

# 3

## Therapeutic Techniques

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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

## Appendix D

# Neuropathy

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*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)