughout the 2nd and 3rd dorsal centers; a general stimulation that IMPULSES to the vagus center are such as to carry to that portion of the body the inclination for nominal or normal adjustment of itself! (1158-24)

While recognizing the obvious pathology in the brain in cases of dementia, the readings emphasized the importance of maintaining coordination between the cerebrospinal and sympathetic systems:

Too little importance is too often given by those who would aid in bringing a normal force for a body suffering under even

dementia, that relationship between the sympathetic and the cerebrospinal nervous systems . . . (5475-1)

The next example of coordination reinforces the concept of major coordinating centers between the cerebrospinal and sympathetic nervous systems. Pay particular attention to the relationship between the nervous systems and the lymphatics:

We would have those corrections osteopathically that have been indicated, or the massage, with the relaxing and not just hurrying through or making special adjustments in the areas where the disorders are indicated, of the incoordination between sympathetic and cerebrospinal system, but a gently relaxing treatment with specific attention given to the 3rd cervical, the 2nd, 3rd and 4th dorsal, 9th dorsal and through the lumbar area . . .

Q. What is causing the sleeplessness?

A. As indicated, this incoordination between cerebrospinal and sympathetic systems. If there will be the relaxation or the producing of a better coordination between the cerebrospinal and sympathetic nervous systems, we will alleviate these disorders.

Q. Disturbed mental condition?

A. The same conditions; of course, glandular disorders combined with this disorder between the nerves of the sympathetic and cerebrospinal systems make for these indecisions or the restlessness disturbing also the sleep at times.

Q. Overactive kidneys and pain over the left kidney?

A. Through the 9th dorsal center where the disorders are there should be the relaxation so that better coordination is established in the circulation between liver and kidneys, and it would relieve these tensions . . . This coordination cannot be produced merely by making an adjustment but it requires stimulation of all those patches of the emunctory and lymph circulating between the sympathetic nervous system and the cerebrospinal system in those areas of the body. (3386-2)

Note that Cayce recommended massage as the technique for establishing coordination. Also note the reference to "patches of the emunctory and lymph" and their role in coordinating the nervous systems. Cayce often spoke of these patches located in conjunction

with the sympathetic ganglia along the spine. These lymph patches serve a crucial role in the coordination of the nervous systems:

Do occasionally have the stimulations that follow relaxations of the taut centers where the cerebrospinal and sympathetic nerve systems coordinate the greater—through the patches of lymph along the spine. There will be found, for this particular body, the areas from the 3rd and 4th lumbar, 9th dorsal, 1st, 2nd, and 3rd cervical, and around the head. (2946-4)

The treatments neuropathically should be made especially in the coccyx area and in the 1st, 2nd, and 3rd cervical areas. And these would be as much upon the activity of the sympathetic connections at the 3rd, 2nd and 1st cervical, as they would be upon the segments themselves. These (segments) do not need to be moved, but there needs to be the coordinating of those patches of the emunctory flow between the lymphatic, or sympathetic lymphatic and cerebrospinal system. The adjustments or massages in the last lumbar and in the coccyx segments should be also upon the brush end of the cerebrospinal nerves themselves. (3562-1)

Again, note that the manual therapy recommended in these instances was osteopathic or neuropathic massage. It was not necessary to move the spinal segments themselves. By stimulating the lymph and emunctory patches, the cerebrospinal, sympathetic, and sensory nervous systems are able to better coordinate their activities. Dr. William McGarey provides the following description of lymphatic involvement in nervous system coordination:

These three nervous systems (cerebrospinal, sympathetic, and sensory) have their contact with each other and maintain a balance and a coordination one with the other at all times within that state we call health. There are lymphatic patches apparently within bursas found in certain of the sympathetic ganglia paralleling the various levels of the spinal column. These patches of lymph tissue and fluid become the means by which proper synaptic relationship is maintained between the three nervous systems. Substances of a "globular" nature are manufactured in the Peyer's Patches of the small intestine and

carried by the lymphocytes to these patches, making it possible in that manner to maintain the coordination between the autonomic and the cerebrospinal nervous systems; and for these in turn to maintain a balance with the sensory forces of the body. (McGarey, 1967, p. 1)

A rotary or circular type of massage was the primary therapeutic technique for stimulating the lymph and emunctory patches located along the spine. Certain massage oils (particularly peanut and olive oil) were also recommended in such treatments. The readings stated that the oils would be absorbed into the lymph and emunctory patches and assist in the coordinating process. The next section will focus on massage and other manual therapy techniques used for regulation.

Manual Therapy Techniques for Regulation

In this section we will look more closely at the principles and techniques that the early osteopaths and neuropaths used in regulating the body's vital processes through manipulation of the centers along the spine. Here are some examples from the early osteopathic literature which mention the use of stimulating and inhibiting treatments to the coordinating centers as the basis of osteopathic regulation:

Although it is a well-established principle of neurophysiology that the action of nerves can be influenced by mechanical stimuli, it has remained for the osteopath to demonstrate that it is entirely practical, and that it is more effectual to apply the stimulus to the nerve supplying the tissue or organ than to apply it directly to the structure involved. He has furthermore proven the physiological teaching that a sudden pressure over a nerve followed by immediate retraction will stimulate or excite the nerve to action; and on the other hand, a gentle steady pressure quiets or deadens the action . . . It is not only obvious that there must be perfect continuity of nerve-force in order that any organ may receive a message to discharge a certain function, but proper innervation is an indispensable factor in the vitality of every tissue and organ. COORDINATION OF THE NERVE-FORCE (emphasis added) of the body is no less essential, for with the nervous energy of one part of the body in a

state of excitation as compared with the rest, there is excess of some function which makes unnecessary demands upon the vitality of the body . . .

With a thorough knowledge of the various nerve-centers, and the innervation of the different tissues and organs, the OSTEOPATH IS ABLE TO COORDINATE THE NERVE-FORCE OF THE BODY (emphasis added). He can increase the nerve-current to almost any part of the being, and can quiet an excessive one as well. (Barber, 1898, p. 23)

From a careful study of Gray and Landois, we find that Dr. Still has discovered no new nerve centers; he has simply discovered a fact that has been overlooked by the ordinary physician: That a steady pressure over a given nerve center will produce a certain result; while stimulating by manipulation over the same center produces an opposite result; and that by working upon these centers we can control (regulate) the organic system.

He has, therefore, simply discovered a correct and scientific method of manipulation, whereby the osteopath can equalize (coordinate) the circulation, and, in fact all the forces of the body—in very many cases, after all other methods have been tried and failed. (Barber, 1898, p. 27)

Stimulating and inhibiting techniques are mentioned in many osteopathic texts. Here are a few examples:

Stimulate—To manipulate the parts thoroughly.

Inhibit—To desensitize or hold the part for from one to three minutes. (Goetz, 1909, p. 14)

Stimulation and inhibition are terms which have been used to describe the manner of manipulating the tissues of the body. Stimulation usually consists of a quick stroking or rotary massage. Inhibition consists of slow, steady pressures, often applied with stretching of the underlying or adjacent tissues. (Ashmore, 1915, p. 223)

Generally speaking, inhibitive pressures are steady and sustained, while stimulating pressures are intermittent. (Marlin, 1934, p. 14)

The Edgar Cayce readings use slightly different terminology in regards to stimulating and inhibiting treatments. The readings speak of “stimulation” and “relaxation” as the basis for regulation of the centers.

When the Atomidine has been taken for the fifteen days as indicated, THEN begin with the mechanical adjustments, osteopathically administered; with special reference to the 1st and 2nd cervical, 1st, 2nd, 3rd and 4th dorsal, and the lumbar axis. HERE, there had best be corrected in the ORDER named; stimulating the activity of the organs FROM the centers that these influence; RELAXING the body at least every other treatment without a stimulating treatment. (2435-1)

Also we would have a good osteopathic relaxation of the secondary cardiac areas, stimulating the circulation through the lower portion of the abdominal area; that is, relaxing the upper dorsal area and stimulating from 9th dorsal downward, see? (2489-2)

Also we would have at least eight to ten GENERAL osteopathic treatments, with special reference given to the areas in the upper dorsal and through the cervicals, and at the lumbar axis—or 4th lumbar, and through the sacral. These should be relaxing treatments, rather than stimulating treatments. (3047-1)

. . . do have occasionally the relaxing osteopathic adjustments. We would preferably have these made by Dr. McLean in Scarsdale. These should be relaxing treatments, rather than stimulating treatments; being mindful as to conditions as will be seen that come along certain areas in the spine, as indicated, where structural portions have become involved. (3061-1)

Q. What caused me to have such terrible pains in my head while taking treatments from the osteopath?

A. Because of the nature of the treatment! These should be relaxing, NOT stimulating! They are to set up drainages, not to increase the congestions! Until there are better eliminations the body will still have disturbance . . .

Q. Were any corrections necessary to be made by the osteopath?

A. Not corrections—the relaxing treatments should be given, not trying to make adjustments. (3081-4)

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. (3318-1)

Each week have a thorough relaxing treatment osteopathically. This should never be a stimulating treatment, and should not be done so as to get through with it in two or three minutes; but slowly, easily, relax the body, first in the 1st, 2nd, 3rd, 4th cervicals—on either side of same; then the 1st, 2nd, 3rd, 4th dorsals—then in the 9th dorsal. These should be released, but relaxed and then the releasing. This should require at least twenty to thirty minutes for a gentle massage to relax the body thoroughly. (3386-1)

Begin also with osteopathic adjustments twice each week—or a relaxing treatment osteopathically. This should be such as to cause the body at each period almost to go to sleep. It won't in the beginning; it'll almost set the body wild during the period of the treatment. Don't hurry with these. Gently massage on all those areas where there are the closer associations with the cerebrospinal and sympathetic nerve centers; 1st, 2nd and 3rd cervical; 1st, 2nd and 4th dorsal; 9th dorsal, and then from the 10th and 11th dorsal to the end of the spine. This should be a relaxing treatment, and if you can get through with it in less than thirty minutes, you haven't done a good job! Relax the body along the spine, not on the spinal column so much itself as those muscular centers in these areas that connect with the cerebrospinal system.

Don't make adjustments during the first six-week period but relax the body thoroughly. For we must get this body off of the sedatives—unless you want her to go crazy! (3462-1)

Cayce's distinction between stimulation and relaxation seems to be based upon the strength of the treatment. Deep manipulations stimulate; a lengthy gentle massage relaxes. In some cases, he followed more closely the standard osteopathic technique for relaxation, that is, holding a steady pressure on the nerve center. The osteopathic literature also acknowledges the association between inhibition and relaxation. For example, McConnell (1935) recommends using a "continuous inhibitory relaxing pressure" when the patient is nervous or fearful. He also utilizes a "gentle, firm, continuous inhibitory relaxing method" as a prelude to making specific adjustments (McConnell, 1935, p. 26).

Having completed the above consideration of specific adjustment, coordination/incoordination, a hierarchy of nerve centers, and homeostatic regulation of vital processes by osteopathic treatment of these centers, we will now look at two examples from the osteopathic literature which contain all of the above concepts:

Neuropathic lesions in the osteopathic sense are those conditions of the nervous system in which a given coordination of nerves maintains itself against the coordinating power of the rest of the body and nervous system. Usually some source of irritation is found in close proximity to the nerves involved, as an osteopathic lesion . . . Once the coordination for injury has been made, nature responds with the routine for tissue repair; and this coordination may be excited by summation of stimuli from various sources, none of them as severe as a genuine tissue injury. This is an osteopathic expansion of the general subject of neurology. Reflexes and specific centers are concerned in the therapy thereof. (Tucker, 1917, p. 34)

The disease process is the reaction of nature to irritation or injury or abuse that has overwhelmed its normal equilibrium (coordination). All such stimuli, as all stimuli of whatever character that affect the body, are absorbed by the sensory nerves and transmitted to the higher centers of the nervous system . . . Their normal route is to pass at once to the higher brain, over nerve tracts each of which is more sensitive than the one below, as we approach the highest; there they are coordinated with all of the messages arriving at the time . . .

Each higher relay of nerves is, as we said, more sensitive than the ones below. Now excess of stimulation becomes irri-

tation, and irritation causes, as everywhere in life, the withdrawal of the part irritated. When irritation reaches these sensitive higher nerves, they withdraw from the coordination. These higher nerves are more sensitive, and a degree of stimulation that is not too strong for lower tracts becomes too strong for the higher ones. Picture then a stimulation slowly growing in intensity. There comes a point when it becomes irritation to these higher nerves, and they withdraw. The irritation has then to overflow into the motor nerves without the coordination of these higher nerves—it as it were short-circuits, and reaches the motor nerves at a lower level and in more intense form. We have therefore from this slowly growing irritation first intense mental reflexes, as a short temper; then physical pain; then involuntary motor spasm, focal at the nerve centres that govern the part affected; then vaso-motor spasm, or inflammation, in its increasing stages of severity.

The effect of stimulation to specific centres is first of all the same as the effect of any new stimulus; it causes a suspension of existing coordinations until they have taken cognizance of the new one—it acts as an inhibition until the new stimulus has been coordinated. Re-coordination is just what is called for in a neuropathic lesion. A new stimulus sufficient to break up the existing deadlock of the nerves allows the normalizing tendencies of the whole body to assert themselves. It matters nothing what is the stage of this slowly developing process, the effect is still to cause a re-coordination toward the normal. This effect is first on the higher or sensory coordinations, and reaches the greater depths of false coordination (incoordination) with more persistent treatment. It seems to be the case that a lighter treatment, an inhibitory form of treatment, is best for the sensory disorders; an active relaxation seems to be necessary for motor disorders; a vigorous stimulation for control of vaso-motor spasms; and a more prolonged and deeper stimulation to reach the trophic functions. (Tucker, 1917, pp. 41-43)

Therefore, when Edgar Cayce stated that one of the prerequisites for nervous system regeneration is “coordination . . . in the system, as may be given through manipulation osteopathically, or neuropathically,” his recommendation was well within the practice of osteopathy and neuropathy of his day. The next section will discuss in

more detail one of the primary techniques for establishing coordination—osteopathic or neuropathic massage.

Coordination by Massage

Massage is the most frequently mentioned technique in the Cayce readings for establishing coordination in the primary nerve centers. In this context, the major emphasis for coordination is between the “cerebrospinal” and “sympathetic” nervous systems. These two great systems of the body connect in the nerve ganglia which run down along either side of the spine. Here is an excerpt from the readings which describes the massage technique as well as “the larger forms of the ganglia” (which are the major coordinating centers along the spine):

(Give) . . . a gentle massage, that stimulates or relaxes by the stimulation of each of the ganglia along the cerebrospinal system; more specifically in the areas where the cerebrospinal and sympathetic coordinate—in the larger forms of the ganglia. These we find the 1st, 2nd, and 3rd cervical, 1st, 2nd and 3rd dorsal, 9th dorsal, and in the lumbar axis and coccyx center . . .

Q. Should the massage be osteopathic, or could it be given by someone other than an osteopath?

A. Anyone that understands the anatomical structure of the body, in knowing how to coordinate the sympathetic and cerebrospinal systems in the areas indicated. These are not merely to be punched or pressed, but the ganglia—while very small—are as networks in these various areas. Hence a gentle, circular massage is needed; using only at times structural portions as leverages, but not ever—of course—bruising structure. (3075-1)

Note that anyone who understands anatomy can provide these coordinating treatments. In the following excerpt, Cayce again notes that it is the knowledge of the centers and how to regulate them that is so special in regards to osteopathic regulation.

Q. Should I continue osteopathic treatments; if so, about how often?

A. These are well, to be sure, to keep coordination in the ar-

eas so affected, as also the CONNECTION areas. For, there must be kept coordination between superficial circulation and the deep circulation; that is, from areas where there are those connections to the muscular forces under distress. There are certain ganglia from which impulses for circulation are carried; these, of course, in the cerebrospinal system; also certain areas where there are the connections or associations between superficial and deep circulation—as the areas where better coordination is made between the sympathetic and the cerebrospinal nerve forces. Osteopathic or Swedish massage, with particular reference to such centers, is beneficial at times. Since not many of the masseurs know the centers, it is better to use the osteopathic treatment. These are beneficial—whether once a week, once in ten days, twice a month, ten times a year, or forty times a year. When needed, take them! (1710-10)

Edgar Cayce's Massage, Hydrotherapy & Healing Oils: Health Through Coordination & Purification of Key Body Systems by Joseph and Sandra Duggan (1989) contains additional information on the use of specific massage techniques suggested in the readings. I strongly recommend this book for readers interested in Cayce's perspective of nervous system coordination.

The Concept of Drainage

In the preceding sections, the primary focus has been on using manual therapy regulatory techniques for establishing coordination of the body's systems. This section will deal with another important regulatory function advocated in the Cayce readings and the early manual therapy literature. Along with osteopathic or neuropathic coordination, drainage was specified by Cayce as an essential component in the regenerative regimen given in the readings for rebuilding the brain.

Cayce's emphasis on drainages is based on two important ideas: (1) in cases of progressive nerve deterioration the body is likely to be toxic; (2) presumably, regenerative modalities will put the body into a reconstruction mode which is likely to increase the toxicity of the body. The body has natural systems of elimination for cleansing itself. Regulation of these systems can assist the body in the cleansing process. This assistance may be needed because the pathologi-

cal condition of the primary regulatory system of the body (the central nervous system) may be compromised due to the illness. Furthermore, providing support to the body's innate healing processes is fundamental to osteopathic and neuropathic philosophy and the Cayce readings.

To understand the natural process of drainages, it is helpful to review the physiology of this aspect of elimination as presented in the osteopathic literature:

The artery carries nutritional substances and oxygen to the tissues. Its functional impairment results in deficient oxidation. Contrariwise, any circulatory perversion affects the respiratory function. Upon the lymphatic circulation falls the duty of direct cell-feeding and drainage. Veins are charged with general drainage. They are more easily compressible than arteries on account of their thinner and more flaccid walls. Interference with their physiological activities results in passive hyperemia and a storing up in the tissues of catabolic products. (Downing, 1923, p. 24)

Thus, venous and lymph circulation are the primary pathways of waste removal and tissue cleansing in the body. The expression "setting up drainages" is commonly used in the Cayce readings where tissue cleansing is needed. The osteopathic literature contains also abundant suggestions for setting up drainages. Here are some principles:

Venous circulation is encouraged by muscular contraction. Thus congestion in a certain area may be relieved by passive movements of the muscles and by deep massage. The beneficial influence exerted on conditions about the head by thorough relaxation of the musculature about the neck in osteopathic practice, may be explained in part by its effect upon venous drainage of the head. (Page, 1927, p. 77)

The lymph stream must always be drained first through the terminal areas.

Attempts to clear the lymph stream before clearing the edema in the clavicular regions is to over-tax the general lymph stream and cause profound reactions.

Any permanent results in treating the lymphatics must be

accomplished through the nerve centers that control the vasomotor nerves of the blood vessels in the same region as the lymph blockage.

Never work over an enlarged or indurated lymph node—free the efferents and the lymph will drain.

General exercises will stimulate lymph flow, but if there is marked lymph blockage it is better to relieve the lymph tension before exercises are given. This will save marked reactions. (Millard, 1922, p. 27)

Manual Therapy Techniques to Improve Drainages

The osteopathic literature and the Edgar Cayce readings contain many examples of specific techniques for assisting with drainage. The following description of osteopathic drainage is particularly relevant because it focuses on the issues of drainage in cases of brain degeneration. It is entitled "BRAIN TROUBLES."

The Osteopath's work is directed toward two primary objects:

First. The equalizing of the general circulation of the blood.

Second. The continued control of the blood supply to the brain and the correlative drainage.

To accomplish these ends the circulatory centers are first thoroughly treated; the muscles, ligaments and tissues which surround them are relaxed by pressure and by movements which will stretch the tissues. The next treatment is a stimulation put upon the deeper structures so as to secure the action of the heart and arteries. The third to fifth dorsal is the region for this work. Next, raise the clavicles; notice carefully the first rib and put steady pressure on the inferior cervical ganglion. The solar plexus, controlling the lumen of the mesenteric vessels, aid in controlling blood pressure. The hand laid firmly over the solar plexus will reduce general arterial pressure and by equalizing the flow will relieve congestion in any part of the body. The tissues of the neck demand a complete relaxation. This is for drainage. Then by holding the vertebral arteries for three to five minutes, the head thrown backward, the cerebral congestion is overcome. In cases of cerebral congestion the feet should be placed in warm water and ice bags applied at basis crani. (Riggs, 1901, pp. 52-53)

This description of drainage in cases of brain disease is precisely the type of treatment Edgar Cayce was recommending in his formula for rebuilding the brain. Here are several more representative descriptions of osteopathic drainages from the era when Edgar Cayce gave his readings recommending osteopathic treatment:

"Drainage of the Head and Neck"

Deep drainage treatment may be done by direct relaxation behind and under the angles of the jaws with the head well extended. By forcing the head and jaw backward thus compressing these glands and again extending the repeating the direct deep drainage treatment, the glands and vessels may be "pumped" and made to increase their function of drainage. Except in acute inflammatory conditions, direct stretching of the soft palate and dilatation of the posterior nares by means of the fingers are effective; also exercises for draining the cervical lymph glands and exercising the muscles of the neck are effective . . .

According to Treves, "Accessory glands, belonging to the thyroid body, are frequently found in the vicinity of the hyoid bone. They are also found in the basal part of the tongue, near the foramen caecum."

In many cases of acute disease the swelling of these glands like the postpharyngeal glands cause much soreness and discomfort. In tonsillitis, pharyngitis, etc., there is usually some affection of these glands, but, as stated above direct treatment is not indicated during the acute state. Deep relaxation under the angles of the jaws externally will facilitate drainage. After the acute stage has passed, direct treatment may be done as follows: The two cornui of the hyoid are grasped between the thumb and second fingers of the left hand, palm upward, while the first and second fingers of the right hand are passed, palm downward, over the base of the tongue thus holding the hyoid firmly between these four fingers. The hyoid may now be lifted upward and thus by virtue of its attachment to the thyroid cartilage, the entire larynx may be lifted. The hyoid is held in this position for a few seconds, then pulled firmly forward and then downward and by these movements the pharyngeal constrictors may be relaxed and lymphatic and venous drainage accomplished. (Deason, in Millard, 1922, pp. 188-192)

"Draining Cervical Lymphatics"

To drain the cervical lymphatics stand on the right side of the patient, in dorsal position, place the left hand on the forehead, and with the right hand reach over the sternocleidomastoid muscle, draw the muscles up closely around the chin, with pressure on parotid and sub-mental gland, turn the head away gently with the left hand and continue this movement downward, one vertebra at a time, to the seventh cervical. Gently inhibit with right index and middle finger the first and second dorsal vertebrae together, drawing muscles away from spine, turn head away from operator and upward. Place the hand down over the scapula, draw the muscle up and place fingers against the superior border, laying the right arm against the chest of the patient and turn the head slowly and gently in the opposite direction from the operator.

Stand at head and cross the hands under the patient's head. Flex the head toward the chest, let down slowly, have the patient turn head to right and flex forward towards the patient's right elbow. Let the head slowly backward and turn to the left and flex toward the left. This movement stretches all the posterior neck muscles, ligamentum nuchae, trapezius muscle, flexes all anterior muscles and completes drainage of cervical lymphatics. (Haverin, undated, pp. 1-2)

"Lymphatic and Venous Drainage"

A) Active. Patient lies supine on table. He exhales completely, closes his mouth and grasps and compresses his nose with his fingers. The doctor then asks him to contract his diaphragm and pull his abdomen inward as in attempting forced inspiration. This is repeated five or six times. With shoes removed and lower extremities at right angles to trunk, the patient is asked to flex toes, circumduct ankles, and repeat the foregoing diaphragmatic exercise to reduce edema of ankles.

B) Passive. (Lymphatic or Thoracic Pump). Patient lies supine. Doctor stands at head of table and places both hands flat on patient's chest with the thenar eminence of each hand just inferior to the medial end of the clavicle and over the anterior end of the first rib. Doctor stands with upper and lower extremities rigid and trunk inclined forward at an angle of about 60-70 degrees with the floor. He springs slightly up and down on toes, exerting quick, short thrusts on patient's chest

at a rate of 20-60 a minute.

Cautions:

1. This treatment should not be continued for more than three to five minutes.
2. It should be used guardedly in patients past 55 years of age on account of danger of separation or fracture of costochondral articulations.
3. It should not be used on patients with emphysema.
4. It should be used with great caution on cardiac patients with inadequate compensation. (College of Osteopathic Physicians and Surgeons, 1941, pp. 15-16)

"Thoracic Lymph Drainage"

Going back to the lymph drainage of the muscles (of the thorax) we may reach and influence the flow of lymph through a better vasomotor control of the blood vessels that supply the tissues and nodes. We may also reach the lymph drainage through correction of lesions that remove muscle tension over and around the lymph vessels and nodes. This will call for adjustment of the cervical region to insure normal tone in the brachial plexus. Correction of upper thoracic and rib lesions will stimulate vasomotor and trophic centres. Costal correction will regulate the upper thorax so that the lymph drainage into the subclavian veins will not be checked. The scaleni may be overtensed through cervical lesions. (Millard, 1922, p. 76)

"To Stimulate Lymph Flow"

Among the noteworthy methods are: (1) Deep breathing. With each inspiration the flow of blood through the innominate veins causes a suction at the openings of the thoracic and right lymphatic ducts. This may be augmented by intra-abdominal pressure if the abdomen be forcibly drawn in. (2) Manipulation of the extremities by flexion of the joints and compression of muscles. This may be either active or passive. (3) Raising intra-abdominal blood-pressure by direct work over the abdomen and by compressing the ribs. (4) Restoring normal tone to the diaphragm if it is prolapsed or relaxed. Dr. Still suggests that such prolapse may cause embarrassment to the thoracic duct. Hazzard elaborates this suggestion in a chapter in his Practice entitled "An Osteopathic Study of the Diaphragm," which is well worth pondering. (5) Drinking hot

water, or preferably hot salt solution, or injecting the same per rectum and retaining it.

"To Increase the Volume of Lymph"

The VOLUME of lymph may be increased in various ways, among which may be mentioned (1) Active and passive muscular movements. Landois says: "Muscular activity causes increased lymph production, as well as more rapid escape of the lymph. The tendons and fasciae of the skeletal muscles, which possess numerous small stomata, absorb lymph from the muscular tissue." (2) Increase of blood-pressure by any of the manipulative means noted above. In this connection readers are commended to carefully study an address given by Dr. Hazzard at St. Louis in 1904, on "Osteopathic Manipulation of the Blood-Mass." (3) Quantities of hot water or salt solution per os or per rectum. The reason for advising the use of hot water rather than cold lies in the fact that heat dilates the blood vessels, and absorption takes place more rapidly, while cold water causes contraction of the vessels. (Downing, in Millard, 1922, pp. 139-140)

"Treatment for Drainage and Circulation of the Thorax"

In cases of pneumonia and allied conditions, there is one master treatment which accomplishes amazing results. This, I term the "make and break" movement. With one hand on the heads of the ribs posteriorly and the other on the ribs anteriorly, spring the ribs rhythmically in a line with their angle, alternating the pressure from hand to hand.

To promote vaso-dilatation, sit down beside the patient with the hands at the 2nd and 3rd dorsal vertebrae. Exert pressure enough to relax and inhibit for 10 to 15 minutes, repeating as the case necessitates. Then, standing at the head of the bed, grasp the neck as low down as possible so as to get straight traction on the 2nd dorsal. Make and break for dilatation of the lung arterioles. Direct pressure movements downward and backward over the sternum and upper seven ribs on each side, the patient lying on his back, are very efficacious in stimulating the lymphatics. (Snyder, in Millard, 1922, p. 177)

Edgar Cayce often recommended osteopathic treatment to improve eliminations by assisting in drainages. In fact, he considered

this as one of the primary benefits of osteopathic treatment:

The things that hinder physically are the poor eliminations. Set up better eliminations in the body. This is why osteopathy and hydrotherapy come nearer to being the basis of all needed treatments for physical disabilities. (2524-5)

In many readings Cayce gave no specific instructions when he suggested that osteopathic treatment be given to improve drainages. Apparently, he assumed that the practitioners knew their business. Occasionally, when he felt that the osteopath wasn't getting the treatment correct (or if he was asked for specific directions), he would note the specific centers for drainage. In other words, there are nerve centers which regulate drainages. Stimulating these centers promotes drainages.

As we find, it would be well, with the corrections that have been indicated and which have been administered for some time, to turn these more to those centers where eliminations may be set up. That is, in the 2nd, 3rd, 4th and 5th cervical; in the 2nd, 3rd and 4th dorsal; as well as along the locomotory centers or the axis in the lumbar area. (717-3)

We would also have, at least once or twice each week, the proper manipulations and adjustments osteopathically given to those centers where the drainages are set up in the system, so that the activities to the whole of the body will be for a normal coordinating condition throughout the system.

Stimulate specifically the 4th lumbar center or area for the drainages through the activative forces of the lower portion of the abdominal area.

Stimulate those centers specifically in the 9th and 10th dorsal area for the solar plexus reaction through the beginning of the digestions, and the alimentary canal.

And in the brachial area, or the 1st and 2nd dorsal area, for the stomach—and the activative force in the organs of digestion.

And the hypogastric and pneumogastrics in the cervical area for the general circulation, that these may be kept coordinated in the building of the general strength for the body. (726-1)

Also we would set up drainages by adjustments made in those centers governing the central portion of the assimilating and digestive forces, or along the upper dorsal and through the cervical area; stimulating occasionally in the axis center, and then the general exercises that come with the activities of the body and those of the more specific nature that would keep a coordination from those activities below the lines across the abdomen—or for the lumbar axis . . .

In the rest periods between the periods of taking the Atomidine, we would take two or three of the adjustments in the areas indicated. Not as adjustments alone, but rather as stimulating the ganglia for drainages that are stimulated by the activities of these properties within the bodily functionings themselves. (1063-1)

Q. Have I fibroids in and around uterus? If so, what size—and should I have these removed?

A. As we find, these are rather the pressures upon the organs by the improper drainages because of the disturbings in the circulation. We would not in the present have these removed, but if the drainages are set up from the 9th dorsal, the lumbar plexus being CORRECTED, specifically, and coordinated, with the proper drainages set up, these should be absorbed . . .

Q. What is the meaning of drainages?

A. When the activity from the nerve forces and the muscular plexus along any portion of the cerebrospinal system, from which organs or portions of the body receive their nerve impulse, are stimulated, this sets up a circulation that allows for refuse forces or drosses from the system to be carried out in a normal way and manner. This is drainage, see? Not necessary that excesses only through the alimentary canal be increased in eliminations to make for proper drainages, but the muscular forces or tendons or bursae or the areas along the system where the nerve plexus produce the improper impulse need to be stimulated. This is why the activity through massage properly osteopathically given sets up such drainages better than the administering of those things that stimulate an already disturbed condition between the deep circulation and the superficial, see (that is, through cathartics, etc., see?)

Hence these are the indications as we find for the body.

While it is necessary to stimulate the activity of the organs that are showing a tendency for slowness or laggardness in their activity, this must be done properly—from their impulses or centers along the cerebrospinal system—to be EFFECTIVE and to MAINTAIN an equilibrium.

Q. Is Miss Mabel Todd the right osteopath for me to go to in the Essex House, W. 59th Street?

A. If she will make the adjustments in these specific centers as indicated, you see, and not attempt to make drainages ONLY by stimulating the upper DORSAL and CERVICAL areas, correct. She has the ability! If she will follow these suggestions, correct. (1140-1)

Q. I have taken osteopathic treatments every other day since reading. Do you see any improvement in the cerebrospinal system?

A. Well, as yet, that these be continued, at least every other day. The manipulations are not only that the system may be in perfect alignment, without proper inactivity through any of the incentive-producing ganglia along the system, but to also keep these conditions in such an attunement, in each ganglia, as it were, that the system may adjust itself, as the reduction of the growth in system is reduced to allow same to be eliminated, and not taken from the system would be very much in the same manner as to build a fire in a furnace and leave the ashes where they would smother the heat units produced. To smother the body with refuses that are thrown off from the system is to bring detrimental conditions to the physical body. The manipulations, properly given, do THIS for the system—keep the eliminations in their proper channels, and the coordination between the various forces that act in the capacity of taking refuses from the system must be kept in accord, or else the conditions become acute, as is seen in that now being eliminated from this body. (1377-3)

We would begin, as soon as the body rests well, with those of the manipulative measures, osteopathically given, as to correct those centers through which the ELIMINATIONS, as drainages, are set up in the system—especially in the cervical, upper dorsal, and the sacral and lumbar. These, in their reactions, will bring a nearer normal reaction to the body . . .

Q. How often should the osteopathic treatments be given?

A. These, as we find, would be WELL were a sedentary character of treatment given every OTHER day, and every other day a DEEPER manipulation. One that will make the body REST. Each day, then—see? and every other day one that will make for CORRECTIVE measures in the cerebrospinal system; for—as the nervous system is that greatest involved, with the lymph and emunctories—the sedentary effect of the gentle massage over all centers will bring the greater response and the better rest to the body. That’s common sense, see? (2373-1)

About once a week, or once in ten days, DO have the osteopathic adjustments—this in the main to set up better drainages through the alimentary canal. For, a portion of the disturbance is the effect of the incoordination between the superficial and internal circulation. Thus poisons and accumulations produce those forms of the skin irritation . . .

Q. What specific areas should be treated osteopathically?

A. As indicated, have these to set up drainages through the alimentary canal. That’s the upper dorsal area and through portions of the cervical. Of course, then, kneading the abdomen and the stomach itself. The 6th dorsal area, especially. (2518-3)

Keep in mind that osteopathic techniques for regulation involved both stimulation and inhibition (relaxation). Here is an example which advocates holding a steady pressure on a center to relax the system and set up drainages:

One of the best methods, even for the osteopath, whether he’s ever tried it or not, he will find what it will do here: When the body is upon the back for treatment, raise the head and place the (osteopath’s) fist on the 3rd cervical, and let the body rest full weight, even pressing gently—not hard, but gently—until the body does relax. Hold the fist there for a minute, two minutes, and after a while it may be two and one half to three minutes. This will drain, as it were, the whole system, setting up better eliminations throughout the whole body. (3624-1)

This technique for setting up drainages is often referred to as the “third cervical release.” Obviously Cayce was aware that some os-

teopaths were using this technique. Interestingly, William Miller, D.O., an osteopath recommended by Cayce, claims to have learned this technique from A. G. Hildreth, D.O., a prominent osteopath and co-founder of the Still-Hildreth Osteopathic Sanatorium.

Another technique for setting up drainage by holding a steady pressure over nerve centers is described in reading 1010-11:

These (treatments) may be found to be of more specific help if there is an equal pressure held upon the segment between the last dorsal and the first lumbar and the third and fourth dorsal center. A pressure held here, one on the left, one on the right side of the cerebrospinal column, will tend to ease or drain the system and to make the body become not numb but the constant awareness as felt through the abdominal area, the constant tendency for the expectancy of shortness of breath and the quick pulsation will be found to be near normal during such times. This then should be as a part of the applications when the neuropathic or chiropractic adjustments are made, and will be most beneficial. They must be held at the same time, the body prone. (1010-11)

Thus, the Cayce material and the manual therapy literature contain abundant examples of the concept of drainage and specific techniques for this type of regulatory treatment.

General and Specific Treatment Formats

In attempting to explain the meaning of Cayce's statement about osteopathic and neuropathic "coordination WITH drainage," we have considered the theoretical aspects of these forms of regulation as well as specific clinical techniques. However, to help make this information more practical in its application it is necessary to utilize a format which recognizes general and specific treatments.

In certain respects, the distinction between general and specific treatments is merely an extension of the concepts of anatomical correction and physiological regulation into a clinical setting. The practitioner provides specific treatments for specific structural defects. For regulatory purposes, a general treatment may be useful to put the body through its paces and thereby increase coordination and improve eliminations.

In making therapeutic recommendations, Edgar Cayce often

made the distinction between general and specific treatments. In the following excerpt, he recommended a general osteopathic treatment for relaxation:

Once a week, or once in ten days would be preferable, have an osteopathic relaxation. This does not mean that there are to be corrections attempted . . . This should be a treatment not so much for adjustment as for a thorough, thorough relaxing, each and every segment, each and every muscular force of the body receiving special attention. Use the limbs or the structural portions as leverage to make muscular reaction. (3095-1)

Often, Edgar Cayce would recommend both specific and general treatments for the same person. Sometimes these two types of treatment would be alternated:

With the corrective forces as will be made through those of adjustments OSTEOPATHICALLY given, and the massage following same—two of the general treatments to one of the (specific) adjustment treatments should be given. These should be given at least every week, two general, one corrective . . . (53-1)

We would take, now, about twice each week, the osteopathic manipulations—a general manipulation at one treatment and a specific adjustment at the next, as has been indicated. (1844-2)

In other instances, Cayce would recommend that general and specific treatments be combined in the same session:

After the condition is lessened, begin with deep manipulation, osteopathically given—a general treatment every other day, and the specific treatment in the region of the lower cervical, the upper dorsal and the sacral and lumbar. These would be given together (the general and the specific treatment), that the whole system may be aroused to better elimination and better relaxation. (4999-1)

We would have at least two treatments osteopathically each week, one of these being an adjustment treatment followed with a general manipulation—the other rather the massage

over the whole system, keeping the coordination of nerve impulses from the ganglia in this area of the cerebrospinal with the cerebrospinal ganglia in the locomotory areas and the sympathetic areas. (3722-1)

The osteopaths of Cayce's era were also well aware of the distinction between general and specific treatments. Some practitioners focused mainly on specific treatment following A. T. Still's admonition of "Find it, fix it, and leave it alone" (in Brantingham, 1986). Other early osteopaths were inclined to use general treatments as a regular part of their practice (e.g., Goetz, 1909; Riggs, 1901; Barber, 1898; Murray, 1925).

A General Treatment is given by a great many Osteopaths in connection with the specific treatment needed for the ailment for which the patient is being treated. General treatment is an advantage in a number of cases. It is given for nerve troubles and for the general circulation. (Murray, 1925, p. 61)

In giving a general treatment, try to do the work in twenty minutes. When you begin to practice Osteopathy it will take thirty minutes or longer to give the general treatment, but after you have practiced for a while you will feel that you are wasting time if you do not give it in twenty minutes or less. In using the shorter time you will do the work very effectively . . .

In nervous troubles and in many constitutional diseases Osteopaths have discovered that they get better results when they give the general treatment. This helps the circulation and makes a tired patient feel like new; and the treatment, after all, when there are no specific lesions to remove, is but little more than deep massage, in which nearly all the muscles of the body are manipulated.

One may give this treatment, in such a manner that many patients come to look upon it as a luxury. And many will take it when they are only slightly indisposed. Some business men take the treatment as a means of relaxation. Many others take it when they are simply tired. (Murray, 1925, pp. 18-20)

Here is an example of a general osteopathic treatment as described in the *Text-Book of Osteopathy* (American College of Mechano-Therapy, 1910). See Appendix D for a description of a gen-

eral treatment format by A. P. Davis, the founder of neuropathy.

General Osteopathic Treatment

Uses—A general treatment is indicated for the correction of nerve troubles and general circulation.

Patient reclines on table, lying on the side. Relax the tissues of the back by the following methods:

1. Stand in front of patient and grasp uppermost arm. Relax the tissues about the shoulders and down to the spine and back with the other hand. Hold the arm at the elbow, and using the joint as a lever, work the arm back and forth. By this means the spine is manipulated and any deviation corrected.

2. With patient in same position, place one hand beneath the neck and grasp the occiput. Rest the other side of the patient's head against your breast, and apply traction to the tack and upper dorsal region.

3. Place one elbow on the hip and the other on the shoulder. Stretch the spine by extending the arms and stretching the hips away from the shoulder.

4. Manipulate the shoulder. Pull up the scapula with one hand, while with the other press the shoulder.

5. Place one hand under patient's scapula and grasp the shoulder with the other hand. Then rotate the shoulder.

6. Manipulate the limbs by seizing the limb in both hands, relaxing all tissues with a rotary movement of the hand.

7. Manipulate the spine by pulling it toward you, while patient is lying on his side with knees flexed and braced against you.

8. Turn patient on other side and repeat above treatment.

9. Place patient face downward, with toes extended and arms hanging down over the sides of the table. Describe a circular movement with the palms of the hands, at the same time apply pressure, to relax all contracted tissues of the back. Pull the muscles away from the spine with the fingers.

10. With the patient lying in a prone position, stand at one side of the table and grasp the hip of patient on further side in front. Apply pressure up and down the spine with the heel of the other hand, while pulling the hip upward. Treat both sides.

11. Patient in same position. Operator stands at head of the table. Apply considerable pressure on each side of the spine with the thumbs.

12. Raise the limbs in one arm and rotate them, while applying considerable pressure at the lower part of the abdomen with the other hand.

13. Apply pressure to lower part of spine while one limb is raised. Raise the other limb and repeat the pressure. (American College of Mechano-Therapy, 1910, pp. 12-15)

The significance of the general treatment is that it provides a simple format for regulatory techniques such as coordination and drainages. By its very nature, a general treatment will improve circulation which is a prerequisite for drainages. Because the general treatment tends to stimulate all the nerve centers, it also has a coordinating effect that is lacking if only a specific adjustment is made.

Yet, the osteopathic literature contains certain reservations against general treatment. The primary concern is that general treatment may lapse "into routinism, to be followed by carelessness or slipshod methods" (McConnell, 1932, in Jordan, 1994, p. 58). However, like the Cayce readings, McConnell does see a valid role for general adjustment when it is precisely and intelligently performed in conjunction with specific corrective adjustment.

Unquestionably, as stated, there is merit in various soft tissue general manipulations. They do affect circulation and nerve impulses. They help to release abnormal tensions and to tone flabby musculature. No doubt many beginning lesions are normalized and others are more or less modified as to severity. But (and this is an extremely important "but") general manipulations will not, can not, adjust the serious deep-seated lesions. Only skilled operative work can do this. The very nature of the pathologic condition demands specificity in order to normalize it . . .

Integration: What may be termed therapeutic integration of structure is essential, because each part of the structure is requisite to the unified action of the organism (coordination). This means that not only should the local solution of structure be rectified (specific adjustment), but also that all abnormal correlative mechanisms should be carefully adjusted. Integration (coordination) implies the necessity of general treatment, but not in the sense of general or routine manipulation . . .

Diagnosis of the primary physical abnormal condition is of first consideration. But unless one subsequently elicits the full

value of the integrative (coordinating) trend of the organism, many pathological factors will be overlooked . . .

Too much time, relatively, may be given to the local physiochemical derangement. Ignoring the coordinative function and integrative trend of nerve impulse and chemical activity may defeat the very purpose of a localized therapy. Hence therapeutic specificity oftentimes depends upon adjustments of more than one region. Function is no more confined to a local influence than is structure to a local requirement. Both are adapted to body wholeness. (McConnell, 1932, in Jordan, 1994, pp. 58-59)

Thus it is the careful integration of specific adjustment and general coordinating/integrating treatment that is the highest achievement of the osteopathic profession. The importance of both of these aspects of manual therapy will be reflected in the comprehensive treatment plan to be presented in the next chapter.

However, there is another significant reason for providing general treatment. Not only does it support the corrective work accomplished by specific adjustment, the Cayce readings regard general treatment as an important adjunct to electrotherapy, which we will now consider.

Manual Therapy as an Adjunct to Electrotherapy

Edgar Cayce often recommended various forms of manual therapy to complement the use of electrotherapy. The two most common recommendations were for massage immediately following the electrotherapy session and for a general coordinating treatment once or twice a week. The rationale for using manual therapy was to help the body assimilate and distribute the vibratory energies provided by the electrical treatments. Here is an example of the use of manual therapy treatments to help distribute vibrational energies from the Wet Cell Battery:

Periodically, once a week, we would have the distributing of these energies (Wet Cell Battery) through the body by mechanical means—that is, the osteopathic or Mechano-Therapy treatments; not chiropractic methods here, but those that carry over between the neuropath and the osteopathy—stimulating glandular centers; that is, where the lack of coordina-

tion has existed in the larger patches—between the sympathetic and the cerebrospinal system. These should be stimulated to activity—the coccyx, the 4th lumbar, 9th dorsal, 3rd and 4th and 2nd dorsal, 3rd cervical, 1st and 2nd cervical—along the spine. Also there should be the stimulation on the frontal portion of the body at the base of the thorax, just at the pit of the stomach, and at the pubic centers. Stimulate all of these areas once each week, and we will gradually find the body gaining strength. (3324-1)

Note the references to *coordination*, *nerve centers*, and *stimulation* as have been discussed in earlier sections. Also note the preference for osteopathic or neuropathic treatment over chiropractic. This preference relates to the distinction between specific corrections and treatments which focus on regulation and coordination. The manipulations described in the above quote are definitely of a regulatory nature. They are not intended to correct any specific structural abnormality. They are the type of manipulations included above in the general osteopathic treatment.

Cayce also recommended massage as a form of manual therapy to distribute vibrational energies after use of the electrical appliances. Cayce described the rationale for massage after using the Wet Cell Battery in the following excerpt:

Q. What will this Vibratory Gold Solution and massage treatment accomplish?

A. It SHOULD accomplish that as we have indicated. As to what, it will depend upon the purpose and manner with which the treatments are administered. The massage only assists the impulse for activity from the nerve centers and ganglia to be directed in the activities of the functioning portions of the system that are controlled by certain reflexes or certain impulses created in same.

Just as in that where there may be a clogged line or a dammed stream. If there are particles removed, it allows the greater flow of activity. And these impulses for mental and physical reaction are necessary for the body to coordinate properly. Hence the massage should assist in the impulses being carried from assimilated forces to the activities of the mental, the physical and the spiritual self. (1553-5)

Thus, coordination was increased by “unclogging” the nerve plexus and ganglia thereby allowing the impulses to pass freely to the organs of the system. The pattern of spinal massage and manipulation was often specified in the readings along with a mixture of oils to be rubbed into the body to nourish and stimulate the nerve centers and lymph and emunctory patches which coordinate the cerebrospinal and sympathetic nerve systems. For an excellent description of the use of massage and oils, see *Edgar Cayce’s Massage, Hydrotherapy & Healing Oils: Health Through Coordination & Purification of Key Body Systems* (Duggan & Duggan, 1989). This book is a valuable resource on the use of massage, hydrotherapy, and healing oils in assisting with coordination, eliminations, and the distribution of body energies.

Appendix D also contains numerous excerpts on neuropathic massage. This form of massage focuses on the nerves, following them from the nerve centers to the periphery of the body. This pattern of massage was frequently recommended as an adjunct to electrotherapy because it naturally followed the normal distribution patterns of vibratory energies in the body.

Summary of Manual Therapy

The preceding discussion of manual therapy has included a substantial amount of documentation and explanation of the concepts of regulation, nerve centers, coordination, and drainages. A distinction has been drawn between structural correction and functional regulation. Similarly, from the standpoint of clinical application, specific and general treatments have been described.

We have focused primarily on the regulatory aspects of manual therapy because regulation of coordination and drainages were specified in reading 1800-16 as essential components in a treatment regimen for nervous system regeneration. In view of the above information, there are three primary reasons for giving regulatory treatments: (1) to assist with coordination, (2) to assist with drainage, and (3) to help distribute the vibratory energies associated with electrotherapy.

The therapeutic techniques associated with these three objectives include osteopathic manipulation (as represented in the general osteopathic treatment) and distinct forms of massage which assist with coordination, drainages, and distribution of vibratory energies. Particular attention is paid to the centers of coordination

and drainage located along the spine and the front of the body. Excerpts in the above sections specify the location of these centers and techniques used for regulation.

In many instances, specific adjustment may also be required. Edgar Cayce typically recommended that specific adjustment be combined with regulatory techniques.

Chapter Four, which addresses implementation of Cayce's approach, will provide some guidelines for integrating manual therapy into a comprehensive treatment plan. We will now shift our attention from physical treatment (electrotherapy and manual therapy) to the spiritual and mental aspects of nervous system regeneration.

III. Patience

As was described in Chapter Two, patience is an important principle in Edgar Cayce's approach to healing. Patience involves the spiritual dimension of experience. It is a soul quality. It is through patience that we grow in awareness of ourselves as spiritual beings—as souls:

Patience is not a passive thing, but patience is necessary in the experience of each soul rather as a positive, active thing within the application of same. Thus an entity becomes aware of its own soul . . . (683-1)

In patience possess ye your souls. Be patient even in those periods of exaltation, joy, sorrow, woe. For in this do all become aware of the continuity of life itself; the more and more that this is made aware in the experience of the soul, more and more may the hope and faith grow. Be patient. (705-2)

Patience is particularly important in conditions requiring nervous system regeneration. This is by nature a long-term process requiring a substantial investment of time and resources. You must be willing to make the investment with a constructive mental attitude:

Give the time! Be patient! You've had years and years of the disturbance. Don't expect it to be cured in a moment and be of a permanent nature. For the body, the life, the whole of every entity is a GROWTH; and unless it is of such a growth that it is stable, it isn't worth very much! (716-3)

Patience is the application of love. Through loving service we may become aware of our relationship to the infinite:

Then we would define for the entity what we mean by the entity having patience—in an active, positive manner and not merely as a passive thing.

Taking or enduring hardships, or censure, or idiosyncrasies of others, is not necessarily patience at all. It may become merely that of being a drudge . . .

Passive patience, to be sure, has its place; but consider patience rather from the precepts of God's relationship to man: love unbounded is patience. Love manifested is patience. Endurance at times is patience, consistence ever is patience . . .

Time, space, and patience, then, are those channels through which man as a finite mind may become aware of the infinite. (3161-1)

Another way of thinking of patience is in terms of lifestyle. Patience becomes a way of life. The therapies described in this chapter require patient application. They are a daily regimen that must not become rote. If they become simply habitual, they will lose much of their effectiveness. Cayce's approach requires an active, positive patience. In such an attitude, the obstacles to healing can be met as they arise. If patience is developed and maintained, there will be healing at a soul level, regardless of the physical outcome.

IV. Suggestion

The fourth component of Cayce's regenerative formula is "suggestion." Suggestion, in this context, refers to definite hypnotic techniques that were in use during Edgar Cayce's lifetime. To appreciate Cayce's perspective it will be necessary to understand the distinction between formal hypnosis and naturalistic hypnosis.

Hypnosis can be defined as "an induced sleeplike condition in which an individual is extremely responsive to suggestions made by the hypnotist" (*American Heritage Dictionary*, 1984). The word hypnosis is usually associated with "formal" hypnotic techniques such as stage hypnosis. In formal hypnosis, roles are clearly defined in that there is a hypnotist who seemingly overpowers the mind of a subject. Usually, the hypnotic trance is induced in a formal way. For example, the classic image of a hypnotist swinging a pocket watch

in front of a subject and suggesting that "your eyelids are getting heavy" is a formal hypnotic technique. In speaking of formal hypnosis, Edgar Cayce often used the verb "subjugate" to describe the process wherein the mind of the hypnotist dominates the mind of the subject.

Although Edgar Cayce occasionally recommended "formal" hypnosis, more often he advocated a "naturalistic" approach which was used in conjunction with other therapies. Cayce referred to this form of hypnosis as suggestive therapeutics. Cayce did not invent the term, it was in common usage before his career as a psychic diagnostician (Davis, 1909).

Cayce often utilized suggestive therapeutics in combination with other modalities. For example, he might recommend that the persons administering massage and osteopathic treatments give positive suggestions while performing the therapies. Similarly during electrotherapy, suggestions were to be given for the rebuilding of the nervous system. Cayce also advised that the hypnagogic state be utilized by giving hypnotic suggestions during the early stages of sleep.

The induction of a hypnotic trance is a common consequence of various physical treatments. For example, massage therapists frequently notice that individuals receiving a relaxing massage enter an altered state of consciousness resembling hypnotic trance. This is probably due to the muscle relaxation produced by the massage and the rhythmic patterns of the strokes.

Milton Erickson, perhaps the most famous hypnotherapist of this century, often referred to trance as a state of relaxed self-awareness. Therefore, getting people to physically relax and feel comfortable is an important preliminary step in most hypnotic inductions.

Erickson regarded body stillness as a reliable indicator of trance (in Havens, p. 245). Stephen Gilligan (a student of Erickson's) reiterated this theme by associating conscious mind activities with muscle tension: "As we will discuss further, it (the conscious mind) arises from and is maintained by muscular tension" (Gilligan, 1987, p. 23). Gilligan specifically mentions massage as a naturalistic means of achieving trance in which there is a "balancing of muscle tonus" and "the strong skin-bounded differentiation between self and other is dissipated by muscle tone shifts, thereby enabling the person to synchronize with complementary biological rhythms and align with unitary psychological processes" (Gilligan, 1987, p. 42). Gilligan suggests a cultural link between conscious mind activities

and the types of trances utilized by a particular society.

Hypnotically entranced individuals often do not feel like moving or talking in any elaborate fashion. To reiterate, this lack of movement partly reflects a value implicit in most hypnotic rituals . . . The point to be made is that trance can be developed and maintained via inhibition of movement or rhythmic (circular and repetitive) movement, i.e., an absence of irregular and arrhythmic orienting responses (and muscle tension) that give rise to the conscious mind. The relative immobility of the hypnotic subject may have developed as a needed complement to the incessant movement (goal-oriented action) occurring in the waking-state style favored by Western culture; it may also reflect the dissociation from the physical self (man dominating nature, including his body) that generally occurs in our culture. (Gilligan, p. 54)

Immobility and lack of muscle tension on the part of the subject and the use of rhythmic and repetitive movements by the masseur are very descriptive of the massage process. Participation in the massage process quickly leads one to agree with Gilligan that massage can be a powerful, trance-inducing experience.

If the electrical therapies advocated by Cayce have the calming effects which he described, it makes sense that subjects receiving these treatments would also be induced into a hypnotic trance and would be amenable to direct suggestion.

Furthermore, Cayce recommended that the period immediately preceding sleep, and the first few minutes of sleep, be utilized to provide presleep suggestions. Using the presleep period as a naturalistic hypnotic induction makes virtually every client a potential hypnotic subject.

Henry Bolduc (1985) provides an excellent orientation to the use of hypnosis in the Cayce readings. As a professional hypnotist, his insights and practical suggestions for applying the Cayce suggestions (particularly regarding self-hypnosis) provide a useful introduction to this topic and are highly recommended. (Bolduc, 1985)

In a broader sense, Cayce viewed environment as a powerful suggestive force that must be utilized in therapy. This aspect of suggestion will be dealt with later when we consider the role of therapeutic milieu.

Keep in mind that the readings consistently maintain that heal-

ing must come from within. Suggestive therapeutics is a powerful tool for stimulating the inner healing processes at the level of the unconscious mind. The readings regard the unconscious mind as the mind of the soul. Therefore, suggestive therapeutics is directed at this fundamental soul level of the self. The readings sometimes used the expression "inner self" in this context.

Here are some excerpts from the Cayce readings which illustrate the concept of suggestive therapeutics:

The treatments also that should be included by the same attendant, or the same one with the body, would be—when the body is put or is ready to go to rest of evening—to massage gently but thoroughly all along the whole cerebrospinal system, and during such periods (for most often we would find the body would gradually fall into that state of near between the waking and sleeping state) make gentle suggestions that QUIET, REST, PEACE, HAPPINESS, JOY, DEVELOPMENTS IN EVERY MANNER THAT ARE CONSTRUCTIVE PHYSICALLY AND MENTALLY, will come to the body through its rest period! Or, the suggestion to the deeper portion of the subconscious forces of the body. (271-1)

However, for these suggestions to be more effective, they should not be given in merely a singsong manner; nor said just once. But take at least the time to repeat same (the suggestion), positively, three to five times; that there may be the full response in the positive forces of the suggestion to the mental activities of the body.

And we would, for the time being, use the same suggestion; or the same affirmation. And by affirmation we mean that it should be an affirmation! (271-4)

As to the suggestions that should be given—when there are the administrations of ANY of the influences for aid, whether the rubs or the packs or whatnot, the suggestions should be of a very positive nature, yet very gentle, and in a constructive way and manner; expressing hope always that there is a creating, through the hope, the expectancy for certain activities to the body that it desires to do—much in the manner as would be given to a child in its promptings for an aid to itself.

And, let the suggestions be constructive in the spiritual

sense, when the manipulations or adjustments are given, as well as when there are the periods of the rubs and other applications. These would be well in this manner, though each individual should construct same in his or her own words:

“Let there be accomplished through the desires of this body, mentally and physically, that which will enable the body to give the better, the truer, the more real expression of its own self; as well as that in which the entity or body may influence itself in relationships to others for greater physical, mental and spiritual attitudes towards conditions.”

Then, let the desire of the body through ALL its activities in the present be of a spiritual nature . . .

Q. Should suggestions be made by BOTH the Doctor and those taking care of her?

A. Just as indicated, these should be made whenever any applications are made—whether for the rubs, the adjustments, or the packs. The BODY desires attention—but in a manner in which there are, as indicated, the suggestions that it is to become not so reliant upon others, but so—because of the very nature of the applications—that it may do more and more for itself.

Whenever there is the suggestion, it should be not as “There WON’T be,” but “You WILL do so and so,” see?

Q. What can we do for the crying—nervousness and her refusing to drink?

A. This can only be met through the suggestions—for, as has been indicated, these periods come and go; and, as has been outlined heretofore, it is a lack of the coordinating between the cerebrospinal and sympathetic impulses or reflexes. (1553-17)

Even through the period of giving the massage, as well as the Appliance (Wet Cell Battery), let there be suggestions given to the body in that way not merely of speculation but as to positive activities of the body; planning, as it were, its activities for the next day. As an illustration: On the morrow, or in the morning there will be certain activities. This should be very thoroughly outlined, very consistently suggested.

Thus, we will find a change in the activities of the body, bringing the reflexes to the brain centers with the nervous system in the ganglia where there are the closer associations with the sympathetic and suggestive nerve forces of the body. (5014-1)

Appendix E contains additional examples of suggestive therapeutics in the Cayce readings. From the standpoint of application I would recommend that the person giving the suggestions write out a text to be used as a guide when giving the suggestions. Otherwise it is easy to “blank out” while giving the suggestions and lose focus. Note that many of the examples given by Edgar Cayce contained explicit text to be used. Sometimes he would merely provide an outline and encourage the caregivers to include certain basic ideas in a text using their own words.

In putting together a text, keep the following points in mind:

1. Be sure that the intent and primary focus of the suggestions are coming from a spiritual perspective. Know that the suggestions can have a powerful influence on another human being. Even further, be aware that these suggestions are registering at a soul level. Be respectful of the other person. Be careful that the suggestions are not merely a form of personal control or manipulation. This is a sacred process. Form the text and deliver it in a prayerful, sacred manner.

2. Edgar Cayce would often include in the hypnotic text definite suggestions for biological healing. For example, he would use phrases such as, “the cerebrospinal and sympathetic nervous systems will coordinate.” Or, he might give a general statement to the effect that “all the systems of the body will function in a normal healthy manner.” In terms of nervous system regeneration, suggestions for improved eliminations (drainages) and better coordination of all the systems of the body would be appropriate.

Unless you have special expertise or knowledge about physiology, be careful about making the suggestions too specific. You may not necessarily know what specifically needs to be accomplished at a physical level. Trust the wisdom of the body by giving rather broad suggestions about improved coordination and drainages. You may be able to use some of Cayce’s general health suggestions contained in the texts of the excerpts cited above or in Appendix E.

3. Include some specific suggestions about behaviors or activities that need improvement. This could be simple activities of daily living such as being able to get dressed or feed oneself. The suggestions may pertain to behavioral problems such as arguing, fighting, or treatment of noncompliance. Specific suggestions may address deficit symptoms such as the loss of memory or cognitive abilities. The suggestions may deal with emotional problems such as depres-

sion or anxiety. Sometimes Edgar Cayce would recommend that the text should list the activities that the person will be expected to participate in during the day. Naturally, this aspect of the text will be a personal matter that will be specific to each person's condition which may change on a day-to-day basis.

4. Keep the suggestions positive. Even when the person is doing something that he or she shouldn't be doing, find a way to express it as a positive. "Whenever there is the suggestion, it should be not as 'There WON'T be,' but 'You WILL do so and so, see?' " (1553-17)

5. The tendency is for most people to make the text too short and then feel as if they have run out of suggestions after only a few minutes. I recommend that the text be several paragraphs long. Each paragraph may deal with one of the above points.

For example, the first paragraph may contain two or three concise sentences of a spiritual nature to set the tone of the session. You may speak of love (love of God, love of others, love of self). Seek to get in touch with the soul of the person you are working with.

The second paragraph may contain two or three sentences focusing on the physical aspect of healing. The third paragraph can address specific behaviors or activities. A fourth paragraph may summarize the above points and close with a spiritual emphasis of hope and positive expectation.

When delivering the hypnotic suggestions, here are some key points to remember:

1. Attune yourself to the healing process. Be a suitable vehicle for the Creative Forces. You will have to find your own process to reach attunement. There are various forms of meditation which are helpful in this regard. As noted above, be in a prayerful state when giving the suggestions as well as the physical treatment. Realize that an important aspect of spirituality is the spirit in which you do things—the spirit of application.

2. Repeat each suggestion 3-5 times. You can do this in various ways. You could repeat specific sentences or paragraphs. You can repeat the whole text numerous times during the treatment session. If you give the suggestions in the presleep (bedtime) mode, you will need to complete the text in the first few minutes after the person has fallen asleep. After 5 or 10 minutes the suggestions will not be as effective.

Of course, if you are giving a massage or spinal adjustment, or

such, where you cannot read the text you will have to improvise. But being familiar with the text and being aware of some of the issues involved for each individual is helpful. During certain treatments such as the electrotherapy, it is easier and sometimes very helpful to have the text in front of you during the session. The text is merely a tool to assist with the hypnotic process, it is not an end in itself. Use it accordingly.

3. If the person receiving the suggestions shows resistance to the suggestions, then rethink the text to see where the source of resistance is. Most people are accepting of the suggestions that they are loved and that their bodies are being healed. Behavioral suggestions sometimes elicit resistance if the person is not very deeply into trance. When dealing with resistance, do not make a big deal over it. Either find another more acceptable way of stating the suggestion or wait until the person is in a deeper state of hypnosis before making the suggestions which are causing the resistance.

If the person is resistant to the whole idea of making suggestions, then alter your style accordingly. For example, when giving treatments you can use an educational approach to suggestion. You can simply explain what the treatments are for and how they will affect the body. "The massage will relax your body and help the circulation to flow better." "The spinal adjustment I am now making will relieve pressure on the nerves along the spine and improve nervous system coordination." "The battery treatment will help the nerves in your brain to function more normally."

Cayce advised health care practitioners to talk to their patients when giving these kinds of suggestions. It is a conversational approach to hypnosis based on the premise that most people will go into an altered state of consciousness when receiving certain types of physical treatment (e.g., massage, spinal manipulation, electrotherapy, etc.). Many health care professionals already use this approach either consciously or unconsciously.

4. You may experience some self-consciousness when first applying suggestive therapeutics. This is normal. Just keep in mind the purpose for which you are doing it. This is an essential component of Cayce's formula for rebuilding the brain. When done properly, this is a deeply spiritual process. Remember to work at spiritual attunement and you will be able to set aside personal feelings of inadequacy and self-consciousness when doing suggestive therapeutics.

To conclude this section on suggestive therapeutics, I want to dis-

cuss a more expansive aspect of suggestion. Edgar Cayce noted that the environment itself is a powerful source of suggestion. Cayce maintained that the environment acts upon an individual in a suggestive manner through the sensory and sympathetic nervous systems (271-5). Therefore a supportive, constructive milieu creates a positive influence on the nervous systems of persons undergoing treatment.

We could use an analogy here from computer science. We can think of the brain as hardware and the mind as software. While undertaking the reconstruction of the hardware (nerve regeneration), it is essential to provide positive, constructive software (mental programming) for the system. Suggestive therapeutics and the maintenance of a healing, therapeutic environment are two means of providing healthy software via the power of suggestion.

The Cayce readings insist that compassion as manifested in gentleness, kindness, patience, and caring is a profound expression of spirituality and an essential aspect of therapeutic milieu. In an institutional setting, therapeutic milieu should be considered more than just a clean facility with adequate programs for exercise and recreation. Spiritual qualities, as manifested by the staff, provide the basis for the therapeutic process. In the home setting, the same principles apply on a more limited scale.

V. Activities in the System

The final component in Cayce's formula for rebuilding the brain is "activities in the system." "Activities in the system" refers to basic biological processes which sustain life and maintain health. The three most basic activities are assimilation, elimination, and circulation. Such activities were well appreciated by the early osteopaths:

Certainly the quality of dependence of any multicellular organism is expressed in the coordinate and interrelated nervous, circulatory, and secretory influences, through which media of exchange the very essence of continued living is expressed. (Downing, 1935, p. 30)

Thus the "activities of the system" also echo the theme of coordination of interrelated physiological processes. Assisting the body in its regulation of these key systems is basic to Cayce's formula for rebuilding the brain.

Assimilation

Assimilation refers to the body's ability to incorporate vital substances from the environment. Eating, drinking, and breathing bring needed materials into the body. Assimilation refers to the body's ability to take from these raw materials the specific ingredients needed by the body. Of course digestion is essential for assimilation but is not necessarily synonymous with it. Food can be digested in the stomach but not absorbed properly into the blood and lymph as it makes its way through the intestines.

Persons with Alzheimer's dementia sometimes have difficulty with assimilations because their bodies are aged. Poor dietary habits may also contribute to this type of problem.

Edgar Cayce often recommended specific diets for persons requiring nervous system regeneration. He typically referred to such diets as "nerve and body building" or "nerve and blood building." Here are some examples of nerve-building diets recommended in the readings:

Q. Outline proper diet for body.

A. That as will give to the nerve system more of the ENERGY as is necessary. That is, those of the vegetables that are nerve building. Those that do not carry too much of the value of just weight, but (that) carry more WITH same that as is ASSIMILATED in system. As may be illustrated in this: In potatoes of any character, better were the body to eat the peel than for the other portion. In those of the green vegetables, those of the radish, onion, the lettuce—HEAD, especially—for were the other character taken much by the body it would produce too much drowsiness—and those of celery; these do not carry so much dross, but are MOSTLY all assimilated, see? (5475-2)

Keep a well-balanced diet, body- and nerve-building foods. Have raw vegetables as much as possible. (5048-2)

First, let the diet be vegetables, fish and game. Never hog meats or too much fats of any kind. Very lean may be taken at times, provided well cooked, but rather those nerve-building vegetables as are found in all that grow above ground; spinach, celery, peas and such, with cabbage properly prepared with milk and such, and other cereals and fruits. . . (4771-1)

The diet—not meats, vegetable matter; all those that lend energy to nerve-building forces and those that give to the blood force the eliminating properties—berries and fruits, see; vegetables, those that are green. Meats, very little. When used, only game or fish or the sinew of any other force. (4730-1)

Q. Please suggest foods to stress and foods to avoid in the diet.

A. In the diet there should be the stressing of those that are nerve building; such as beef, liver, fish, especially seafood—not fresh water fish. Vegetables that are raw, especially such as water cress, celery, lettuce, carrots should be prepared quite often—in fact, have some of these every day, but prepare most often with gelatin because of the activities that cause the better nerve forces. (4033-1)

Q. Do I need any concentrated vitamins and minerals?

A. Not until there are those corrections made that will cause proper reflexes through the system, both to the nerve and blood supply of upper and lower portion of body.

Q. Is there any combination of foods that could be truthfully called Brain Foods, Nerve Foods, Muscle Foods?

A. Those that are body building; those that are nerve building and those that supply certain elements. For, as indicated, those foods suggested are to be taken by the body. Fish, fowl and lamb are those that supply elements needed for brain, muscle and nerve building. Vegetables that carry certain chemicals, as carrots, celery and lettuce are especially nerve building and supply the vitamins called the B and B complex, or B combinations. Those foods that grow under the ground of certain characters, as well as lentils, beans and cabbage supply certain sulphurs as well as other elements that are needed in the body for better chemical balance. (4008-1)

The diets will be along those lines that make for nerve BUILDING. Plenty of the green foods—as celery, salsify—not too much of the asparagus, but only those of the fresh or the green—cabbage, lentils, peas, beans, and such—these may be taken. Little or no meats, to be sure—though those that will add for nerve forces, as tripe, brains, kidneys, liver, spleen, or such, these will be beneficial to the body in small quantities. (3747-1)

Note that a nerve-building diet is essentially the basic diet recommended by Cayce for everyone. The diet is more alkaline than acid. There is a heavy emphasis on fresh vegetables that grow above the ground. Meat in small quantities is allowed with a preference for fish, fowl, or lamb. In certain cases, organ meat (brains, kidneys, liver, etc.) were recommended in small quantities.

This type of diet will tend to improve and maintain eliminations due to the high raw vegetable content. Also note that the readings emphasized the importance of the B vitamins contained in certain vegetables. Cayce generally preferred that vitamins be assimilated from food rather than supplements. However, he did prescribe supplements in some cases.

Elimination

Elimination is another basic "activity of the system." When raw materials are assimilated and used by the body's organs, waste materials are produced which must be eliminated from the body. If these wastes are not effectively removed, the body will be toxic. Many elderly persons, even individuals not suffering from dementia, tend to have problems with eliminations. The many jokes about prunes and laxatives attest to this unfortunate tendency.

There are four major eliminating routes in the body: (1) the bowel (defecation), (2) the bladder (urination), (3) the breath (respiration), and (4) the skin (perspiration). Edgar Cayce recommended using all these eliminating processes to cleanse the body.

For example, increased elimination through the colon can be assisted via colonics, enemas, mineral and vegetable laxatives, and diet. Eliminations through the bladder and skin are assisted by drinking adequate amounts of pure water. Moderate, regular exercise supports the body in eliminating through respiration and perspiration. Steam and fume baths are also helpful for cleansing through perspiration. As mentioned in a previous section, even osteopathic regulation of the eliminating systems (i.e., drainages) was commonly recommended for increasing and coordinating eliminations.

The things that hinder physically are the poor eliminations. Set up better eliminations in the body. This is why osteopathy and hydrotherapy come nearer to being the basis of all needed treatments for physical disabilities. (2524-5)

Circulation

The blood and lymph are the main circulatory systems of the body. Through these vital substances, the body's cells are kept alive. Without adequate circulation of blood and lymph, the body's tissues are starved and poisoned. Thus, the processes of assimilation and elimination are dependent on healthy circulation to nourish and cleanse the body.

Edgar Cayce commonly recommended several basic interventions for assisting with circulation. Steam baths followed by a full body massage were frequently prescribed to improve circulation to the external portions of the body (and thus improve eliminations through the skin). Manual therapy was also recommended to regulate the nerve centers which influence patterns of circulation. Such regulation was sometimes recommended in cases requiring improved eliminations in certain portions of the body. For example, in cases of dementia, increased circulation to the brain would naturally be a high priority.

Daily physical exercise was one of the most often suggested therapies for improving circulation. Walking and swimming were two of the most highly recommended forms of exercise for most people.

Cayce also described specific exercises for morning and evening regimens. He noted that the upper body was to be stimulated in the morning and the lower body in the evening. These are natural patterns of circulation which can be assisted by specific exercises. See Harold Reilly's excellent book, *The Edgar Cayce Handbook for Health Through Drugless Therapy*, which illustrates "vertical" exercises for the morning and "horizontal" exercises for the evening (Reilly & Brod, 1975). In fact, this book is a wonderful resource for addressing all of the "activities of the system" discussed in this section. The authors provide information on diet, exercise, hydrotherapy, massage. Edgar Cayce made frequent referrals to Dr. Reilly for people needing help with assimilations, eliminations, and circulation.

Summary

This chapter has focused on the therapeutic applications listed by Edgar Cayce in his formula for rebuilding the brain. The basic requirements are:

I. Electrotherapy with Gold and Silver

This application involves the use of electrical appliances recommended in the Cayce readings. In most cases, the Wet Cell Battery used with gold chloride and silver nitrate solutions is the primary therapy. For special instances, the Radial Appliance may be used instead of or in addition to the Wet Cell Battery. Additional information on the therapeutic use of gold and silver is contained in Appendix C.

II. Manipulations to Produce "Coordination with Drainage in the System"

This application was defined as "manual therapy." Manual therapy can be used to correct structural (anatomical) problems and to regulate functional (physiological) processes. Cayce's formula for nervous system regeneration specifically mentioned two regulating type applications: "coordinations" and "drainages." Both of these types of regulative treatments were defined and described via documentation from the Cayce readings and the manual therapy literature.

III. Patience

Nervous system regeneration requires patient and persistent application of the therapies. Patience represents the spiritual dimension of application. It is essential for this type of healing process. In patience, a caregiver may also be transformed through an increased awareness of his or her own soul.

IV. Suggestion

Suggestive therapeutics addresses an important mental aspect of healing. Suggestive therapeutics is a naturalistic form of hypnosis. Examples from the readings were provided along with recommendations for creating therapeutic texts and delivering the hypnotic suggestions. Appendix E provides more examples of suggestive therapeutics.

V. Activities in the System

The body is a system of systems. Cayce's systems-oriented approach recognizes that even in cases requiring nervous system regeneration, the other systems of the body must be kept functioning in an optimal manner. These other "activities in the system" are the "life support" system for the brain. Vital physiological processes

such as assimilation, elimination, and circulation must be encouraged to nourish and cleanse the brain.

While this chapter maintained a rather narrow focus on therapeutic techniques, Chapter Four will broaden the discussion of therapeutic application by dealing with the logistics of implementing Cayce's formula for rebuilding the brain.

4

Implementation of the Therapeutic Model

Challenges of Implementation

THERE ARE SEVERAL obvious challenges to implementation of Edgar Cayce's approach to treating dementia. The healing process will require daily application of the therapeutic techniques for an extended period of time. In other words, this approach requires the investment of resources—human, financial, and technical. The preceding chapter provided information on the technical aspects of treatment (i.e., therapeutic techniques). This chapter will focus more on the other types of resources needed to implement this approach.

The amount and type of resources are highly variable. For example, the length of time and amount of human resources required are uncertain because individuals are different. There is a great deal of variability even in specific forms of dementia such as Alzheimer's disease. In the early stages of Alzheimer's, most patients are relatively high functioning. They may be able to provide considerable assistance/cooperation in the healing process. In the later stages of

the illness, the individual may be totally disabled and be uncooperative/noncompliant with the process. Several caregivers may be needed so as to not “burn out” any one person. Thus the amount of support that is required to carry out the regimen and the length of treatment will vary greatly.

The Team Concept

The human resource aspect of therapy can best be provided by a team of individuals. The team will probably be a blend of health care professionals, family, and friends. The team will probably have a leader, a person who is responsible for coordinating the total effort. The leader may be thought of as a case manager—a person who is aware of the “big picture” and seeks to bring together all the pieces of the therapeutic puzzle.

If there is more than one person willing and able to assume the role of leader, it will probably be helpful to have different persons fulfill this role. This will serve as a stress management safeguard and help to prevent “burn-out.” If the members of the team possess good communication skills and have congruent ideals, the role of leadership may be spread out. This is difficult simply because of the logistics of communication and so forth. Yet in some situations, shared leadership may be the best approach.

The most common version of a therapeutic team for persons with Alzheimer’s dementia in the United States is the nursing home arrangement (the “institutional” model). This team typically consists of a blend of professional staff and family members. The professional staff provides food, shelter, recreation opportunities, health care, medication management, etc. The family helps to pay the bills and provides interpersonal support (more or less) by visiting or taking the person “out” for various activities.

I am not aware of any institutional programs offering long-term implementation of the therapeutic principles and techniques recommended by Edgar Cayce. Hopefully in the future, there will be programs offering long-term “inpatient” or “residential” services for persons suffering from the more severe forms of dementia. Cayce’s model is not inconsistent with an institutional setting. It can be done if people with sufficient business resources and an ideal for service choose to create such a program. However, for our present purposes we will focus our attention on the “in home” implementation of Cayce’s approach.

When the demented person is able to live at home, family participation in the team increases. In some cases, the only outside team members may be the family doctor, attorney, or a counselor. If the person's level of functioning is more deteriorated, the team may also include a companion(s) or a visiting nurse who comes to the home to provide support services. However, the family is much more involved in caregiving than in the nursing home setting. At the present time, the home setting is most conducive to the implementation of the Cayce approach.

In this format, in addition to the above team members, the services of a professional(s) to perform the manual therapy will be required. Keep in mind the three aspects of manual therapy described in the last chapter: (1) specific adjustments to correct somatic dysfunction, (2) regulation for "coordination WITH drainage," and (3) massage following the electrotherapy (to distribute the vibratory energies).

The services of a chiropractor or osteopath (who practices manual therapy) is required for the specific adjustments. Depending upon the individual, this may or may not be a significant part of the overall treatment. If the patient is relatively healthy, little treatment may be required. On the other hand, the clinician may determine by assessment that a more intense or sustained treatment regimen is needed. Naturally, you will want to choose a practitioner in whom you can have confidence.

The second aspect of manual therapy involves regulation (coordination and drainages). This can be done by the same practitioner doing the specific adjustments. Or, a qualified massage therapist can do these treatments. The key is for the practitioner to be knowledgeable with the therapeutic principles and techniques discussed in the previous two chapters.

The third aspect of manual therapy is the massage which follows each electrotherapy session. This can be done by a massage therapist or some other individual (such as a family member or companion) who has some basic training in massage technique. If you cannot have a massage therapist available for each session, you may want one to come to the home and provide a couple of training sessions at the beginning of the regimen. Then the family members, or whoever is doing the electrotherapy sessions, can do the massage.

Another approach is to go to the massage therapist's or chiropractor's office to get the electrotherapy. Obviously, this depends upon the availability of this kind of resource. In some parts of the

country where there are practitioners who use the Cayce therapies, this may be a realistic option. The cost of daily electrotherapy and massage treatments done by a professional may be a barrier to many persons. Doing it at home is more economical and convenient (in terms of travel and time). Home treatment also involves more personal commitment and direct (“hands on”) involvement in the process by family and/or attendants.

Whatever the arrangement, manual therapy is an important component in the treatment process. Edgar Cayce’s recommendations in this area varied greatly from individual to individual. However, in general terms, it was not uncommon for the readings to recommend manual therapy 2x per week for 2-3 weeks. Rest for a week to 10 days and then do another series of treatments. Maintenance sessions to assist with coordination and drainages (a “general osteopathic” treatment) might be scheduled 1x per week. Of course, specific adjustments and coordinating treatments can be combined in the same session if the practitioner is knowledgeable in these techniques.

If sufficient financial resources are available, a rehabilitation specialist may be included in the team. This professional can assist with improving the level of functioning, particularly in the area referred to as “activities of daily living.” This includes basic activities such as bathing, dressing, and eating. It may include developing strategies to assist with memory deficits. The types of support services required will vary from person to person. Thus the rehabilitation process calls for an “individualized” approach. The rehabilitation specialist may also help to train family members and other caregivers in specific interventions to help the patient maintain and increase level of functioning.

From a mainstream standpoint, rehabilitation often focuses on accommodation. Accommodation is helping the patient and family to accept the inevitable decline in functioning and adapt their lifestyles accordingly. From the Cayce perspective, rehabilitation is more ambitious. There is an expectation of maintaining and even increasing the level of functioning.

The most common forms of rehabilitation are physical therapy, speech therapy, occupational therapy, and recreational therapy. Occupational therapy will probably be the most helpful form of rehabilitation for cases of dementia. The focus is on activities of daily living. Physical therapy or speech therapy may be appropriate for persons experiencing more severe stages of degeneration. Recre-

ational therapy involves social activities such as games, arts, crafts, etc.

If you decide that any of the above forms of rehabilitation are appropriate for your situation, you should check your insurance coverage to see if they are covered. You may need to get a prescription from your family physician to qualify for insurance benefits. You can check the phone book yellow pages for therapists. The services offered vary widely. Some will visit your home, others will not. As is always the case when purchasing services, ask around to find satisfied customers who can tell you what you will get for your money.

The Importance of Support

Support is the key to implementing the Cayce approach. The patient needs a high level of support. In extreme cases, this may amount to constant supervision by a companion. We have already looked at the various forms of technical and human services support that are required.

There is another level of support that must be considered. The team members need support. Providing a high level of care is emotionally and physically draining. Individual counseling and support groups are common ways of accessing support for caregivers.

Perhaps as more people begin to utilize Cayce's health recommendations (particularly for neurological disorders requiring nervous system regeneration), larger circles of support can be established which focus on the personal application of these principles and techniques. Sometimes there is no substitute for talking and sharing with someone who has been down the particular path you are traveling.

Also, the health care professionals providing the treatments often need technical support from time to time. For instance, they may need to consult a specialist in the healing modalities most often recommended by Edgar Cayce. Appendix B contains a list of resources for this type of support.

A Six-Stage Model of Implementation

There are numerous ways of implementing the therapeutic principles and techniques discussed in the preceding chapters. Here is a six-stage model that provides a comprehensive approach to treatment. The six stages are:

1. ASSESSMENT
2. FORMULATION OF THE INDIVIDUAL TREATMENT PLAN
3. CLEANSING AND ADJUSTMENT STAGE
4. REGENERATION AND REHABILITATION STAGE
5. PERIODIC RE-ASSESSMENT AND ADAPTATION OF TREATMENT PLAN
6. OUTCOME EVALUATION

The following sections will discuss the implementation of each stage.

1. Assessment

Assessment is an extremely important stage in the treatment process. It should be the first priority. There are several reasons for getting a thorough assessment.

Some forms of dementia are reversible with standard medical treatment. For example, certain forms of dementia resulting from glandular deficiencies may be corrected if diagnosed and treated early. These types of dementia should be ruled out before considering the recommendations presented in this book.

A second reason for getting an assessment is for proper documentation. It is very helpful to know where you are when you begin Cayce's regimen. Assessment can provide valuable information about level of functioning and the degree of pathology. As you proceed with implementation of Cayce's approach, this "baseline" data will allow you to see if you are making progress. Or perhaps, the therapies are preventing further degeneration (this is a significant contribution in a progressive dementia such as Alzheimer's disease). Subjective interpretations can be misleading. Proper assessment can help make the process more objective.

In a research context, when formal assessment is done before and after the therapeutic intervention, it is called a "pre-test/post-test" experimental design. This is a standard scientific approach to research. You can use a similar format as part of your therapeutic model. Using a "pre-test/post-test" format will assist you in evaluating the effectiveness of the treatments. Furthermore, it is important documentation for others who are interested in implementing this approach.

Assessment may include history, physical examination, level functioning, and specific neurological and neuropsychological test-

ing. Such assessment is usually done by a neurologist, although clinical psychologists who specialize in the assessment of brain disorders can also provide this service.

From a practical standpoint, assessment should include a detailed evaluation of "activities of daily living." In other words, it is important to know precisely to what degree persons are able to take care of themselves on a daily basis. This type of information can also be incorporated into the text of the hypnotic suggestions. Improvement (or deterioration) in this area is likely to be noticed immediately by caregivers, thus providing direct feedback on the therapeutic process. Maintaining or increasing level of functioning is a primary therapeutic objective. As a resource, I have included in Appendix F some samples of "level of functioning" and "activities of daily living" assessment forms. These will give you a more "concrete" illustration of the functions and activities which are to be assessed.

Assessment should also include a thorough spinal exam by a chiropractor and osteopath. Because the treatment process will include manual therapy, assessment in this area will provide specific information needed to develop the individual treatment plan. For example, if the assessment indicates that specific adjustments are needed, they can be included in the treatment planning process.

In addition to the formal assessments, you may also be able to contribute to the assessment process. Appendix F contains an assessment instrument that is very "user friendly." It is a "weekly progress ratings" form that can be used for symptom assessment. By filling it out during the initial assessment stage and periodically during the treatment process, you will be following a basic research format for collecting data. It can provide you with direct feedback about the effects of treatment and the response of the body.

2. Formulation of the Individual Treatment Plan

The results of the assessment process provide a basis for the development of an individual treatment plan. If the assessment indicates that the person is suffering from a reversible (i.e., treatable) illness, the neurologist (or whoever is doing the assessment) will probably provide direction for developing and implementing an individualized treatment plan.

If the condition is diagnosed as an irreversible condition (such as Alzheimer's dementia), you may wish to use the following basic

treatment plan as a model which you can modify to meet the needs/resources of your specific situation.

A Basic Treatment Plan for Dementia

Here is a basic therapeutic regimen which may be considered as a model for the treatment of dementia.

Electrotherapy with the Wet Cell Battery

Use the battery with gold chloride solution in 30-day cycles. Rest from treatments for a couple of days between 30-day cycles, then begin again. After 3 or 4 consecutive 30-day cycles, rest for 3 or 4 weeks and begin again. Use a standard charge on the battery. Attach the positive (copper) plate to the ninth dorsal and the negative (nickel) plate to the umbilical plexus when using the gold chloride. Attach the positive (copper) plate to the 3rd cervical center and the negative (nickel) plate to the umbilical plexus when using the silver nitrate. Alternate the gold and silver solutions, using gold one day and silver the next. Follow the instructions provided with the battery. A book on the Cayce appliances is available which provides all the technical information you will need to operate the battery (McMillin & Richards, 1994).

The battery may be set up at home (usually in the bedroom) or it can be done at a chiropractor's or massage therapist's office if that is the arrangement.

Manual Therapy

I recommend that the patient get a thorough examination by an osteopath (who practices manipulative therapy) or a chiropractor. If structural problems are found, corrective treatment may be undertaken. Also, if the practitioner is familiar with the traditional osteopathic and neuropathic concept of regulative treatments (especially coordination and drainages), these forms of treatment may be integrated with the corrective treatments. Otherwise, you may have to search out a massage therapist, physical therapist, or other qualified practitioner of manual therapy who can provide the regulative treatments.

The manual therapy sessions are typically done about 2 times per week for 3 to 4 weeks. Rest from treatments for 10 days to 2 weeks and repeat cycle. Less frequent treatment is usually required as the regimen progresses.

Massage

Cayce usually recommended spinal massage with a peanut oil/olive oil mixture immediately following the Wet Cell treatment. For most cases, massage from the head to the end of the spine. Use moderate pressure with a circular or rotary motion. Pay particular attention to the major coordinating centers (4th lumbar, 9th thoracic, and 3rd cervical). Spend a little more time massaging the center where the battery plate was attached.

Another important massage pattern is to massage from the 9th thoracic (dorsal) upward toward the head and then downward to the base of the spine. This is more of a neuropathic massage pattern (see Appendix D as well as *Edgar Cayce's Massage, Hydrotherapy & Healing Oils* (Duggan & Duggan, 1989) for specifics on these massage patterns and techniques).

Hydrotherapy

Drink plenty of pure water. Cayce's typical recommendation was 6-8 glasses of water per day. Other common forms of hydrotherapy include steam baths, colonics, and enemas. Hydrotherapy can be particularly helpful in the early "cleansing" stage of treatment (see below).

Suggestion

Use "suggestive therapeutics" (a form of naturalistic hypnosis) during all treatments and as presleep suggestions. Have a spiritual emphasis when designing the content to address physical regeneration and any emotional and/or behavioral problems that may be present.

Spirituality

Spirituality can be thought of as applied love. The readings insisted that a spiritual emphasis was important for all involved in the treatment plan, particularly those persons providing the treatments. The simplest way of thinking about spiritual emphasis is to keep in mind the "fruits of the spirit" such as patience, gentleness, kindness, faith, and hope. Patience is a particularly important spiritual quality in this type of treatment regimen.

Development of the Individual Treatment Plan

Of course, this basic treatment plan must be individualized to meet the ever-changing needs of specific individuals. To adapt this

basic model to your individual situation, you need to translate the assessment findings into therapeutic objectives. For example, if the spinal examination indicates a need for specific adjustments, this treatment should probably be scheduled in STAGE 3 and in subsequent stages as needed. If the neurological or neuropsychological assessment indicates specific cognitive or behavioral deficits, treatment and rehabilitation should focus on these problems. Essentially, this is a process of identifying treatment priorities. In other words, how can the basic treatment plan be adapted to meet the specific strengths and weaknesses of the individual patient?

In making this type of adaptation, it is usually helpful to state the problems and objectives in measurable terms. In other words, find ways to define the desired outcome in “concrete” terms. The technical word for this is an “operational definition.” A member of your team (the health care professional or assessment specialist) will probably be able to help you to express your therapeutic objectives in measurable terms.

The next step is to develop an individual treatment plan which addresses targeted problems. Appendix F contains a blank treatment plan form. Make photocopies of the form and fill it in to meet your particular needs/resources. The individual treatment plan will need to be modified as the conditions change.

3. Implementation of Cleansing and Adjustment Stage

Once you have completed the assessment and development of the treatment plan stages, you are ready for implementation of the 3rd stage. This stage is based on the premise that cleansing and adjustment are helpful preparatory processes. This follows the model established by the early osteopaths and chiropractors in their Sanitariums where they treated various neurological and psychiatric diseases including dementia.

A. G. Hildreth, co-founder of the Still-Hildreth Osteopathic Sanatorium, believed that a cleansing regimen was an essential preparatory step in the treatment of illnesses such as dementia:

Many patients have a history of long continued constipation with evidence of resulting autointoxication, which is verified by laboratory tests. It is not unusual to restore normal function to the bowel, by removal of the blockage to its nerve supply.

Till this is done, some assistance is necessary. For it our main reliance is colonic irrigation, by which the colon is thoroughly cleansed by large quantities of normal salt solution . . .

Hydrotherapy . . . is a valuable aid for which we are equipped. Baths and hot packs are used to quiet the nerves, to induce sleep, and especially to stimulate elimination through kidneys and skin. (Hildreth, 1929, p. 519)

Edgar Cayce made many referrals to the Still-Hildreth Sanatorium and maintained a cordial relationship with Dr. Hildreth over the years. Other early osteopaths and chiropractors also followed the practice of providing cleansing therapies in the initial stages of treatment for degenerative neurological diseases such as dementia (e.g., Button, 1936, pp. 13-14; *The Chiropractic Psychopathic Sanitarium News*, undated, p. 25).

Hydrotherapy is a primary modality in the cleansing process. Colonic irrigation (or enemas if colonics are not available), steam baths followed by massage, and castor oil packs are common cleansing techniques recommended by Edgar Cayce. A cleansing diet which includes abundant fresh water and plenty of fresh fruits and vegetables is another natural and healthy component in a cleansing regimen.

Manual therapy to assist with eliminations ("drainages") can be incorporated at this stage of treatment. Also, specific adjustments to the spine or other portions of the body (as needed) is the other major emphasis during this stage of treatment. Depending upon the individual case, specific adjustment treatments may be needed during later stages in the healing process.

The time required for this stage will vary depending upon the level of toxicity for each individual. Generally speaking, the cleansing phase may be accomplished sufficiently in three to four weeks to allow for the next stage to be initiated. However, cleansing is an ongoing process. Elimination is one of the primary "activities of the system" discussed in Chapter Three. Following stages should continue to address the importance of healthy eliminations.

4. Implementation of Regeneration and Rehabilitation Stage

With the cleansing and adjustment stage well under way, emphasis can shift to regeneration and rehabilitation. In most cases, elec-

trotherapy treatment can be initiated. Usually this will consist of daily sessions with the Wet Cell Battery using vibratory solutions such as gold chloride and silver nitrate.

A massage should be given after each electrotherapy session. Suggestive therapeutics may be integrated with the other modalities.

Manual therapy will be continued. If specific adjustments are needed, these may be given. If the practitioner is familiar with general treatment techniques (Chapter Three), these may also be utilized. The manual therapy techniques for regulation ("coordination WITH drainage") should definitely be a regular component of the treatment regimen during this and subsequent stages.

Rehabilitation efforts will be highly individual depending upon the level of functioning of the patient and the resources of the caregivers. If there is a need for rehabilitation and the resources to provide it, it should be included in the treatment process during this and subsequent stages.

5. Periodic Re-Assessment and Adaptation of Treatment Plan

Edgar Cayce's approach to adapting the treatment plan to changing conditions was simply to give additional "check readings" as needed to keep the therapeutic process on track. "Check readings" were a way of monitoring the response of the body to the treatments.

Healing comes from within. To assist the body to heal itself we need to pay close attention to the response of the body to the various treatments. From a holistic perspective, we also need to monitor the mental and spiritual aspects of healing. Because this is not always an easy process, it helps to have a strategy. The strategy advocated in this approach is to do periodic re-assessment and adaptation of the treatment plan. Re-assessment serves the function of a "checkreading."

The time interval between re-assessments may vary somewhat depending upon the severity of the condition. If the person is not in crisis, a 90- or 120-day cycle of re-assessment is probably a reasonable period. This would be about 3 or 4 30-day cycles of the Wet Cell Battery. Cayce often recommended periods of rest from the treatment and this time frame would allow a couple of weeks for re-assessment. If the situation is more severe, re-assessment may need

to be more frequent—perhaps 30 or 60 days.

The re-assessment may be a replication of the initial formal assessment. Or it can be a less formal process whereby the treatment team evaluates the progress that has been made in terms of the goals and objectives. Each aspect should be reconsidered in terms of the changes that have (or have not) occurred during the cycle of treatment.

If there has been little or no response of the body, you may want to increase the strength of some of the therapies. If there have been negative reactions or setbacks in certain areas, adjust the treatments accordingly.

This is where the knowledge and experience of the clinician comes into play by providing analysis of the treatment process and suggestions for adapting the treatment plan. Of course, it may be that the treatment plan is working well as it is and may not need to be adapted for the next cycle.

In general, the strategies for adapting the treatment are adding or eliminating therapeutic modalities or altering the strength of the application. For example, you can alter the strength of the electrotherapy by changing appliances (e.g., from the Wet Cell Battery to the Radial Appliance) or by changing the strength of the battery charge, strength of the vibratory solution, duration of treatment, or frequency of treatment.

These types of adaptation apply to most of the treatment modalities recommended by Edgar Cayce. If there are extreme alterations in the patient's mood or behaviors, the attending physician may need to make medication changes.

The important thing is to be as clear as possible about what you are doing. What are your goals and objectives? How are you addressing the goals and objectives? How will you know if you are making progress? What are your therapeutic options for adapting the treatment plan to the changing conditions of treatment?

The therapeutic principles and techniques presented in this book can help you answer some of these questions. There is always a need for attunement on the part of the caregivers to get specific guidance on the therapeutic process.

Accurate and complete record keeping is essential for effective periodic review and adaptation of treatment. Unless you are absolutely sure what has been done, when and by whom, you will probably encounter a major handicap in understanding the response of the body to treatment. The forms and instructions in Appendix F

can help you with the documentation process. However, effective record keeping is mostly a matter of attitude as will be reflected in your desire to be thorough and consistent.

6. Outcome Evaluation

Another reason for record keeping is for outcome evaluation. At some point in the healing process, it will be determined that treatment is no longer needed or beneficial. Of course, this may come about in a number of ways. Optimally, treatment may result in an increased level of functioning and/or symptomatic relief. At this point the decision may be to terminate treatment or develop a maintenance regimen (healthy lifestyle) which may include some of the treatment modalities in a less intense application.

Or, perhaps resources (emotional, financial, etc.) may be depleted to the point where effective treatment is not a realistic option. It may be determined that treatment has not been effective enough to justify further investment of therapeutic resources. The patient may die (which is the ultimate outcome for everyone). At any rate, at some point treatment will cease.

The point may be chosen at the beginning of the therapeutic process. For example, the persons involved may decide that treatment will be carried out for a set period of time (for instance, 12 months). At the end of this time period, unless there has been significant improvement and the resources are available for a continuation of treatment, the process will be terminated.

When treatment is ended, it is helpful to have a way of getting a sense of closure to the process. A formal outcome evaluation can serve this purpose.

If the above format has been used, outcome evaluation is simply the last step in the "pre-test/post-test" methodology. The easiest way to accomplish this is to do the same assessment process that was used prior to the beginning of treatment. If the initial assessment was objective and empirical, the results of the two assessments can be compared to determine the overall effectiveness of the project.

There are likely to be areas which are not so easily measured. This is especially true of the spiritual (soul) aspects of healing. This applies to the treatment team as well as the identified patient. We are all in need of healing. The possibility of soul growth is constantly placed before each of us. These possibilities are even more available

during the care and treatment of chronic, degenerative illness. So, to be truly valid, outcome evaluation should include a recognition of this aspect of healing.

There are actually psychometric (psychological) tests which can measure some of these dimensions of growth and development (e.g., Crumbaugh & Maholick, 1968). If your team has access to such assessment techniques you may wish to pursue this type of evaluation.

A less formal approach would simply be for the team to get together and discuss the therapeutic process. Someone on the team may serve as scribe by recording each person's evaluation of the healing process. Individuals may wish to provide their own written evaluation in the form of a report or whatever form of documentation they choose. The final outcome evaluation need not be long.

There are two reasons for doing an outcome evaluation. The first is to provide a sense of closure to the process. This can have a profound emotional release. It may even be helpful to access counseling resources as part of the closure process.

The other important reasons for outcome evaluation is to document the process for others who may choose to implement this approach to healing. Hindsight is a valuable resource. Having complete and accurate documentation summarized by an outcome evaluation (whatever the outcome may be) is always helpful to others so that they can learn from your efforts. This is just another way that healing may extend beyond the focus of the particular afflicted individual.

Summary

The implementation of Edgar Cayce's approach to nervous system regeneration is a challenge. It requires the investment of significant technical, financial, and personal resources. These resources are best provided by a team of caring and competent individuals. The team will necessarily include health care professionals familiar with the treatment modalities discussed in Chapter Three. Rehabilitation specialists may also make a valuable contribution to the team.

Support for team members is crucial. Technical support resources are cited in Chapter Three and Appendix B. Other forms of support (including emotional support) must be more specific to the location and team members. Counseling and support groups are

two obvious resources that are available to most caregivers.

This chapter has presented a six-stage model of implementation. The model relies heavily on measurement (assessment and re-assessment) as the basis for developing and adapting an individual treatment plan. Measurement is helpful in evaluating the outcome of the treatment regimen. By fully documenting assessment and treatment, the implementation process may also provide valuable research data for others interested in this approach.

Appendix A

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Appendix B

Resources

Books

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Organizations

Association for Research and Enlightenment, Inc. (A.R.E.), 67th Street and Atlantic Avenue, P. O. Box 595, Virginia Beach, VA 23451-0595; Telephone (757)428-3588.

The International Society for the Study of Subtle Energies and Energy Medicine (ISSSEEM). Central Office: 356 Goldco Circle, Golden, CO 80401; headquarters and business telephone: (303) 278-2228.

Suppliers of Cayce Health Products

Baar Products, Inc. (distributor of electrical appliances and accessories which were recommended in the Cayce readings), P. O. Box 60, Downingtown, PA 19335; telephone (215) 269-5059.

Cayce Corner (distributor of health products which were recommended in the Cayce readings), A.R.E. Clinic, Inc., Phoenix, AZ 85018; telephone (602) 954-9096.

Heritage Store, Inc. (distributor of health products which were recommended in the Cayce readings), 314 Laskin Road, Virginia Beach, VA 23451; telephone (757) 428-0400.

Home Health Products, Inc. (distributor of health products which were recommended in the Cayce readings), P. O. Box 3110, Virginia Beach, VA 23454; telephone (757) 491-2200.

Innervision (supplier of Cayce electrical appliances and accessories), 1168 First Colonial Road, Suite 12, Virginia Beach, VA 23454; telephone (757) 481-1125.

Appendix C

Vibratory Solutions

THIS APPENDIX CONTAINS some excerpts from the Cayce readings on the subject of “vibratory” solutions. As was discussed in Chapter Three, the Wet Cell Battery and Radial Appliance were often used with a solution jar containing a medicinal agent. According to the readings, the “vibrations” of these substances were carried into the body. The four most common vibratory solutions were gold chloride, silver nitrate, spirits of camphor, and certain forms of iodine (tincture of iodine, Atomidine, etc.).

In terms of nervous system regeneration, gold chloride and silver nitrate were the predominant solutions used with the electrical appliances. Camphor and iodine were sometimes recommended. Camphor was described as a healing agent and iodine as a glandular stimulant and purifier.

The purpose of this appendix is to document Cayce’s assertion that certain substances (i.e., gold and silver) could stimulate the body to heal itself, even in cases of nervous system degeneration. The excerpts which follow were given over a period of 25 years for

persons with various neurological disorders. This is only a small sampling—there are many dozens of such references contained in the readings.

Excerpts from the Cayce Readings

The ordinary conclusions of the activity of Gold, when assimilated, is incorrect—for these feed directly to the tissue of the brain ITSELF, and—given properly—silver and gold may almost lengthen life to its double, of its present endurance. (120-5)

FIRST we would begin with those of the vibrations of a low form of electrical forces as will be applied to same through that of the wet (cell) appliance, which will carry into the system those of the gold solution—as will give stability to the nerves' reaction; these being applied—the positive to the base of the brain, while that of the negative—that CARRYING solution—(This will necessarily be of the PLAIN character)—carrying the charge to the umbilicus, see? (161-1)

. . . when it becomes necessary for a physical body to be builded as respecting tissue, that activity within the system as of the brain cells expansion itself, and where scar tissue in same has formed that of obstructions TO the activities in same . . . where tissue has been destroyed in portions of the system—especially that, that must of necessity resuscitate or regenerate itself—so does the brain cells themselves, for the LIFE of a brain CELL is only according to the activity of a body physical and mental, and is MULTIPLIED according to the ACTIVITIES of same as related to the assimilation of resuscitating forces. Then, as the vibrations are made within the system, as break up the various cells in their electric energy—as is seen in both white and gray nerve tissue, from the activity of those vibrations as come through from the applications of those vibratory forces that give off into the system those of the basic buildings of nerve energy itself, in that of the gold and the silver vibrations . . . for building brain cells is quite different from building that of muscular forces in an ORGANIZED system—for this is as of a RE-organization. (161-3)

How few there be that a few dollars would not heal many, many a feeling—at least bring security! Then may not that spiritual force, with the knowledge of the ESSENCES of same as applied to the physical body, be applied in a SPIRITUAL manner as to bring efficacy in its SPIRITUAL application? The same as in Gold, that is a renewal; while Silver is a sustaining cord, a renewer of the energies as applied between the physical forces and the energies of activity of life itself upon nerve and brain forces as well as the very essence of the glandular secretions of the body. (281-27)

One day the smaller copper anode or plate would be attached to the 9th dorsal center, first; while the larger nickel anode or plate, passing through the Chloride of Gold solution (in the proportion of one grain to one ounce of distilled water)—that brings to the nerve impulses and to the glands of the body itself reactory forces to the system, would be attached last—in the umbilical center, or over the lacteal duct—four fingers from the navel, upper portion, to the right side of the body; so that what is assimilated by the body is carried into the circulation with the vibrations from the Gold—which is a portion of all nervous energy in the body itself, see? (754-1)

Q. What is it that makes him nervous?

A. This is as described, in the improper coordination between the sympathetic and cerebrospinal, and the pressure as is created on that of the pineal gland. The inactivity of the brain's reaction, or the nerves' reaction into the brain centers. Hence the change in the vibration and activities as are set up through the application of a vibratory force for the system from the plain activity of electrical vibration, also that of the lower or slower vibration as will carry to system those active properties of Gold itself, which will act with that of the genitive (genitive system), or the building forces of life in its activity in brain and nerve tissue. (758-1)

Q. Are any brain cells weakened or destroyed?

A. As indicated. None are destroyed. All are under a stress from a weakened condition in the urea in the blood itself from the lack of elements necessary to create a balance. And the Gold, which will be combined in a solution of one grain to one

ounce of distilled water, will act upon the glands of REPRODUCTIVE cellular force in the body and PREVENT any inroads into the destruction of the gray matter in the nerve forces of the body or brain. And the Camphor (that is, the activity of the VIBRATIONS of same, not the property itself) is to prevent an irritation along the walls of the nerve centers and the internal centers of brain forces and nerve cellular forces themselves. Hence these are applied, as indicated from their position, directly THROUGH the body, through the centers through which there is blood flow of the body itself, from a cellular force in the assimilated forces of the lacteal ducts to the secondary and cardiac plexus area—which makes for these influences or vibrations to be carried directly into the system itself. These done, we will bring the conditions of normalcy for this body. (831-1)

Hence we would add those influences that are the lowest form of electrical vibration, that will carry with same the elements which in their final analysis are the basis of the association or connection with mentality, consciousness and matter in activity; that is, Gold AND Silver. (849-27)

The Gold Solution is nerve building, supplying a balance in the vibratory forces of the energies of the system to work with glandular reactions, as to stimulate the nerve-building plasm in the white cellular force. (849-47)

For remember, Silver and Gold in their elements necessarily are as the cords in life-expression in the physical body. (1029-1)

Q. What, if any, physical change is taking place?

A. There is gradually being created a better coordination through the vibratory forces from the Gold activating upon the impulse in the plasm of the nerve force itself.

The activity of this metal or element upon the system, and in the manner as it is being given, while slow, is to aid in creating or bringing a better coordination between impulses of the sympathetic AND the central or cerebrospinal nerve reactions . . .

Q. Is it possible to restore the cellular structure of this brain

or to bring about compensatory action whereby the mind may again function perfectly in this body?

A. As indicated, if there is the ability for sufficient of the properties to be absorbed through the vibratory forces of the Gold impulse, and the suggestions for creative activities in the system are kept, it may be done. (1553-5)

Be persistent also in the tuning or the assimilating from the system through the properties indicated for the helpful forces in nerve tissue building—the Gold. (1553-18)

The Gold acts upon the glandular forces for the creating of the hormones that aid IN the creating of elements for the nerve plexus forces, or nerve ganglia forces, or nerve center or matter itself. (1758-2)

These (electrical appliances), as given, may be prepared in commercial quantities and applied to everyone, for it would be beneficial to all human force of life, under present conditions. These, as we see, are of the nature that will prove so beneficial to many as suffer from the various ails of the body. Many of the conditions . . . that has destroyed the tissue in central portion of the body, destroyed tissue in the re-creative forces in generatory system, destroyed tissue in other portions of the system, even into brain itself, give these, and gold or silver, or both, would add and rebuild, rejuvenate, as it were, in the system. Give these, for they are good. (1800-6)

Later—after following these applications for several weeks—we would give further suggestions, and administer the vibratory activity of Gold—for building nerve tissue. (2129-1)

As we find in the material—we would administer the low electrical vibration of the Wet Cell Appliance carrying the element which creates stamina in the nerve centers—that is, Chloride of Gold; the proportions being one grain Chloride of Gold to each ounce of Distilled Water, and carried into the system vibratorially through this Appliance. (2319-1)

The Gold is to increase the stamina in the nerve forces themselves. (2348-4)

The use of the low Wet Cell Appliance has been and will be beneficial, when and if used consistently and persistently—through the creating by vibratory forces of the low electrical energies, that carry vibratorially the equalizing influence of the Gold Solution for the body. These are those activities that work with the body energizing force through the areas of the assimilating system, as from the lacteal duct plexus, through which the vibrations should enter the body. These cause those energies that stimulate nerve-building fibre tissue or activity. These still show some improvement. (2366-7)

This vibratory activity of the Wet Cell Appliance adds an element for strengthening the nerves of a body, for it—the Gold—is a basic metallic principle of the nerve itself. (2436-3)

Have containers prepared so that there may be a separate one for the Gold, the Camphor and the Atomidine; though the same leads may be used if they are kept clean. The Gold solution vibration is for nerve energies, the Camphor is for healing, and the Atomidine is for purifying. (2514-1)

The basis of the impulse of nerve ganglia in the system is closer to that element of gold. Thus we would supply gold, vibratorially, through the Wet Cell Appliance carrying the Chloride of Gold. (2947-1)

But the principal portion or elements needed in this particular body are Gold, Silver and Camphor. These are activative in nerve tissue.

Now, the influences needed here are Gold, Silver and Camphor; Gold to the gray matter in nerve tissue itself; Silver in the cord of the white matter—that is the principal element or force or influence; Camphor as a healing agent—or that works with, or between, the two elements (in a vibratory force). (3071-1)

. . . the vibrations from the silver, from the iron, see? to central portion of body, to create an equilibrium, and in creating that equilibrium creating an equal vibration to the proper incentives for normal rebuilding to a nerve system, stabilizing, thereby, the conditions in the body. (4329-2)

In the present environs we would carry on these applications. To reestablish nerve ends and to bring coordination we would apply the Wet Cell Appliance daily. This would be used regular strength and carrying only gold in the beginning, so as to add to the resilience and resistance to be builded into the activities of the body itself. The attachments would be made each day for at least one hour, the body remaining quiet through this period. (5011-1)

There are not the broken (re)flexes in the brain, as of softening of same, but there are no connections to be made unless long treatments were given where there might be builded nerve ends, through the application of low electrical forces as from the Wet Cell Appliance carrying gold, that would build, as it were, nerve ends so as to form, in those areas as indicated, connections in nerve plasm. These have been destroyed by subjugation; that is, under the effect of the kind of anesthesia used on this body. (5088-1)

As we find, there should be the use of the low Wet Cell Appliance, which would carry Chloride of Gold into the body for nerve building. This should be applied daily and in such manners that there would be the activity of same carried into the circulation through assimilating centers. This is the manner which may become more effective in supplying the nerve energies for the body. (5109-1)

Use, then, the low Wet Cell Appliance, which would carry vibratorially two varied properties which will affect and work upon, and work with, the assimilating system so as to be usable, as it were, in replenishing nerves, in healing irritation and, with the massage which may be given following same, coordinate the connecting centers between the sympathetic or vegetative nerve system and the cerebrospinal; and these in this coordinated fashion may thus get and maintain better reflexes and reflexes in the brain centers. Use, then, the Wet Cell Appliance, carrying Chloride of Gold Sodium. (5176-1)

As we find, there may be real help. To be sure, the cerebral hemorrhage, or the hemorrhage in the brain has made center lesions that control the lymph area of locomotion, but if there

would be used the low Wet Cell Appliance which would carry Gold to the body vibratorially, we may gradually build back better use of both the leg, which is improving, and a better use of the arm, and prevent it from swelling at times. (5325-1)

There is within the nerve centers that which, in the elements of material, contributes to the white and gray matter of the nervous system, and, as has been indicated, this may be in patience, in gentleness, rebuilt, even when destroyed much more than is indicated here. But with the use of these elements—silver and gold—to the body in such measures and manners as to supply those necessary influences to reestablish in the physical forces of the body those necessary channels along which impulses run, we may replenish, we may supply those forces, for even this body. (5405-1)

Appendix D

Neuropathy

EDGAR CAYCE'S FORMULA for rebuilding the brain (see Chapter Three) included "manipulations to PRODUCE coordination WITH drainage in the system, as may be given through manipulation osteopathically, or neuropathically . . ." Obviously, neuropathy was an important form of manual therapy recommended in the Cayce readings. Unfortunately, this profession no longer exists as an entity. However, there are some practitioners who apply neuropathic principles and techniques.

There is also a scarcity of resources in the neuropathic literature. In fact, it is quite possible that the Cayce material contains more information on neuropathy than any other source now available. Therefore, the first portion of this appendix focuses on some excerpts from the readings which describe Cayce's perspective of neuropathy. One of the primary reasons for considering these excerpts is that they represent the pattern and technique of massage commonly recommended after the electrotherapy (i.e., Wet Cell Battery) treatments. In other words, neuropathic massage was regarded as

an excellent means of distributing the vibratory energies of the battery throughout the system.

The second section of this appendix contains a description of a general treatment given by A. P. Davis, the self-professed founder of neuropathy.

Excerpts on Neuropathy from the Cayce Readings

We would be very mindful that there are those massages by the neuropath to gently relax the body, and we will bring those means for greater help for these disturbances in the present. (5114-1)

After this has been done about two weeks, then let a good neuropath—not an osteopath, but a neuropath—follow the nerve forces along the whole length of the spine, gently, once each day, until about 15 or 18 such treatments are taken. (5095-1)

On the second dose of the ash we would begin with a thorough massage, more in the form of the NEUROPATHIC massage, beginning in the central portion of the body and working TO the extremities, rather than beginning in the extremities and working to the central portion. (4715-1)

Q. Should this treatment be given by an osteopath or chiropractor?

A. Better by a neuropath than by either—an osteopath who understands his business can give it. Regular massage to nerve and circulatory centers, rather than by structural leverage, to relax and contract the muscular forces. This should be more. We have a deep lesion at the fifth and sixth dorsal—on either side—deep lesion. (3995-2)

In this same period there should be the thorough massage in the neuropathic manner; not wholly that of the Swedish or the osteopathic massage, but NEUROPATHIC massage—coming from, or in conjunction with, those of the SYMPATHETIC nerve system of the body. This we would give at least TWICE each day, WHEN there are those disorders—see—either from the abrasions, sickness of the stomach, or this quick pulsation

of the heart. At other periods they should be done once a day. (3938-1)

Q. Should anyone in particular administer the massages?

A. One that will not attempt to make ADJUSTMENTS! Rather just a massage; a Swedish massage, or something of that nature would be better than osteopathic or chiropractic, or neuropathic. Neuropathic would be well, if they would work from the body OUT, not from the extremities in! (3842-1)

Once each week—preferably neuropathically administered—we would have a gentle massage; along the areas where cerebrospinal and sympathetic nerve forces coordinate, especially or specifically the 1st and 2nd cervical, 3rd and 4th cervical, 1st and 2nd dorsal, 9th dorsal, and through the sacral area; also the bursae of the lymph circulation both along the spine, or the outer edge of the area where the sympathetic cord directs along the spine, and in front at the throat or thorax, extending clear to the pubic center. Have this gentle massage at least once each week. (3123-1)

We would stimulate by neuropathic massage the bursa of the lymph centers along the frontal portion of body, from just below the thyroid area to the areas about the pubic center; also the centers along the spinal area—from the base of the brain to the end of the spine, or in the coccyx area. If these are gently stimulated to activity, we find that it will aid in prolonging those abilities of the body to function under the stress in which this condition is activative.

But do find out, seek out, neuropathically, those ganglia or bursa or centers as indicated—on either side in the frontal portion of the body, as well as along the spinal area. (3070-1)

Each day have a neuropathic or a general masseuse treatment. This will not always be easy. This does not mean given chiropractically, nor osteopathically, but NEUROPATHICALLY—or by a masseuse or masseur that will follow the nerves, or who knows the anatomical structure of the body sufficiently to follow the nerve ends from their source of impulse from the cerebrospinal system to the limbs—meaning the lower limbs as well as the upper where there is more of the dis-

turbance in the present, in the arms and hands and elbows. When the massage is given, use Olive Oil and Tincture of Myrrh, equal portions. Heat the Oil to add the Myrrh, see? Dip the fingers in same and massage—in the manner indicated—in a NEUROPATHIC manner. (1659-1)

Q. Should the massage be given by an osteopath or a general masseuse?

A. A masseuse, preferably. One that would follow the nerves along the system, as a neuropath. (1542-1)

We would have also periods of three weeks when almost every day there would be the NEUROPATHIC massage, such that the whole of the circulation is not so much disturbed but quieted; making for those specific treatments in the lumbar area and to the lower limbs, the 9th dorsal area and those to the stomach, to the liver, to the spleen; those from the brachial centers or from the 1st, 2nd and 3rd dorsal, and naturally the allaying of those in the upper cervicals or the vegetative system and the vagus center and to the head, to keep the body quiet. Such a treatment would be given each day for three weeks; rest a week, and then again. (1202-3)

Q. Should joints be massaged, and how often?

A. In the beginning, we will find that the massage would begin in the coccyx, lumbar and sacral regions, and followed on out to the very ENDS of nerves. Not so much of the joints manipulation alone, but following nerve ENDS, see? It will be more of the neuropathic massage than wholly osteopathic, though it may be given in an OSTEOPATHIC manner, not just USING the flexus and plexus in joints or in vertebra and manipulation from a center; but BEGIN from a center and move OUTWARD WITH the movement. (952-1)

But during the week of rest we would have the gentle massage along the cerebrospinal system; not adjustments, not corrections in segments, but rather in the manner of a neuropathic massage. Beginning in the 9th dorsal area, follow the nerve centers along UPWARD—out to the fingertips, over the shoulders and to the head. Then beginning at the 9th dorsal go downward, over the sciatic centers, the locomotory centers, to

the end of the toes. This would be for the week; recharging the Wet Cell forces, and then begin again. (831-1)

Also we would have thorough manipulations, PREFERABLY—as we find—given in a NEUROPATHIC manner; that is, commence with the central portion of the body, following the nerve ends towards the extremities—as from the 9th and 10th dorsal towards the lower portion of the body; then begin at the 9th and 10th dorsal and go towards the head and to the arms. We would have such treatments at least three times each week for at least two or three weeks. Then rest or leave them off for two or three weeks. Then repeat. (804-1)

Each day we would have—not an osteopathic manipulation or a chiropractic treatment, but—a Swedish massage or a neuropathic treatment; beginning with the central nerve plexus—that is, when treating from the cerebrospinal system, begin with the 9th dorsal and work towards the extremities, using the muscular forces and the nerve ends to follow same out—rather than using the BODY-forces as leverages. For each muscle, each tendon, should be followed out to its end, you see. Also, when beginning with the massage over the frontal portion, begin with the solar plexus or umbilici plexus and work downward—over the lower limbs to the feet and toes, see? and upward extending, of course, to the fingertips and to the head and top of the head, throat and neck. (638-1)

Following each treatment there should be the MASSAGE—not deep manipulation, but the MASSAGE of the MUSCULAR forces, FOLLOWING OUT the nerve ends from each ganglia very much in the line of the NEUROPATHIC application of massage, see? (602-1)

And at least every week have a general thorough hand massage; not osteopathic manipulations, but rather that of the neuropathic nature—or the activity that follows the nerves from the central portion of the body to the extremities, see?

Q. Neuropathic treatment is suggested. Can you tell me who—

A. (Interrupting) Any good masseuse, you see. (571-1)

First we would begin with the neuropathic applications for

the body, making the treatments to follow the nerve impulses from solar plexus center—or 9th dorsal downward to the extremities; then from the solar plexus upward—as TOWARDS the arms or OUT the arms from the brachial plexus or center. These we would take every day for periods of two weeks, and then rest from same a period; for in this manner they will be much more activative. (550-8)

We would also have the general massage as may be neuropathically given, beginning in the central portion of the body, following same along the nerves from the 9th dorsal to the upper portion of the body—even to the tips of the fingers; then from the 9th dorsal DOWNWARD to the very tips of toes; rubbing AWAY FROM the body rather than to same. (550-5)

Q. Would osteopathic treatments be any more needed at this time?

A. They would be beneficial. Of course, the body may do without them but they would be beneficial. The gentle treatments such as the NEUROPATHIC would be really more beneficial to the body than too much adjustments—that is, more like the Swedish massage, see? (543-28)

At least twice each week we would have a general distribution of the forces through the activities of the muscles and nerves in the system, as from the NEUROPATHIC application—which follows the nerve forces throughout. Or these may be taken each day, not so long a period of application. Or there may be taken the osteopathic manipulation, that may be a GENERAL massage; not as a correction of the segments along the spine, but as to make for organic distribution of energies as the functioning organs are aided to not only create a balance in themselves but a coordination of the gland circulation and gland functioning through those properties as given. (532-1)

The neuropathic administration means following the nerve centers when there are the administrations of the massage. This MAY be done by a masseur or masseuse, if such an one is or will become well acquainted with the anatomical and the pathological reactions of nerve pressures in those areas from

which the disturbances arise, both in the lower lumbar areas in this body and through the areas of the mammary glands; as well as for the throat, head and neck. (464-24)

A General Treatment Format Recommended by A. P. Davis

The following description of a general treatment was given by A. P. Davis. Although Davis referred to himself as the founder of neuropathy, he also claimed to be an M.D. and a D.O. (it was not uncommon for physicians of that era to be trained in multiple professions).

Not surprisingly, the following format closely resembles a general osteopathic treatment. It is likely that this version of a general treatment is from early in Davis' career before his ideas on neuropathy diverged from his basic osteopathic training.

General Treatment

Beginning at the back of the neck, raising the neck up with the hands, fingers meeting near spinous processes on either side of vertebrae, with top of head against operator, springing neck . . . then dropping hands on either side of neck, proceed to roll head from side to side, using the fingers alternately against side of neck, moving and manipulating all of the muscles on the posterior aspect of neck up and down the sides of neck for several successive moves; then placing one hand under neck, the ends of fingers reaching across back of neck to under and posterior side of the mastoid process, the other hand gently curved around the chin, pull gently with both hands until there is a perceptible moving of the whole body upwards; then, holding taut the hands in position named, turn head toward fingers of hand under neck, pressing upward with ends of fingers on neck; still holding neck taut, turn head back to former straight position with the body, then let go both hands; change position of hands so as to turn head in other direction same way. Then holding the finger ends all in a bunch near spinous processes, against back of neck, make several vibratory moves with both hands at the same time, jerking up and down with both hands, fingers pressing on sides of neck, well back near spines, moving up and down the neck as moves are made. Then place the ends of one or two fingers in angle of

jaws, direct patient to open mouth widely, and operator pulls fingers upward behind angle of jaws tightly, and as patient closes mouth and jaws lets go. This is not painful, except fingers are held taut while the jaws are being closed, which should not be done. Then, with finger ends closed in a bunch, with pulp ends placed on temples, vibrate rapidly all around in and on temples for several successive rapid movements, dropping thumbs on forehead at the same time and rapidly rotating over every part of the forehead. That done, drop thumbs on either side of the nose, pull them upward and outward, crossing the supraorbital notch, ending that move on the forehead above superciliary ridge; then place the thumbs at lower outer angles of nostrils on either side, pressing gently, follow angle of malar bones downward and outward two or three times, winding up so that movement with vibratory movements on side of face, and on either side of nose, and finally placing thumb on one side and spread-out fingers of hand on side of nose, index finger and the end of the thumb placed deeply in inner canthus of eye, pressing on the papillae, and holding thumb and finger so as not to squeeze together hard, nor to spread apart, with a sudden downward pressure make finger and thumb ends press upon inside of canthus on lachrymal sack, so as to stimulate nerves and blood vessels. This done, place one hand on forehead of patient standing at the side of the table, with the fingers of other hand cupped slightly, ends close to spinous processes, with a pushing of head from and a pulling of fingers toward operator, letting fingers accommodate themselves to the side of neck in such a way as to apparently pull the skin, with the muscles, from their moorings, as the head is pushed in the opposite direction. Manipulate all of one side of the neck thusly, then treat other in the same way.

The clavicles deserve our next attention. They should be raised or pressed outward at every treatment, as the contraction of the various chest muscles draws them downward, so as to unduly press upon important vessels and nerves, prominent of which are the jugular veins, which convey the blood from head and neck to the heart. To raise clavicles and stretch muscular fibers involved is important, and to do so requires a little skill and dexterity on the part of the operator. The easiest and surest method is to stand at the side of the patient, his arm lying at the side of the body, the operator taking hold of the

arm at the elbow with left hand applied on under side of, and at the lower end of humerus, in such a position as to push the whole arm upwards, close to the side of patient, far enough to displace the clavicles upward enough for operator to place fingers of other hand between clavicle and first rib, and with firm hold, presses the arm outward and upward to a right angle of the body, gently pulling on the fingers, with which hold the clavicle from body. Care should be had as to how much pressure should be used, not to overstretch the attachments at one sitting. Now the patient is to turn on either side; the operator, on side of table facing patient, well up toward and opposite shoulders, takes hold of the wrist with one hand, placing the fingers, gently curved, on the side of dorsal vertebrae (upper side of them, next to operator), then, with arm extended to the side of the head, assuming an easy position along side of the head, a simultaneous move of both arms is to be made, the sudden pressure of the pulp ends of the fingers of the hand against the back is to be made, at the same instant the arm is to be extended, and the arm and fingers against the back are to be held taut while the extended arm is thrust or brought downward with a sudden, rapid move over arm of operator; then, drawn back as before, and the fingers moved down the back an inch or two, repeating this move until the spine is treated as far as to tenth or twelfth dorsal. Then the other side is to be treated in like manner. Then the patient is to lie on the back, and the lower limbs manipulated in the following manner: Let the operator, standing at the side of the table, with patient on back, take hold of the leg with one hand, just below the knee, flex the leg on the thigh, place fingers against loin in such a manner as to press firmly, then press the limb toward abdomen, knee pointing toward the chin, and with an upward, outward motion of the leg and knee manage to press the body over on the ends of the fingers, which are placed on the back, as aforesaid; and continue this move several times, bringing the fingers on the back downward an inch or two each rotary move made by the leg, coming down with the fingers about half way between the ischium and great trochanter, and then go up to same place on lumbar and repeat the moves. This frees the muscular system in the region of the hips, and is the treatment for sciatica—one of them. The leg should be flexed upon the thigh and the thigh on the abdomen moderately two or more

times, so as to stretch the muscles and increase the flow of blood, taking off the pressure from the deeper veins of the thigh. While at this part of the body, and as a continuation of the general treatment, let the operator take hold of the leg at or just below the knee, flexing it toward the abdomen, with the fingers of the other hand placed near the center of the anterior part of the thigh, one or two inches below the angle (Poupart's ligament), holding fingers moderately tight against thigh at that place; with the hand holding the knee push the whole limb upwards, gently rolling it outward, and at the same time pulling the skin and deeper structures outward (in the femoral region), opening the saphenous vein, so as to let the venous blood return to the femoral, thence to the iliac veins. Then, still holding the knee with one hand, place the half-closed fingers of the other hand near the knee, on under side, as to pull the muscles as the hand on the knee pushes the knee the other way—toward the other leg. The muscles of the inside of the thigh may be moved from the knee to the thigh this way, and all of these muscles should be moved in this, or any other manner best suited to the circumstances and the mood of the operator and the comfort of the patient. The other limb should be treated in the same manner. Now your patient is ready to be placed upon the face, unless the liver need attention. If so, treatment may be done while on back, as directed elsewhere. The patient lying on the stomach, or face downward, the operator may treat the back in either or all of the following ways: Getting up on the table on one knee and other foot on the table, at the side of the patient, taking hold of the ankle of opposite limb with one hand, the other hand placed on opposite side of the spinous processes, heel of hand against muscles, raise leg, gently pulling it toward the back, forming a curve, at the same time pressing against the back, beginning about the middle of the back; let each move be made complete, letting the foot down each time, and repeat this move a number of times, moving the hand down the back its width each move until all the lumbar and sacral regions are treated. The same moves may be made with the finger and thumb embracing each side of the spinous processes, covering same territory or region of the back. This should be repeated on the other side, with other limb as well, being careful not to spring the back too strongly, so as to do harm. The springing or sudden pres-

sure with the fingers on the sides of the spinous processes may now be made along down the spine, from the first to last dorsal and lumbar vertebrae, with sudden, springy motion with both hands, followed up by the rotary movements upward and outward, beginning at the shoulders or the sacrum, depending on results the operator desires . . . This constitutes the general treatment while the patient is on the table. The various movements that are to be made while the patient is sitting up may be made at same sitting, if needed. (Davis, 1909, pp. 451-459)

Appendix E

Suggestive Therapeutics

THIS APPENDIX CONTAINS numerous excerpts from the Cayce readings which address the subject of suggestive therapeutics. Thus it serves as a supplement to the discussion of hypnotic suggestion as described in Chapter Three.

Suggestive therapeutics is a naturalistic form of hypnosis utilized by caregivers during physical treatments and during the early stages of sleep. The idea is that certain physical therapies such as massage, electrotherapy, and manual therapy can induce hypnotic trance. The readings recommended that this natural trance state be used as a means of stimulating healing and addressing behavioral issues. The first few minutes of sleep (the hypnogogic period) offers a similar trance state where the unconscious mind is open to suggestion.

Because this technique utilizes trance states which are commonly associated with various physical therapies and sleep, the person providing the suggestions does not necessarily need to be a mental health professional trained in hypnosis. In other words, sug-

gestive therapeutics allows one to bypass training in learning formal hypnotic induction techniques.

The selections which follow illustrate certain key components of this process such as the necessity of making only positive suggestions. It is also important that the suggestions be relevant to the person's particular problems (whether physical disease, behavioral problems, etc.).

Persons wishing to use this intervention should list some areas of concern and find ways of addressing these problems in a positive, affirmative manner. If physical healing is involved, you may wish to work with your physician or health care professional in forming these suggestions. In fact, health care professionals should be familiar with these techniques so as to apply them during therapy. Readers may wish to review the discussion on suggestive therapeutics in Chapter Three after studying the excerpts which follow.

Excerpts on Suggestive Therapeutics

Then, in the suggestions that we would make when the body is sleeping, resting, there should be had those that will make for the better creative forces; for to reach the subconscious self it must be without the physical-mental self. See? Yet in the waking state, in the activity, there will be seen those reactions occasionally; at first possibly once a week, possibly once a day, possibly several times a day, dependent upon how persistent the suggestions are made with the active forces that are being set out in the system from the physical angle. See? Change the suggestions, then, in this manner, or to this:

THERE WILL BE, IN THE WHOLE OF THE PHYSICAL AND MENTAL BODY, THAT RESPONSE TO THAT CREATIVE ENERGY WHICH IS BEING CARRIED INTO THE SYSTEM. PERFECT COORDINATION WILL COME TO THE BODY. THERE WILL BE NORMAL REACTIONS IN EVERY WAY AND MANNER THROUGH THE CREATIVE FORCES OF DIVINE LOVE THAT IS MANIFEST IN THE HEARTS AND MINDS OF THOSE ABOUT THE BODY.

This should be repeated three to four times, until it has gradually reached the subconscious, or the unconscious, or the consciousness of the living forces that are impelling activity in a distorted condition, as to the balance in the mental forces of (271). (271-5)

Then, to keep these in balance and to guide these impulses, so that there may be a controlling of the impulse to the nerve system, we would—with the manipulations and the applications made (electrotherapy)—give the suggestions for the body to respond in a normal manner in the impulses created by the vibrations that are set up from the elemental forces in the body. Such suggestions as this:

NOW THERE IS BEING CREATED IN THE IMPULSES FROM THE GANGLIA IN THE SYSTEM THE NORMAL REACTION TO THE SENSORY AND SYMPATHETIC SYSTEMS OF THE BODY. AND THE REACTIONS WILL BE A PERFECTLY NORMAL BALANCING IN THE MENTAL, PHYSICAL AND SPIRITUAL BEING ON THE BODY.

Q. When should the suggestions be given?

A. As the outline has been. When the manipulations and battery actions are being given. That means at the same time! (386-3)

Q. Would auto suggestion be beneficial to body? If so, give suggestion.

A. Auto suggestion is well in any case, especially of a developing mind, especially where coordination is result of nerve disturbance, either of a functional nature or mental disorder. In this particular case, such a suggestion as this, as the body is sinking to slumber or while in slumber:

THE BODY IS PERFORMING ITS NORMAL FUNCTIONING-PROPER. THE MENTAL AND PHYSICAL WELL-BEING IS COORDINATING IN A PROPER MANNER AND WILL CONTINUE TO DO SO UNTIL THE BODY IS WELL AND STRONG AND CAPABLE OF RESISTANCE IN EVERY NORMAL MANNER. THE SYMPATHETIC FORCES OF THE BODY WILL FUNCTION IN A PROPER COORDINATING MANNER, WITH AND FOR THE BEST IN THE MENTAL AND PHYSICAL DEVELOPMENTS FOR THE BODY, AND YOU WILL SEE SAME AND TELL ME WHEN AWAKE OF THE THINGS AND CONDITIONS YOU EXPERIENCE.

Then, when these are told, from period to period, take cognizance of that as must be corrected by the imperfect conditions and obstructions as will present themselves to the body, making or altering the suggestions as needed for the correction of such mental and subconscious conditions as present

themselves. These suggestions must be given, not merely as reading same, or something to be said, but with an earnestness as is desired for the body, and with that earnestness as is given will the response be. (758-25)

Q. Is there anything that can be done towards her mental attitude in carrying out the treatments?

A. As these are gone about properly, we will find there will be little or no great trouble in inducing the body to do these; for with the first and second application there will be those periods of suggestion when the massage is given for the necessary quiet, by being positive but not by forcing issues for the body . . .

Q. Any special suggestions to be used for this body?

A. These as we find will come more with the changes as are brought about. The suggestions as we find should be given when the massages are being given, and should never express anything other than constructive and quieting and peaceful reactions! But these should be a nominal result and not a set rote for the body. But quiet, loving, peaceful, gentle kindness finds its reaction in any and every form. (1310-1)

Q. How may we overcome her resistance to this treatment?

A. As indicated, it can only be done by the conversation—the gentle, gentle, gentle activity towards reasoning with the body; which apparently is reasoning against no reason. Yet ONCE taken, these we find will change a great deal.

Q. Do the results of her resistance, yelling and crying, raise her blood pressure or cause reactions offsetting benefits of treatment?

A. They have. Hence, as we have indicated, we will change the rate of the vibratory forces and work them with the body-influence or body-vibrations themselves—through the Radio-Active!

Make suggestions more and more; and if it becomes necessary, HYPNOTIZE the body. (1553-4)

Q. Are Dr. Garrett's mental suggestion treatments helpful and should they be continued?

A. As we find, and as indicated in the manner in which the suggestions have been able to DIRECT the body in that as

would be of help, these are helpful to the body.

We would give, then, that it is well to continue the suggestions; making them more and more of a spiritual as well as a positive nature to the mental body.

Q. Are there any special suggestions which he should make?

A. Just as indicated, suggest to the SPIRITUAL self as well as to the mental self.

Here are directions, for consideration at least, for any or all who would make mental suggestions to individuals: There is the physical body with its attributes—as the functioning of the organs of the body. Through this there is the MENTAL activity with its associations or its use of the flexures and reflexes of the same organism by the centers directed from or through impulses as controlled in the brain, see? Then there is the spiritual body, which acts with and through those activities of the physical body—and the nerves or mental body—to produce that which is creative or reproductive or active in the ability for reproduction of itself in and through same.

Hence suggestions that are more and more of a constructive, creative nature, and directed to the impulses through which the mental forces and influences are active, will and do bring the greater helpful forces than mere positive statements to the mental to do or not do, see? (1553-5)

As the mind becomes longer distance between the hallucinations, when treatments are given, keep the suggestions until it reaches the inmost being of the body, correcting itself from within, through the Divine in self. (3996-1)

This (hypnotic) subjugation should be made by one that gives the massage and adjustments of the centers in the cerebrospinal system . . .

This may be begun by the one so manipulating, insisting that the body (during the time of treatment) keep entirely quiet, and the operator talk continually, with the suggestion necessary for the improvement in the body, physical and mental, see? for, with these conditions, this would gradually bring about this subjugation with the centers where the cerebrospinal and sympathetic are at junctures with each other, as (are) seen in the cervical, the dorsal, and in the whole of the sacral and lumbar region. (4506-2)

In the applications for the mental forces in the body, as these changes come about, we will find that the suggestions as are given to the body—both in the normal state and especially as the body rests—will be much more responsive will they awaken within the body those of the spiritual abilities of a body. These should be given in a positive, but not in a forceful manner—that is, insisting or making—so that it becomes rote! but rather as that necessary, which must be felt as much by the one giving suggestions as one feeling them; for without the giving in the proper manner there cannot be the proper reception. (5483-1)

Appendix F

Documentation

CHAPTER FOUR EMPHASIZED the importance of documentation. This appendix contains several examples of various forms which facilitate documentation.

It may be helpful to purchase a binder or notebook to contain the documents. Office supply stores carry a variety of binders. I prefer the type that have two holes on the top with multiple sections for filing records. Each section can be used for a particular type of information. For example, the first section may list the identifying information about the person being treated. The next section may hold the activity log, and so forth. The procedure is similar to that used for medical and mental health charting. If a member of the treatment team has experience in this area, utilize his or her expertise in putting together your documentation procedure.

The blank forms which follow may be helpful ideas to start this process. Naturally, the documentation will include other forms such as formal assessment reports, medication records, etc.

Purpose

The purpose of the Wet Cell Log Sheet is twofold.

1. The first reason is to assist in keeping the proper sequence of treatments. Timing is crucial to the effective use of the Wet Cell Battery. The battery cycle of 30 days must not be exceeded. The alternating of the vibratory solutions must be kept in sequence (when more than one solution is used). The individual solutions should not be used after they have lost their therapeutic value. The length (duration) of each session is important. Keeping track of all this data is important in order to ensure consistent application.

2. The second reason is to provide documentation of the process for evaluation purposes. Knowing what you did, how you did it, and when you did it is necessary if we are to understand the effect of the treatments in your individual case. For example, we want to know how you were using the battery when your condition got better or worse so that the treatment plan can be adjusted accordingly. Also, this type of documentation may be helpful to others who want to use this approach. Documentation is an essential component of research. Your experience is a valuable case study in the application of the Wet Cell Battery. If you get beneficial results, we want to have accurate and detailed documentation of the various components of your therapeutic regimen.

Procedure

To complete the log sheet:

1. Fill in the name of the person who is using the battery.

2. Fill in the date the battery was charged. The charging date is when the distilled water, copper sulfate, acid, and zinc were mixed together. In some applications, charcoal may have been added. In other instances, a bottle of iodine was lowered into the battery and charged with a battery charger.

3. Go to the first blank line of the log sheet under the column labeled "DATE" and write the date of the first day after the battery was charged. Fill in all of the dates in this column. EXAMPLE: If the charging date was 1/5/94, the first date on the log sheet would be 1/6/94. The next date would be 1/7/94 and so on until the 30 lines on the log sheet are completed.

4. On each day of the 30-day period covered by the log sheet, fill in what happened that day. If there was a session, note the solution that was used, where the disks were attached, the duration of the session, and the voltage of the battery.

5. The voltage is measured after each session with a voltmeter and recorded on the log sheet in the last column. Here is how you do it. After removing the disks from the body after each session, the voltage at the disks should be measured by touching the probes of the voltmeter to the disks (red wire to the copper disk; black wire to the nickel disk). Then remove the wires from the battery, clean the disks and solutions jar components, and store away until the next session. Then measure the voltage directly from the battery and record this measurement on the log sheet. It should be about the same as the voltage reading at the disks. If it is not, there may be a problem in the battery circuit. If there is a discrepancy, find and correct the problem before the next session.

6. If you do not have a session on a particular day, simply note that the session was not held. If you are not scheduled to use the battery every day, that is o.k. Just note that no sessions were held on those days. If you miss a scheduled session, resume the sequence of treatment at the next scheduled session.

7. When you have filled in all 30 lines of the log sheet, you will have used up the therapeutic life of the battery. Dispose of the battery chemicals and clean the battery terminals. If your treatment plan calls for continued use of the appliance, charge up the battery again and repeat this process with a blank log sheet as often as needed.

Activity Log Sheet Instructions

Purpose

The purpose of the activity log sheet is to keep an accurate and complete record of all the therapeutic interventions used in your treatment plan. This is helpful for tracking the use of resources (such as time and money). Such information can be helpful in assessing the cost/benefit ratio of this approach. This information is also essential for documenting the therapeutic effectiveness of your treatment regimen. It is helpful to know what works for you so that the treatment plan can be adjusted accordingly. Others who want to implement this approach may benefit from this kind of data.

Procedure

This log provides a chronological record of the treatment process. It may be a valuable diary of your healing. The information required is simple. It does not take a great deal of time or effort. It is worth

WEEKLY PROGRESS RATINGS

Name: _____

For the Week of: _____

Symptom Rated: _____

Please note your progress in the following areas, using the appropriate scale numbers provided on the page opposite. Please note that the direction of rating varies from item to item (e.g., a "5" for item 2 means intense symptoms, while a "5" for item 5 means great improvement).

	1 very low	2 low	3 moderate	4 high	5 very high
1. Frequency of symptom:	1	2	3	4	5
2. Intensity of symptom:	1	2	3	4	5
3. Ability to abort symptom:	1	2	3	4	5
4. Need for medication:	1	2	3	4	5
5. Overall rate of improvement:	1	2	3	4	5
6. Ability to cope effectively with stress:	1	2	3	4	5
7. Assertiveness:	1	2	3	4	5
8. Feelings of control over life:	1	2	3	4	5
9. General anxiety level:	1	2	3	4	5
10. Self-esteem:	1	2	3	4	5

Other comments on your week:

Level of Functioning—Global Assessment Scale (GAS)

Using the scale below, rate the client's lowest level of functioning in the last week by selecting the lowest range which describes his/her functioning on a hypothetical continuum of mental health/illness. For example, a client whose "behavior is considerably influenced by delusions" (range 21-30), should be given a rating in that range even though s/he has "major impairment in several areas" (range 31-40). Use intermediary levels when appropriate (e.g., 35, 58, 62). Rate actual functioning independent of whether or not client is receiving and may be helped by medication or some other form of treatment.

- 100-91 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his/her warmth and integrity. No symptoms.
- 90-81 Good functioning in all areas, many interests, socially effective, generally satisfied with life. There may or may not be transient symptoms and "everyday" worries that only occasionally get out of hand.
- 80-71 No more than slight impairment in functioning, varying degrees of "everyday" worries and problems that sometimes get out of hand. Minimal symptoms may or may not be present.
- 70-61 Some mild symptoms (e.g., depressive mood and mild insomnia) OR some difficulty in several areas of functioning, but generally functioning pretty well, has some meaningful interpersonal relationships and most untrained people would not consider him/her "sick."
- 60-51 Moderate symptoms or generally functioning with some difficulty (e.g., few friends and flat affect, depressed mood and pathological self-doubt, euphoric mood and pressure of speech, moderately severe antisocial behavior).
- 50-41 Any serious symptomatology or impairment in functioning that most clinicians would think obviously requires treatment of attention (e.g., suicidal preoccupation or gesture, severe obsessional rituals, frequent anxiety attacks, serious antisocial behavior, compulsive drinking, mild but definite manic syndrome).
- 40-31 Major impairment in several area, such as work, family relations, judgment, thinking or mood (e.g., depressed person avoids friends, neglects family, unable to do housework), OR some impairment in reality testing or communication (e.g., speech is at times obscure, illogical, or irrelevant), OR single suicidal attempt.

- 30-21 Unable to function in almost all areas (e.g., stays in bed all day) OR behavior is considerably influenced by either delusions or hallucinations OR serious impairment in communication (e.g., sometimes incoherent or unresponsive) or judgment (e.g., acts grossly inappropriately).
- 20-11 Needs some supervision to prevent hurting self or others, or to maintain minimal personal hygiene (e.g., repeated suicide attempts, frequently violent, manic excitement, smears feces), OR gross impairment in communication (e.g., largely incoherent or mute).
- 10-1 Needs constant supervision for several days to prevent hurting self or others (e.g., requires an intensive care unit with special observation by staff), makes no attempt to maintain minimal personal hygiene, or serious suicide act with clear intent and expectation of death.

GAS Level of Functioning Rating _____

Activities of Daily Living

Skill Assessment Survey

Name: _____ Date: _____

I. Self-Care Skills

A. Injuries

- _____ 1. Demonstrates first aid skills for minor injuries (superficial cuts, splinters, first degree burns, etc.)
- _____ 2. Discriminates between minor injuries and those requiring medical attention.
- _____ 3. Calls rescue squad when appropriate (911).

B. Time Management

- _____ 4. Can start routine of the day and can correlate daily routine with general time of day.
- _____ 5. Correlates weekly routine with appropriate day of the week.

C. Sleep Habits

- _____ 6. Can set alarm before going to bed.
- _____ 7. Can get up to the alarm.

D. Other

- _____ 8. Know own address.
- _____ 9. Demonstrates ability to use neighborhood resources.
- _____ 10. Maintains appropriate personal hygiene.

II. Budgeting/Banking Skills

- _____ 11. Demonstrates ability to manage banking procedures.
- _____ 12. Demonstrates ability to develop a budget.
- _____ 13. Demonstrates ability to manage a budget.

III. Shopping Skills

- _____ 14. Plans and procures weekly menu.
- _____ 16. Shops for one's own personal items.
- _____ 17. Stays within monthly budget.

IV. Food Preparation Skills

- _____ 18. Demonstrates ability to prepare a simple meal.
- _____ 19. Operates stove/oven.
- _____ 20. Demonstrates ability to follow simple recipes, measure appropriately, recognize ingredients, etc.
- _____ 21. Demonstrates ability to use the following cooking methods: fry, bake, broil, steam, boil.
- _____ 22. Demonstrates ability to recognize and dispose of spoiled food.
- _____ 23. Demonstrates appropriate eating habits: balanced and regular meals, table manners, excessive use of coffee, sweets, etc.
- _____ 24. Demonstrates safety skills in kitchen: recognizes inflammable materials, storage of grease, items near stove.
- _____ 25. Stores food appropriately: freezer, refrigerator, cupboards.

V. Home Maintenance

- _____ 26. Keeps front door locked.
- _____ 27. Carries key when away from apartment.
- _____ 28. Demonstrates appropriate use of thermostat: heat on/off, air conditioning on/off, adjust temperature, avoids excessive use, conserves utilities.
- _____ 29. Demonstrates appropriate fire safety precautions: cigarette smoking, use of ashtrays, etc.
- _____ 30. Demonstrates what to do in case of fire: put out small fire, calls fire dept., evacuates house, etc.
- _____ 31. Demonstrates what to do in case of power shortages: locate circuit breaker/fuse, call power company, etc.
- _____ 32. Demonstrates what to do in case of plumbing problem: locate and turn off water supply, etc.
- _____ 33. Demonstrates ability to perform house-cleaning tasks: vacuums, sweeps, washes dishes, cleans bathrooms, empties trash, etc.
- _____ 34. Does own laundry.
- _____ 35. Demonstrates ability to recognize need for minor repairs.

VI. Social Skills

A. Conversation

- _____ 36. Engages and maintains appropriate conversation.
- _____ 37. Manages use of profanity.
- _____ 38. Does not interrupt, or excuses self when necessary to interrupt.

B. Assertiveness

- _____ 39. Expresses needs appropriately.
- _____ 40. Says "no" when appropriate.
- _____ 41. Confronts others when necessary, with appropriate attitude.

C. Management of Conflict

- _____ 42. Seeks compromise.
- _____ 43. Does not respond violently to threats or verbal abuse.
- _____ 44. Apologizes when necessary.
- _____ 45. Accepts blame when appropriate.

D. Borrowing

- _____ 46. Avoids frequent borrowing (does not depend on borrowing for self-support).
- _____ 47. Returns borrowed items as agreed.
- _____ 48. Refrains from loaning money unnecessarily (is able to say no when appropriate).

E. Miscellaneous

- _____ 49. Demonstrates support of others: comforts, reassures, listens.
- _____ 50. Respects other's privacy: does not enter roommate's bedroom, closed bathroom, etc., without requesting permission.
- _____ 51. Follows through on agreements, honors commitments, and other areas of personal responsibility.

ALZHEIMER'S DISEASE AND THE DEMENTIAS

Principles and Techniques of Nerve Regeneration

David McMillin, M.A.

While medical science is only just beginning to research the possibility of nerve regeneration, the Cayce discourses advise that nerve tissue can be rebuilt through the use of electrotherapy and by careful monitoring of the vegetative processes of assimilation, elimination, and circulation.

A companion book to *Alzheimer's Disease and the Dementias: An Alternative Perspective*, this book focuses on techniques for rebuilding the biological damage of the nervous system caused by these disorders, through the application of the treatments suggested in the Edgar Cayce material.

Especially suited for health care professionals interested in assisting in the treatment of dementia from the Cayce perspective, the book outlines the uses of osteopathy, massage, and lymphatic drainage, and provides a specific model for treatment for caregivers and practitioners.

David McMillin, M.A., is a mental health professional in private practice specializing in the Edgar Cayce healing modalities. He is a researcher with the Meridian Institute and a professor at Atlantic University, where he teaches classes in holistic health. He is the author of several books on health-related topics. He writes, lectures, and facilitates workshops on his research in Virginia Beach, Virginia.

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