

A HOLISTIC APPROACH
THE TREATMENT OF
D e p r e s s i o n



David McMillin, M.A.

BASED ON THE EDGAR CAYCE HEALTH METHODS

The Treatment of Depression

The Treatment of Depression

A HOLISTIC APPROACH

Based on the Readings of Edgar Cayce

David McMillin, M.A.



ASSOCIATION FOR
RESEARCH AND
ENLIGHTENMENT

A.R.E. Press Virginia Beach Virginia

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

Copyright © 1991
by David McMillin
1st Printing, August 1991 by Lifeline Press
The Treatment of Depression
3rd Printing, September 1997 by A.R.E. Press

Printed in the U.S.A.

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

A.R.E. Press
Sixty-Eighth & Atlantic Avenue
P.O. Box 656
Virginia Beach, VA 23451-0656

Library of Congress Cataloging-in-Publication Data
McMillin, David.

The treatment of depression : a holistic approach based on the readings of Edgar Cayce / by David McMillin.

p. cm.

Originally published: Virginia Beach, Va. : D.L. McMillin, 1991.

Includes bibliographical references.

ISBN 0-87604-386-4 (pbk.)

1. Depression, Mental—Treatment. 2. Holistic medicine. 3. Depression, Mental—Treatment—Miscellanea. 4. Cayce, Edgar, 1877-1945. Edgar Cayce readings. I. Cayce, Edgar, 1877-1945. II. Title.

RC537.M398 1997b

616.85'2706—dc21

97-8533

Cover design by Richard Boyle

Edgar Cayce Readings © 1971, 1993, 1994, 1995, 1996
by the Edgar Cayce Foundation.
All rights reserved.

CONTENTS

<i>PREFACE</i>	<i>vii</i>
<i>INTRODUCTION</i>	<i>xi</i>
1 LITERATURE REVIEW	1
2 EDGAR CAYCE'S PERSPECTIVE	28
3 CASE STUDIES IN DEPRESSION	81
4 THERAPEUTIC MODEL	185
5 THERAPEUTIC PRINCIPLES	198
6 THERAPEUTIC TECHNIQUES	214
7 SUMMARY AND CONCLUSION	291
<i>APPENDIX A: TABLES</i>	<i>298</i>
<i>APPENDIX B: SUICIDE</i>	<i>303</i>
<i>REFERENCES</i>	<i>309</i>

Preface

DEPRESSION IS AN experience that touches everyone, whether directly through thoughts and feelings or vicariously by way of interaction with significant others who may be experiencing depression. However, the commonality of its occurrence belies the complexity of this subject. This book will provide a glimpse into this entangled subject from the unique perspective of a twentieth-century seer.

Edgar Cayce gave over one hundred readings which directly addressed the causes and treatment of depression. These readings attest to the diversity of the etiological factors linked to depressive symptoms while recommending relatively simple, nonspecific therapies.

The purpose of this book is to make the readings accessible to persons interested in understanding and applying the information provided in the readings on depression. Since depression manifests in varying levels of severity, ranging from mild or moderate feelings of gloom to the most debilitating and even life-threatening mood disorders; an attempt has been made to make the material accessible to the wide readership.

Of necessity, the subject is approached in a comprehensive manner to utilize the wealth of information which has accumulated through research and clinical practice. Since depression is typically treated by health care professionals, an attempt has been made to address the psychological and psychiatric literature which is the foundation of these disciplines while correlating this literature to the Cayce readings. The documentation provided in this book is more than an academic exercise; one can actually better appreciate the readings' depth of insight when a broader perspective, including the professional literature, is utilized. Furthermore, the readings consistently maintained that cross-validation of the material was helpful and cautioned, "DO NOT let any portion of that published be thrown at the public, or make claims that are not able to be verified from EVERY ANGLE!" (254-88)

From a practical standpoint, one could hardly expect health care professionals to take the material seriously without such documentation. The active and sympathetic participation of these professionals is essential to effective application of this material, just as it was during Cayce's lifetime when the readings consistently made referrals to health care professionals. Keeping in mind that many laypersons may wish to make use of this information, frequent summaries have been provided and key chapters (such as Chapter Four which discusses the therapeutic model) have intentionally been kept direct and nontechnical.

The thesis of this book is that the psychic readings of Edgar Cayce provide a plausible perspective on the etiology and treatment of depression and are therefore deserving of serious consideration by progressive health professionals and laypersons concerned for their own wellness. It will be demonstrated that these readings are generally congruent with the extensive literature which has accumulated in this area and in certain key respects may provide insight into remaining problems. The goal of this book is to serve as a catalyst for the application of the principles and techniques found in the Cayce readings. The information provided in the readings is not to be viewed as infallible or self-validating; rather, these ideas are to be regarded as hypotheses which need to be applied and evaluated.

Admittedly, this book can only serve as an introduction to the subject of depression. Numerous other resources, including the actual readings in their entirety, are cited to provide additional information for those motivated to pursue the topic further. In particular, *The Treatment of Schizophrenia* (McMillin, 1991 a) may be useful for

persons in the overlap between psychosis and depression (i.e., psychotic depression and bipolar disorder). Since the readings recognized the nonspecificity of many of the etiological factors and treatment modalities in these disorders, there is considerable overlap in certain sections of these books. Readers wishing a more comprehensive perspective on these issues may benefit from a study of the other work, since in certain respects it is more thorough (albeit more technical) in its treatment of the Cayce readings.

The Importance of Cooperation

Usually, the readings did not view depression (or any other major disorder) as a condition that individuals could heal on their own. Typically, the responsibility of healing was not placed solely on the shoulders of a health care professional either. Rather the healing process was portrayed as a cooperative venture.

While the individual was often required to follow diet recommendations, balance exercise and rest, and work with dysfunctional attitudes (all of these therapies which can be done without professional assistance), most cases of depression in the readings contained recommendations for manual medicine, hydrotherapy, electrotherapy, and medications. These somatic therapies are best provided by qualified professionals. Thus this work is directed to both the individual and the health care professionals whose cooperation is required in the therapeutic process.

Introduction

DEPRESSION IS AN extremely common phenomenon. Virtually everyone experiences periods of gloomy thoughts and feelings at some time. Even if one can ride the crest of life without personally enduring a major depressive episode, there is a strong likelihood that depression will be encountered vicariously through the suffering of a relative or close friend. This book will explore its comprehensive perspective with the help of contemporary models of pathology and treatment. A therapeutic model based on Edgar Cayce's recommendations will be presented and suggestions for further research provided. However, before launching into a discussion of psychopathology, it may be helpful to get a sense of who Edgar Cayce was and how his career as a psychic diagnostician relates to the broader issues of the human experience.

Edgar Cayce's Life and Work

Edgar Cayce was born on March 18, 1877, on a farm near

Hopkinsville, Kentucky. His childhood was marked by paranormal experiences such as seeing and speaking to recently deceased relatives and sleeping with his head on textbooks to memorize school lessons. His abilities as a psychic diagnostician surfaced briefly in 1892, when at the age of fifteen he was injured playing ball at school.

He ran, and made it, but the ball hit him on the end of the spine just as he reached the base. The bell rang then, and they ran into the classroom. All during the afternoon he acted queerly, laughing and giggling, making faces, throwing spit-balls . . . Going home he rolled on the ground, jumped into ditches, and stood in the middle of the road, stopping buggies and teams with upraised hands . . . During supper he threw things at his sisters, laughed uproarously, and made faces at his father. (Sugrue, 1942, p. 50)

That evening, after being put to bed, he soberly instructed his parents to apply a poultice containing corn meal, onions, and some herbs to the back of his head near the base of the brain. He insisted that the injury sustained in the ball game had produced shock, but that he would be well in the morning if his instructions were followed. The poultice was applied and he awoke the next morning feeling fine. He could not remember anything since the school recess period of the day before.

This incident was merely a sample of the abilities which Cayce would manifest in later years. At the age of twenty-four he developed a gradual paralysis of the throat for which medical doctors were unable find a cause or cure. As a last resort, he allowed a friend to hypnotize him so that he could reestablish the trance states that he had utilized as a child to memorize his homework. From this altered state of consciousness he was able to diagnosis his condition and remedy the problem.

Cayce was hesitant to use his ability for others since he felt responsible for the information and was concerned that the suggested treatments might be harmful. Consequently, many of the early beneficiaries of his services were desperate cases, often given up by medical doctors.

The case of the young Dietrich girl is exemplary of these early readings. This child was the daughter of a prominent Hopkinsville citizen. Upon receiving Cayce at his home, Mr. Dietrich explained:

... that his daughter, Aime, had been ill for three years. She was now five, and since the age of two, after an attack of grippe, her mind had not developed. She had been taken to many specialists; none had been able to cure her or even stop the convulsions which attacked her in increasing numbers. Her mind was a blank. (Sugrue, 1942, pp. 116-117)

Cayce promptly went into the living room, lay down on the sofa, and gave a reading for the girl. He explained that at the age of two the child had slipped and struck the end of her spine while getting out of a carriage. The injury had allowed infection ("grippe") to set in, halting mental development and producing convulsions. Cayce prescribed osteopathic adjustments to correct the spinal pressures. Within a week the child's condition showed definite improvement. Within three months she was totally well and proceeded to develop normally in all respects.

This case and the previous instance (when the young Cayce was injured playing ball) were selected from the numerous remarkable events of Cayce's early years to illustrate an important theme which recurred in later readings given for persons suffering from major mental illness. Namely, that physical conditions (such as spinal injury) can produce mental symptoms which require physical treatments. This point will be made abundantly clear in the chapters which follow.

As an indication of Cayce's interest in providing help to persons stricken with physical illness, over 8,000 readings were given for individuals suffering from various ailments. The remainder of the readings cover virtually every field of human endeavor, from religion and philosophy to business and international affairs. The readings addressing mental health are particularly relevant to the present work and cover the entire field including psychosis, depression, anxiety, dementia, personality disorders, developmental disorders, etc. Treatises on learning and memory, the nature of personality, perception, psychosocial development, consciousness, the meaning of sleep, etc., are interspersed throughout the readings and provide intriguing perspectives on these concepts. Apart from the content of Cayce's readings, the trance process itself is a fascinating facet of Cayce's work. Harmon Bro provides a glimpse into the trance procedure and the physical context of the readings:

What took place in the morning and afternoon trance ses-

sions, in the months that followed when I heard and took notes on some six hundred of Cayce's readings, was a profound shock. Nothing could adequately prepare one for the amount of swift helpfulness that flowed from the unconscious man.

His outward procedures were simple enough. Cayce sat on his plain green studio couch in his cheerful windowed study, across the room from his desk and little portable typewriter. He prayed, then lay down and step by step went unconscious. He spoke in measured address about each person or need to which his wife, sitting beside him, quietly directed his attention. After an hour or more of discourse and questions which his secretary recorded in shorthand, he came swiftly back to consciousness, remembering nothing of what he had said, and got up to resume the activities of his busy correspondence and office. It was all done in broad daylight and simplicity, as naturally as if he were still taking portraits in a photographic studio. But the plainness of the process did not take away the jolt of seeing him accomplish day after day what our culture said was impossible. (Bro, 1990, p. 58)

Although many of the early readings were not recorded, 14,306 were stenographically transcribed and have been preserved by the Association for Research and Enlightenment (A.R.E.) in Virginia Beach, Virginia. Recognizing the need for confidentiality, each reading is assigned a number corresponding to the person or group requesting information. The identifying number is followed by another number designating the sequence of the reading. For example, a reading cited as 182-6 indicates that this reading is the sixth in a series of readings for an individual or group designated as 182.

Among the many books available which discuss the various aspects of Cayce's life, three biographies have proven to be outstanding. *There Is a River* by Thomas Sugrue (1942) was the first extensive account of Cayce's life and contributed greatly to public recognition of his work. The two anecdotes cited earlier in this section were excerpted from this work and are indicative of Sugrue's knowledgeable treatment of the subject. The philosophy chapter near the end of the book is a concise statement of the perennial philosophy propounded by Cayce and is highly recommended for those interested in this aspect of the readings. *Edgar Cayce—The Sleeping Prophet* by Jess Stearn (1967) is a highly readable work by a popular, contemporary author. *A Seer Out of Season: The Life of Edgar Cayce* by

Harmon Bro (1990) is a scholarly and often poetic work, and is undoubtedly the most realistic of the biographies. Bro provides a rare glimpse into the humanity and foibles of Cayce while simultaneously portraying the larger context of Cayce's life.

The Perennial Philosophy of the Cayce Readings

Although biographical information and glimpses into his hypnotic technique provide a silhouette of the man, a greater appreciation of the life and work of Edgar Cayce is possible when one utilizes a broader perspective. The significance of Cayce's contribution is most evident in the context of historical traditions, and Harmon Bro provides insight into this historical/cultural dimension of Cayce's work. Bro worked with Cayce for a short while before Cayce's death in 1945. In due course he wrote a doctoral dissertation on Cayce's work and the aforementioned biography. After carefully defining and differentiating various categories (i.e., shaman, oracle, diviner, and medium), Bro eliminates such titles for Cayce. Although there were distinct similarities between Cayce and some of the biblical prophets, Bro feels that Cayce could most appropriately be regarded as a seer—a seer out of season:

All in all, he seemed to belong among those who could manifest only one or two of the prophets' typically many sided gifts. Where some figures in the long history of religions, including the tribal medicine man or magician, appeared to specialize in direct healing, Cayce's was essentially a cognitive gift, dependent on the activity of others to change bodies or human affairs. The category of seer seemed most fitting for one with authentic visions and a genuine relation to the divine, yet in effect a stunted prophet . . . I would in time find parallels to important features of Cayce in such seers as the Moslem kahin, the Hindu rishi, the Sumerian baru, the Japanese urandi, the Egyptian honu, the Buddhist arhat, the Peruvian piage, and figures from Roman and Celtic history . . . But Cayce in modern America, with no recognizable tradition for his gift and work, and no community of faith to support him, was a seer out of cultural time or season. (Bro, 1990, pp. 129-132)

Bro's recognition of the broader ramifications of Cayce's work provides a context for understanding the readings; if Edgar Cayce is

to be regarded as a seer, the information that he channeled can be viewed as representing the “perennial philosophy.”

But there is a much more sophisticated view of the relation of humanity and Divinity, a view held by the great majority of the truly gifted theologians, philosophers, sages, and even scientists of various times. Known in general as the “perennial philosophy” (a name coined by Leibnitz), it forms the esoteric core of Hinduism, Buddhism, Taoism, Sufism, and Christian mysticism, as well as being embraced, in whole or part, by individual intellects ranging from Spinoza to Albert Einstein, Schopenhauer to Jung, William James to Plato. Further, in its purest form it is not at all anti-science but, in a special sense, trans-science or even ante-science, so that it can happily co-exist with, and certainly complement, the hard data of the pure sciences. This is why, I believe, that so many of the truly brilliant scientists have always flirted with, or totally embraced, the perennial philosophy, as witness Einstein, Schrodinger, Eddington, David Bohm, Sir James Jeans, even Isaac Newton. (Wilber, 1981, pp. 3-4)

Aldous Huxley (1944) advocates a similar perspective of the perennial philosophy which emphasizes the “tripartite” quality of human nature. Significantly, the tripartite “body/mind/spirit” interface is a major theme in the Cayce readings and provides the foundation for the “holistic” perspective advocated in this book.

The Perennial Philosophy is primarily concerned with the one, divine Reality substantial to the manifold world of things and lives and minds (p. viii). In other words, there is a hierarchy of the real (p. 33). But all of these men, even La Rochefoucauld, even Machiavelli, were aware of certain facts which twentieth-century psychologists have chosen to ignore—the fact that human nature is tripartite, consisting of a spirit as well as of a mind and body; the fact that we live on the border-line between two worlds, the temporal and the eternal, the physical-vital-human and the divine . . . (p. 115). Man’s final end, the purpose of his existence, is to love, know and be united with the immanent and transcendent Godhead (p. 38).

Recognition of Cayce’s work as representative of the perennial

philosophy—as an extension of a tradition of ideas and practices which underlie most of the world’s major religions and philosophies—is essential for a full appreciation of Cayce’s contribution. From this perspective, he cannot simply be dismissed as a religious fanatic seeking to establish an esoteric cult; a crackpot practicing medical quackery and milking desperate innocents of their resources; or a deluded psychotic experiencing pathological trance states resulting in thousands of incoherent, implausible psychic readings. To the contrary, Cayce’s life and work exemplify a long and respected tradition among the great cultures of the world. Although his beliefs have a definite Judeo/Christian orientation, his recognition of the continuity of consciousness, including such Eastern concepts as karma and reincarnation, attest to the scope of his perspective. Just as Huxley recognized that “knowledge is a function of being” (1944, p. vii), Bro suggests that Cayce’s life is an example of “love surprised by wisdom.”

Cayce belongs somewhere among the stumbling, surprised explorers of new terrain, only partly able to describe what they see, and tempted to doubt their own experiences. His trances disclose (as glances over the shoulder in his unending medical effort) penetrating views of good and evil, worship and ethics, community and disintegration, the earthy and the transcendent, gifts of insight from East and West, and a Christ who is everyone’s destiny but nobody’s cultural captive. (Bro, 1990, pp. 14-15)

The psychic readings of Edgar Cayce are not a source of supernal, infallible information; rather, they are the efforts of a sincere man seeking to be of service. The perennial philosophy itself is diverse in its manifestations due to the nature of language and the limits of the conscious mind. “Whenever, for any reason, we wish to think of the world, not as it appears to common sense, but as a continuum, we find that our traditional syntax and vocabulary are quite inadequate . . . in all expositions of the Perennial Philosophy, the frequency of paradox, of verbal extravagance, sometimes even of seeming blasphemy” (Huxley, 1944, p. 34). Persons who have studied the Cayce readings will attest to Huxley’s observation; the language and style of the readings are sometimes intricate, especially when addressing the more expansive concepts of the perennial philosophy.

The fact that the method employed by Cayce is not generally recognized or accepted in Western culture comes as no surprise. It is primarily the materialistic beliefs underlying the contemporary perspective which makes the perennial philosophy appear incredible. Fortunately, one does not have to be a student of, or believer in, the perennial philosophy to investigate and benefit from information such as the Cayce readings. Interested readers are encouraged to read some of the biographical material about Cayce's life and decide for themselves regarding the plausibility of the recommendations which he provided for treating depression.

The Purpose of This Book

The purpose of this book is to make the Cayce readings accessible to health care professionals and laypersons interested in alternative perspectives on depression. The comprehensiveness of the readings is a natural product of their holistic philosophy and is a major strength of this approach. The readings address the total picture—the clinical arena of etiology and treatment, the interpersonal and intrapsychic struggles of families attempting to help a member suffering from major mental illness, and more generally, the meaning of debilitating illness (e.g., the cosmic significance of personal misfortune).

This manuscript can be considered as an extension of two important articles on the application of the Cayce material to the treatment of mental illness. Both works were presented at a medical symposium at the A.R.E. Clinic in Phoenix, Arizona. James C. Windsor (1969) entitled his paper, "A Holistic Theory of Mental Illness," and provided an excellent review of the Cayce material in relation to the whole spectrum of mental illness. Charles T. Cayce (1978) focused on the treatment of schizophrenia in his paper, "Concerning a Physical Basis for Mental Illness." These articles provided the impetus for this work and are highly recommended reading in this area.

Windsor's paper is particularly significant since it has been heralded as the point at which "the field of holistic medicine began" (McGarey, 1983a, p. ix). The association of "holism" with the Cayce readings has since become widely recognized, culminating in this reference from an editorial in the *Journal of the American Medical Association*:

The roots of present-day holism probably go back 100 years to the birth of Edgar Cayce in Hopkinsville, Ky. By the time he died in 1944 (sic), Cayce was well recognized as a mystic who entered sleep trances and dictated a philosophy of life and healing called “readings.” His base was established at Virginia Beach, Va., now the headquarters of the Cayce Foundation. Closely associated with that foundation is the Association for Research and Enlightenment, Inc. (A.R.E.), which also runs a medical clinic under physician direction in Arizona. (Callan, 1979, p. 1156)

As Callan has noted, the designation of “holism” has come to include a wide variety of philosophies and modalities. Certainly his observation that holism has, in certain instances, become “fuzzy,” “self-centered,” and financially opportunistic is well taken. Since “holism” has become associated with so much that is clearly not in keeping with its origin, the term is employed in the title of this work with a reservation—namely, that holism be limited to the meaning assigned by Windsor as derived from the Cayce readings: “. . . Cayce saw a person as a whole, with mind, body, and spirit as a single unit, all so closely tied that it was not possible for one aspect to be diseased, either physically or mentally, without the whole person suffering the consequences” (Windsor, 1969, p. 1). An excerpt from the readings may be useful to further delineate the body/mind/spirit interface:

First—one finds self in a three-dimensional place of consciousness; all that may be known materially is subject to that dimension. That as may be comprehended in the mental may reach into a fourth-dimensional plane—as the variation between a book with its dimensions and the contents of same, which may be of a mental reaction entirely. Yet the spiritual import is the premise, as to what is the ideal, purpose and intent of same—as to the effect the contents of such a book would have upon an individual entity. Or, one in the material phases of his experience draws mentally upon comparisons of things, conditions, experiences, through the mental faculties of the body; and his reaction is still dependent upon the ideal he holds . . . Do not confuse rote, or mental growth, with spiritual import. It is true that the combination of H₂O constantly produces water. It is true that the bow upon the string at a cer-

tain tone constantly produces C, or another note, to which the attunement is made to a first cause—as H₂O is to a first cause. But it is not always water that is wanted with hydrogen and oxygen. Neither is it always C that is desired upon the tune or tone of the instruments. (1861-4)

This excerpt provides an illustration of holism by defining the role of the physical, mental, and spiritual dimensions with common examples from chemistry and music. It helps to dispel some of the “fuzziness” of these constructs by defining “mental” and “spiritual” in every-day terms. The spiritual dimension is designated by words such as meaning, purpose, value, intentionality, etc. The spiritual provides guidance and direction—it sets the agenda. Mental processes actively manifest the spiritual agenda in thought and behavior.

However, the readings caution against viewing the tripartite as separate processes and prefer to view the three dimensions as unified and inseparable so long as an individual is alive; thus, the fundamental unity of body, mind, and spirit represents the foundation of holism. The question naturally arises, “How do body, mind, and spirit interface, what is the basis of this unity?” The short answer is, “Through the nervous systems and endocrine glands in the body.” The long answer is a major focus of this book, for the readings consistently maintain that illness results from incoordination of these systems. Hence, treatment is directed at establishing balance and cooperation among the triune aspects of self.

Eric Mein, M.D., has provided an excellent discussion of Cayce’s holistic perspective in his book *Keys to Health: The Promise and Challenge of Holism* (Mein, 1989). Mein’s book may be helpful for those readers who are having trouble grasping the meaning of holism or who are dubious about its practical application in cases of major physical pathology.

The present work will also elaborate on the philosophy of holism (Chapter Two) while proposing multiple clinical applications (Chapters Four, Five, and Six). As Chapter One will amply demonstrate, depression has a strong physical (somatic) component. The Cayce readings anticipated many of the findings of contemporary medical science in this regard by providing graphic descriptions of the etiological factors and developmental course of this illness.

Note that the title of this book focuses on treatment rather than simply a general consideration of depression. This emphasis is

based upon the readings' preference for applied knowledge. For example, knowledge of etiological factors is important to the extent that it can be employed for effective treatment, not because it may support a particular theoretical position. This book is offered as an introduction with the intention that it may serve as a useful reference for individuals interested in the further study of the Cayce readings on depression. It is hoped that the reader will take advantage of the actual readings by examining them firsthand. Individuals who are sympathetic to the transpersonal perspective should find this book helpful, because it deals with the problems of major mental illness from the vantage point of expanded consciousness. Professionals with a more traditional orientation should find the manuscript sufficiently scholarly and focused to be interesting and stimulating.

The goal of this book is to encourage implementation of the information provided in the readings on depression. Depression manifests in varying levels of severity, ranging from mild or moderate feelings of gloom to the most debilitating (and life threatening) mood disorders. Therefore, an attempt has been made to make the material accessible to a wide readership.

Of necessity, the subject is approached in a comprehensive manner to utilize the wealth of information which has accumulated through research and clinical practice. Since depression is typically treated by health care professionals, an attempt has been made to address the psychological and psychiatric literature which is the foundation of these disciplines while correlating this literature to the Cayce readings. The documentation provided in this book is more than an academic exercise; one can actually better appreciate the readings' depth of insight when a broader perspective, including the professional literature, is utilized. Furthermore, the readings consistently maintained that cross-validation of the material was helpful and cautioned, "DO NOT let any portion of that published be thrown at the public, or make claims that are not able to be verified from EVERY ANGLE!" (254-88)

From a practical standpoint, one could hardly expect health care professionals to take the material seriously without such documentation. The active and sympathetic participation of these practitioners is essential to effective application of this material, just as it was during Cayce's lifetime when the readings consistently made referrals to health care professionals. Keeping in mind that many laypersons may wish to make use of this information, frequent sum-

maries have been provided and key chapters (such as Chapter Four which discusses the therapeutic model) have been kept direct and nontechnical.

The thesis of this book is that the psychic readings of Edgar Cayce provide a plausible perspective on the etiology and treatment of depression and are therefore deserving of serious consideration by progressive health professionals and laypersons concerned for their own wellness. It will be demonstrated that these readings are generally congruent with the extensive literature which has accumulated in this area, and in certain key respects, may provide insight into remaining problems. The goal of this book is to serve as a catalyst for the application of the principles and techniques found in the Cayce readings. The information provided in the readings is not to be viewed as infallible or self-validating; rather, these ideas are to be regarded as hypotheses which need to be applied and evaluated.

While this book can only serve as an introduction, numerous other resources, including the actual readings in their entirety, are cited to provide additional information for those motivated to pursue the topic further. In particular, *The Treatment of Schizophrenia* (McMillin, 1991a) may be useful for persons interested in the overlap between psychosis and depression (i.e., psychotic depression and bipolar disorder). Since the readings recognized the nonspecificity of many of the etiological factors and treatment modalities in these disorders, there is considerable overlap in certain sections of these books. Readers wishing a more comprehensive perspective on these issues may benefit from a study of the other work, since in certain respects, it is more thorough (albeit more technical) in its treatment of the Cayce readings.

The Importance of Cooperation

Generally speaking, the readings did not view depression (or any other major disorder) as a condition that individuals could heal on their own. Nor was the responsibility of healing placed solely on the shoulders of a health care professional. Typically, the healing process was portrayed as a cooperative venture.

While individuals were often asked to follow diet recommendations, get adequate exercise and rest, and work with dysfunctional attitudes (all of which can be done without professional assistance), most cases of depression in the readings also contained recommendations for manual medicine, hydrotherapy, electrotherapy, and

medications. These somatic therapies are best provided in cooperation with qualified health care professionals. Thus this work is directed to both the layperson and the practitioner whose assistance is essential for a therapeutic partnership.

For those laypersons who find the first chapter a bit too technical, do not despair. Simply skim through and get the general idea of each major section; the summary at the end of the chapter contains the essential points. Succeeding chapters are less academic, and important themes are repeated so that they will become familiar. Some may find it helpful to skip ahead to Chapter Seven to get an overview by way of summary. Use the text in whatever way works for you.

There is no way around it—depression is a serious problem which often requires professional intervention. Health care professionals were reluctant to follow the suggestions of a psychic diagnostician during Cayce's lifetime and are probably even less likely to do so today. Therefore, it is essential that the full benefit of hindsight be utilized. In retrospect, the readings do offer one of the most comprehensive and plausible perspectives on the causes and treatment of depression that is currently available. Perhaps a scholarly treatment of the literature will encourage practitioners to cooperate with individuals wishing to utilize the Cayce material on the treatment of depression.

1

Literature Review

Although affective disorders have been a topic of inquiry for almost a century, research in this area has by no means resulted in definitive conclusions on etiology, genetics, psychopathophysiology, course, or treatment. (Keller, 1989, p. 161)

DEPRESSION IS A morbid sadness or melancholy which is not only not relatively common but apparently increasing in its frequency of occurrence (Hagnell et al., 1982). It may manifest in a range of severity from mild to total debilitation and is distinguished from grief, which is realistic and proportionate to personal loss. In recent decades, considerable advances have been made in understanding the causes of depression. Researchers have implicated a variety of psychological, psychosocial, and biological factors while clinicians have authored an abundance of innovative therapeutic interventions to address this etiological diversity. Thus, a considerable literature has accumulated resulting in a greater appreciation of the breadth and complexity of depression.

Unfortunately, with the proliferation of theories and models, there has also been a tendency for narrow-mindedness. Too often, clinicians have gained an insight into the depressive process and regarded their model as the explanation of depression. The rift between psychology and biology has been particularly prominent in this regard (the "mind/body split"). One can read article after article in "psychology" journals without a single reference to biological factors. Likewise, a review of many "medical" journals will reveal a noteworthy disregard of cognitive and interpersonal factors.

The good news in the mental health field is that there appears to be a recognition of the need for integration. This may be sensed in the proliferation of adjectives such as "comprehensive," "integrative," "biopsychosocial," "interactive," etc. Perhaps this broadening of horizons is related to parallel concerns expressed by the environmental movement (e.g., the emphasis on interconnectedness and wholeness). Whatever the reason, research and clinical application has benefited from this spirit of cooperation.

From the standpoint of understanding the Cayce perspective on depression, it is essential to grasp the "whole" picture of depression. The readings given for persons suffering depression linked a variety of biological, psychological, interpersonal, and transpersonal factors to depressive symptoms and recommended an integrated treatment approach. Thus, it is impossible to fully appreciate the Cayce approach without a consideration of the various aspects of depression. With this in mind, the brief literature review which follows will serve as a prelude to the holistic perspective of the Cayce readings. Due to the immensity of the depression literature, this survey will of necessity be restricted to the most salient contributions.

Epidemiology of Depression

The term "depression" is commonly used to describe mood states ranging from subclinical negative feelings to the most severe psychiatric illnesses. The pervasiveness of this disorder and its costs in human suffering are well documented:

One percent to 3% of the American population is estimated to suffer from major depressive disorder. It is the most commonly psychiatric diagnosis made in primary care, mental health, and community settings and is estimated to cost Americans approximately \$16.3 billion annually . . . What these

statistics omit is the human suffering depressed patients experience. This suffering is often reflected in the psychosocial aspects of their illness, which include effects from and on thinking, personality, coping style, family, relationships, employment, and life events. (Jarrett, 1990, p. 26)

Although a multitude of risk factors have been implicated in depression, none can be considered as either necessary or sufficient for its manifestation. Having a family history of depression and being a female are two of the most robust factors and each of these may double or triple the probability of suffering a mood disorder (Freedman, 1989).

Familial linkage may reflect genetic vulnerability (Blehar et al., 1988; Torgersen, 1986; Weissman, 1987) or the learning of dysfunctional cognitive or interpersonal styles during the formative years of childhood and adolescence (Keitner & Miller, 1990; Jarrett, 1990). While there are numerous explanations for the apparent gender differences in depression, the interpretations fall into three broad categories:

- 1) There is no real difference in the rate of depression—the apparent difference is artifactual (i.e., (a) it is an economic effect, not a gender effect; (b) men and women experience depression at a comparable rate, but men underreport it; (c) depression manifests in women as mood disorder and in men as alcoholism and acting out behaviors, hence nosology distorts the epidemiology of depression).

- 2) The higher rate of depression in women results from biological factors such as hormone levels and genetic vulnerability which make women more vulnerable to mood disorders.

- 3) Psychosocial factors such as the acquisition of sex roles and the development of “learned helplessness” produce more depression in women.

There is no consensus on the significance of sex differences in depression and all of the above explanations have been criticized on the basis of conflicting empirical studies (see excellent review by Nolen-Hoeksema, 1987).

Depression may be experienced at any stage of the life span. Childhood and adolescent depression is common and is associated with a relatively high suicide rate in adolescents. Middle-age depression is often associated with marital discord and somatic illness (Gotlib & Whiffen, 1989; Ensel, 1982). Melancholic depression is less prevalent in the elderly than in younger individuals, while symp-

tomatology and response to treatment in this age group is comparable to more youthful counterparts (Fitten et al., 1989).

Depression is associated with increased morbidity and suicide (Fitten et al., 1989). In an extensive 16-year prospective study of a general population, Murphy et al. (1987) concluded that the risk of mortality was significantly higher for cases of depression. The authors included this brief commentary on those persons who survive chronic depression, a description which effectively portrays the phenomenology of depression.

In concluding our article about the surviving cases, we quoted a subject with chronic depression as having said that he often felt half-dead. The present report leads us to suggest that during the period of investigation depression was likely to result either in being half-dead or dead. (Murphy et al., 1987, p. 479)

The association of depression to physical illness is well established (Coulehan et al., 1990; Katerndahl, 1981; Katon & Sullivan, 1990; Cameron, 1990) and is commonly referred to as secondary depression. In other words, the depressive symptoms are viewed as secondary to the primary "medical" condition. Alternatively, if no known organic condition exists, the depression may be regarded as primary depression. The prevalence of secondary depression is extremely high and has caused some researchers to wonder if there might be a causal link between certain physical illnesses and depression.

The prevalence of major depression among primary care patients approximates 6% to 9%, making this disorder one of the most frequently encountered by internists and family practitioners . . . Patients with major depressive disorder (MDD) often present somatic symptoms that might be misattributed to physical diseases, especially in so-called masked depression where patients report no affective symptoms. Alternately, medical conditions such as hypothyroidism produce organic affective syndromes, as do many medications commonly used in primary care. Furthermore, some chronic diseases may precipitate depressive syndromes because of the psychological losses and disabilities they entail. Thus, physical disease may "cause" depressive syndromes, while depression may "cause"

a complex array of somatic symptoms. (Coulehan et al., 1990, p. 2363)

The complex relationship between depression and other disorders is an example of nonspecificity and will be addressed in more detail in a later section dealing with the problem of comorbidity of affective disorders and other illnesses. The issue of "causation," just cited by Coulehan et al., is controversial and will be addressed presently.

The Etiology of Depression

Although there are many theories which claim to explain the cause of depression, it is generally acknowledged that the etiology of depression is unknown, (Weissman et al., 1986; Keller, 1989; Rush, 1990): "Emerging research findings in mood disorders continue to provide support for multifactorial etiology" (Akiskal, 1989, p. 6). The likelihood that depression may be produced by numerous interacting factors greatly complicates research efforts resulting in discrepant and contradictory findings.

Traditionally, the etiology of depression has been linked to psychological and psychosocial factors. Going back to the theories of Freud, there is an abundant psychoanalytic literature on depression:

Initial psychological explanations of depression . . . were proposed by psychoanalytic theorists who saw a loss as a prerequisite for the development of a depressive episode. Psychoanalytic theories of the cause of depression posit a fixation (i.e., an arresting of psychological growth) at an early phase of development and a real or imagined loss in adult life that then triggers the depression. Elaboration of Freud's theory broadened the concept of loss to include experiences such as personal rejection. (Ehlers, Frank & Kupfer, 1988, p. 949)

Although interest in psychoanalytic interpretations has waned in recent decades, the theme of loss triggering an underlying vulnerability to depression is a common one. The "reformulated learned helplessness model" is a prominent contemporary example of such a theory. To fully appreciate this model, it helps to understand the behavioral research from which it was derived.

Animal researchers at the University of Pennsylvania (Overmier & Seligman, 1967; Seligman & Maier, 1967) exposed mongrel dogs to inescapable electric shock. In subsequent sessions, these same dogs were placed in a shuttlebox in which a simple behavior (crossing a barrier) would terminate the shock. These animals refused to cross the barrier, whereas other dogs not previously exposed to uncontrollable shock crossed the barrier and terminated the shock. It was the apparent "helplessness" of the dogs previously exposed to shock which led to the designation of "learned helplessness." This helplessness was viewed as a possible analog of human depression with respect to symptoms, cause, prevention, and cure.

When attempts were made to apply the learned helplessness model to depression in humans, certain problems became apparent. Peterson and Seligman (1984) believe the "main" problem is its failure to account for boundary conditions. Why is helplessness sometimes general and at other times circumscribed? Why are some event-precipitated depressive reactions transient while others long lasting? Most importantly, "why should individuals blame themselves for events over which they perceive no control? The simple helplessness model is silent about the chronicity and generality of helplessness and depression and about the paradox of self-esteem loss following helplessness." (Peterson & Seligman, p. 348)

Abramson, Seligman & Teasdale (1978) reformulated the learned helplessness model to incorporate attributional factors. This modification accounted for the boundary conditions of depression through causal attributions about the negative events. Attribution refers to a person's explanatory style. When "bad" events happen, people frequently ask "Why?" The way in which this question is answered is an individual's explanatory style. This model is based on the observation that depressed people tend to explain negative events by appealing to internal (rather than external), global (rather than specific), and stable (rather than unstable) causes. Internality of causal beliefs produces low self-esteem since the persons blame themselves for the negative event. Stability relates to chronicity since a bad event that persists will likely produce depression which persists. Finally, globality of causal beliefs is linked to the pervasiveness of the effects of negative events. If a global factor has produced the negative event, then helplessness will tend to occur in many situations.

The "hopelessness theory of depression" is a recent incarnation of the reformulated helplessness theory and is an attempt to clarify

the model by taking into account the apparent heterogeneity of depression. One of the strengths of this modification is the role which is assigned to negative life events, dysfunctional beliefs, and the expectation of hopelessness: "Each event in the chain . . . is a contributory cause of depression because it increases the likelihood of, but is neither necessary nor sufficient for, the occurrence of depressive symptoms" (Alloy et al., 1988, p. 8). This recognition of the etiological heterogeneity of depression is a major theme which will be echoed throughout the remainder of this book and is well worth emphasizing here:

However, as was the case in reactive/neurotic depressions, the major depressions are enormously heterogeneous . . . In most discussions of the model, learned helplessness is easily construed as both a necessary and sufficient condition for depression. The notion of a single etiologic factor in these disorders or in most psychopathologic and psychosomatic disorders . . . does not do justice to the array of implicated or supported variables now under consideration. (Depue & Monroe, 1978, pp. 9-10)

Beck's cognitive approach is another major theory of depression. It has some important similarities to the attribution models just discussed, most significantly the central role of dysfunctional attitudes and beliefs (i.e., the cognitive triad of negative views of self, the world, and the future). Dysfunctional schemata form the basis of the cognitive triad and may be regarded as silent and relatively rigid assumptions which have developed during the formative years and lie latent, waiting to be activated by negative life events. A common theme of these dysfunctional attitudes is that they tend to be directed at self, leading to self-blame, a well-documented symptom of depression.

There has been extensive research into the various aspects of learned helplessness, causal attributions, hopelessness, and cognitive theories such as Beck's model. For a thorough and unflattering review of these approaches, see Coyne and Gotlib (1983). Aside from methodological issues (e.g., the use of college students as subjects), Coyne and Gotlib complain that the empirical evidence simply does not support these theories. They examine several key issues (evaluations of performance, perception of environmental information, recall of information, cognitive biases, and attributional processes)

and conclude, "The review of the literature suggests that neither Beck's nor the learned helplessness model of depression has a strong empirical base" (p. 472). For collateral and opposing interpretations of this literature, readers are directed to articles by Brewin (1985), Barnett and Gotlib (1988), Perry and Brewin (1988), Hamman et al., (1985), and Peterson and Seligman (1984).

To summarize, numerous psychological and psychosocial models of depression have been postulated. One major theme which runs through all of these approaches is the importance of dysfunctional beliefs and attitudes; in other words, persons with mental processes which are unrealistic and unhelpful in dealing with the trials of daily life are more likely to suffer from depression. The interpretation of the research literature on these models is widely variable.

While there is considerable controversy over the role of dysfunctional attitudes, beliefs, and cognitive style in the manifestation of depression, it is important to recognize another major theme common to these models, a motif with significant etiological implications—the diathesis/stress concept.

Three important theories of the etiology of depression, however, have suggested that a diathesis-stress model is a more appropriate heuristic framework for conceptualizing the development of depression than is a main effect model. Specifically, Beck's cognitive theory, the reformulated learned helplessness theory, and the psychodynamic theory hypothesize that dysfunctional self-schemata, self-deprecating attributional style, and anaclitic personality traits, respectively, are stable aspects of personal functioning that predispose individuals to become depressed under certain conditions. (Barnett & Gotlib, 1988, p. 98)

The diathesis/stress concept represents an attempt to integrate divergent etiological factors (e.g., internal and external factors). In the case of the psychological theories just discussed, diathesis/stress involves the interactions of internal attitudes and explanatory attributions and external (or environmental) stressors such as negative life events. For example, dysfunctional attitudes may not in themselves cause depression. Rather, they may predispose or make a person more vulnerable to depression when "life gets tough."

The diathesis/stress concept has also been utilized to integrate biological and psychosocial factors. Frequently, genetic predisposition is viewed as the prime vulnerability with various life events and situations as the stressors which precipitate depression. Kendler et al. (1987) discuss the interaction of genetic vulnerability and environmental factors in the manifestation of depressive and anxious symptoms. As an aside, note the frequent comorbidity of these two psychiatric syndromes—an excellent example of nonspecificity which will be addressed in a later section.

The results of this study suggest that the tendency in the general population for symptoms of anxiety to co-occur with other symptoms of anxiety and symptoms of depression to co-occur with other symptoms of depression is largely the result of environmental factors. Contrary to our expectation, genetic influences on these symptoms were largely nonspecific. That is, while genes may “set” the vulnerability of an individual to symptoms of psychiatric distress, they do not seem to code specifically for symptoms of depression or anxiety. (Kendler et al., 1987, p. 451)

The notion that genetics may play a predisposing role in psychiatric conditions is a product of years of research establishing the importance of familial transmission in these disorders (Blehar et al., 1988; von Knorring et al., 1983). Hence, it is widely recognized that mental illnesses such as the affective disorders tend to “run in families” (Andreasen et al., 1987).

The question of the relative influence of inherited and environmental familial factors is another matter and has led to numerous studies reporting variable findings. Twin and adoption studies have traditionally proven most useful in delineating the nature/nurture problem and have been applied to the study of depression with mixed results. “Together, these studies suggest that, from a genetic perspective, depression represents a number of different disorders.” (Fittien et al., 1989 p. 461)

One of the key questions which arises in any discussion of genetic influences in psychopathology is how genetics translates into vulnerability. One plausible explanation is through the endocrine system. Specifically, the thyroid and adrenal glands are known to be particularly sensitive to stress and these endocrine glands have been implicated in the etiology of depression (Restak, 1989;

Rothschild, 1988; Nemeroff, 1989). Adrenal involvement in depression has received a great deal of attention due to findings produced by the dexamethasone suppression test (DST). Dexamethasone is a potent, long-acting synthetic hormone which normally suppresses the release of cortisol. Depressed persons often exhibit elevated plasma concentrations of cortisol 9 to 14 hours after administration of dexamethasone. "The sensitivity of the DST (rate of positive outcome, or nonsuppression of cortisol) in major depression is modest (about 40%-50%) but is higher (about 60%-70%) in very severe, especially psychotic, affective disorders, including major depression with psychotic as well as melancholic features, mania, and schizoaffective disorder" (APA Task Force on Laboratory Tests in Psychiatry, 1987, p. 1253). Thus, while there is strong evidence of adrenal involvement in depression, the exact nature and extent of this involvement is unknown.

The pineal is another endocrine gland which has been linked to depression. Melatonin is a major pineal secretion and reduced nocturnal melatonin secretion has been noted in depression (Wetterberg et al., 1979, 1981, & 1982). Brown et al (1985) found that lowered nocturnal melatonin concentrations differentiated between melancholic patients and patients suffering from major depression without melancholia. The role of the pineal in depression may be related to neurotransmitters associated with depression.

In that various theories of depression have suggested reduced serotonergic and noradrenergic function, and both of these products are involved in the synthesis of melatonin as a precursor and neurotransmitter, it would not in fact be at all surprising to find low melatonin in depression . . . It is tempting to speculate that all anti-depressants increase melatonin production. (Arendt, 1988, pp. 218-219)

Recognition that the pineal is photosensitive and plays a major role in the regulation of seasonal physiological adaptations has led to speculation that pineal dysfunction may be related to SAD (Seasonal Affective Disorder). SAD is a recurring winter depression presenting with weight gain, hypersomnia, and carbohydrate craving (Rosenthal et al., 1984). Phototherapy has been utilized in this and other forms of depression to ameliorate depressive symptoms (Kripke & Risch, 1986).

Persons suffering from bipolar disorder have been shown to be

supersensitive to the inhibiting effect of bright light on nocturnal melatonin secretion (Lewy et al., 1981). Research by Lewy et al. (1979) suggests that during mania (particularly during the early phase of mania) bipolar patients exhibit consistently elevated levels of melatonin throughout the day and night. Since lithium (a standard medication for bipolar disorder) has been shown to affect pineal functioning and may be linked to decreased photosensitivity, some researchers have speculated that some individuals diagnosed as bipolar may be suffering from circadian disorganization (see review by Miles & Phillbrick, 1988).

In addition to glandular dysfunction, other forms of faulty biochemistry may be involved in the etiology of depression. The biochemistry of depression made a major advance in the 1950s with the serendipitous observation that depressive symptoms were reported in 10% to 15% of patients receiving reserpine for the treatment of hypertension. This discovery stimulated research on central nervous system neurotransmitters and resulted in the "catecholamine hypothesis of depression," a model positing a functional deficit of norepinephrine at certain receptor sites within the central nervous system. Subsequent research has implicated other neurotransmitters and called into question the simplistic notion of functional neurotransmitter deficits as the cause of depression (Gold et al., 1988a & 1988b). Maas (1979) has called for an integrated approach which views neuropathology in depression as a matter of instability rather than simply "too much" or "too little" of a particular neurotransmitter.

The significance of neurotransmitter dysfunction as a major etiological factor in depression relates directly to the treatment efficacy of anti-depressant medication. If depression is caused by faulty neurotransmission, medications which correct these biochemical imbalances should relieve depressive symptoms. Since anti-depressant medications have proven effective in numerous controlled studies (Morris & Beck, 1974), the biochemical explanation of depression has been supported and is one of the strongest models of depression in the literature. As previously stated, the precise nature of the faulty biochemistry is unknown as is its relation to other etiological factors associated with depression (e.g., heredity, dysfunctional attitudes, negative life events, etc.).

One further area of biological research is relevant to this discussion of the etiology of depression—biological rhythms. The extensive documentation of sleep disturbances in depression ranges

from clinical reports of insomnia and restless sleep to laboratory findings of "difficulty in falling asleep, frequent shifts of sleep stages, increased time spent awake, early morning awakening, and a considerable reduction in stage 4 sleep" (Chen, 1979, p. 385). The significance of these findings is difficult to assess. Some researchers have interpreted sleep disturbances in depression as signifying a shift in biological rhythms which may be produced by "dys-regulated" neurotransmitter systems (Siever & Davis, 1985).

Seasonal rhythms may also play an etiological role in some forms of depression. Persons suffering from Seasonal Affective Disorder (SAD) typically report exuberance, energy, and reduced need for sleep during the spring and summer and depression during the winter months (Blehar & Rosenthal, 1989; Wehr & Rosenthal, 1989). The etiological significance of SAD is unknown. Biological rhythms across the life span may also be linked to depression. In particular, processes associated with the reproductive system (puberty, menstruation, pregnancy, and menopause) have been associated with the onset of depressive symptoms (Gitlin & Pasnau, 1989; Brockington et al., 1981; Dennerstein, Judd & Davies, 1983).

Finally, the cyclical nature of depressive episodes suggests that biological rhythms play an important role in certain forms of depression. Bipolar disorder exhibits a stronger cyclical pattern than does unipolar and certain individuals may experience rapid switches between mania and depression on a weekly or daily basis (Wolpert, Goldberg & Harrow, 1990).

In summary, the etiology of depression is complex and poorly understood. A large number of psychological, psychosocial, and biological factors have been implicated. Dysfunctional beliefs and attitudes, lack of social support, genetic vulnerability, endocrine abnormalities, and brain neurotransmitter dysfunctions are the strongest candidates in the field of etiological factors. As Akiskal (1989) has noted, "Thus neither psychosocial events nor biological events appear to be sufficient causes for the occurrence of clinical depressions; they seem to exert a depressant influence in the presence of predisposing factors" (p. 7).

The Diagnosis of Depression

Just as the etiology of depression is complicated and confusing, a consideration of the diagnostic categories and theoretical conceptualizations which have been used to classify the affective disorders

is "a review of contemporary confusion" (Kendell, 1976, p. 15). From the standpoint of symptomology, the diagnosis of depression does not appear to be a terribly difficult matter. Consider the excellent description of depression provided by the American Psychiatric Association (APA). "A person with depressed mood will usually describe feeling depressed, sad, hopeless, discouraged, 'down in the dumps,' or some other colloquial equivalent" (APA, 1987, p. 219). Vegetative symptoms including disturbed appetite and sleep, decreased energy level, psychomotor agitation or retardation, and somatic complaints are often present. Depressed individuals frequently report feelings of worthlessness and guilt; self-condemnation may be prominent. Cognitive impairment may manifest as slowed thinking, indecisiveness, and difficulty in concentration and memory. "Commonly associated features include tearfulness, anxiety, irritability, brooding or obsessive rumination, excessive concern with physical health, panic attacks, and phobias" (APA, 1987, p. 220).

From this rather extensive listing of depressive symptoms, one might expect the diagnosis of depression to be a relatively straightforward matter. Such is not the case:

The word depression may refer to (1) a subjectively experienced mood that is synonymous with sadness or gloominess; (2) a syndrome that includes not only sadness or mood but also other signs and symptoms such as anhedonia, insomnia, and appetite change; or (3) one or more disease states—in the case of depression involving not only the signs and symptoms of the syndrome but also characteristic ages at onset and gender ratios, natural histories and prognoses, familial patterns, responses to treatment, and (most importantly) the underlying assumption that depression is one or more diseases, that is, not just the severe end of a continuum of affective change but rather a psychobiological state categorically distinct from normal functioning.

The explicit approach of DSM-III-R to the diagnosis of depression is syndromal, in that the various depressive diagnoses . . . are defined as syndromes including specific combinations of signs and symptoms for durations of time exceeding a defined minimum and excluding the presence of other signs and symptoms or other specific preexisting medical or psychiatric disorders. (Cameron, 1990, p. 49)

The conceptualization of depression as syndrome rather than disease is based upon the recognition of heterogeneity :

The term "syndrome" refers to a constellation of signs and symptoms that are seen regularly in clinical practice. A syndrome implies neither a specific etiology nor a homogeneous treatment response . . . In summary, depression, the syndrome, is heterogeneous with regard to biology, treatment response, and prognosis. Therefore, depressions probably include a number of pathophysiologically distinct conditions. (Rush, 1990, p. 15)

Heterogeneity refers to the variance which apparently exists within the diagnostic category of depression—variance which pervades all areas including etiology, treatment response, developmental course, biological indices, and psychological profile. Heterogeneity is thus a major source of variance in the depression literature as evidenced by the preponderance of inconsistent and contradictory research findings.

Clinical categories, such as psychotic or reactive depression, appear to be heterogeneous admixtures of disorders influenced indirectly by multiple genetic and environmental factors. Further research on the etiologic and clinical heterogeneity among depressive disorders should combine detailed clinical assessment with the evaluation of multiple biosocial risk factors . . . We must either carry out such multilevel studies or learn to live with uncertainty. (von Knorring et al., 1983, p. 950)

In practical terms, heterogeneity manifests at a fundamental level in the classification of the mood disorders. Mood disorders are divided into two groups—depressive disorders and the bipolar disorders (DSM-III-R, American Psychiatric Association, 1987). Clinically, these groups differ in that bipolar disorders involve both manic (or hypomanic) and depressive episodes, whereas depressive disorders involve only depressive episodes.

Heterogeneity is also evident within the subgroup of depressive disorders. This variability is emphasized by the plethora of diagnostic subgroups which have been identified and the biological variability which plagues research findings (e.g., Lopez-Ibor, 1990;

Akiskal, 1989; Zimmerman & Spitzer, 1989; Rush, 1990; Kocsis & Francis, 1987). As Kendell has noted:

Part of the reason why there has been more argument and debate about the classification of depressions than about other psychiatric disorders is that they provide a convenient arena for several disputes about the nature and classification of mental illness as a whole: whether mental illnesses are diseases or reaction types; whether they are independent entities or arbitrary concepts; whether they should be classified on the basis of their symptomology, their aetiology or their pathogenesis; and whether they should be portrayed by a typology or by dimensions. The concept of depression embraces a wide range of different clinical phenomena and spans the historical distinction between psychosis and neurosis, yet at the same time the prevailing mood of sadness, helplessness and hopelessness gives it a common core, a unifying theme. So from the start both detailed subdivision and refusal to subdivide are invested with a certain justification. (Kendell, 1976, p. 15)

In sum, while depression might appear to be a relatively simple construct with straightforward diagnostic criteria, the clinical and research evidence suggests that it is actually quite complex in all its dimensions. Depression may best be considered as a group of symptoms (syndrome), rather than a discreet disease entity. The heterogeneity of this syndrome indicates that there may be several types of depression with varying etiologies (causes) and pathophysiology (physical manifestation of disease). Among other effects, this heterogeneity contributes to the variability of the research findings in studies of depression.

Nonspecificity is another major source of variability in the depression literature and refers to the apparent overlap of depression with other diagnostic categories. Nonspecificity manifests as the tendency for various symptoms and indices of pathophysiology to be shared by different illnesses. Thus, nonspecificity can be viewed as dealing with commonalities between depression and other syndromes.

What constitutes a depressive illness is itself subject to dispute and disagreement; the boundaries between depression and sadness, between depressive illnesses and anxiety states,

between affective psychosis and schizophrenia, and between recurrent depression and personality disorder are all arbitrary and ill-defined. (Kendell, 1976, p. 16)

The frequent association of depression and anxiety is an important example of nonspecificity since comorbidity of these disorders complicates diagnosis and subsequent treatment selection.

Diagnostic clarity is often clinically problematic because the symptom differences between depression and anxiety are difficult to separate. It is apparent that symptoms of generalized anxiety and panic frequently co-exist with those of depression and that, when the longitudinal course of these disorders is examined, a particularly strong association between panic and depression emerges . . . Generally, when an anxiety or depressive disorder is accompanied by symptoms of the other, prognosis worsens and treatment becomes complicated. Depression and anxiety may manifest major disturbances in sleep, libido, and weight. Frequently, anxiety and depression co-exist with the symptoms that the patient experiences often being described under the rubric, "vegetative symptoms." (Gulledge & Calabrese, 1988, p. 753)

The close relationship among these disorders may reflect anxiety-induced "learned helplessness" leading to depression, different phenotypic manifestations of the same genetic predisposition, or a common neurobiological substrate for some forms of these disorders (Paul, 1988; Kendler et al., 1987). "Thus, anxiety and depression may be two sides of the same coin, rather than two separate coins." (Paul, 1988, p. 13)

The problem of nonspecificity is not restricted to depression, but permeates the whole field of psychopathology:

Several bases for validating diagnostic categories have been proposed. They include etiology, symptomatology, course, pathogenesis, and treatment response. If a predictable relationship is found among etiology, clinical symptom picture, and course, then a nosological entity has been established. Such a disorder is quite likely to take a particular course and to be caused by a particular etiologic constellation. Such nosologic entities are uncommon in present-day psychiatry. Cur-

rently, most psychiatric syndromes are etiologically nonspecific. (Rush, 1990, p. 16)

One of the most important implications of nonspecificity is the frequent association of depression with physical disease. Many researchers suspect that the same pathological processes which are known to produce major medical illnesses may also produce depression. Another possibility is that the treatment for the physical disease is producing depression as a side effect. Obviously, these two scenarios are not mutually exclusive. The treatment implications are obvious; if depressive symptoms have a strong biological basis in such cases, the depression should be recognized and treated rather than accepting it as an "appropriate psychological reaction" to a serious "physical" illness.

Rather than viewing nonspecificity as a source of troublesome variability, many researchers view this aspect of depression as an opportunity to gain insight into the biological aspects of the syndrome. In other words, since depression may share common patterns of pathophysiology with major medical diseases, an investigation into this overlap may elucidate the biological processes associated with depression. Cardiovascular diseases constitute a major group complicated by depression and there is a growing literature in this field linking these disorders at a biological level.

In summary, one may infer from these studies that in patients with ischemic heart disease and MI (myocardial infarction), depressive symptoms are (1) common and subsyndromal, (2) not consistently correlated with the severity of cardiac illness, and (3) usually transient in those without previous psychiatric symptoms . . . Given the preponderance of cardiovascular death among individuals with major depression, it is intriguing to wonder whether affective disorder plays a role in the pathophysiology of cardiac mortality. (Dalack & Roose, 1990, pp. 4-7)

Dalack and Roose speculate that the conspicuous association of depression and cardiovascular disease may be linked to pathophysiological processes shared by the disorders—specifically the parasympathetic branch of the autonomic nervous system (ANS).

. . . these data indicate that patients with major depression

may have an abnormality in parasympathetic activity. Whether this abnormality is a consequence of central or peripheral autonomic nervous system dysfunction remains to be determined . . . Insofar as decreased parasympathetic tone lowers the threshold for ventricular fibrillation, it is possible, although as yet unproven, that decreased high frequency variability in depressed patients may be part of the mechanism that leads to an increased rate of cardiovascular death. (Dalack & Roose, 1990, p. 8)

ANS dysfunction in cardiovascular disease is not surprising based upon existing knowledge of anatomy and physiology of the cardiovascular system. In contrast, evidence of ANS dysfunction in depression is indirect and consists primarily of epidemiological and pathophysiological data, as has just been cited, and the preponderance of vegetative symptoms associated with depression, namely: "autonomic anxiety, anxious foreboding, morning depression, weight loss, delayed sleep, subjective anergia, early-morning awakening, and loss of libido." (Robinson, Morris & Federoff, 1990, pp. 26-27) Thus, the biological link between cardiovascular disease and depression is an important example of nonspecificity, and research into the role of the ANS dysfunction in both disorders holds great potential.

The neurological diseases are another major group complicated by depression.

Because of the obvious disability that results from neurological illness, depression could be viewed as an appropriate reaction to the functional impairment. However, carefully controlled studies in several neurologic illnesses have failed to substantiate this hypothesis. The depression that develops in the acute phase after stroke is not related to physical impairments. When patients with Parkinson's disease were compared with a chronically disabled group, no relationship was found between depression and severity of handicap. Emotional disturbance increases during an exacerbation of multiple sclerosis but does not appear related to severity of the disease or to degree of disability. (Silver, Hales & Yudofsky, 1990, p. 34)

Thus the high rate of depression in neurological patients may have a biological aspect which is inherently linked to the pathologi-

cal process. The comorbidity of depression and endocrine disorders provides the clearest example of shared pathophysiology and has been noted in the previous discussion of etiological factors. Most notably, thyroid and adrenal disorders are prominent in their association with depression.

To summarize, the strong physical dimension of depression has been highlighted by focusing on the occurrence of depression in certain physical diseases and syndromes. In particular, the pathophysiology of cardiovascular, neurological and endocrine disorders appears to be linked to the pathophysiology of depression. This apparent overlap among disorders is an important example of nonspecificity. One further area of overlap requires emphasis—the frequency of somatic complaints by depressed individuals.

At times, the clinical presentation of depression may be dominated by vague somatic complaints. Pain complaints are notably common in major depression. Some 70% of such patients report headaches, and 40% report abdominal or chest pains. Joint pains, muscle aches, and backaches are also common. These patients may attribute the associated depressive symptomology (e.g., sleep difficulties, poor appetite, weight loss) to pain itself. (Rush, 1990, p. 19)

The issue of pain relates back to the “mind/body split” which dominates much of the depression literature. In such cases, is depression an appropriate psychological reaction to pain; or is the pain a projection or translation of psychological issues into the body? Furthermore, what is the role of pain and somatic complaints in the differential diagnosis of depression (i.e., primary vs. secondary) in cases where there is a known organic condition? As is the case with most of the depression literature, there are no definitive answers to these questions on the role of somatic complaints and pain. However, it is important to remain aware of the acknowledged high incidence of somatic complaints in depression, for this will figure strongly in the Cayce perspective which will be presented in subsequent chapters.

Although a discussion of the complexities of heterogeneity and nonspecificity could easily encompass a lengthy book, such is not necessary. As a summary, consider the perspective of Weissman et al. and keep in mind that subtypes refer to heterogeneity within the diagnostic category of depression while comorbidity refers to over-

lap (i.e., nonspecificity) among presumably distinct diagnostic categories.

Subtypes and comorbidity differ in concept. A subtype diagnosis assumes that there is a disorder, major depression, accompanied by different forms that should be mutually exclusive . . . findings showed that there was considerable overlap between subtypes, and that some that were believed to be mutually exclusive (e.g., endogenous and situational) in fact were not. In comorbidity there is an underlying assumption that separate diagnoses may co-occur for several reasons: one disorder increases vulnerability to the other; one disorder is a different expression of the other; both disorders are due to some third underlying cause, or by chance alone . . . The issue of subtypes and comorbidity is further confounded by the fact that the validity of the subtypes and separations between disorders in psychiatry have rarely been established. (Weissman et al., 1986, p. 433)

In conclusion, there is considerable variability in the depression literature which is directly linked to fundamental issues of heterogeneity (e.g., subtypes) and nonspecificity (e.g., comorbidity). The inclusion of this discussion of variability is more than an academic exercise—it provides a basis for a consideration of Cayce’s perspective on the causes and treatment of depression. Therefore, it is advantageous for readers to be cognizant of these apparently confusing constructs since they will provide an opportunity for a more inclusive, integrated perspective in subsequent chapters. As an illustration, the Cayce readings were hesitant to “hang” a diagnostic label on a person since such labels were often (and still are) arbitrary constructions which exist only in the minds of medical theorists. Furthermore, the Cayce readings recognized and addressed the reality of nonspecificity in depression by recommending relatively nonspecific therapeutic modalities which addressed underlying pathophysiology rather than focusing on symptoms supposed to be specific to a particular disease. A brief review of contemporary treatments for depression suggests that many modern therapies also share a high degree of nonspecificity.

The Treatment of Depression

The development of numerous therapeutic interventions for the treatment of depression is a natural response to the heterogeneity and complexity of the depressive disorders. Generally speaking, most of these treatments fall within two broad categories: psychotherapy and somatic therapy.

Psychotherapies

The most common psychotherapies in current use rely heavily on cognitive models of depression. Beck has provided a concise definition of the purpose and strategy of cognitive therapy:

In the broadest sense, cognitive therapy consists of all approaches that alleviate psychological distress through the medium of correcting faulty conceptions and self-signals. The emphasis on thinking, however, should not obscure the importance of the emotional reactions which are generally the immediate source of distress. It simply means that we get to the person's emotions through his cognitions. By correcting erroneous beliefs, we can damp down or alter excessive, inappropriate emotional reactions. (Beck, 1976, p. 214)

Very often, cognitive approaches utilize behavioral techniques, hence the designation "cognitive-behavioral" therapies. The innovative work of numerous clinicians (most notably Beck, 1976; Michenbaum, 1977; and Ellis, 1962) led to a movement sometimes referred to as the cognitive-behavioral revolution (Brewin, 1989). Currently, at least twenty-two different types of cognitive-behavioral therapy have been identified (Dobson, 1988).

Numerous studies have reported a significant advantage of cognitive-behavioral therapies over placebo or no treatment in depression (e.g., Mclean & Hakstian, 1979; Miller, Norman & Keitner, 1989). Cognitive-behavioral therapies have been shown to be equally effective compared to pharmacotherapy (e.g., McLean & Hakstian, 1979; Murphy et al., 1984) except in cases of severe depression with functional impairment (Elkin et al., 1989).

Somatic Therapies

The somatic therapies address the biological dimension of depression. The somatic dimension has been amply documented in

previous sections but is also evident in the phenomenology of the syndrome. For example, consider the importance attached to "feeling" depressive symptoms. A person experiencing depression feels sad, tired, "blue," etc. This is a direct bodily sensation, frequently associated with various somatic complaints. Somatic therapies directly address this physical aspect of depression.

The somatic therapies cover a broad range of interventions including pharmacology, electrotherapy, exercise, and phototherapy. Although these therapies appear diverse, they share a common feature: treatment efficacy is both demonstrable and variable. That is, while empirical research is generally supportive of somatic therapies, significant numbers of depressed persons do not respond to any of these approaches. Of the persons who do respond to treatment, this response may involve only a partial relief from depressive symptoms. Further, even among those individuals who respond well to therapy, there is a significant risk of relapse. Finally, these therapies may produce disagreeable side effects which complicate treatment maintenance via noncompliance or even a total reluctance to enter initial therapy. To provide a clearer picture of the role of somatic therapies in the treatment of depression, each of the major approaches will be discussed separately.

The use of antidepressant medication is supported by findings from numerous controlled studies (Morris & Beck, 1974); however, clinical trials of these drugs still show a 30% nonresponse rate (Keller, 1989). Thus, "in spite of the dramatic promises of pharmacotherapy, a substantial number of patients either fail to respond to pharmacotherapy or have residual symptoms requiring additional psychosocial care." (Keitner & Miller, 1990, p. 1128)

Lithium is a naturally occurring salt which has been used in the treatment of depression, particularly bipolar disorder. While its use is generally reserved for bipolar disorder in the United States, it is widely used for both bipolar and unipolar in other areas of the world (Schou, 1989).

Lithium treatment can produce numerous side effects. Patients receiving this medication may experience tremors, weight gain, loose stools, memory impairment, inability to concentrate, tiredness, altered sense of taste, and lowered libido (Schou, 1989). For some individuals, thyroid and kidney dysfunction may result from prolonged lithium therapy (Jefferson, 1990).

Historically, electroconvulsive therapy (ECT) has been used for a wide range of psychiatric disorders. Due to public concern about

side effects such as memory loss and possible brain damage, its current application is generally restricted to cases of severe depression which do not respond to other forms of treatment. Although the therapeutic action of ECT has not been ascertained, Fink (1980) has proposed an interesting theory which links ECT efficacy with the widely acknowledged endocrine abnormalities found in depression:

Two recent threads in studies of depression provide the basis for a hypothesis of the action of convulsive therapy. Patients with severe depression demonstrate neuroendocrine abnormalities, particularly in tests of hypothalamic function. These functions return to normal with ECT. Some peptides, which originate, or are found in high concentrations, in hypothalamic structures, have both behavioral (extra-endocrine) effects and diffuse cerebral distributions. My hypothesis is that the antidepressant efficacy of convulsive therapy results from the increased release and more widespread distribution of peptides with behavioral effects. (Fink, 1980, p. 27)

The use of various forms of exercise may be useful in the treatment of depression. An excellent review by Folkins and Sime (1981) focuses on the relationship between physical fitness and mental health and concludes: "The research suggests that physical fitness training leads to improved mood, self-concept, and work behavior; the evidence is less clear as to its effects on cognitive functioning, although it does appear to bolster cognitive performance during and after physical stress" (p. 373). While some researchers have concentrated on specific activities such as swimming (Berger & Owen, 1983) and running (Greist et al., 1979), others have elected to deal with more general constructs of such aerobic exercise (Freemont & Craighead, 1987; Doyne, Chambless & Beutler, 1983).

There are a number of possible explanations for the therapeutic efficacy of exercise; physiological, biochemical, behavioral, and cognitive models have been proposed (for an elaboration of these speculations and a critical review of the exercise literature, see Simons et al., 1985). Although early research in this field suffered from design flaws and conceptual ambiguities, recent studies have improved on these deficiencies and promise to clarify certain key issues, particularly the types of depression which are most responsive to this treatment. For example, the effectiveness of exercise as a treatment for major (psychotic-endogenous) depressions

is questionable (Greist et al., 1979).

Phototherapy has been found to be effective in the treatment of Seasonal Affective Disorder (SAD) (Wehr & Rosenthal, 1989; Blehar & Rosenthal, 1989; Murray, 1989; Chung & Daghastani, 1989). Although the antidepressant effect of phototherapy is widely accepted, there is considerable controversy regarding the timing, duration, and specific qualities of light required to produce the desired results. Typically, a SAD patient will undergo 1 to 2 hours of light therapy upon awakening in the morning. A full spectrum 2,500-lux light is used. Patients will usually begin to respond within 4 days and after two weeks the therapy is usually phased out.

In summary, several major psychotherapeutic and somatic therapies have been described and their relative strengths and weaknesses discussed. In general, these treatments provide qualified symptomatic relief from depression. Psychotherapy is often useful for mild or moderate cases of depression but may not be sufficient in more severe cases. Medications are also often effective in providing symptomatic relief, however drug side effects are sometimes a problem. Exercise may prove helpful, if the patient can be motivated to do it; however, it is probably most effective as an adjunct therapy. ECT is often used as a treatment of last resort in chronic depression; though its use raises concerns about memory loss and possible brain damage. Finally, phototherapy has been proven helpful in some cases of SAD.

Despite the efficacy of all of these therapies, a significant number of depressed individuals do not respond to any treatment, and of those who do respond, many relapse periodically. In recognition of these weaknesses, researchers and clinicians have sought to broaden the range of therapeutic options by combining diverse therapeutic modalities.

The Trend Toward Integration

The call for an integrated approach has echoed through the literature in recent years and reveals the recognition that a broader, more inclusive perspective is required to address the complexity of depression. In this regard, Engel's "biopsychosocial" model is perhaps the most comprehensive perspective currently available. This approach is based upon general systems theory (von Bertalanffy, 1968) and attempts to unify the diverse aspects of illnesses such as depression by recognition of systemic interactions. Instead of fo-

cusing on specific dimensions of the problem, the entire phenomenon (from the molecular level to the biospheric level) is considered as an interacting whole.

Nothing exists in isolation. Whether a cell or a person, every system is influenced by the configuration of the systems of which each is a part, that is, by its environment. More precisely, neither the cell nor the person can be fully characterized as a dynamic system without characterizing the larger system(s) (environment) of which it is a part. (Engel, 1980, p. 536)

The need for a more comprehensive perspective is reflected in these calls for a more integrative approach to diagnosis:

In DSM-III-R, the psychiatrist is given the task of making a differential diagnosis, where disorders thought organic are separated from those thought functional. It would be more in keeping with the spirit of modern psychiatry to de-emphasize such a differential diagnosis and to emphasize instead integral diagnosis. Formal descriptive diagnosis should completely eliminate speculations on etiology to enhance reliability and to avoid premature closure of the clinician's consideration of how various etiologic factors interact. Comprehensive assessment would then begin with phenomenological description independent of etiologic prejudice and proceed to develop a provisional analysis of how organic, psychosocial, developmental, and genetic factors interact to determine the presenting phenomena. (Fogel, 1990, p. 56)

The problem of classifying mood disorders still lacks an acceptable solution . . . Cluster analysis and other mathematical techniques have helped to clarify the outlook, but there is a need for a biopsychosocial perspective and for a deeper understanding of the natural history of these disorders. (Lopez-labor, 1990, p. 62)

At the therapeutic level, the attempt at integration is evident in the combination of diverse modalities such as psychotherapy and pharmacology (Perry, 1990). Even within the relatively specific diagnostic category of bipolar disorder, where lithium is generally re-

garded as a specific treatment, the need for a biopsychosocial approach has been stressed:

Our studies have underscored the importance of considering the manic-depressive patient in terms of multiple and complex interacting systems, none of which suffice alone to explain etiology or to plan treatment . . . Lithium carbonate, besides being a major addition to the treatment of manic-depressive disease, has caused us to refine diagnosis, study the neurobiology of the affective disorders, and relearn the importance of psychologic and social factors in the etiology and treatment of affective disorders. A broad biopsychosocial model is best suited to accomplish this task. Concentration on any one area to the exclusion of the others is hazardous. (O'Connell & Mayo, 1981, pp. 92-93)

Thus, the need for a more comprehensive perspective has been sounded. The biopsychosocial model advocated by Engel has been presented as one of the most integrated of the current theoretical options in the literature. The scope of clinical and research activity, be it assessment, diagnosis, treatment or experimental design, must be broadened if significant progress in the understanding and treatment of depression is to be achieved.

Summary

Depression is a complex syndrome with an extensive and diverse literature. The subject is plagued by variable nomenclature, indistinct diagnostic categories, inconsistent and often contradictory research findings, and a multitude of theoretical models spawning a host of treatment approaches. In the midst of this confusion, several important themes are prominent:

1. Depression is a syndrome which is heterogeneous in regard to etiology, pathophysiology, developmental course, and treatment response.
2. There is a significant familial dimension to depression which may reflect an underlying genetic vulnerability, especially in bipolar disorder.
3. The frequent comorbidity of depression and major medical illnesses, combined with research suggesting common patterns of

pathophysiology, suggests that depressive symptoms may often be closely linked to the primary biological pathology rather than being simply a psychological reaction to a major illness (especially in neurological, cardiovascular, and endocrine disorders).

4. The biological dimension of depression has been strongly emphasized in research focusing on faulty neurotransmission within the central nervous system and endocrine dysfunction (especially with regard to the adrenal, thyroid, and pineal glands).

5. Comorbidity is an example of nonspecificity and is particularly troublesome in regards to other psychiatric diagnoses (e.g., anxiety disorders and schizophrenia).

6. Depression is currently treated with a wide range of interventions including psychological, psychosocial, and somatic therapies.

7. In spite of advances in the treatment of depression, significant numbers of patients either do not respond to any therapy or suffer reoccurrence of depressive episodes.

8. There appears to be a trend towards integrative approaches which seek to consolidate existing divergences in the literature; the biopsychosocial model is one of the most thoroughly elaborated of these models and is an excellent example of this trend.

As will be demonstrated in the chapters which follow, Edgar Cayce included all of the above factors in his analysis of depression. The last point is particularly significant in relation to the holistic emphasis of this book. As will be shown in succeeding chapters, the Cayce readings provide one of the most comprehensive perspectives on depression currently available.

2

Edgar Cayce's Perspective

In analyzing body, mind, soul, all phases of an entity's experience must be taken into consideration. In analyzing the mind and its reactions, oft individuals who would psychoanalyze or who would interpret the reactions that individual entities take, leave out those premises of soul, mind, body. (4083-1)

As THE FIRST chapter clearly demonstrates, the depression literature is complex in content and divergent in scope. Consequently, a comprehensive approach is necessary to understand depression and provide optimal treatment. The brief introductory excerpt for this chapter indicates Cayce's view on this subject—the whole person (body, mind, and spirit) must be taken into consideration. Thus, any discussion of Cayce's perspective should begin with an examination of the philosophical basis of his approach—holism.

Holism

While Edgar Cayce is often cited as the founder of holistic medi-

cine, Eric Mein is correct in acknowledging the ancient roots of this approach.

Health and disease 2,500 years ago were viewed as either the gift or the curse of the gods. The god of healing was Aesclepius, son of Apollo. By the time of Alexander the Great, it is estimated that there were between three hundred and four hundred temples dedicated to Aesclepius. Each of these was a "holistic healing" center far beyond anything that exists today. (Mein, 1989, p. 194)

Thus holism is yet another manifestation of the perennial philosophy. The work of Edgar Cayce is one of the most recent (and perhaps the most thoroughly elaborated) versions of this philosophy.

One of the major strengths of the Cayce material is its comprehensiveness. The readings' panoramic perspective speaks of creation and evolution on a cosmic scale. The earth is like a speck of dust in the universe, and the few billions of years of its natural history are a tick of the cosmic clock. The readings speak of an omnipotent creative force (God) of which the universe was born. Out of itself souls were created for the purpose of companionship. Over the eons, these souls playfully explored the universe, delving into the various life forms and natural processes. In the course of this cosmic excursion, a group of souls became fascinated with this solar system (and especially the planet Earth). The fascination became almost an obsession and resulted in a "trapping," as it were, of spirit in matter.

Not surprisingly, this all sounds pretty much like the "fall of man" which is a common theme in many of the world's religions and mythologies. The readings go on to speak of the evolution of consciousness which is the destiny of each soul. Reincarnation is the basis of this evolution and provides a means for souls to grow at their own pace through a series of earth experiences. Between these earthly incarnations, each soul has the opportunity to experience other realms of consciousness which the readings call "interplanetary sojourns."

When discussing this cosmic perspective, the readings often used the word ENTITY in reference to the soul body. "Life" readings made frequent use of this term in describing the various past lives and interplanetary influences which were a part of the soul's experience.

This term will be discussed more thoroughly in a later section on bipolar disorder. For now, it is only important to note that entity refers to a more expansive, cosmic perspective of the soul and its journey through eternity.

The readings take great care to explain that the interface of the entity or soul-body with the physical body is literal and occurs at definite centers within the human anatomy. These centers are associated with nerve plexus along the spine. Three centers, in particular (4th lumbar, 9th dorsal/thoracic, and 3rd cervical), are said to be the major interfaces through which the entity or soul connects with the physical body. The body's endocrine gland system is another key aspect of the soul's connection to the physical body. In addition to nerve impulses and glandular secretions, the readings speak of a low form of electrical energy (or "vibratory" energy) which also utilizes these soul connections. The readings use various terms to designate this energy (e.g., life force, kundalini, *élan vital*). Reading 3676-1 contains one of the most explicit references to these interfaces found in the readings:

... the 3rd cervical . . . the 9th dorsal, and . . . the 4th lumbar . . . These are the centers through which there is the activity of the kundalini forces that act as suggestions to the spiritual forces (glands) for distribution through the seven centers of the body. (376-1)

To summarize briefly, the Cayce readings provide a panoramic perspective of the human condition which has been labeled holism. This view utilizes a triune model (body, mind, and spirit) to describe the complex interactions which underlie the phenomenal experience of daily life. The uniqueness of the Cayce readings, in this respect, is the depth and specificity with which the readings elaborate the interface of the triune aspects of selfhood.

Several excerpts, which are particularly explicit in describing the interface of mind, body, and spirit, are provided to illustrate this point. These selections are useful because they address several issues relevant to a discussion of depression, notably the "mind/body" connection and the nature and role of spirituality.

... it is well to consider the entity as a whole . . . the entity finds itself made up, as it were, of body, mind and soul . . . There

are centers in the physical body through which all phases of the entity's being coordinate with one another; as in the physical functioning there are the pulsations, the heart beat, the lungs, the liver, and all the organs of the body.

They each have a function to perform. They each are dependent upon the other, yet they function according to those directions of the mental self—or the nervous systems. Yet, while the brain and the cords through which the nerves function are the channels, these are not the mental consciousness; though it is through the nerve plasm that the nervous systems carry impulses to the various forces of the system . . . These naturally, in their various phases, find centers in some portion of the physical or anatomical system through which greater expression is given than in others. (2114-1)

Let it be understood as to how each phase of consciousness or experience affects the other; that is, the associations or connections between the spiritual and the mental body, the spiritual and the physical body, and between the mental and the physical . . .

Then, there are centers, areas, conditions in which there evidently must be that contact between the physical, the mental and the spiritual. The spiritual contact is through the glandular forces of creative energies . . . Hence we find these become subject not only to the intent and purpose of the individual entity or soul upon entrance, but are constantly under the influences of all the centers of the mind and the body through which the impulses pass in finding a means or manner of expression in the mental or brain self . . . Thus we find the connection, the association of the spiritual being with the mental self, at those centers from which the reflexes react to all of the organs, all of the emotions, all of the activities of a physical body. (263-13)

As is understood by the body, there is the physical, the mental, the spiritual. All are one, but with their attributes have their activity through the one or the individual entity or body. The spiritual arises from the centers in the . . . glandular forces that are as hidden energies, or the very nature of the creative or reproductive forces. There are the abilities of each center, each gland, each atom to reproduce itself within the body—which

is the very nature of glandular reaction. (1468-5)

All portions of the nervous system of the physical body, of the physical functioning, are affected by those activities of secretions through glandular forces of the body. (566-7)

These excerpts contain several major themes which require formal identification, since they constitute the foundation of the Cayce perspective on mental health:

1) Mind, body, and spirit interface at definite centers within the human anatomy.

2) The mind (or "mental consciousness") is not synonymous with the brain; the mind "uses" the brain and the "cords through which the nerves function" (peripheral nervous system), thus the mind/body interface is maintained through the functioning of the nervous systems.

3) The spiritual interface with the body is maintained through the glands which reflect the nature of the "Creative Force" or God. The essence of glandular functioning is thus creative (recreative, as in rebuilding the body, and procreative, as in reproduction of the species).

4) The nervous systems require nerve plasma to function (this point is particularly significant due to the emphasis placed on neurotransmission by contemporary psychiatry).

5) Glandular functioning provides the raw materials essential for normal neurotransmission and trophic processes within nerve cells.

6) While it may be helpful at times to think of mind, body, and spirit as if they were separate aspects of the self, one must keep in mind that this is a distortion of the basic wholeness of the entity (i.e., "All are one"). The spirit/mind/body interface is so intrinsic that dysfunction in one aspect usually affects the whole being; holism recognizes this dynamic interaction as expressed through multiple etiological factors, complex pathophysiological processes, diverse symptomatology, and nonspecific treatment modalities.

7) Since spirit, mind, and body interface at definite "centers" within the anatomical structure, somatic dysfunction (produced by such diverse factors as heredity, environmental insult, and systemic imbalances, etc.) may disrupt this interconnection resulting in the mental aberrations and spiritual malaise commonly referred to as depression. Alternatively, "negative" mental and spiritual patterns

may translate into physical disease (i.e., psychosomatic illness), with features of secondary depression.

Point seven is particularly significant since the interface of spirit, mind, and body is inherently physical. This somatic dimension is important inasmuch as both the medical literature and the Cayce readings associate somatic complaints with depressive syndromes. Visceral dysfunction plays a significant role in the pathogenesis of depression—a proposition which is supported by abundant examples in the case studies of depression (Chapter Three). While many factors and processes may produce depression, one is impressed by the readings' strong physical emphasis. In particular, the biochemical dimension is stressed—a logical extension of the spiritual (i.e., glandular) and mental (i.e., nervous system) connection.

From this discussion, one can see that holism is more than a reactionary fad in response to the materialistic values of the twentieth-century medical establishment. Holism is truly traditional in its historical roots and quite sophisticated in its philosophical underpinnings. The Cayce readings are a premier example of the holistic perspective.

The Readings on Depression

It is important to recognize the context in which the Cayce readings were given. Many of the persons who came to him for help were in a desperate condition, having exhausted the existing medical resources without benefit. As a last resort, they sought a psychic reading from Edgar Cayce. Thus the selection of readings on depression do not depict a representative sample from the general population of that era. Even if they did, they could not be directly compared to current samples, since there has been major changes in the psychosocial environment in the intervening decades.

It is also important to keep in mind that many of the readings were given for "physical" disorders, therefore, the depressive symptoms might be considered as "secondary" by current clinicians. Fortunately, many readings were also given for individuals suffering from "primary" depression and these readings provide some intriguing information on unipolar and bipolar disorders. From the standpoint of the readings, the distinction between secondary and primary is relatively unimportant. Virtually all cases of depression (and this applies to the other mental illnesses as well) involve sig-

nificant somatic pathology which is directly associated with the production of psychopathic symptoms. Of course, the etiologic factors which produce the somatic pathology can be quite diverse, a topic to be discussed in a later section of this chapter.

Thus, one must be cautious in interpreting the readings, and a direct comparison with the epidemiological studies presented in Chapter One is not warranted. The readings contain well over a hundred cases with significant depression. Some representative cases have been selected for inclusion in this book and all cases presently known to represent clinical depression are included in a companion work (McMillin, 1991b).

The Pathophysiology of Depression

Before examining the various etiological factors which the readings linked to affective disorders, it will be useful to discuss the physiological dimension of depression. Reading 241-1 contains an explicit description of the pathophysiology of depression:

Impulse in brain forces, or its reaction, are of two natures—the white and gray matter, as is ordinarily called. One an impulse, the other the active force that carries same. In the body, when the impulses come from the pressure as has been created in the forces seen to the brain itself, we have that of the activity without the impulse to carry same forward. Hence we have what is commonly known or called melancholia, or depression, or the inability to carry out the impulses of the body. (241-1)

Note the similarities to contemporary models of neuropathology in depression (i.e., disruption of neurotransmission in the brain). Keep in mind that this reading was given to a lay audience years before the discovery of neurotransmitters and the development of modern models of neuropathology (from the peripheral nervous systems, etc.). Reading 4519-1 provides an example of a depressive pathological pattern which can result from debilitation.

The melancholia has now become remorse. Still, we have the supplying nerve forces in their rebuilding protoplasmic cells gives an action to the gray matter carrying in nerve tissue, that does not act with the white nerve forces and tissue, and as it is

made up gives two separate actions. One is acted on by the expression of one of the senses of the body. Expression reaches the nerve center through one of the senses. As the action comes to the brain through the gray matter, the action of the brain to the body comes through the white. In this we have a lack of expression through the gray forces. (4519-1)

The condition of this man was described as "emaciated" and his blood supply was cited as being "deficient in its rebuilding and rejuvenating forces." Note the sensory system involvement in this case, a common pattern in the readings on depression. Also note the general debilitation in this case, another major contributor to the pathophysiology of depression.

The readings use the word "depression" in a variety of ways which convey its holistic dimensions. For example, it is not uncommon to find the expression "mental depression" in a reading in close proximity to a discussion of dysfunctional attitudes and morose cognitions. Even more common are the frequent references to depression in a literal, physical sense. As an illustration, the selection which follows mentions depression seven times and these references have been capitalized to make them more prominent.

In the Nerve System of the Body

In this we find many centers show the strain under which the body functions. Especially is this seen about the solar plexus center. Hence we have the signs of those DEPRESSIONS as exist in the physical forces through the mesenteric system—that is, the nerves and the plexus and the centers of the torso, or the trunk portion of body. Hence we find at times where lesions show in and about those glands that take from that digestion and add to the stature or building forces in the body, these have been disturbed in times back by adhesions—first by lesions, then by adhesions. See, the body has been under (in times back) a great nerve strain, even DEPRESSED in the higher vibration of the nerve system and of the functioning of a subjugated nerve system . . .

In the sensory nerve system, and in the sympathetic—which is high, and vibrates not in unison with the body—hence we find temperamental conditions exist. At times the body, with good news, would feel exhilarated, good, high, above normal—and DEPRESSIONS would act the same way,

and the body, without cause apparently, feels DEPRESSED. The abnormal vibration of the nerve systems in their action one with another. Disturbed centers and the bloodstream causing these conditions.

In the Functioning of the Organs Themselves

Brain forces good. Brain reflexes at times show the effect of nerve disturbances—that is, the body wonders at times why it thought or acted in a certain direction or way, and not understanding own self. This not a deficiency, but a lack of coordination between the nerve systems—which are as a unit, yet function one with each within itself—for remember, each organism, and each vibratory force as set in the body, is as of a unit within itself—and they are of the countless millions! See? . . .

Heart action normal, save at times, as is given, that repressions or disturbances occur from reflexes of DEPRESSION in the lower nerve plexus, and sympathetically these conditions arise . . .

In the lower portion of the digestion, and through the colon, these we find have the tendency to be laggard in their functioning, by that DEPRESSION as exists in the plexus center that cuts off, as it were, the reflexes to a normal circulation in the lower portion of the body . . .

Q. What causes the cramping in the stomach?

A. This produced by various conditions, but—as seen from that as has been given—at the time it is caused by the improper foods, or the call of the blood supply to meet the needs of those conditions as were produced in times back, when lacerations were caused in the lower portion of the stomach, and the improper incentives being set in motion by the DEPRESSION in the solar plexus . . . (121-1)

This selection is an excellent illustration of the readings' perspective on depression in regards to the vegetative symptoms of depression. In case (121), the depression was literally a depression of nerve impulses in the peripheral nervous systems producing a depressive effect on the cardiovascular and digestive systems; hence the feeling of depression in the body via the depressed functioning of the viscera. The numerous somatic complaints in this case were associated with this physical depression and are congruent with current clinical descriptions of endogenous depression (or as it is often

called, melancholia). Note that the mood swings and aberrant cognitions were linked to "lack of coordination between the nerve systems"; in other words, they were an effect rather than a cause.

Finally, note that the literal, physical nature of the depression produces symptoms similar to a poorly understood medical condition known as neurasthenia. This parallel is more than coincidental since from the readings' perspective, the abnormal vegetative processes in many cases of depression are identical to neurasthenia. Even the words used by the readings to describe the pathophysiology of neurasthenia echo the neuropathology of depression—expressions such as "nerve exhaustion" and "fatigued nerves." This fascinating overlap of disorders is just one example of the readings' tendency to view the body from the inside without predetermined diagnostic bias. This is also an excellent example of diagnostic nonspecificity. A later section addressing the clinical and research implications raised by the readings will discuss this subject in more detail.

The Etiology of Depression

With this understanding of the pathophysiology of depression, it is possible to recognize several key etiological factors which, singly or in combination, may produce depression. These factors are briefly listed below and further elaborations are provided in the case studies in Chapter Three.

Toxicity

Toxicity was one of the most frequently cited etiological factors in the readings on depression. Here are several selections which describe its causative role. Reading 331-1 describes the effects of toxicity on the circulatory and nervous systems while linking it to general debilitation and vegetative symptoms commonly associated with depression (i.e., insomnia, disturbed appetite, somatic complaints).

. . . parts or portions of body, in the exterior, become irritated—or cold and hot spots on body; tendency for sleeplessness or insomnia, or melancholia. These are effects of a disturbed circulation, as well as from the nervous disorder that is seen in the nervous system . . . The conditions, then, in the nerve system—as we find—aiding the circulation to become disordered, and producing the nervous debilitation, or the

weakened condition as felt through the body (easily overtaxed, easily upset at times)—come through or from toxins that form in the system, from conditions existent in the colon itself. Hence the disturbance that is seen in proper eliminations from the body. While these may be carried on in seemingly sufficient manner to meet the needs, the dregs or the conditions that form in portions of the colon itself—in the ascending, transverse and descending—in the form of toxins from this, we have a form of toxemia, which affects the nerve supply, which affects the blood supply; for the blood being forced through such conditions produces a sluggishness in the hepatic circulation, that reaches such a condition at times of almost revolt. As such periods restlessness (psychomotor agitation?), the inability to centralize self on any given object except to find some relief . . . loss of appetite—and at other times there is an abnormal appetite or desire for unusual quantities or qualities of foods . . .

Q. What (are) the causes and cures of low depressed nervous condition?

A. Removal of the toxemia which is forming in the colon itself, and the enlivening of the liver in its activity. (331-1)

Reading 233-1 also contains a graphic description of the effects of toxemia on the brain and sympathetic nervous system:

The forms of toxemia in system are as gas that, inhaled (absorbed?), produces a deadening to whatever portion of the system; first acting upon the mucous membranes or coverings of the body. Hence we find such conditions affecting the liver area, low blood pressure. When these affect an area where there is high blood pressure, it is the pancreas and spleen; while when we find it acting upon those brain centers (limbic system, hypothalamus?), it is from the pulsation centers in the sympathetic nervous system—which makes for melancholia, as also of restlessness, sleeplessness, and inertia—tendency to feel when sitting down to rest as if you'd do anything before you'd get up! (233-1)

Reading 464-18 is even more direct in identifying toxicity as the source of depression.

Q. What causes me to feel so sad and depressed, and how may I overcome same?

A. The poisons that are accumulations in the system. These work upon the nerve forces through those branches as has been indicated to the sympathetic nerve force, which act upon what may be said to be the reflexes to the sensory forces of the body. Thus does the body respond to reflexes or conditions from without and bring on those conditions for melancholia or "Don't Care" . . . (464-18)

The case of (1938) is particularly important due to the advanced age (78) of this woman and the problems which the elderly often have with poor eliminations and general debilitation.

A great deal arises from a bit of neglect on the part of the body as related to the eliminations, and a great deal arises from a general debilitation that is a natural consequence of the reactions due to age and the disturbances indicated as combined with same . . . The nerve forces are the effect rather of the pressures indicated from toxic poisons . . .

Q. How may I overcome my periods of despondency? Are they due to physical or mental or environmental conditions?

A. Physical, and the effect of the poisons—that will be cleansed by the cleansing of the colon, when the other applications are made, purifying and removing toxic forces. (1938-1)

Disturbed Circulation

Abnormal patterns of circulation were closely associated with depression in numerous readings. These patterns were often non-specific—that is, while they affected the central nervous system, they also influenced other systems, particularly the viscera.

Q. What causes depressed mental condition? . . .

A. Now we find with the abnormal conditions in this body, there are many various portions of the system affected, and the condition has to do with the circulation and its effect through certain centers upon the nerve system, and upon the organs direct, both through blood supply and nerve energy as needed or oversupplied in the supply. The condition is one of unequalized circulation, affecting the condition in nerve centers specifically . . .

In the Blood Supply

We find that not of the elements in blood flow itself so much affected as conditions produced in the blood supply by specific conditions in nerve centers causing taxation to portions of the body, as we have in the lower portion of brain, in the gastric center, in the hypogastric center, in the lacteal center, in the perineum center.

These, we find, produce the depression to activity of conscious force as received through the system in the lower portion of brain. Hence, the unconscious forces in the activity of the voluntary nerve force or muscular force of the body (psychomotor agitation and/or retardation?) . . . In the effect as this produces in blood supply forces then to the centers is in the secondary cardiac plexus that effect as is shown in the brain force proper, and the circulation as comes, or fails to come oftentimes, to the extremities. Hence inertia produced in this portion of the circulation. (4196-1)

Reading 4497-1 is another case of disturbed circulation which is particularly interesting since it specified the areas of the brain which were affected.

We have in this case before us a peculiar circulation or a lack of circulation to the front lobe of the brain; it seems to be cut off in some manner; it goes so far and won't go any farther; seems to have a depressing action on the mind; where the mind would expand under present conditions, it seems hampered. The portion affected in this case seems to be the frontal lobe almost entirely; the circulation is also impeded by a lack of nerve force at its exit at the base of brain. (4497-1)

Glandular Dysfunction

The readings make many references to glandular dysfunction in cases of depression. One of the common pathological patterns involves glandular deficiency (which may result from heredity, spinal injury, poor assimilations and eliminations, etc.) producing the aforementioned lapses in neurotransmission.

The disturbance primarily, as we find, is a glandular condition, involving especially the glands as related to the assimilating system. Thus we find there is the lack of elements in the

blood supply. Thus there is the inclination to weaken, sympathetically, the functioning of organs . . . We find off there are the inclinations for the body to become easily depressed, with periods of anxiety mentally and physically; being nervous as to the outcome of many trivial things or conditions at times, and yet ANXIOUS about those things that would have to do with relationships with others arising FROM the effect of the depleting of the impulse in the nervous force as related to the activity of the sensory system. (1995-1)

In the nervous forces of the body—the natural tendencies arising from a disturbed circulation of a glandular nature are for the nerves to become involved as a result . . .

Q. What was the cause of the melancholia which lasted for 19 years?

A. The breaking of the circulation between impulses of the sympathetic and the central or spinal nervous system . . . (2164-1)

One must keep in mind that the readings have a specific definition of what a gland is and what it does:

What are the activities of the glands? Most every organ of the body may be considered a gland . . . that which enables it to perform its duty in taking FROM the system that which enables it to REPRODUCE itself! That is the functioning of the glands! (281-38)

With this in mind, the readings mention a variety of organs as glands, including the liver and spleen. Naturally the thyroid and adrenals were frequently mentioned as contributing significantly to the etiology of depression—the adrenal was cited in cases 383, 942, 1764, and 4853; the thyroid in cases 723, 1845, 3724, 4723; and both were mentioned in cases 392, 411, 434, 854, 1026, 3008, 3225, and 4723.

The readings also make frequent mention of the pineal in cases of mental illness. This association has been discussed at length in a previous work (McMillin, 1991 a). Readers may wish to review the role of the pineal since it represents a crucial component of the spirit/mind/body interface and is cited in many cases blending psychosis and depression. To convey a sense of pineal involvement in

mental illness, an excerpt will be provided in which pineal function was linked to the pathophysiology of depression.

Now, in the physical forces of the body we find there are conditions that nominally would be called purely mental. We have conditions that, viewed from the psychiatrist standpoint, are of a mental. We have conditions as viewed from the psychoanalytical condition would be called suppression . . . In the condition then existent, we find there are physical functionings that have been not so much suppressed as so overtaxed as to cause enlargements that produce in the functioning of the sympathetic and cerebrospinal system those of incoordination, or not proper returns from impulse; or that of fear supplanted often by that of depression following same.

By analysis and by examination there will be found an engorgement in the 1st and 2nd cervical, or at the base, where through the gland there (pineal) to the brain centers, we find the reaction such as to produce an improper condition, or that state that has reached that of where even scar tissue (may be termed) has formed in centers of the brain; though not in a nature that could not be assisted or removed were these taken or handled properly.

Now the question arises, where or what produced such conditions. There will be seen in the history of the body and its development, those conditions wherein through forces that deal with the continuity of life, the application of self towards self as respecting conditions happening in or through the leydig glands, and with that of the endocrine glands, and with those that affect the end of the pineal, those that caused this overactivity through the genitry system. This, then, in its reaction brought about these engorgements. Then that suppression through the activity of the body as respecting such relations. Then that of sorrow, sadness, and fear entered with this pressure. Now there is seen, by relieving the pressure along the cerebrospinal system, especially in the region of those centers governing the leydig and the glands about the capsule of the kidney (adrenals?) that add to the activity of those that engender in the genitry organism those activities in generation which act directly with the forces of the pineal centers, going to and through the medulla oblongata . . . (4432-1)

Note the association of pineal dysfunction with anatomical structures (such as the spinal cord, brain, and reproductive system) and clinical symptoms such as anxiety, fear, and depression. This is representative of the readings' tendency to view the pineal as a system rather than as a discrete glandular entity. Pineal system involvement was particularly pronounced in cases of bipolar disorder, as will be noted in a later section.

There are several readings associating depression with the female reproductive system—a connection with implications for the apparent gender imbalance so often noted in depression. In cases 2197 and 4432 the depression correlated with the menstrual cycle; cases 1087, 1133, and 1321 linked the depression to menopause; the readings cited injury to the pelvic area during childbirth in cases 964 and 1475, resulting in somatic dysfunction which produced depression.

Case (5684) contains an interesting variation on the theme of glandular dysfunction producing faulty neurotransmission in the brain.

... the nerve forces as applied through this condition from their action in the system suppresses the forces of action of the organs through the generative system and produces such an overstimulus to the nervous system as to effect the condition existing between the cerebrospinal forces and the action of the mental forces with the spiritual forces within the body. That is, the course of action begins as that carried through nerve action—the brain forces refuse to send the same impression as is given by the nerve centers over the system. So that we produce melancholia. (5684-1)

Miss (5684) was suffering periodic depression and consequently spent many years in an institution. Her reading cited a dysfunction in the glands of the reproductive system and recommended surgery to correct the condition. Note that the effect of the glandular dysfunction was to disrupt brain neurotransmission by overstimulation rather than by producing a deficiency in nerve plasm or suppression in neurotransmission.

Mental Factors

The readings contain many examples of psychosomatically induced depression. "Mind is the builder" is a prominent theme in the readings and is based upon the inherent association of mental

processes with the nervous system. Self-condemnation was noted as a particularly destructive mental pattern.

While there are physical disturbances, these as we find have been produced . . . by the mental attitude—to self, to conditions, to surrounding influences . . . As is SOMETIMES understood, the physical will deteriorate through MENTAL suggestions to self. And the self-condemnation has produced in those portions of the cerebrospinal system such activity upon the nervous system as to produce a reaction that is contrary to the activities of the nervous body.

Hence those periods of melancholia, those periods when there is the determination for self-effacement in one manner or another. This has produced in SPECIFICALLY the centers in the upper dorsal and through the cervical, and especially in the vagus area, such reactions that there becomes an incoordination between the cerebrospinal and sympathetic or vegetative nerve systems of the body. Then, under the VARIED activity, this produces disturbances in the reaction of the organs that become involved by the too much flow of impulse to the system. Thus we find there are those overflows often to the ducts that magnify and manifest sadness, sorrow, and self-effacement; in that the condemnations which arise make for the dislike of activities that are necessary for the expression of any NORMAL, cooperating, balanced system of the spiritual activities in a physical body. (1452-1)

To be sure there are pathological disturbances, but these arise more from the psychological or psychopathic conditions than from the purely physical condition. To be sure there are incoordinations between the cerebrospinal and the sympathetic systems. These are nerve lapses . . . we will find we may supply the breaking up of the nerve forces in this body. This will prevent the deterioration or the regular conditions that ordinarily arise when such melancholy becomes part of the experience. (3207-1)

In giving an interpretation of the disturbance as we find here, the mental attitude has as much to do with the physical reactions as illnesses in the body. For as we find, in the physical or purely pathological little disturbs the body, save sympa-

thetically, but in the mental attitude there is so much of the making for the degrading of self that self-destruction becomes a part of the reaction, but it is wholly mental. And thus the nerve forces for the body, this body as any body, any individual, who makes destructive thought in the body, condemning self for this or that, will bring, unless there are proper reactions, dissociation or lack of coordination between sympathetic and cerebrospinal system, and it may develop any condition which may be purely physical by deterioration of mental processes and their effect upon organs of the body. (5380-1)

Heredity

The readings contain several references to hereditary predisposition in cases of depression. Occasionally, the genetic factor is couched in vague descriptors such as "supersensitive nature" (1189-2). Case (1614) provides an excellent example of the obscure language of the readings in this regard:

... in giving the causes and their effects upon the physical body much of that which is a part of the heritage of the mental AND physical must be taken into consideration. There are the inclinations and tendencies towards . . . anemia. From the physical angle, we find that these continue to bring disturbances; especially in the ducts and glands about the assimilating system. These are in the form or nature more of adhesions, that form in the LIKENESS of scar tissue. Then, this drainage upon the system—as combined with the adhesions (in the lacteal duct and caecum area)—produces a pressure upon the nervous system that causes those reactions in which the body becomes highly sensitive to all influences about it. Hence, at times, under stress, the effect of odors, the effect of noises, the effect of activities of individuals become as almost OPPRESSIVE to the body. The reactions upon the nervous system produce at times periods of overexaltation, as might be termed, or overnervousness; while at other times they become very depressing, with the inclinations for melancholia . . . (1614-1)

The references to "heritage of the mental and physical" AND "inclinations and tendencies" suggest heredity vulnerability in this case—an example of diathesis/stress. Note the sensitivity of (1614) and the effects of stress.

In contrast to the preceding citations, reading 4853-1 contains an explicit reference to the role of heredity.

There existed a prenatal condition from the condition of the sire, or father, that brought into the system those effects in the nervous system as related to the genitive organs and genitive relations those forces as made for a weakening of the associations or connections in the nervous system; so that, as the body reached that age wherein nature was to discharge in the system those forces as made for creative energies in the system, these failed to respond in their proper way and manner. This brought about a suppression of the whole nervous system, especially as related to the sympathetic system . . . the plasms of the nervous forces to the organs of genitiation, and effect to the brain centers and to those of the glands as act with same—in the pineal, the pituitary, the adrenal, the secretions in those of the active forces in assimilation—or the lacteals; all of these must be supplied, with a changed vibration—and will we be able to create same in such a way and manner as to bring about coordination, we may overcome those activities that produce for the system those effects in the body as are acting on the sensory system, so that the body has those spells of wanting to be alone, desiring even to destroy self . . .

Q. What is causing her extreme nervousness and melancholia at the present time?

A. The inability of the system to adjust itself for proper coordination, as has been outlined. (4853-1)

From the standpoint of the readings on depression, genetic factors are often nonspecific. When one considers the numerous systemic interactions which may come into play in any given case of depression, one realizes that genetic vulnerability may be reflected in various systems (e.g., nervous, endocrine, assimilative, emunctory, etc.) and thus be nonspecific in manifestation.

Life Events

Financial worries may have contributed to the nervous breakdown suffered by Mr. (5318). The reading for this man also noted dysfunctional family patterns and unhealthy institutional environment as major factors in this case.

As we find, the conditions which surround this body are both physical and mental, but most of the mental has been brought about by the feeling of resentments from those who should have been very kind and very patient and very reluctant to have ever put this body where there wouldn't be the little gentlenesses and kindnesses daily administered. It is not well when individuals—who is to judge? . . . It isn't something to separate from. This isn't in the nature of those things, but it is the spirit of the individual that has been so submerged it fears even itself, fears to be in the way of others, and others owe this body much. (5318-1)

Case (411) is interesting since the readings cite a traumatic experience which had been "suppressed" and subsequently produced glandular dysfunctions.

In the NERVE SYSTEM of the body, here we find natural reactions from general disturbances in the body from incoordination; as indicated by the inability of the body to respond in normal manner, that makes for periods of depression or melancholia or the overactivity of the sympathetic forces in the system to respond to normal activities of a developing and reorganizing forces that are attempted to be brought about in the body building itself. As to the glands, then, as specifics:

There has existed in some time back that which was of a specific nerve shock to the body, both from a physical and moral and a psychological effect that was produced in the body; and it brought abhorrence to the system in such a manner—as may be termed—that the blood was as frozen . . . The suppression of these conditions brought about improper functioning through the glands in the adrenal and the thyroid, and the more delicate—as may be termed—or the internal functioning of the thyroids proper rather than the thyroids themselves. And the pineal glands were affected by this strain on the nervous system.

Hence impoverishments to many of the organs in their functionings, and an overstimulation to others by the excess of secretions as indicated through their activities in the body. (411-1)

Pressures on the Spine

Case (1609) provides an example of depression resulting from spinal injury. The etiology is complex since the original insult produced adhesions in the abdomen resulting in disturbed assimilations and eliminations. The nervous system was eventually affected (“lapses of the impulse”) and further deterioration in neurotransmission was predicted if treatment was not provided (“the reactions of the impulses will be to more and more lapse in this manner; more and more melancholy”).

These as we find arise from toxic forces produced throughout the alimentary canal, especially arising from an injury or pressure upon the coccyx and sacral plexus; or through the ileum plexus, as associated with the activity of the caecum AND the emptying of the jejunum to the colon area . . . These produce adhering tissue in the right portion of the body . . . tending to make for dis-coordination—rather than in-coordination—between the mental reactions and the impulses; by the pressures produced upon the brush end of the cerebrospinal nerve system through the areas indicated as to the pressure IN the spinal column and the sympathetic nerve system—as they coordinate through those connections in the 4th lumbar axis. Thus in the mental reactions from same we find at times the indication of lapses of the impulse; and the body remains rather in that mood of living in or reacting to old surroundings. Or there is the inclination to pity self, and to desire or wish for or dwell upon things that had to do with FORMER conditions in the system; without looking toward future activities or impulses. Hence, without these being broken up, these will tend towards a softening—or the reactions of the impulses will be to more and more lapse in this manner; more and more melancholy, more and more reactions to the whole system. (1609-1)

Note the pressures in the lower portion of the spine which disrupt the “connections in the 4th lumbar axis.” Remember that this center is one of the major connections of the mental and spiritual bodies with the physical. Hence, “dis-coordination” at this center produced aberrant mental reactions. Case (4568) is a further example of spinal subluxations producing depression and dysfunctional cognitions:

. . . a correction that should be made in the cerebrospinal system. One—yea two—of the centers show there are subluxations, and that these hinder the body from functioning in a normal manner. These conditions have much to do with the nervous spells, also the melancholia spells that come to the body in various forms of cycle functioning of the organism. The subluxations we find are in the 8th and 9th dorsal, and in the 4th lumbar . . . these repressions through subluxations, and these conditions as exist in nerve system, often bring to the body the depression that causes little things to become very large in the mental image of the body, and the body takes the body-mental images as realities, when they are only imaginations of the entity's own making. With the correction of physical conditions, correction of subluxations, we find these will bring better conditions to the system, through the mental forces in body.

In the correction then of each, as has been given, we will find we will bring about the better physical and mental conditions to the system, through the mental forces in body . . . Correcting mentally, through the correction in physical, will give many advantages to the body, so we will find better expression of self, mentally and physically. (4568-1)

Again note the involvement of two major centers (the 9th dorsal and 4th lumbar) in the mental "imaginations" (delusions?) and depressive affect. Also note the importance of "correcting mentally, through the correction in physical." Osteopathic and chiropractic treatments were one of the most commonly recommended therapies in the readings on depression. This indicates the vulnerability of the spine to insult and the frequency with which these dysfunctions were linked to depressive symptoms. The readings' view that the major interfaces with the mental and spiritual bodies occur along the spine has been, and will continue to be, emphasized throughout this text.

Selfishness

Selfishness is an example of a spiritual etiological factor leading to depression. The readings frequently noted that an unbalanced lifestyle could lead to various forms of pathology. In some cases of depression, the readings stated that the person was living an unbalanced life—too much concern for self.

In the mental condition of the body, these require a greater scope or a more serious consideration as to their expanse of activity . . . selfish interest being too often the motive force for mental abilities cause discouragements and disregard of the real purport of the mental and spiritual forces of the body . . .

Q. What can the body do to relieve herself of the state of melancholy which she often experiences?

A. The best is that as has been given. Let the mental body be permeated more by the spiritual insight of the body when such conditions arise and they often do to every entity, every soul. Look about self; do something for someone else. (3821-1)

Loss of Ideals

The readings place great emphasis on the role of ideals for maintaining wellness. Ideals may be defined as "guidelines for living." The holistic perspective of the readings is reflected in the establishment of ideals—the spiritual, mental, and physical dimensions of life are closely examined to provide criteria for making conscious choices in all areas of life. Ideals should reflect the highest criteria of living. Case (1189) provides a glimpse into the depressive effects of failing to maintain one's ideals.

Now with this body we find there has been an exceeding upset in the ideals of the body-mind; coming from disappointments in individuals and in the reaction to that which is the ideal of the entity within itself.

And being of a supersensitive nature, it has (the mental) rebelled at these conditions. Now the expression of these reactions are within the physical forces of the body. Hence we have been gradually on the border of a nervous breakdown, as it would be called by most pathologists or psychologists.

Yet through the emotions these have produced, as we find, definite reactions in the physical forces of the body; as related to the nervous system, both cerebrospinal and sympathetic. And those areas that find greater distress are where cerebrospinal and the sympathetic or imaginative centers coordinate with the physical reactions of the body.

Hence we have had periods of uncontrollable melancholy. We have had periods of the uncontrollable overflow of the ducts that express emotions; inability of perfect assimilation—

which immediately upsets the metabolism of the whole physical body. (1189-2)

Again, note the reference to the "centers" along the spine ("where cerebrospinal and the sympathetic or imaginative centers coordinate with the physical reactions of the body"). Thus, even in cases where the prime etiological factors involve mental and spiritual ideals, the physical is affected and requires therapeutic attention.

Medication Effects

The readings often noted the deleterious effects of various medications. Generally, these effects were said to result from a repression of the body's innate ability to maintain itself through proper assimilations and eliminations. This linkage of medication effects to mental and emotional problems highlights the strong biochemical dimension which the readings acknowledge as the basis of glandular and nervous system functioning. Note the systemic effects in case (5629)—the nervous systems eventually becoming depleted as a result of poor assimilations and eliminations. It is significant that the depressive effects of the medication were not directly related to central nervous system (CNS) dysfunction—they acted indirectly on the peripheral systems which support and maintain CNS functioning.

. . . (these problems) have to do principally with the supply of energy as created for the replenishing of the nerve system, and the varied effects as are created in the body. Then, as may be surmised from such a condition, most of the nerve system and systems are involved, as well as the assimilating and eliminating system . . . The body suffers principally from nerve exhaustion, brought on by properties as given to the system to supply, or strengthen, or to stimulate the body . . . Hence medicinal properties become as a bugaboo to the system, or to the body, and the whole nerve forces rebel against taking any nostrums of any nature. In the effects as are created in the system: The tiredness, the headaches, the fullness in the feet, the inactivity of the digestive system, the slowing up of the pulsations, the overtaxing or excitement of the heart's action, the quickness of the pulse, the tired depleted feeling as is felt, little rest at times, and at others drowsy; yet not resting from the rest as attempting to take; nervous fidgety, and nothing suits . . .

Q. Why am I so blue and depressed?

A. Nerve exhaustion . . .

Q. Why have I so little endurance when I am anxious to be active and do things?

A. Nerve exhaustion. (5629-1)

In summary, the readings linked many etiological factors to depressive symptoms and these causes encompassed all aspects of the self. Most often, these factors occurred in combinations. As an example: a spinal subluxation might affect the eliminative system producing toxemia due to poor eliminations. This toxemia would typically have a depressive effect upon the nervous systems and viscera producing mental depression and the vegetative symptoms of depression.

Alternatively, the etiological pattern may be primarily of psychological (or as the readings often preferred "psychopathic") origin. Persistent negative cognitions (especially self-condemnation) could lead to nervous system degeneration which might eventually produce visceral dysfunctions and vegetative symptoms.

The pathophysiology produced by any of these etiological patterns would be lapses in neurotransmission in the nervous systems of the body. The presence and severity of vegetative symptoms would be linked to the etiological pattern. Thus, patterns involving an initial somatic dysfunction or chronicity effects (thus insuring an increased risk of somatic involvement) would be more likely to present with more frequent and severe somatic complaints and vegetative symptoms. If the somatic symptoms dominate the clinical picture, the depression might be viewed as secondary to a primary medical illness. If the depressive symptoms are dominant, the diagnosis would be primary depression and any accompanying physical complaints would be labelled as vegetative symptoms of depression.

A Typical Reading

Thus far this chapter has utilized many excerpts from the readings to illustrate specific points about holism and the pathophysiology and etiology of depression. To get a sense of the comprehensiveness of the readings, it may be helpful to do a detailed analysis of one complete reading.

Inasmuch as the treatment of depression usually involves a co-operative effort between client and health care professional, it is

important that both partners in the healing process have a basic grasp of what the readings are about if this material is to be useful. Thus, it is imperative that the readings are accessible and comprehensible to all concerned. This point will take on added significance with the introduction of the therapeutic model in Chapter Four, for this model relies heavily on the willingness of individuals to study and understand the readings.

As the physical readings have a reputation for being difficult to decipher, a close look at the structure and content of a reading may serve as a pedagogical tool. These readings are really quite exquisite in their presentation—often bordering on the poetic. Also, the form is logical and easy to follow, once the underlying structure is revealed.

Since many disorders (including depression) are syndromes with intricate, interwoven etiologies, the readings utilize a diagnostic procedure to address this complexity. This approach closely parallels modern attempts at integration (i.e., general systems theory). Thus, a typical “physical” reading provides an introduction or overview of the condition, followed by three sections dealing with the main systems of the body: the blood, the nervous system, and the organs. A treatment plan is given and the reading concludes with a question-and-answer section.

Yes, we have the body here, (723).

Now, as we find, while many conditions are very good in the general physical forces, there are those that disturb the better physical functionings of the body, the proper corrections of which would bring a much nearer mental and spiritual development for the body.

These conditions, as we find, are in the eliminating system and the effects that have been produced upon the functioning of organs; thus making for disturbing conditions that are gradually bringing about such disturbing factors as to make for a more and more anxious condition respecting the general physical forces.

Then, these are the conditions as we find them with this body, (723) we are speaking of, present in this room:

First, we find the BLOOD SUPPLY low in pressure; abnormally slow, then, not only in the superficial but in the deeper circulation. This shows for factors that disturb the body in such measures as to bring distresses not only in the reactions in the mental forces towards influences that make for periods of de-

pression, but when the sensory activities of the body are more in the order of the active force than in a normal balanced influence.

Hence these periods of melancholia have their effect, as well as being caused by the general depression; the causes which we shall see in the functioning of the organs themselves.

The elements of the blood are near normal, yet we find there would be periods when positive tests and then negative tests would result. Hence there are the necessities for meeting the conditions in the present.

In the NERVOUS system do we find rather the effects that are created, rather than the nerve forces being the cause; yet these very effects have in the sympathetic system the reactions upon the organs of the sensory system—or their sympathetic effect upon the body. For, in the periods of depression there is too great a sympathetic reaction to the lachrymal ducts; hence those tendencies for the body to become—as it were—somewhat hysterical under such repressions, making for periods of crying—or periods of deep depression, or the periods when the taste is entirely changed in the system; those reactions that make for the supersensitiveness in the hearing, in the feelings. Hence these are but effects, as we see, created in the nervous system by repressions in other portions of the system, making for the pressure or the impulses and activities in the system such as to produce these effects or results in the system; and we shall see where and how the repressions act.

As to the ORGANS themselves of the body:

In the brain forces we find the reflexes good.

The sympathetic reactions to the sensory system—as the eyes, ears, nose, throat, taste, voice—these are affected; but sympathetically, not organically.

In the throat, bronchi, lungs and larynx, we find here a low activity in the glands of the thyroid, which tends to make for a contributory cause to the repressions in the flow of the upper hepatic circulation. This makes for the lowness, or tendency, or aid to the activity of the low blood pressure in the body.

Not that we have an organic heart disturbance, but the flow—what may be termed the governing of the activity of the circulation, through those portions of the system as will be indicated.

Lungs normal.

Heart's action sympathetic.

As to the digestive area, we find here there are periods when the body just can't eat; fills the stomach full with the first two or three mouthful. At other times the appetite tends to eat a large quantity, and then at times the digestion is very good—at others not so good; as it were, the food lies in the stomach for a time. This is a nervous indigestion, produced by reflex conditions in the systems.

In the pancreas and the spleen, as it coordinates with the liver, we find the greater distresses for the body. Hence we find through the lower portion of the lower dorsal and the lumbar area a heaviness. Not that it arises from the kidneys, but affecting the upper hepatic circulation; it affects the lower hepatic circulation sympathetically, and we have those periods of heavy, bearing down pains in the back; an aching as of numbness, and especially do we find this comes to the right side of the body, so that we have in both extremities—as sympathetically from the brachial plexus to the upper portion of the arm on the right side, to the lower portion in the lower part of the body or in the extremity, in the feet and lower limbs—a heavy dullness, and periods when there is no feeling—as it separates and contracts in itself. This, then, is producing pressure on the 9th and 10th dorsal plexus area, or that pressure in the nerve system where we find those reflexes to the nervous forces of the body as indicated; producing a slowing through the non-activity of the glands of the thyroid—with its coordinating effect with the destruction of red blood forces in the spleen itself, enlarging or engorging the spleen—especially in one portion of same. Thus we have those pressures. In the spleen activity, as we find, this is on the left portion of the body, while the effect or pressure is produced on the right portion of the ganglia at the 9th dorsal area. Hence the variations that we have in the conditions.

The liver in its activity makes for torpidity at times. Hence we have those periods when, from the reflex conditions, we have a bad taste in the mouth, or restlessness—that makes for a heaviness throughout the whole right side. Following such periods do we have greater repression in the lower dorsal and the lumbar area of this heaviness across the small of the back. Later we find a heaviness in the feet, as of dragging just a bit; and we may have after such periods the reaction to the ner-

vous system, when we have a form of hysteria.

As to the lower digestive system and the functioning of the alimentary canal with the spleen, pancreas and liver in its secretions and excretory functions in the eliminations in the body, these become at times slow in their activity. Hence we have periods when, even though there may be the removal of the refuse forces of the body, tendencies for constipation and the effects of same become apparent in the activities of the system; thus necessitating the irritating of the flow of the gastric forces in the stomach itself—or the overactivity of the liver in making for repressions, or removal of the repressions through the superactivity of the lymph circulation—by taking of cathartics or eliminants for the system. And these only gradually add to, rather than taking from the conditions that are gradually being produced in this body, (723) we are speaking of.

The organs of the pelvis in their functioning have adjusted themselves so that the kidneys and the bladder in its reaction at times make for not painful activities in the eliminations through the canals, but sparse—and again the overactivity. These bring their repressions. Hence we have toxic forces that arise from accumulations of the poisons from the eliminations that should be carried from the system.

Then, in meeting the needs of these conditions, as we find them with this body, we would necessarily need the combination of those activities that can make for the bringing about of normalcy for this body; necessitating, then, the stimulation of the gland activity throughout the system.

Hence we have a lack of iodines and an excess of potashes that have gradually accumulated in the system. A balance must be created in same.

There must be those stimulations through the formations that would assist in overcoming the tendencies for congestion in the spleen itself in its organic activity. There must be those stimulations that would make for a coordination of the activities that would be created by the stimulating of the various ganglia that form the impulse to the activity of the organs themselves; thus creating a more normalcy or a nearer normal balance in this body.

First, then, we would begin with these:

We would take internally small quantities of the Atomidine, found in that called Atomidine. Begin with taking one minim

in half a glass of water twice each day—that is, for the first day; before the morning meal and before retiring. The next day increase the dosage to two minims twice a day; the next day three minims; the next day four; the next day five—morning and evening, then rest or leave off for two days. Then begin again with the one minim, gradually increasing till the five minims are being taken twice each day. Continue repeating the rounds in this manner.

Also we would begin with the sinusoidal applications for the body, of the electrical vibration. This is for stimulation to the plexus and areas that make for the activity through the organs that cause the disturbance. In the treatments the application of the anodes would be to the 9th dorsal plexus and the brachial center, or the 1st and 2nd dorsal plexus. These should be given for periods of fifteen to twenty to thirty minutes; gradually being increased, not too great in the beginning. Give these two to three times each week.

Following each sinusoidal treatment we would have a general manipulation, osteopathically given; making for coordination of the centers in the locomotories of the body, stimulating specifically the 4th lumbar area—the 9th, 10th, and 11th dorsal area. Not so much as adjustments, until there has been created a correct, normal balance in the system; but a stimulation of the areas that receive—or through which the organs receive the impulse for their activity.

For the flow of the blood through the body is increased by the activative forces of the stimulation to the gland activity, drainages must be set up in the system by the stimulation of these ganglia that we may have the revivifying forces that will be created in the circulation for producing normalcy for the body.

As to the stimulations for the circulation of the head, to the eyes, to the toes even, these will be cared for in the beginning with such applications as indicated. For, to be sure, the sinusoidal acts upon the circulatory system from the centers, yet these must be coordinated by the manipulations.

As to the matter of the diet, keep to those foods that are more alkaline than acid-producing. Use at least eighty percent of the alkaline-reacting food values to twenty percent of the acid-reacting.

Do these consistently, persistently, and we will bring near normalcy for this body, (723).

Ready for questions.

Q. What should be the rate of currents for the sinusoidal treatments?

A. This should be governed by the stimulation it makes in the circulatory system, see? Hence it would be lower in the beginning, and gradually increased as it keeps for the balance in the system itself. This should be governed by the one applying same.

Q. Is there a growth on the spine?

A. An engorgement, but not a growth on the spine. This comes there in the 9th or 8th and 9th dorsal area.

Q. Will the treatment as suggested relieve this?

A. As we make for the flow of the circulation through these areas, it takes away any engorgement—and with the drainages set up by the coordination, these are eliminated through their regular channels. See, we are to eliminate from the system not only through the alimentary canal but through the activities of the kidneys, the respiratory system, through the breath itself. These must coordinate. In this way and manner they will be made to coordinate.

Q. Will the treatment as suggested relieve the condition with the eyes?

A. It will relieve it. You see, we will remove the cause—and then nature takes care of the adjusting of the condition.

Q. Any other suggestions for the better physical condition of the body?

A. Keep an attitude of using that thou hast in thine own mental and spiritual self, not as for self alone—but let thine own light, thine own life, mean more and more to those that thou meetest day by day. If thou would have friends, show thyself friendly. If thou would have joy and peace and harmony in thine own experience, show that unto thy fellow man. For with what judgment ye mete, it shall be measured to you again.

We are through for the present. (723-1)

Although at first glance readings such as 723-1 may seem so inclusive in their scope and detail as to appear impenetrable, be not dismayed. With some explanations of the terminology and concepts involved, the readings are not only comprehensible, but actually a pleasure to study.

First, keep in mind that the readings are oriented toward applica-

tion. Since most referrals for treatment were made to osteopaths and chiropractors, it makes sense that the language of the readings (both in its terminology and conceptualization) would address the clinical reality of these disciplines as they existed in the early decades of this century. Hence, the frequent mentioning of vertebrae, plexus, ganglia, subluxations, lesions, and so forth. While the layperson may find such expressions confusing, or perhaps even intimidating, practitioners of manual medicine are usually quite delighted at the opportunity to get an "inside look" at physical pathology and its treatment.

Secondly, it is important to realize that the body is an extremely intricate combination of systems. When compared to most articles one finds in the medical literature, this reading is really quite straightforward in its description of pathology and recommendations for treatment. With all of this in mind, the main sections of this reading will be discussed and some key points elaborated:

Background Information

Occasionally, correspondence or other background information precedes the actual reading. None is provided in this case and perhaps the most important data one can gather from the background information is that the reading was given for an adult woman. Considering the strong gender differences in the epidemiology of depression and the extensive biological emphasis of this reading, this is worth noting.

The Introduction

As is typically the case, the introduction succinctly states the problem; it is "in the eliminating system and the effects that have been produced upon the functioning of organs." Poor eliminations were commonly cited as a major etiological factor in numerous diseases and syndromes, including depression. Later in the reading the nature and extent of the toxemia are discussed as well as the organs which are involved.

Blood Supply

Note that this section of the reading immediately addresses the depression. This indicates the seriousness of the depression in relation to the general systemic dysfunctions (i.e., depression was a major difficulty in this case) and, from a clinical perspective, may be viewed as the presenting problem. The depression was episodic

("periods of depression") and the cycle was linked to the activity of the sensory system. Sensory system involvement in depression was consistently noted in the readings on depression and was linked to the conjoint autonomic nervous system (ANS) innervation of the sensory organs and the visceral organs (the cervical and upper dorsal ganglia of the sympathetic system and the pneumogastric (the vagal or tenth cranial nerve) were the key ANS components). Thus, while the depressive episodes were associated with the sensory system, they were also "caused by the general depression; the causes which we shall see in the functioning of the (visceral) organs themselves." The "general depression" refers to the literal depressive effect upon the visceral systems as discussed in a previous section of this chapter.

Nervous System

The section dealing with the nervous system reiterates the connection between the sympathetic (ANS) and the sensory system. Some specific sensory system symptoms are mentioned: periods of crying, altered taste and supersensitiveness of hearing and feeling. It is important for clinicians to recognize these symptom clusters since such information is useful in understanding the pathological systemic interactions and providing treatments which address these dysfunctions. For example, in this case, the osteopathic manipulations (which will be discussed later) were recommended to address the areas of pressure related to the symptom cluster (i.e., "segmental" relationships of the spine to areas of pathology).

To understand the readings' perspective of the nervous systems, keep in mind that anatomical terminology has changed since Cayce's era. Thus, for practical purposes, the expressions "sympathetic system" or "sympathetic nervous system" may be translated as autonomic nervous system (ANS). It is really a bit more complicated than this (Korr, 1979), but for the purposes of the present discussion (which is a general understanding of the readings) this will suffice.

The Organs

Since the introduction stated that the pathology involved the functioning of the organs, it is not surprising that this section is lengthy and complex. Note that the major organs are mentioned regardless of their involvement in the pathology; the readings are systematic in their format.

This is particularly apparent in the first organ cited. "In the brain forces we find the reflexes good." The brain is included as an organ rather than as part of the nervous system. Reading 723-1 is not a fluke on this point; typically the brain is viewed in this manner. This reveals the importance which the readings place upon the peripheral nervous systems and especially the ANS—in essence, the ANS is provided its own section whereas the brain is lumped in with the other organs. This organization is consistent with the readings' view of pathology and its treatment, a view which readily acknowledges the vulnerability of the peripheral systems and the importance of manual medicine in balancing these systems. In the hundreds of cases of major mental illness, the readings did not emphasize brain pathology except in cases of dementia praecox (chronic schizophrenia). Even in those cases, the brain degeneration was usually viewed as an effect produced by primary peripheral pathology. Thus, reading 723-1 is typical of the many cases of depression in which the readings regarded brain dysfunction as important but not the primary problem.

This section proceeds to identify the organs which are involved: the sensory organs, thyroid glands, liver, pancreas, spleen, and kidneys. The complex interactions point up the "sympathetic" relationships which exist within the body; when one organ is dysfunctional, others will become involved.

In particular, the close relationship between the thyroid and the "hepatics" is mentioned in numerous readings. The "upper" hepatics refers the secretive organs of the digestive system which work in close association with the liver (in this case the pancreas and spleen). The "lower" hepatics refers to the other function of the liver in its role as an organ of elimination (its excretory function). This excretory capacity is closely linked to kidney functioning and thus "sympathetically" involves these organs. The disorders in these visceral organs affects the torso and extremities producing the somatic complaints including backaches, heaviness of the limbs, etc. Most significantly, in terms of the depressive symptoms in this case, the pressures produced along the spine affect neurotransmission in the ANS which is directly linked to the sensory system involvement as discussed in the earlier sections.

Note the disruptions in the alimentary canal with the "tendencies for constipation" and the "irritating of the flow of the gastric forces in the stomach itself" (indigestion). Also note that these conditions are only exacerbated by the "taking of cathartics or eliminants for

the system"; a common systemic reaction when medication is taken only for symptomatic relief. "Hence we have toxic forces that arise from accumulations of the poisons from the eliminations that should be carried from the system."

Treatment Recommendations

Treatment involves a "combination of those activities that can make for the bringing about of normalcy for this body." Thus, a multimodal or holistic approach is necessary. Note the structure of this section: three short paragraphs serve as a preface by providing a summary of the treatment plan and the rationale behind the therapeutic strategy. Treatment is directed at helping the body in "creating a more normalcy or a nearer normal balance." This is to be accomplished by stimulating the glands and the "various ganglia that form the impulse to the activity of the organs themselves." The specific nature of the chemical imbalance is stated: "a lack of iodines and an excess of potashes."

The therapies are laid out in a logical manner, each with its own paragraph providing the details of application. The Atomidine is to be provided in cycles to stimulate and coordinate glandular secretions, the electrotherapy to stimulate the organs, and the osteopathic manipulations to set up drainages (eliminations) and improve neurotransmission. The alkaline-reacting diet is a standard recommendation in the readings intended to help balance the body's chemistry.

Although the therapeutic modalities are relatively nonspecific (they are used for a myriad of pathological conditions), the suggested applications are quite specific. The cycles of the Atomidine, the placement and duration of the electrotherapy, and the administration of the manipulations are precisely noted.

As an aside for those readers practicing manual medicine, note the reference to general and specific treatments. The specific adjustments were not to be made until after the general manipulations were provided to balance the system. This is one of the reasons for the readings' stated preference for osteopathic treatment; the osteopaths of that era were trained to provide both general manipulations and specific adjustments. This aspect of treatment will be examined in more detail in Chapter Six when therapeutic techniques are discussed.

A prognosis is included at the end of the treatment section. "Do these consistently, persistently, and we will bring near normalcy for

this body, (723).” The prognosis is conditional upon the precise and thorough application of the recommendations. Also, the prognosis is realistic. The pathology is complex and very likely, a longstanding condition. The reading avoids overly optimistic or exaggerated therapeutic claims.

Questions and Answers

In a typical reading, this section often provides helpful information on therapeutic applications, the rationale for specific treatments, and the underlying philosophy of the readings. Reading 723-1 addresses all of these areas.

The first answer addresses a concern about the application of the electrotherapy by explaining how the appliance affects the body. The device stimulates the circulatory system and its intensity should be gradually increased in relation to its effect on this system. The tone of the answer implies: “No need for concern, the therapist is trained in its application and will know what to do.”

The answer to the third question is extremely important, not only to the understanding of this case, but also for its implications in other cases of depression involving poor eliminations. Understandably, most people associate eliminations with the colon and bowel movements. Although some constipation was noted in case (723), the readings did not view this as a major problem; therefore therapies aimed at this eliminative system were not advised (i.e., no enemas or colonics). Rather, the reading explains that there are other forms of eliminations to consider. The renal and respiratory systems were specifically noted in this answer and electrotherapy and osteopathy were recommended to address these systems. Although it was not mentioned in this reading, the skin (via the sweat glands) is another major eliminative organ commonly cited in the readings.

The answer to the fourth question delves into the readings’ philosophy of healing. “You see, we will remove the cause—and then nature takes care of the adjusting of the condition.” This answer echoes the osteopathic dictum of “cure by removal of cause” and is the conceptual cornerstone of the readings’ approach to treatment. The implications of this philosophy are particularly important in disorders such as major depression which typically involve numerous somatic complaints. Does each complaint or symptom need to be addressed specifically? (In other words, in terms of current clinical practice, does each client need to take a handful of pills in addition to the antidepressant intervention?) In most cases the readings pre-

ferred not to be concerned about the numerous peripheral symptoms produced by systemic dysfunction. Rather, help the body to re-establish its balance and integrity and the peripheral symptoms will diminish and cease to be a problem.

Finally, note the holistic emphasis of the last answer. The questioner seeks further "suggestions for the better physical condition of the body." The answer addressed the importance of the mental and spiritual dimensions, especially the importance of constructive attitudes. Even in a pathological condition which is essentially a physical problem, the readings insist that a broader holistic perspective be maintained. Note that the mental and spiritual applications involve the interpersonal domain and are explicitly practical in nature.

While this basic outline covers several important points relative to depression and provides a glimpse into the structure and content of a typical reading, specific readings may require a deeper examination. For example, the date of the reading is sometimes relevant since the style of the readings evolved during Cayce's lifetime. The "early" readings (say, before 1920) were often brief and did not use such an elaborate systemic model. The "later" readings (given in the last couple of years of Cayce's life) were also frequently brief. There was such a demand for Cayce's skills that he felt compelled to provide several short readings in each session so that as many persons as possible could be helped. Also, the first reading in a series is typically more developed while successive "check readings" are usually condensed to the essential information required for treatment. With these reservations in mind and for the purposes of this chapter, the general analysis provided in this section should be helpful to those wishing to study the readings in their entirety.

If it is any consolation to those who may have gotten lost in this section, reading 723-1 is a fairly tough one due to its complex etiology. Its selection, however, was purposeful since it discussed thyroid dysfunction and iodine/potash imbalance. These factors were mentioned in several readings on depression. Coincidentally, from a medical perspective, hypothyroidism is a well-established, yet poorly understood factor in many cases of depression:

... the precise relationship between the HPT (hypothalamus-pituitary-thyroid) axis and affective disorders remains obscure. The similarity between many of the symptoms of hypothyroidism and those of major depression is striking. The

documented HPT axis abnormalities in many depressed patients—abnormal TSH (thyrotropin) responses to TRH (thyrotropin-releasing hormone), presence of antithyroid antibodies, and elevated CSF (cerebrospinal fluid) TRH concentrations—remain mechanistically unexplained. The relation of these abnormalities of HPT function to diagnostic subtypes of patients with depression or treatment responsiveness remains unclear . . . Thus, considerable investigation will be necessary to understand the role of the HPT axis in the pathogenesis and treatment of affective disorders. (Nemeroff, 1989, pp. 15-16)

Of course, there is no way of knowing whether Ms. (723) was suffering from clinical hypothyroidism. However, in consideration of current level of ignorance regarding the relationship between hypothyroidism and depression, researchers may wish to utilize the several cases in which the readings describe the systemic interactions in depression when thyroid dysfunction is noted. A further discussion of the research implications of these readings will be reserved for a later section in this chapter.

The Treatment of Depression

As was noted previously, an important ramification of viewing depression from a systems perspective is the realization that treatments are often nonspecific. Because many of the systemic patterns which can lead to depression are involved in other disorders (e.g., arthritis, psoriasis, migraine, etc.), the therapeutic interventions recommended for depression are often appropriate for other syndromal conditions. Thus, therapies such as osteopathic or chiropractic treatment, hydrotherapy, constructive mental attitudes, dietary suggestions, exercise, etc., are common in most of the physical readings. It is also natural that many of the therapeutic suggestions fall within the realm of general health habits—common-sense interventions which are aimed at establishing and maintaining systemic balance. Hence, a major strength of the readings' approach to treating depression is that it tends to be relatively safe with few side effects. Chapters Three, Four, and Five will address Cayce's treatment recommendations in detail and a further consideration of therapeutic modalities will be reserved for that time.

Bipolar Disorder

Bipolar disorder is the current diagnostic label applied to persons experiencing wide mood swings, going from the depths of depression to manic euphoria. These swings may be erratic or repetitive, with cycles varying from weeks and months to days (and in rare cases, many times during the same day or "rapid cycling"). The previous designation for this syndrome was manic-depression.

Naturally, since the diagnostic category of bipolar disorder is of recent derivation, it was not used in the Cayce readings. Curiously, its diagnostic precursor (manic-depressive disorder) was not used either. There are several possible explanations for this absence, for example: (1) the readings did not consider it a valid diagnostic designation, (2) the readings recognized the validity of the designation but did not consider its inclusion in the information as particularly helpful or necessary, or (3) no person whom Cayce viewed as meeting the diagnostic criteria requested a reading. The question becomes more intriguing when one realizes that at least four individuals who had been diagnosed as suffering from manic-depressive disorder received readings (1452, 1789, 3662 & 4059). Furthermore, there are several cases where the readings describe symptom patterns characteristic of bipolar disorders (480, 964, 1087, 1614, 3950 & 3969).

Typically, the readings were reticent to hang a diagnostic label on persons seeking help. The preference was simply to provide a description of the etiology and systemic dysfunctions followed by treatment recommendations. For example, in case (693), the readings provided an extensive description of the etiological factors, pathophysiology, and treatment recommendations; subsequently, when asked to provide a diagnostic label for the condition, the entranced Cayce replied, "The name? Name (it) yourself! This is the condition that exists!" (693-1)

Case (3969) is an excellent example of a likely case of bipolar disorder in which the readings simply preferred to describe the conditions from a systems perspective and provide treatment recommendations. This case will be examined in detail with occasional excerpts from other readings to clarify certain key points.

In considering the conditions that exist with the physical forces of this body, well were those conditions understood that show the relation between the physical, the material, the spiritual and the soul forces of a body. Well are many of the truths

that would be well for mankind to learn exhibited in this body, for while the forces are one in normal application toward life; yet, as exhibited or manifested, there may be such strains brought to bear upon the various elements that go to make up that through which the various portions of the entity function, until there is produced improper coordination between same; yet the physical body not far or greatly disarranged, or diseased, while the mental or the intellectual may be as manifested here, in accord, yet unable to fully cooperate with the physical functioning of the system, where the soul becomes tired, while yet the spiritual urge on. These, then, have been classified by man under various heads, not wholly yet understood by many, as pathological, psychological, and the variations between same, as of the incapacitation of physical reactions. So with these we may see how in this body the conditions exist . . . (3969-1)

Note the expansiveness exhibited in the introduction; this condition deals with the entity—the whole self. When the word entity is used in the readings, the implication really stretches the concept of holism to the limit. Yes, this is a condition affecting the relationship of body, mind, and soul. And yet, more is involved. The word entity, as applied in the readings, almost conjures up images of a “higher self” or “soul self”—a co-consciousness that is related to, but transcendent of, earthly experience.

The “life” readings which Cayce provided differ from the “physical” readings in their cosmic perspective. The perspective of the physical readings often seems to be from the inside out—from within the body. In the life readings, the consciousness of Cayce seems to “step back,” as it were, to take in the broader perspective of a soul making its way through eternity. The perennial philosophy of the readings comes into play here and concepts such as reincarnation, interplanetary (between life) sojourns, and karma are woven into the story of an entity’s evolution. While the word entity is rarely utilized in the physical readings, it is frequently used in the life readings where expressions such as the “selves of an entity” or the “personalities of an entity” are common. Thus the self-conscious ego of a current earthly life is viewed as just the tip of the ontological iceberg. The immensity of being implied in the word entity embraces the universal or cosmic consciousness.

A person experiencing the broadened awareness of the universal

may interpret this occurrence in numerous ways. One person's mystical experience may be another's psychosis. In less extreme cases, one may simply encounter feelings of expansiveness or grandiosity accompanied by mildly delusional beliefs of a religious or mystical nature. The similarity of these experiences with the symptoms of bipolar is obvious.

Thus the word entity is quite significant in its connotations. For those interested in pursuing this point further, cases (4059) and (1087) make reference to the role of the entity in psychopathology. Ms. (4059) carried the medical diagnosis of manic-depressive while Ms. (1087) presented with bipolar features ("there are periods produced when the body is overhilarious, but the more often there is produced melancholia"). Case (1087) is particularly significant since the etiology of the "depletion in vitality" in the nervous system is discussed and the interface of the "ENTITY" with the body is cited:

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 itself in its connection with the physical body. Thus there are periods produced when the body is overhilarious, but the more often there is produced melancholia, the inability to rest, the inability to make for activities in those things that pertain to even self-preservation. (1087-1)

So, the connection of the ENTITY with the physical body is literal and specific (other readings are even more explicit in defining the connections at the 4th lumbar, 9th dorsal, and 3rd cervical). The major plexus at these locations were cited for their considerable influence on the body's systems. Reading 2401-1 provides further insight into the meaning of ENTITY, especially regarding the nervous system and glandular interfaces which occur at these centers.

Let it be remembered—there is the body-physical, with all of its attributes . . .

Then there is the mental body, accredited off with activity

from reflexes or impulses of the nervous systems of the individual.

Then there is the ENTITY, the soul body—that may find material manifestation or expression in the ability not only of BODILY procreation but of every atom, every organ within itself to REPRODUCE itself, its likeness, through the assimilation of that taken within—either physically OR mentally.

These each have their attributes, their channels of activity.

The soul body manifesting in the physical, as we have heretofore indicated, finds expression in what we call today the GLANDULAR systems of the body. (2402-1)

This excerpt affirms the holistic concept of the triune self while relating it to definite centers within the physiology of the human body. These specific centers are important, not only as a metaphysical curiosity, but also in terms of their treatment implications. They are quite vulnerable to injury and therefore are frequently included in the pathophysiology of numerous disorders, especially mental illness. The electrotherapeutic and manual medicine interventions recommended in the readings focus on these points, hence their crucial clinical significance. For example, the readings frequently gave specific instructions for attaching the positive anode of the Wet Cell Battery to one of these centers along the spine (commonly, the 9th dorsal plexus was stipulated). Likewise, instruction to osteopaths often contain suggestions to use manipulative techniques which coordinate these major centers, in addition to any specific adjustments which are required. When used in this manner, these treatments help to maintain the balance and coordination among the glands, nervous systems, and the rest of the body. The integrity of the interface of the entity with the physical body is maintained.

Thus, the word entity, when used in the context of physical or psychopathology, is notable. Suffice it to say, that after many years studying the Cayce readings, the author still takes careful notice whenever a physical reading mentions entity.

Getting back to case (3969), the significance of the disruption of the physical interface with the entity is linked to the glandular system. The three major centers through which the entity interfaces with the physical body are linked to major glands (particularly the leydig, adrenal, and pineal). Not surprisingly, the latter portion of reading 3969-1 indicates that the problem is:

In the glands in the system, there is the lack of—or, through inhibitive or prenatal forces, a weakness that is shown in the action of tissue in the nerve itself. . . . in sympathetic and coordinating system, which occurs through the action of the lyden (leydig) gland with that of the pineal, in its recurrence to brain forces along those of the sympathetics coordinating with cerebrospinal centers. Now these, as seen then, a reflex—or an affectation from an existent condition. The basis, the seat of the soul, then, in that of the lyden gland, with the pineal reaction in the system, and this activity that brings about psychological conditions. Hence when there is reaction in this body, it becomes that of the body turned inward toward the ego, or self, and self-pity, condemnation . . . (3969-1)

The condition involves a hereditary (“prenatal”) “weakness” (diathesis/stress) in the glandular system which eventually affects the nervous systems and disrupts the interface of the mental and spiritual with the physical body. Note the reference to the leydig and pineal glands, a tip-off that the condition involves the pineal system (McMillin, 1991a). This system may be viewed as a complex interaction of glands, nerves, and vibratory forces which the readings described as the connection of the entity to the body. The readings often portrayed the pineal system as a consciousness system. Hence, its disruption could result in alterations of consciousness as diverse as the expansiveness of mania and the total disengagement of consciousness in certain forms of epileptic seizures. Another way of thinking about this system is that it is the physical correlate of the soul body.

So, while the body of (3969) was apparently healthy and functioning fully, the interface between soul and body was disrupted. Again, keep well in mind the quotations provided at the beginning of this chapter stating that mind and spirit interface at definite centers within the body. These points of interconnection are through the glands and nervous systems (and particularly the autonomic nervous system). Thus, while (3969)’s body appeared normal, there was a lack of coordination (or cooperation) among the body, mind, and spirit due to a breakdown in the connections between the triune aspects of the self. As the reading notes: “. . . there may be such strains brought to bear upon the various elements that go to make up that through which the various portions of the entity function, until there is produced improper coordination between same; yet

the physical body not far or greatly disarranged, or diseased, while the mental or the intellectual may be as manifested here, in accord, yet unable to fully cooperate with the physical functioning of the system, where the soul becomes tired . . . ”

One wishes that the entranced Cayce would have elaborated on the medical diagnosis in this case. He was apparently aware of the current diagnostic categories and pathological criteria. As the reading states: “These, then, have been classified by man under various heads, not wholly yet understood by many, as pathological, psychological, and the variations between same, as of the incapacitation of physical reactions.” Yet he deferred from hanging a label on the person. He maintained his policy of simply describing the systemic interactions: “So with these we may see how in this body the conditions exist . . . ”

From Cayce’s perspective, the diagnostic categories of his day were simply too poorly understood; they did not take into consideration the whole person—body, mind, and spirit. To accept a conceptualization which was fundamentally at odds with the readings’ perspective was an unnecessary distortion. Besides, the readings were primarily concerned with effective treatment. A diagnostic label was not considered essential for this end.

Note the distinct reference to heterogeneity in this reading: “. . . not wholly yet understood by many, as pathological (physical), psychological (mental), and the variations between same . . . ” The expression “variations between same” is particularly clear in its connotations. There is a variety of etiological factors and systemic interactions involved in the pathophysiology of bipolar.

A note of caution here: since bipolar disorder, as it is currently defined, is a heterogeneous group of syndromes, do not make the mistake of viewing every person who meets the diagnostic criteria for this illness as suffering from an aberrant transpersonal experience. There are a variety of conditions, even from a strictly biological perspective, which may produce mania, depression, and psychosis.

The spectrum of bipolar disorders also entails considerable nonspecificity. The overlap of symptomatology and medication efficacy with schizophrenia and epilepsy are two prominent examples of this nonspecificity. (McMillin, 1991a)

So while there is the initial tendency to wish that Cayce would have provided a conventional diagnosis so that one could at least attempt correlations with contemporary diagnoses, one must ac-

knowledge the readings' choice in the matter. As one becomes more familiar with the readings, this apparent deficit in the readings becomes more of a challenge to seek a comprehensive understanding of the pathological conditions rather than falling back on a diagnostic label. Illnesses such as bipolar disorder are poorly understood, as may be surmised by even a cursory examination of the medical literature. Thus the readings may serve to stimulate new ways of viewing this problem, rather than encouraging entrapment in current nosology.

While the readings typically avoided diagnostic labels, some case files contain information which is helpful in gaining insight into the person's condition. For example, case (3969) contains collateral data in the form of correspondence from friends, relatives, and interestingly enough from Edgar Cayce himself. A letter from a sister-in-law dated 8/17/49 states:

His (3969's) wife, my husband's sister, daughter of a minister, very orthodox . . . tore up the reading and would not agree to do anything about it . . . My brother-in-law, (3969), is still living in Philadelphia, has more money than he knows what to do with, but his family has arranged it so that he can't give it away in big lumps as he has been trying to do for years . . . "

The extreme philanthropy portrayed in this letter (a characteristic of mania), combined with the reading's indications of depression are consistent with current criteria for bipolar (or perhaps cyclothymia, a mild form of bipolar). A follow-up questionnaire (7/29/40) provided by Mr. C. M. Rice, who was present for the reading, indicates that Mr. (3969) was suffering a "nervous breakdown" at the time of the reading. A letter from Edgar Cayce (9/5/28, two days after the reading) to a Mr. M. H. B. states:

This man—Mr. (3969)—who is here at the time—My! If we only had the institution (Cayce Hospital) ready now! It's certainly quite a pitiful case. Of course there have been many cases very similar. Several we have had under the observation of the readings. Those that were given just what was suggested in the reading have gotten well. Those that were not able to get that have gone mad, or soon met a sudden death (suicide?). If the place was open, why he would be right there. Quite an influential man, I understand—and a man with a great deal of

dollars and cents; but they mean nothing whatever in this poor man's life at present. But it's a case that requires a place where it can be looked after every day, to do any good.

Thus, the supplemental data in this file is quite helpful in filling out the clinical picture of this man. From all indications, he was suffering a depressive episode with anxious features. The manic features described in the sister-in-law's letter provides evidence of mania.

The reading itself makes reference to "prenatal forces" suggesting a hereditary factor (research indicates that bipolar has extremely heavy genetic loading—perhaps the strongest of any of the mental illnesses). The pathophysiology of glandular dysfunction involving the pineal system is also consistent with cases carrying a medical diagnosis of manic-depression. Therefore, even in the absence of medical and psychic diagnosis, the data suggests psychopathology similar to current descriptions of bipolar disorder.

The treatment recommendations provided in this case were also similar to other cases where a medical diagnosis of manic-depression was indicated. Electrotherapy utilizing gold solution, manual medicine (osteopathic manipulations to the lower spine), and companion therapy were suggested in case (3969). These treatments follow the pattern given for persons diagnosed as manic-depressive.

Since treatment is the main focus of this book, and the readings were fairly consistent in this regard, it is not necessary to delve further into nosological issues at this point. A discussion of bipolar (especially its overlap with schizophrenia and epilepsy—i.e., its nonspecificity) is included in a previous work (McMillin, 1991a). Readers interested in this aspect of the Cayce material may wish to utilize that resource. The treatment of bipolar disorder will be discussed in Chapters Four, Five, and Six.

To summarize, the readings offer a unique opportunity to understand the group of illnesses currently called bipolar disorder. The readings' explicit statement of heterogeneity and the refusal to succumb to simplistic diagnostic labels are characteristic in this respect. Case (3969) was selected as an example since it illustrates the readings' comprehensive perspective. This view includes the interface of the ENTITY or soul with the body and the physical pathology which must be addressed by treatments which coordinate the whole self.

Undoubtedly, readers unfamiliar with Cayce's perennial perspec-

tive will find some of these ideas incredible and perhaps confusing. If such is the case, just try to keep an open mind by focusing on the practical implications of this approach. The readings do provide treatment suggestions which have proven effective in many cases of major pathology such as bipolar disorder.

Clinical and Research Implications

Although the Cayce readings frequently discussed the mental and spiritual aspects of depression, one is impressed by the strong physical component of this syndrome. This is particularly apparent in cases where the depression is presented with vegetative symptoms or in conjunction with another syndrome (i.e., comorbidity or "secondary" depression). If Cayce's perspective were accepted as valid by clinicians using current diagnostic criteria, most cases of depression could be appropriately diagnosed as organic mood syndrome.

From this perspective, the difference between a diagnosis of organic mood syndrome and mood disorder is largely a matter of ignorance. Practically speaking, in order to diagnosis a condition as organic mood syndrome, one must recognize a physical cause for the depressive symptoms. In the absence of definitive knowledge of the etiology of the condition, a diagnosis of mood disorder is made by default. The readings were consistent in identifying the pathophysiology in cases of depression, even when nonbiological factors were cited as primary in the etiology of the condition. The implication is that a thorough understanding of anatomy and physiology, combined with a thorough assessment procedure will usually reveal the pathophysiology in each case. Presumably, if one accepts the validity of the Cayce readings, Edgar Cayce had access to such knowledge and assessment skills.

The importance of thorough assessment is crucial, not only for accurate diagnosis, but most importantly, for effective treatment. The problematic nature of current assessment and diagnosis has been noted:

However, the exclusion criterion concerning organic causation would seem to require that a medical history, physical examination, and laboratory assessment also be part of the data base. The extent of physical evaluation will affect the threshold for detection of organic factors. Several studies have

shown that causal organic factors may be uncovered in psychiatric patients thought to be free of significant medical illness if systematic and extensive evaluation is carried out. Thus, a first source of unreliability in the distinction between major depression and organic mood disorder is variability in the completeness and accuracy of medical evaluation among different clinicians. (Fogel, 1990, p. 53)

The implications here are clear. If the Cayce readings are considered as valid glimpses into the pathophysiology of depression, there exists the potential for clarifying the nosology of the depressive disorders and providing treatment options which address the full spectrum of systemic dysfunctions which are associated with depressive illness.

There is abundant supportive data in the psychiatric literature to justify such a consideration. Ponder the role of toxicity in depression. The readings frequently cited this factor as a major contributor to depressive pathology. Toxicity is also recognized as a cause of depression in the DSM-III-R:

This (organic mood) syndrome is usually caused by toxic or metabolic factors. Certain substances, notably reserpine, methyl dopa, and some of the hallucinogens, are apt to cause a depressive syndrome . . . Carcinoma of the pancreas is sometimes associated with a depressive syndrome, possibly due to neuropeptides in the gastrointestinal tract that are identical with those found in the brain. (American Psychiatric Association, 1987, p. 112)

The latter portion of this quote illustrates a significant point in the readings on depression; namely, the importance of the visceral systems, and particularly the gastrointestinal (GI) tract in cases of depression. The frequent association of endogenous toxins resulting from poor eliminations was often linked to dysfunction of the bowels. It is noteworthy that disorders of the GI tract have been linked to psychiatric symptoms. In a controlled study investigating the prevalence of psychiatric disturbances in patients with irritable bowel syndrome (IBS), Young et al. (1976) report that 72% of the patients with IBS were diagnosed as suffering from a psychiatric illness while only 18% of controls had psychiatric illness (hysteria and depression were the most prevalent psychiatric syndromes). These

findings are supported by a preponderance of evidence linking IBS to mental disorders such as depression (Walker et al., 1990). Additionally, motility disorders of the upper GI tract have also been linked to depression (Clouse & Lustman, 1983). Thus, the readings' graphic descriptions of the toxic process associated with GI tract dysfunction could make a significant contribution to an understanding of the high rate of comorbidity between GI tract dysfunction and depression.

The significantly high comorbidity of depression and headaches (Garvey, Schaffer & Tuason, 1983) is another example of how the readings could clarify the relationship among major illnesses. The readings often linked both syndromes to toxemia produced by poor eliminations. That two disorders of the "head" (if one views depression as a "mental disorder" produced by neurotransmitter imbalances in the brain) could be produced by dysfunction in the lower GI tract does not fit existing theoretical models of either disorder. However, this pathophysiological pattern is consistent with a general systems approach and the current literature.

There are important treatment implications of this comorbidity: "Headache is an important marker for depression in the primary care setting. It can be inferred . . . that the clinician may need to focus more on treating the entity of depression than on treating just the symptom of headache." (Ckung & Kraybill, 1990, p. 360) The readings agree with this conclusion but differ on the method of treatment. As can be seen in case (3630) (Chapter Three), the nonspecificity of the etiology and pathophysiology is addressed with nonspecific treatment modalities intended to treat both syndromes by eliminating the common cause of each (e.g., the use of hydrotherapy to cleanse the colon).

Headaches are just one example of the multitude of somatic complaints which are associated with depression.

Multiple studies have shown that patients with major depression have significantly more somatic complaints on a medical review of systems, even when controlling for chronic medical illnesses. This is especially true for pain complaints . . . Our research group has studied patients experiencing chronic back pain, pelvic pain, and chest pain, as well as other aversive conditions such as irritable bowel syndrome . . . In each case about two thirds of these patients had a lifetime episode of major depression compared with about 15% to 42% of

medical controls, and about one third had a current episode of major depression compared with 3% to 10% of medical controls . . . It is unclear from the above studies whether depression is causally related to pain or if chronic pain causes depression. Recent data suggest both are true, and some researchers have advocated the term depression-pain syndrome (the implication being that chronic pain and depression are linked biologically and, indeed, respond to similar treatments). (Katon & Sullivan, 1990, p. 6)

The readings are in complete agreement with the parenthetical statement which concludes this quote. The readings on depression are explicit in their description of somatic dysfunctions such as lesions, subluxations, "pressures," adhesions, "impingements," engorged organs, etc. The direct linkage of these dysfunctions to numerous somatic complaints is unmistakable, even to the layperson casually skimming the readings. Again, the major difference in the readings' perspective and current allopathic medicine is the treatment strategy. The readings consistently advocated "cure by removal of cause," which typically involved the use of natural remedies such as manual medicine, hydrotherapy, exercise, and diet. Allopathic medicine tends to approach both chronic pain and depression from a biochemical model, which is undoubtedly effective in suppressing the symptoms of both syndromes. However, questions relating to therapeutic maintenance and medication side effects remain problematical. From a conceptual standpoint, medical science's lack in understanding of the relationship between depression and somatic complaints is also troublesome.

As a further illustration of the possible contribution of the readings to medical science, one may broaden the discussion of the vegetative symptoms of depression beyond headaches and somatic complaints. Consider the full spectrum of "autonomic (vegetative) symptoms . . . (including) autonomic anxiety, anxious foreboding, morning depression, weight loss, delayed sleep, subjective anergia (inactivity, sluggishness, listlessness), early morning awakening, and loss of libido." (Robinson, Morris & Fedoroff, 1990, p. 27) By combining these "autonomic/vegetative" symptoms with the previously mentioned somatic complaints, one gets a comprehensive listing of the physical features commonly associated with depression. Compare this composite clinical picture with the medical description of neurasthenia:

(Neurasthenia:) An ill-defined disease commonly following depressed states characterized by a sense of weakness or exhaustion, or by the symptoms of various types of organic disease without the existence of organic disease in a degree sufficient to justify the subjective complaints of the patient. (Symptoms:) Fatigue; weakness; headache; sweating; polyuria; tinnitus and vertigo; photophobia; fear; easy exhaustion on the slightest effort; inability to concentrate; irritability and complaint of poor memory; poor sleep; numerous, constantly varying aches and pains; vasomotor disturbances. (*Tabor's Cyclopedic Medical Dictionary*, 1973, p. N-19)

Note the parallels between the symptoms of neurasthenia and the vegetative symptoms of depression. From the standpoint of the readings, these parallels reflect common patterns of somatic disorder involving the nervous systems and viscera. Thus, in certain key respects, neurasthenia can be viewed as the physiological counterpart of depression (particularly in those forms labeled endogenous or melancholic). Again, the implication being that the readings may help to clarify the nosological status of many "ill-defined" diseases such as neurasthenia. The 400+ readings on neurasthenia contain valuable data on the pathophysiology of depression. Thus, with a close examination of these adjunct readings, the "organic" (physiological) dimension of psychiatric syndromes such as depression may be better understood.

The readings' description of depression as a breakdown in neurotransmission is congruent with contemporary models of neuropathology in depression and may be helpful to researchers in this area. The "lapse in nerve impulse" (as the readings often referred to it) was frequently linked to autonomic nervous system (ANS) dysfunction which resulted in visceral dysfunctions. It was the incoordination in these basic systems which was said to produce the vegetative symptoms of depression. On the basis of this description, one would expect to find measurable abnormalities in ANS functioning. Such abnormalities have been recognized and are well documented (Heimann, 1985); it is the meaning of these anomalies which is uncertain.

The Cayce readings and the osteopathic research literature may provide insights into the nature of ANS dysfunction in depression. The readings are explicit in describing these ANS anomalies. Likewise, from the osteopathic perspective, the work of physiologist

Irvin Korr is exemplary and represents a valuable resource to researchers wishing to understand the pathophysiology of depression. *The Collected Papers of Irvin M. Korr* (edited by Peterson, 1979) provides convenient access to Korr's work and is highly recommended to those seeking sources which parallel the Cayce material.

The readings may also provide insight into endocrine abnormalities commonly associated with depressive symptoms. The example used earlier in this chapter to illustrate the structure of a typical reading (723-1) was selected, in part, to typify the potential contribution of the readings to an area of research which is in need of alternative perspectives. Since the readings contain detailed descriptions of the systemic interactions common to "organic" diseases such as hypothyroidism and psychiatric syndromes such as major depression, researchers may wish to avail themselves of this material to better understand the pathogenesis of these disorders. Furthermore, the potential contribution of the readings to research is enhanced by the scope of the readings, which extends to virtually all of the numerous etiological factors cited in Chapter One (especially the role of psychological and psychosocial factors).

Summary

The Cayce readings provide a unique perspective into the causes and treatment of depression. The holistic nature of this view encompasses the full range of etiological and pathophysiological factors known to be associated with depression and provides comprehensive coverage of key clinical and research issues.

Essentially, the readings view depression as a literal "depressing" or inhibition of nerve impulse. This depressive effect is also literal in regards to the peripheral systems which are typically affected by the "lapse in nerve impulse." In particular, the visceral organs and sensory nervous system are emphasized as playing key roles in the "vegetative" symptoms of depression (e.g., disturbed sleep and appetite, sluggishness and listlessness, somatic complaints such as headaches and backaches, etc.).

A wide variety of etiological factors are cited as producing these symptoms. Somatic dysfunctions producing toxemia are very often associated with the pathophysiology of depression. Glandular dysfunctions (most often the adrenal, thyroid, and pineal) are also commonly cited as contributing to the pathological process.

Psychological problems (e.g., dysfunctional attitudes) are often a

prominent component in the depression, either as an effect produced by somatic dysfunctions or as a primary cause. In the latter case, the readings sometimes use the term "psychopathic," which in current terminology might be regarded as "psychosomatic." In other words, the pathology is induced by pathological thinking. The readings are quite explicit in describing the degeneration in nerve impulse (frequently within the ANS plexus and ganglia) which is psychosomatically induced in these cases.

Negative life events are noted in a few cases, usually in combination with primary somatic pathology. Loss of meaning in life and hopelessness are also cited in several cases. The readings typically referred to these factors as a loss of ideals or, more specifically, a failure to establish a spiritual ideal around which to center one's life. This sense of spiritual malaise could lead to despair, negative mental patterns, and eventually to mild physical symptoms which the readings labeled "dis-ease." A prolongation of this pathological trend could produce clinical disease.

The strong physical emphasis of the readings also helps to clarify the meaning of "secondary" depression. The same pathological processes involved in "primary" medical disorders are consistently associated with "secondary" depressive symptoms—particularly the vegetative symptoms. Thus, a treatment plan which addresses the underlying cause of both disorders is deemed appropriate.

This blending of pathophysiological processes and symptom clusters is a natural result of a systems approach and produces much of the nonspecificity associated with mental illness. The non-specific therapeutic modalities recommended in the readings are also indicative of a systems model and will be addressed more thoroughly in later chapters. First, a select group of case studies will be examined to further illustrate the key concepts introduced in this chapter and to establish the context in which therapeutic modalities can be considered.

3

Case Studies in Depression

THE CAYCE READINGS contain over one hundred cases of clinical depression. Most of the cases presented in this volume were located through the card index at the A.R.E. Library. Some were found while researching readings on various health subjects. Undoubtedly, there are many other cases interspersed among the thousands of readings. Perhaps with the computerization of the readings, a more thorough search will ferret out these additional cases. Of the 130 cases listed in Table 3.1 (Appendix A), 50 exemplary cases have been chosen for this chapter. A companion volume is available which includes all of the cases listed in Table 3.1 (McMillin, 1991b).

The cases selected for inclusion in this chapter typify the various etiological factors, pathophysiological processes, and treatment recommendations in the readings on depression. Hopefully, these glimpses into the readings will help to “flesh out” the concepts presented in Chapters One and Two.

During the years since Cayce’s death in 1945, the most prevalent application of the medical readings has been a case study approach;

that is, a person would simply study a collection of readings on a specific problem and find the case that best fits his or her condition. A copy of the readings for that particular case would then be taken to a sympathetic health care professional who would follow the suggestions in whatever manner was deemed appropriate. With this in mind, these summaries are intended to serve as an aid to those desiring to locate specific cases in the readings. They are not intended to preclude the study of the original documents, which are available to the public at the A.R.E. Library in Virginia Beach, Virginia. The A.R.E. offers various services to further assist persons desiring copies of specific readings (e.g., the circulating files program).

As will be discussed in Chapter Four, these summaries may also help clinicians adapt the basic treatment plan to the needs of their clients. Each case is listed under the number assigned to the individual who received the reading. The summary focuses on information which is most helpful to the clinician. A treatment plan is provided to further condense the information.

Case Summary #49

BACKGROUND: Female; she was a schoolteacher in her 20s; 1 reading was given on 7/29/25.

SYMPTOMS: The reading cited somatic discomfort such as "dull pain in back, along, above the edge of hips, in the left side, especially," "inability of the body to stand long on feet without feeling flushed from head to feet," "constipation, with pains through the right portion of body, near the ascending colon."

PATHOLOGY: "IN THE BLOOD SUPPLY: This we find below the normal in the rebuilding and distributing of cellular forces toward replenishing the general strength in the system. This produced in part by the specific condition in nerve system (lesions) and by . . . poor eliminations as have been existent in the body from times back . . . Hence we have, as it were, a complication of conditions as exist in the system, being then specific organic condition, specific lesions, affecting nerve system, and the combination of mental attributes towards physical conditions of body . . . The condition in the lower lumbar and sacral being now the cause of the condition, accentuated by condition in circulation, elimination, and the general strain in the system. While the body is not anemic or over-nervous, save as a general debilitation, yet the whole condition borders on nerve break down . . . at times there in the region of the

sympathetic nerve actions of heart and lung that depression and pain that causes melancholia and a depression in heart's action, the desire to be alone and to understand more. These are a mental reaction in physical forces and rather that of a physical manifestation of the psychological forces manifested in a body . . . Rarely does the body take sufficient foods for the recapitulation of the forces in system to recuperate nominally used energies of the body. Hence the overtired condition, especially with depression mentally that comes to the body at times."

PROGNOSIS: "Do that. We will bring the best forces to this body."

COMMENTARY: Note the pattern of visceral involvement (particularly pneumogastric and hypogastric, lacteals, spleen, liver, and kidneys) produced by a spinal lesion in the lower back. There was also a strong mental (i.e., psychosomatic) factor in this case. The depression was linked to a "complication of conditions: general debilitation, poor eliminations, mental attitudes, and irregularities in the respiratory and cardiovascular systems (resulting from sympathetic nervous system dysfunction).

The suggestion for lithia (either naturally via spring water or as a tablet dissolved in water) is interesting since lithium carbonate is a recognized antidepressant medication.

Treatment Plan

Case # 49

THERAPEUTIC MILIEU

"the body needs rest . . . with little to do but plenty of those surroundings well pleasing to the body"

"be outdoors as much as possible"

take a trip to Shenandoah Springs, Arkansas; French Lick Springs, Indiana; or Crazy Water, Elmer Springs, Texas

ACTIVITY

"plenty of outdoor exercise, lightly taken"

"rest . . . with as little to do and think of, save being entertained by someone else"

"light reading"

DIET

very little meat except fish
 "keep vegetable forces more of the cereals than of the tuberous nature"
 drink plenty of water, "especially that which would carry lithia and . . . white or black sulphur water
 eat plenty of fruit

MANUAL MEDICINE

osteopathic manipulations
 adjunctive therapy: whenever there is severe pain in the lower back or limbs, apply a saturated solution of salt and apply vinegar, heated as hot as the body can stand

NOTE: The suggestion for a trip to the resort springs was optional. If the trip was not taken, the lithia and sulphur could be taken as follows: "one lithia tablet to half a gallon of water, and double extract of Dawson water taken as drinking water" (cerulean water carrying sulphur could be substituted for Dawson water). The suggestion for rest and relaxation at a resort featuring therapeutic mineral springs (particularly lithia) exemplifies the traditional approach to treating depression resulting from general debilitation.

Case Summary #272

BACKGROUND: Female; she was 32 years old; 7 readings were given for this woman (10/29/30 to 10/6/33).

SYMPTOMS: Problems with reproductive system (discharge from uterus), depression, "pains in the top, back part of head," "pains center-front over uterus," "pains in lower right side," disturbed digestion, sinus trouble, various other somatic complaints.

PATHOLOGY: "The conditions, as we find, have to do with the functioning of organs, and that the causes are both physical and psychopathical. In the effects as are produced in the disturbance, these have to do with the sensory system and the organs of same, the organs of reproduction, and these effects are from mental attitudes as have had much to do with the disturbances as are exhibited in the present time . . . IN THE NERVOUS SYSTEM, OR SYSTEMS—Here we find, from the physical sense, the greater amount of distress—for, from there being stored in the mental forces of the body those of aggression, discontent, the holding of

the disorders against individuals, has produced much as has been stored as of detrimental influences; for anger in the system destroys that characterization of a perfect, or even a well-balanced assimilation, which makes for physical impoverishments, and with the constant brooding brings depressions that affect especially the sensory system; eyes, ears, nose, throat. In the character of the elements produced in the plasm, these become—from such depressions—of an overacid nature in the body, and throughout the system these work for the improper functioning of organs as are of the sympathetic system's nature."

PROGNOSIS: ". . . when we correct that disturbance mentally, those depressions and improper impulses physically and nervously, and change the vibratory forces in system—we may have a nearer normal body."

COMMENTARY: This case is an example of the power of negative mental patterns. Correspondence indicates an obsessive personality style with paranoid features. Apparently she was tormented by an affair of her husband and was very resentful: "To forgive and not forget is to burden self physically and mentally." Although she initially resisted the suggestions provided by the readings, eventually she applied the information with good results: ". . . it seemed that gradually I began to comprehend more of the meaning and application of them in my own case. My mental condition changed and the readings became very personal, very encouraging, and very applicable. They fit me and my condition better than anything I could think of."

Systemic symptoms were prominent in this case, especially in the reproductive system. The readings traced the etiology to overacidity produced by the negative mental patterns.

Treatment Plan

Case #272

CHANGE ATTITUDES

". . . unless the mental attitude, the nerve and the resultant expressions of same—through impulses to the physical organisms—are stimulated or brought—through the mental body . . . the conditions cannot remain in a normal state though only physically corrected!"

Work with ideals: "Keep the mind pure, and hold to an ideal, working or living better in a manifestation of that ideal."

MANUAL MEDICINE

osteopathic treatment

administration: "correct those conditions existent in the cervical, upper dorsal and lumbar regions"

MEDICINE

ingredients: To 4 ounces of simple syrup, add:

Tincture Valerian	H ounce
Elixir Calisaya	H ounce
Tincture Stillingia	G ounce
Iodide of Potassium, 10 % solution	20 minims
Bromide of Potassium, 10 % solution	10 minims
Tincture of Capsici	3 minims

administration: "shake solution together before the dose is taken"

dose and cycle: "a teaspoonful 3 times each day, unless found necessary for the nervous reactions in evening—this taken in half a glass of water"

Case Summary # 434

BACKGROUND: Male; adult; 1 reading was given on 11/9/33.

SYMPTOMS: Easily tired at times—especially across the hip and lower extremities, "tendency of feeling as if the body is asleep," dizziness, nervous indigestion, headaches, restless sleep.

PATHOLOGY: "These, as we find, have to do with the glands of the body and the effects specific and reflex that they produce in the system . . . The BLOOD SUPPLY shows a deficiency in the elements necessary for the better balancing in the body of all functionings of organs as related to secretions from glands of the body. While the metabolism isn't so much unbalanced in the present, this in itself shows that there are periods when the activities of the heart and the respiratory system are disturbed by the activity of the blood supply; hence making for an erratic pulsation and an erratic blood pressure . . . The thyroids do not function properly; they are deficient in elements to make for a proper distribution of influences as assimilated for the functionings of the glands themselves, and are a contributory cause to the general conditions—as are the adrenal glands also, which make for a betterment of balancing in that which is assimilated."

lated through the digestive forces of the body . . . Q. What causes periods of extreme depression, and what may be done to prevent them? A. As indicated by the disturbances themselves in the glands of the body, there is a lack of vital forces to be kept active. Hence the attempt through repression periods of the body to adjust itself, and with the body seeking then different environs, different surroundings, changes the flow; and unless this is sought the depression period lasts the longer. But with the applications of those influences given, we will find these will disappear entirely."

PROGNOSIS: " . . . we would make these applications, consistently and persistently, for sufficient period to create a normal balance in the body, preventing disturbances that may become even acute unless a proper balance is created."

COMMENTARY: Note the involvement of the glands, particularly the thyroids and adrenals. The glandular dysfunction apparently produced systemic imbalances, affecting the cardiovascular system. Also note the description of the cause and treatment of headaches and restless sleep in cases such as this: "Q. What causes the headaches, and is there anything specifically to be done for them? A. The lack of the proper flow of blood supply to the head. When those activities as indicated in the system are such that the mental forces call for the necessary reactions in body, there is the deficiency in elements to supply nutriment—which causes pressures. Hence the balancing of the body by the vibrations created by the low electrical forces from the Radio-Active Appliance with the elements that are needed in the system . . . (also) there should be a decided change—in that the body may rest much better when it sleeps."

Treatment Plan

Case # 434

ELECTROTHERAPY

Radio-Active Appliance carrying iodine

administration: "The first anode without the solution would be applied to the 3rd cervical, while the anode carrying the solution in the activity would be applied . . . over the lac-teal ducts"

cycle: each evening as the body rests, just before retiring, for twenty to thirty minutes

DIET

“Mornings: citrus fruit juices, especially grapefruit and lemon juices; coddled egg, and whole wheat or crushed oats that may be made into cakes. If any sugars are taken, preferably any sweets should be (at all times) only of honey—especially in the honeycomb.

“Noons: vegetable juices or meat juices, but not the meat itself nor a great deal of the body of the vegetable forces—though the juices of same may be taken; with milk that is either already acted upon by the lactic forces in same or as in buttermilk, Bulgarian milk (yogurt), or dried milk and the like; for these are much better than the raw or fresh milk.

“Evenings: a well-balanced vegetable and meat diet, though no red meats would be well for the body.”

MANUAL MEDICINE

manipulation (such as osteopathic massage)

administration: especially deep manipulations in the folds of the abdomen; also treat the lumbar and sacral areas; the 5th and 6th dorsal plexus and the hypogastric and pneumogastric crosses in head and neck

cycle: wait until three or four weeks of electrotherapy have been given before administering the manipulations

SPIRITUAL APPLICATION

service to others: “The duty, then, is not only to self but to that which the body may give to others.”

Case Summary # 480

BACKGROUND: Female; she was 21 years old when reading 480-3 discussed her depression; a total of 47 readings were given for this woman (4/7/27 to 5/4/38).

SYMPTOMS: “Mental haziness,” anxiety, easily fatigued, depression, disturbed digestion, severe menstrual pains, migraine headaches.

PATHOLOGY: “These conditions, as we find, are arising from hindrances in the nerve forces of the body. While the reactions are to varied portions of the body, the character or kind of disturbance makes for a distribution of the effects so that we have a physical and a mental complication . . . As to the disturbances, we find there has been in the activities of the body that which has caused—not so

much through injury as through a repression, which produces a subluxation in the lumbar area. And these pressures hindering in the action of the sympathetics to the activities of the impulses and to the sensory forces make for those periods of not only the wandering of the mental forces, but the tendencies for the melancholia and of the nerve excitement to the organs of the body itself . . . the nerve exhaustion becomes overwhelming and the tendency for either too much activity or none whatsoever . . . The main cause we find reflexly in the 3rd and 4th dorsal and, specifically, in the 2nd, 3rd and 4th lumbar plexus areas; a repression that has tended to cause the activity of the Fallopian tubes in the left side to fall. The falling of the tubes is an effect, not a cause, you see; but the repression that is created to the activity of the glands (in the adrenal, the reaction in the pineal, especially the influences—from this repression—to the lyden (Leydig), and the activity of same through the medulla oblongata makes for flighty periods . . . ”

PROGNOSIS: “For, those disturbing forces that have been indicated are of such natures that, if there is allowed to arise too great an incoordination in the nerve forces of the body, these would be very harmful and very hard to cope with. For, inflammation that begins to attack the while fluid in the nerve channels themselves—is serious.”

COMMENTARY: This is a fascinating case in many respects. There is a familial aspect since Miss (480)‘s mother also suffered from depression. The quantity of readings (47) provides plentiful information on the progress in this case over a period of years.

Of perhaps even more significance is the clinical features of bipolar. Note the references to melancholia and “flighty” periods. This is consistent with certain cases of bipolar in which the pineal system is involved. The etiological pattern of lower spinal injury producing pathology in the reproductive system is also characteristic of these cases.

Treatment Plan

Case # 480

ELECTROTHERAPY

Radio-Active Appliance

administration: “The first anode would be applied to the 4th

dorsal plexus, and the other anode would be applied next (or last) to the 2nd cervical plexus . . . ”
 cycle: “ . . . and these would be kept in contact with the body for thirty minutes to two hours at least once each day—or thirty minutes twice each day would be really more preferable.”

MANUAL MEDICINE

osteopathic massage and adjustments

cycle: twice each week, for 4 weeks; then evaluate condition administration; “ . . . we would have the general reactions from a thorough osteopathic massage and adjustment treatment to the whole of the cerebrospinal system. Not that there should be more adjustments in the cervical and upper dorsal than in the rest of the body, either; for if so there would only be an accentuating of the repressions through the 3rd and 4th dorsal and the upper cervical area. But give the general treatment for the whole body; not too deep in the beginning.”

DIET

basic alkaline diet

COMPANION THERAPY

SERVICE TO OTHERS

“ . . . keep the mental reactions on being busy, mostly for the relief of someone else rather than the thoughts of self, whether in preparing things, visiting others, in various activities of others' experience, or in what—just so the speech, the activities in—not other's affairs, but aiding others in better relations for their own living.”

Case Summary # 600

BACKGROUND: Male; adult; 2 readings were given for this man (6/29/34 and 7/5/34); Mr. (600) noted, “I have been troubled for some 7-8 months with this condition.”

SYMPTOMS: Anxiety; depression, “dreams or visions even in the waking state,” disturbed sleep.

PATHOLOGY: “Q. How and when was the subluxation condition in my spine produced? A. Two years two months and eight days ago,

in moving a heavy box a wrench was made. With the condition in the genital system becoming exaggerated, this produced in the area from the 9th to 12th dorsal a subluxation . . . And this (treatment) will allow the body to become so active in the mental attributes as to overcome those tendencies for the neurotic reaction that produces or calls for melancholia, or for the body-mind to dwell upon its own afflictions or own ailments, or prevent the hypochondriac reaction . . . Q. How can I overcome my late habit of crying about my condition to my immediate friends and business associates? A. . . . (use the wet cell and medicines) to cleanse those depressions in the gland areas that have been under subjugation through those activities as indicated."

PROGNOSIS: "Keep these up for three to four weeks, and we should be near normal."

COMMENTARY: The readings for this man suggest psychotic features: "Q. Why are my conscious and subconscious minds continuously working? A. As has been indicated, from the pressures that are seen in the system—that have produced, and do produce, the effect. The pressure is on the sympathetic or the sensory systems, which are the activities of the subconscious forces; and the conscious forces are through the cerebrospinal system. So this makes for a continual combativeness one with another, and dreams or visions even in the waking state."

This man was apparently experiencing considerable anxiety: "Q. What gives me the sensation of being fearful? A. The very fact that there is the pressure on those centers where the sympathetic or subconscious—and the consciousness. This of itself creates an abnormal pressure in the nerve system, and hence expresses itself in this manner."

Note that the hypochondriacal tendencies are linked directly to physical pathology; in other words, more of an interaction of mind and body, rather than solely a psychological process of conversion.

Treatment Plan

Case # 600

MANUAL MEDICINE

osteopathic treatment: adjustments and manipulations (particularly 9th to 12 dorsal)

general massage: with special attention to lumbar, cervical, brachial plexus, hypogastric plexus, and pneumogastric plexus
 cycle: 1-4 times each week ("dependent upon keeping the balance")

ELECTROTHERAPY

sinusoidal appliance

application: "The positive would be attached in the 12th dorsal area. The other would be attached in the ducts or glands of the lacteal area, or just above the gall duct area in the right side. This would be for not more than three to five minutes in the beginning."

cycle: use about three times each week

Radio-Active Appliance: may be used if desired (see reading for instructions for coordinating with sinusoidal treatment)

MEDICATION

ingredients: To 4 ounces of simple syrup, add in the order given:
 Tincture of Stillingia H ounce
 Syrup or Essence of Buchu Leaves 20 minims
 Podophyllin (may be in powder) H grain
 Essence of Lactated Pepsin 1 ounce

dose: one teaspoonful three times each day, to be taken after each meal

EXERCISE

avoid activities such as strenuous exercise that could re-injure spine, long rides in car, sexual relations, etc.

DIET

general diet: alkaline reacting

Case Summary #718

BACKGROUND: Female; she was 35 years old at the time of the physical reading which noted her depressive symptoms; a total of 2 readings were given for this woman (11/5/34 and 1/18/41), the second being a life reading.

SYMPTOMS: Sensory system involvement (eyes and ears), depression, overweight, easily tired, irritability.

PATHOLOGY: "In the BLOOD SUPPLY we find there are the ten-

dencies for too great a quantity in the activative forces of the system, which tend to raise or increase the pressure in the system; making for the system's attaining to those conditions which make for smothering conditions of the organs through the gatherings or accumulations in the system . . . In the organs of the sensory system do we find this heaviness of the blood flow at times . . . Those activities in the pancreas with the spleen is another condition wherein those excesses of the system in the activities of the glands through the functioning of assimilations tend to make those tendencies towards too great an avoirdupois at times; making for those accumulations in portions of the body that become excessive to the activity of the circulatory system. The reflexes that make for these in the lower portion of the body, the heaviness of the body on the feet at times, making for periods when the disturbing of circulation makes for that tendency of the body to find self growing tired in its activities . . . Q. Would a change of occupation overcome the periods of depression, irritability and neurasthenia? A. These, of course, are more the activities of the irritations in the mental forces as related to the responses in the sympathetic system."

PROGNOSIS: "Do these; and we will make for the better conditions for this body."

COMMENTARY: The role of negative life events and dysfunctional attitudes is prominent in this case; however, note the linkage of mental processes to physiology: "Has an event which happened five years ago anything to do with my present lack of enthusiasm and tendency to delay getting at my painting? A. Rather tended to make for the inclinations for putting off; as well as has that of neglect of self in making for the environs that are more in accord with innate expressions of self. These might be found by going more into the inmost or soul development of the entity. For the soul forces seek expression, and these find the outlets rather in those fields of art and research. Q . . . why (do I) . . . make subconscious suggestions to myself that prevent me from making the best of myself? A. These are the natural consequences of physical reactions in the body, or the eternal battle between material and spiritual influences."

Note the tendencies for glandular dysfunction, poor eliminations, and improper circulation. Also note that the mental depression was linked directly to "responses in the sympathetic system."

Treatment Plan

Case # 718

ELECTROTHERAPY

Radio-Active Appliance

cycle: attach for 30 to 60 minutes each day for periods of two to three weeks at a time, with a rest period of two to three days between treatment periods (no pattern of attachment was given in this case)

DIET

general diet which maintains eliminations

ACTIVITY

service to others: "Christian Science would be beneficial to the body. Any research into any activity. Rather in that research of same in its application to others, rather than to self, would be the more beneficial."

"Let those influences in the intuitive activities of the mental and emotional body be rather in control, than allowing same to be continually submerged by the mental on account of material or physical forces that surround the body. For these in their expression may bring to the body that awakening within self that is constantly seeking expression."

Case Summary # 770

BACKGROUND: Female; 36 years old; 1 reading was given (12/26/34); a friend states: "She has been to several doctors and they tell her she must fight the trouble herself. Since April (for 7 months) she has had a tortured mind, no physical ailment and seemingly a specimen of health—she says nothing interests her, nothing makes any difference, she just wants peace of mind. She carries on an intelligent conversation and is a good listener . . . just this tortured mind always . . ."

SYMPTOMS: Anxiety, depression, disturbed sleep, hot and cold hands and feet, memory deficits.

PATHOLOGY: "Some of these (abnormal conditions) are the natural result of the mental attitudes; some are the attempts of the body-

physical to adjust itself to the changes that come about in the physical activities of the body. And the combination of these makes for a disturbance that is not wholly mental nor wholly physical, but a psychopathic as well as a pathological effect . . . the BLOOD SUPPLY is abnormal through the acidity that is indicated . . . drosses that are exhibited in the manner in which the circulation becomes cold, with hot and cold circulation in trunk portion of the body, when the extremities—the hands—may be perspiring; flushes over portions of the face, or cold in the feet and hands, with shivery sensations over the whole body. Also there are the tendencies for the mental reaction to make for fearfulness in its associations . . . These effects arise from the blood condition, which—of course—is an effect and not a cause. As to the NERVOUS FORCES of the body, there are impingements—and the effects of these are shown in the unbalancing in the axis of the body, and the inability for the body to sleep; also the tendency for the body to become very restless, very sensitive . . . We find that in the ORGANS themselves there has been an affectation to the genitive system through the effects of conditions that have made a great strain upon the body . . . In the brain forces, the responses to the sensory system and the activities through the sympathetics make for a great deal of disturbance . . . The pressures . . . exist in the . . . 1st, 2nd and 3rd cervical area, in the 4th lumbar area.”

PROGNOSIS: “And if there are changes brought . . . we may make for the ability of the body not only to find the organs functioning nominally but to find pleasure and enjoyment in its purposefulness, and in . . . its relationships and . . . activities to the material conditions as well as the mental and soul relationships and the social relationships about the body.”

COMMENTARY: The symptomatology in this case resembles an extremely early case of menopause. The readings sounded an ominous note regarding prognosis: “(without treatment . . . these may become so disordered and disturbed as to attack the centers along the cerebrospinal system in the various plexus, or to affect the spinal cord . . .” Note the interaction of dysfunctional attitudes, spinal pressures, glandular problems, and poor eliminations.

Treatment Plan

Case # 770

MANUAL MEDICINE

administration: "adjustments made in the coccyx area, in the lumbar, in the cervicals, as indicated, will produce the flow of the menses through the activities of the organism; so as to adjust the activity of the eliminations in the system."

cycle: provide treatments each day for five days; rest for five days; continue the pattern of five days of treatment and five days of rest until pressures are removed

MEDICINE

concoction

ingredients: To 2 ounces of Compound Simple Syrup, we would add:

Tincture of Valerian	1/2 ounce
Elixir of Calisaya	1/2 ounce
10% solution Iodide of Potassium	40 minims
10% solution Bromide of Potassium	60 minims
Tincture of Capsici	3 minims

administration: shake well before administration

dosage: take half a teaspoonful three times a day—after each meal and just before retiring (may be taken plain or in a little water)

Atomidine

dosage: take twice each day, before the morning meal and before retiring, one minim or drop of Atomidine in a glass of water

ELECTROTHERAPY

Radio-Active Appliance

administration: connect to opposite extremities; rotate connections around the body

cycle: use each evening, or as the body rests in the afternoon, for one hour

DIET

"normal, balanced diet" with a tendency towards alkalinity; no white breads and little starches; plenty of fruits and vegetables;

when meats are taken, eat lamb, fish or fowl; not too much sweets

MENTAL ATTITUDES

"... so far as the mental attitudes of the body is concerned, do not make these treatments become as rote; but know that they are being effective in the body to produce that desired."

BIBLIOTHERAPY

"... read and study the 14th, 15th, 16th and 17th chapters of the Gospel according to St. John ..."

"And let self find that the voice is speaking from within and directing to self what the self may do in its relationships to others."

Case Summary # 802

BACKGROUND: Male; 39 years old; 2 readings were given (1/28/35 and 4/9/35).

SYMPTOM: Depression.

PATHOLOGY: "Q. I have had the blues many times and have been wondering if it might be a natural circumstance due to general conditions or if it could partially be caused by a physical condition. Please explain. A. As one allows self to be overcome by those things that oppress or depress, as one gets more and more of the feelings of unappreciation on the part of others, these as the crushing of one's own egotism in the mental phase or portion of the experience of an entity. As one finds such expressions become more and more a portion of the material or physical self, there is produced then a physical reaction. Not as other than a mental aptitude as respecting same; but when these conditions approach thee (for all are as upon the wheel of life), look rather within than without."

PROGNOSIS: "Then, let such experiences be rather those periods when ye would in some other's life not thine own, make it a period of joy. And ye will find that such will pass away, even as the morning dew when the light of truth and justice and mercy shines out upon those things; for they shall become as high points of thine own experience and not that of despondency, despair or the blues."

COMMENTARY: This is an interesting case of mild depression with a psychological etiology. Self-centeredness and material ideals were cited as contributing to the dysphoric moods experienced by (802). Note the psychosomatic influence in this case. No physical symptoms were noted.

Treatment Plan

Case # 802

ESTABLISH SPIRITUAL IDEAL

“When the ideal is founded in materiality, it is too off found—when man had paid the price for fame, for fortune, for position, for power—that it is as naught; something lacking yet. Too off is this found; unless that which is prompting the desire, the hopes, is founded in the spiritual life, in the inner self, as to the glory of that which gives life itself. With this as the prompting, though, one may find peace and harmony, and that which passeth understanding in whatever realm is necessary . . . Patience maketh one aware of his soul. As ye deal to others, so will it be dealt to thee. This is the unfailling, the unfaltering principle, the law—LOVE. As ye seek, as ye do, though the whole world condemn thee, though the others forsake thee, forsake not those principles that make for the satisfying of that thou has set, thou dost set as an ideal . . . First learn to be patient with self, then ye will know patience with thy fellow man. Give thy work—thy relations with thy fellow man, in thy work—a soul, as it were, or the awareness that honesty, truth, justice, mercy are those things that will and do build in every field of activity.”

SERVICE TO OTHERS

“Let the activities be towards a service to thy fellow man in the field of thy choice . . . And in thy activity give praise to someone, even though it be a feeble effort on the part of such an one. Find those that are also as thyself bemuddled by the cares of the world, the deceitfulness of man’s voice, the inexpressions of man’s association and activity. Give not away to the satisfying of thine own indulgences and say, ‘What’s the use; no one cares!’ If thou dost not care for thyself, who may care for thee? Then, let such experiences be rather those periods when ye would in some other’s life, not thine own, make it a period of joy.”

Case Summary # 850

BACKGROUND: Female; adult; 2 readings were given (3/9/35 and 4/24/35).

SYMPTOMS: Depression, sensory system involvement, irregular menstrual periods.

PATHOLOGY: “. . . there is a complication of disorders . . . First, the BLOOD SUPPLY indicates a very poor and disturbed circulation, low in its vitality and in its resistance. Not oxidized nor carbonized sufficient in the lungs themselves, showing for very little radial activity through the kidneys, the liver and the spleen, as well as in its coordination with the lymph circulation. In the NERVOUS SYSTEM, we find here both causes and effects. The body is very nervous internally, or the deeper circulation and the deeper centers that are impelled through the central nervous system are suppressed. Hence we have a specific condition through the pelvic area, through the lung area, that makes for the disturbance in the nerve forces of the body. How it becomes as a trembling at times internally; how as the imaginative forces make for a prevention of the normal nominal rest for the body; how that through the nervous forces the whole strength and vitality seems drained from the system, and there is the tendency of the body in its activities to force issues—as it were—with itself. . . . Brain forces are very good. The organs of the sensory system make for disturbances through the impoverishment in the nervous forces of the body . . . Digestive system also shows the effects of this nervous reaction in the system. Not a cause but an effect through the nervous repressions from positions and conditions and pressures from both the pelvic area and from the lung activity in the lack of building influences. There has been within the mental experience of the body that which has produced a great depression upon the activities of mental forces as related to constructive influences . . . In the organs of the digestion other than the nervous temperament in the digestive area itself, we have naturally a sluggishness produced through the radial activity of the blood supply through the liver, in its coordination with the circulatory forces. Hence we have congested areas through the alimentary canal and a disturbance from the sympathetic condition from a pelvic pressure that makes for those periods when there are the effects of the poisons, or those activities from the kidneys themselves that slow up the general condition of the body.”

PROGNOSIS: “As we would find, in meeting the conditions, these would of necessity have their varied periods of activity, so as to make for those changes or corrections in the system that would bring about a coordinated normalcy; and we would find we will bring the near normal conditions for this body.”

COMMENTARY: Note the "complication of disorders" in this case: the dysfunctions in the pelvic area and lung, and the psychological effect of a "mental experience" (the nature of which is not disclosed).

Treatment Plan

Case # 850

ELECTROTHERAPY

Radio-Active Appliance

cycle: "... use three to five days before the menstrual periods ..."

administration: "The first application would be to the 3rd and 4th lumbar plexus and the next application to the frontal puba plexus."

duration: 30-60 minutes each day; preferably as the body rests

MEDICATION

ingredients: To 4 ounces of Compound Simple Syrup, add:

Essence of Wild Ginseng H ounce

Essence or Tincture of Stillingia G ounce

Essence of Indian Turnip 20 minims

Elixir of Calisaya H ounce

Tincture of Capsici 5 minims

administration: shake together well before dosage is taken

dosage: "... half a teaspoonful plain or in a little water ..."

cycle: 3 times each day, preferably before meals

MASSAGE

general massage

cycle: give massage for 3 to 5 days and then a rest period (of unspecified length); repeat cycle

administration: massage to be given at home; "During the massage periods it would be each evening along the spine, five to ten minutes of a rotary motion along the whole of the spinal system. After same ... there should be a brisk rub-down ..."

EXERCISE

"... and the body should take a circular motion exercise for the

lower portions of the body, the setting-up motions for the upper portion of the body for five to ten minutes . . . ”

DIET

“ . . . beware of eating cereals and citrus fruits at the same meal. Do not eat larger quantities at once of sweets or meats . . . Beware of too much spaghetti with cheese, raw apples (except the jenneting variety). Do not have bananas or the pulp of white potatoes. Pastry should be taken on in moderation; not too much of shell fish at any time, though oysters in season may be taken in moderation. As to the rest, we would keep a body-building diet tending towards the alkaline-reacting.”

Case Summary # 854

BACKGROUND: Female; 24 years old; 2 readings were given for this woman (3/11/35 and 5/13/35).

SYMPTOMS: Nausea, headaches, pains in the various parts of body (particularly during the menstrual periods); depression, sensory system involvement (eyes, ears, throat, nose), swelling of thyroid glands.

PATHOLOGY: “ . . . conditions that disturb the better physical functioning of the body are the excess and the lack of gland secretions, and the effect these produce upon the general physical forces of the body . . . The BLOOD SUPPLY indicates a very poor assimilation through the digestive system, as well as a very diffused in the secretions from the glands; so that the metabolism of the system is very much disturbed. There is a lack of the numbers in the white and red blood, and those tendencies for the improper coagulations in the system arise from these tendencies in the bloodstream as produced by incoordination in the functionings of the system, the lack of elements in the body itself to produce or cause the functionings of these glands—as indicated in the thyroid, as indicated in the lacteal ducts where we have something of an adhesion or cohesion of the glands themselves. Also there is very poor assimilation; the activities to the glands of the pelvis in the adrenal, those that work for the activities in the functioning of the organs of the pelvis, in and during the menstrual periods . . . (producing) at such periods, nausea and headaches as occur, pains in the right side as well as in the left along the diaphragm area, and especially about the lacteal ducts . . . Or these are the disorders that have gradually grown from improper

assimilation, improper activity, poor activity through the digestive system and the bloodstream itself . . . As to the NERVOUS FORCES of the body, these are naturally unbalanced from these conditions that arise; because we have periods when the body is rather morose, when it becomes very sorry for itself and at other times when it feels as if everyone and every condition is against the body in its activity . . . very morose. This naturally produces in the nervous forces a very poor ability for the natural rest for the body . . . nervous reactions to most of the organs of the sensory system . . . makes for the fullness in the throat, through those activities to the vocal box itself; the drumming or humming at times in the ears, the inability for the proper odors to be experienced . . . The emotions become aroused such that the body takes sudden likes and dislikes to conditions and to peoples and to things."

PROGNOSIS: "These, as we find, with the proper precautions and with consistency in the activity, may be eliminated, and bring the near normal conditions of the body; though in some respects these conditions are rather of a serious nature."

COMMENTARY: The linkage of somatic complaints, sensory symptoms, and depressive symptoms, to improper assimilations and glandular dysfunction is prominent in this case.

Treatment Plan

Case #854

MEDICINE

Atomidine

dosage and cycle: "First we would have a period of two weeks at a time regularly when the body would take two minims of Atomidine morning and evening; that is, two minims in half a glass of water before breakfast and two minims just before retiring."

Valentine's extract of liver

cycle: twice each week, preferably in the evenings

Ventriculin

dosage and cycle: take "about twice each week in the evenings, the regular dose indicated, but use that without iron in the beginning"

MANUAL THERAPY

electrically driven vibrator

administration: use the vibrator each evening over the whole of the cerebrospinal system for at least fifteen minutes

ELECTROTHERAPY

Violet Ray Appliance

administration: use open bulb (large bulb) for three to five minutes (with at least two minutes of this along the head, neck, over the thyroids, over the face, over the head and eyes and the soft tissue as along the antrum and along the sinus cycle: every other day after the vibrator treatment

Radio-Active Appliance

administration: each day make diagonal connections rotated around the body; extra treatments for four days preceding menstrual period—make connections to 4th lumbar and frontal puba bone

DIET

general diet with tendency towards alkalinity

Mornings: cereals or citrus, but do not combine these; occasionally eat yolk of egg with whole wheat bread; at about ten or eleven o'clock take a malted milk with egg and a few drops of spirits of frumenti in same

Noons: raw green vegetables or soups from same; or the salad in combination with fruit

Evenings: cooked vegetables (in their own salts; not water—use patapar paper; meats should consist only of broiled or boiled fish, fowl, or lamb

Case Summary # 924

BACKGROUND: Female; 45 years old; 1 reading was given (5/14/35).

SYMPTOMS: Depression, restlessness, headaches, sensory system involvement, loss of appetite.

PATHOLOGY: "These conditions, as we find, have to do with the changes in the nervous forces as related to the activities of organs and the metabolism of the body, with disturbance in functioning of organs . . . We find the BLOOD SUPPLY somewhat slow in its circulation, even though the pressure and the activities are abnormal. This,

as we find, is produced by more than one cause; a poor elimination through the alimentary canal that causes constipation, and inactivity of the liver in relation to the excretory and secretive functioning. This produces more of a pressure in the sympathetic system, and we have these reactions upon same: At times the body becomes very irritable, over apparently no cause. At other times there is the tendency for moroseness or melancholia; at other there are the indecisions in some directions, with the desires to change or move or to become dissatisfied with whatever may be the surroundings at the time (psychomotor agitation?). Loss of appetite at other times; inability to rest well in the evenings . . . At times there are those tendencies for the sympathetic effects to the organs of the sensory system. Hence dullness in the hearing, or at times it is more of a roaring, or a tendency to feel fullness in these portions . . . In the functioning of the liver we find a seat or a cause of a disturbance, as we do also with the balancing between the hepatic circulation, the eliminations through the organs of the pelvis—that make for disorders or periods of disturbances in these directions. For these changes in the activities produce a contributory cause to the nerve force of the body.”

PROGNOSIS: “Do these things indicated, and we will bring the normalcy for this body.”

COMMENTARY: The depression in this case was linked to liver dysfunction and its effects upon the nervous system via toxemia. The reading concludes with a question and answer which emphasizes the role of toxemia in this case: “Q. Why do I have crazy feelings in my head at times? A. The poisons in the system not eliminated, and the pressure upon the nervous system.”

Treatment Plan

Case #924

MEDICATION

ingredients: To 2 ounces of Compound Simple Syrup we would add:

Essence of Wild Cherry Bark	1/2 ounce
Compound Syrup of Sarsaparilla	1/2 ounce
Cascara Sagrada	20 minims
Syrup of Senna	10 minims

Syrup of Rhubarb 20 minims
 Elixir of Calisaya 1 H ounce
 10 % solution Iodide of Potassium 15 minims
 10 % solution Bromide of Potassium 10 minims
 administration: shake the solution well together before dosage is taken
 dosage: half a teaspoonful after each meal

HYDROTHERAPY

“high enemas”

cycle: to be taken occasionally

ingredients: “. . . a saline solution: that is, to a gallon or a gallon and a half of tepid water add a level tablespoonful of salt, and not a heaping but more than a level tablespoonful of soda—baking soda. In the last quart of water, which would be separate or different, we would use an antiseptic such as Glyco-Thymoline—two teaspoonsful to the quart of water.”

MANUAL MEDICINE

manipulations using electrically driven vibrator

cycle: wait until 2/3 to 3/4 of the medication has been taken before beginning; then treatments should be taken “. . . for at least a period of twenty to thirty minutes each evening for periods of four to five days, then a rest period for from same for a few days, then begin again . . .”

administration: “. . . begin at the central portion of the body (on the spine) and move downward, and especially over the lumbar area, across the lower portion of the sacral—even down the lower limbs will make for relieving of this tiredness. Then begin at the central portion of the spine and go upward, towards the head; and for this we would use the cup or the sponge applicator—while for the lower spine we would use the ball, plate or cup applicator; preferably the deeper vibration of the ball or plate at first, followed by the cup applicator.”

DIET

alkaline-reacting diet, well balanced with proteins and carbohydrates

MESSAGE

" . . . when the body will be—as it were—out of sorts, a brisk rub-down at such times with cold water along the spine will be found to be helpful."

Case Summary #942

BACKGROUND: Female; adult; 1 reading was given (6/26/35); a letter dated 6/1//35 states: "I haven't been feeling very well these past couple of years. Just what's wrong I can't say. Some days I'm fine, other days I'm miserable; headaches, heart pumps, short-winded, depressed; in short just down and out which makes me very unhappy, and everything gray around me."

SYMPTOMS: Depression, headaches, indigestion.

PATHOLOGY: " . . . in the BLOOD SUPPLY hindrances are indicated in the circulation, as well as in the manner in which eliminations are carried on throughout the entire system. And there is poor coordination in the eliminating systems, so that at times that which should be eliminated through the alimentary canal is disturbing to the kidney . . . Thus there is caused not only the form of toxemia that arises from too much of the urea in the system itself, but the respiratory system is affected, disturbing the whole of the coordination between the vegetative or sympathetic nervous system and the organs of the body . . . The digestive forces become disturbed, also the mental reactions; so that the body becomes very much disturbed, also the little distressing condition that may arise, at times. However, at other times those that should apparently worry or disturb the body do not react in the same manner; making for those periods when the body weeps or is distressed, melancholic and the like . . . As to the causes of these, as we find, there has been the adherence to those things that were used as preventatives; and they have taken hold upon the NERVOUS FORCES of the body and disturb same. While they are not used in the present, they have also caused the upsetting between the sympathetic or vegetative forces and the cerebrospinal, especially as they react through the adrenal and the glands to the medulla oblongata, or those that go to the pituitary reactions."

PROGNOSIS: "Now, as we find, the conditions mentally, physically, are such that—unless there are precautions taken and some decided stands taken by the body—the conditions must gradually grow and become very disturbing in many respects to this body."

COMMENTARY: Apparently, medication that was being taken as a preventative affected the kidneys resulting in toxemia. The nervous systems were affected producing a chain reaction through the system. Certain endocrine glands (adrenal, pituitary, and pineal); however, the precise nature and extent of their involvement in the depression was not discussed.

Treatment Plan

Case # 942

MEDICATION

gold and soda

ingredients: to be prepared in two solutions—solution #1: “Add one grain of Chloride of Gold to one ounce of distilled water”; solution #2: “Add five grains of Bicarbonate of Soda to one ounce of distilled water.”

dosage: to be taken “Twice each day, once before the morning meal and once before retiring in the evening, take one minim of the Gold solution and two minims of the Soda solution in half a glass of water.”

ELECTROTHERAPY

Radio-Active Appliance

administration: “. . . making the attachments to the 1st and 2nd cervical and over the lacteal duct center—or a hand’s breadth or just below the gall duct area; always attaching the first smaller anode to the plexus or center between the 1st and 2nd cervical, then the little larger plate attached last over the lacteal duct center. It is better to recline or lie down when this is applied. Preferably take it just before retiring.”

HYDROTHERAPY

“high enemas”

cycle: “. . . at least twice a week . . . ”

DIET

general diet recommendations

MASSAGE

ingredients: To 4 ounces of Olive Oil as the base, add in these proportions:

Russian White Oil	1 ounce
Witch Hazel	2 ounces
Kerosene Oil	1 ounce
Oil of Cedar Wood	1/2 ounce
Compound Tincture of Benzoin	1/2 ounce
Oil of Sassafras	6 ounce

administration: “. . . shake well together and pour a small quantity in an open container. Along the cerebrospinal system massage in a circular motion, along either side of the spinal column itself; circular motion over the lumbar, lower lumbar and sacral plexus, as through the caecum and through the groin also—this in the frontal portion. Then over the brachial center the same, over the upper cervicals where the Radio-Active Appliance plate is attached circle the same. Also on the limbs and the torso, but would be away from the central portion of the body to the extremities.”

Case Summary #964

BACKGROUND: Female; 41 years old; 1 reading was given on 7/29/35; a letter from her husband states: “She has not been in good health for the past several years and has during that time been under the constant care of several physicians.”

SYMPTOMS: Depression with mood swings toward mania, somatic complaints.

PATHOLOGY: “There is in the BLOOD SUPPLY an unbalancing through the formations that have been as accumulations in portions of the system, producing a form of toxic forces or influences that have made for the tendency for indigency in the functioning of the assimilating forces of the body. These, as we find, arise more from specific conditions that have come from pressures in the lumbar area; the aftereffect of conditions from childbirth, that made for the tissue becoming as lesions. The pressures upon the nervous system made for the period through which the body has passed, of being incapacitated in its activities in the lower portion of its body. There is the inability for the assimilating of foods taken into the system, and the production of overacidity in the blood supply; making for

the disorders in portions of the system as indicated. The effect upon the NERVOUS SYSTEM has been that at times or at periods there were temperature, while at others there was a coma; at others great irritation and pain through a great deal of the system . . . These are as pressures upon both the cerebrospinal and the vegetative or sympathetic nervous systems. As to the activity of the organs themselves: There have been periods when the mental reactions were at variance to the better activities, and the tendency for the body to become very much discouraged, melancholy, and at others extravagant in its activities, in its speech, in its manner of activity. In the organs of the torso do we find the greater disturbance, as we have indicated, from pressures in the pelvic organs, and then the reactions to the assimilating system."

PROGNOSIS: Not provided.

COMMENTARY: Note that the depression was linked to a disturbance of the organs. Toxemia (resulting from poor eliminations) and improper assimilations were important factors in this case.

The reference to lesions resulting from childbirth is significant since the readings associated various forms of mental illness to birthing complications. The description of cycling suggests glandular involvement and the possibility of bipolar features. The readings contain several examples of similar cases (i.e., lower spinal pressures affecting the pelvic organs and reproductive glands) which resemble schizoaffective or manic psychosis (McMillin, 1991).

Treatment Plan

Case # 964

MANUAL MEDICINE

neuropathic manipulations

administrations: "make specific treatments in the lumbar, the coccyx, and coordinating the upper dorsal and cervical area with the relieving of the pressures in the lumbar-coccyx area."

cycle: three times each week

massage

ingredients: To 4 ounces of Russian White Oil, add (in the order named):

Witch Hazel 1 ounce

Oil of Cedar Wood 1 ounce
 Spirits of Camphor 1 ounce
 Coal Oil, or the Oil of Petroleum 1 ounce
 Oil of Wintergreen 1 ounce
 Sassafras Oil 6 ounce

administration: shake together before using and pour into saucer only that which can be absorbed by the body; massage the body thoroughly along the cerebrospinal system, the limbs, extending to the arms and lower limbs
 cycle: each evening following the electrotherapy

ELECTROTHERAPY

Wet Cell Battery

administration: the copper plate attached first to the 4th lumbar, the nickel plate attached last over the umbilical plexus
 cycle: treatment should last 30 minutes each evening when ready for retiring for the night

DIET

alkaline-reacting diet with body-building properties; use Valentine's Liver Extract as a dietary supplement; one meal each day should consist entirely of raw fresh vegetables, with oil or mayonnaise

HYDROTHERAPY

colonics

"as necessary to prevent the fecal forces from causing poisons or accumulations in the system"

Case Summary #987

BACKGROUND: Female; she was 49 years old when reading 987-3 noted depression; a total of 5 readings (8/7/35 to 1/7/44).

SYMPTOMS: "Tiredness," depression, headaches, digestive disturbances, dizziness, sensory system involvement.

PATHOLOGY: "IN THE BLOOD SUPPLY: As we find there is the lack of the resistances that are necessary for the body keeping physically fit; that is, those activities of the plasms in the bloodstream that produce the revitalizing effect are low or deficient . . . Hence we have those periods when the body even mentally becomes as it were

fagged or depressed, or there are the reactions when the body becomes melancholy apparently without a reason or cause. These are the tiring, the lack of the vitalizing forces in the whole of the plasm of the circulation. IN THE CEREBROSPINAL SYSTEM: We find there are still those centers or plexus where pressures are produced . . . These pressures as we find exist, as we have indicated, in those centers or ganglia along the cerebrospinal system, and especially where they coordinate with the sympathetic or vegetative nerve system; specifically, the 1st—or the axis in the lumbar center, the last of the dorsal centers, that make for those changes with the flow of the circulation through the pelvic organs, through the digestive forces . . . IN THE ORGANS THEMSELVES: Here we find these reactions come rather as a part of the suppressions or subluxations, as well as the degeneration of the plasm in the assimilating system, or the circulatory system; making for glandular activities that disturb and cause the body at times to feel or appear to have reactions that do not carry that force of conviction with same as should be in its approach to, or the reaction to, individual forces.”

PROGNOSIS: “And doing these, we will bring bettered conditions for this body.”

COMMENTARY: Spinal subluxations were cited as contributing to poor assimilations and eliminations producing general debilitation and depression.

Treatment Plan

Case # 987

ELECTROTHERAPY

Radio-Active Appliance

cycle: “Use for periods of three weeks and rest a period, then consistently again for three to four weeks. Then whenever there is the feeling of tiredness or the desire to meditate, the desire to relax, use the Appliance during such a period.”

duration: 30-60 minutes per session

administration: standard alternating pattern of attachment

MANUAL MEDICINE

osteopathic treatment

cycle: take treatments “. . . for two to three weeks, twice or three times a week, then leave off entirely for two to three weeks, then another series and then again occasionally.”
 administration: “We would also begin with the corrections, OSTEOPATHICALLY, along the cerebrospinal system as indicated—in those portions of same.” (1st lumbar; 12th dorsal; 1st, 2nd, and 3rd dorsal)

DIET

“Then, be normal or careful in the diet, that there is kept an alkalinity rather than allowing the reaction to run to acidity.”

MEDITATION

“Use these periods (of electrotherapy) . . . not as raising the vibratory forces in the glandular system, but MENTAL activity in same, allowing the mechanical reaction to create the proper balance. But mentally give thyself to Creative Forces in SOME form of expression of a USEFULNESS in the activities and associations with thy fellow man. For as ye do it to thy brother, ye do it to thy Maker. Then let thy meditation be such as this:

“FATHER, GOD, I AM THINE. USE ME AS THOU SEEST BEST, THAT I MAY BE A CHANNEL OF BLESSING TO SOMEONE, IN SOME WAY; THAT THEIR OUTLOOK MAY BE A HOPEFULNESS IN DIVINE LOVE—AS THIS MAY BE EXPRESSED IN THE INDIVIDUAL ACTIVITY ONE TO ANOTHER.

“Put these thoughts in thy words. Alter them as thy inner self is raised to ways and means and manners. NEVER as of ‘that I may gain position of glory or honor here’ but ‘USE ME, FOR I WOULD BE ONE WITH THEE.’ ”

Case Summary #995

BACKGROUND: Female; adult; 1 reading was given (9/6/35).

SYMPTOMS: Depression, disturbed digestion, sensory system involvement.

PATHOLOGY: “These, as we find, have to do with a disturbance in the circulatory system produced by hindrances that affect the organs in the assimilation. Thus, having unbalanced the activity of glands in the supply of certain elements to the system, they bring about such disturbing factors . . . The BLOOD SUPPLY indicates a subluxation existent in the lower portion of the 4th dorsal . . . mak-

ing for a repression in the supply of nutriments of the general nervous system to the digestive system and specifically the pancreas . . . At the same time this repression makes for an oversupply of the influences of a circulatory force through the throat and head, and especially to branches of the system that supply the influence from this nervous system to the sensory organisms. Hence we have at times a peculiar effect upon . . . the organs of the sensory system; or the throat, the nasal passages, the ears, the eyes . . . The cause arises, then, in a subluxation existing between the 4th and 5th dorsal segments. The NERVOUS FORCES make for those conditions as we have indicated, of an overtaxed nervous system; and especially in the sympathetics, so that things become at times rather disturbing to the whole nervous forces of the body and everything—as it were—appears to ‘get on the nerves’ of the body . . . and there is a form of inability to concentrate or coordinate . . . Conditions that make for a stimulation to the whole of the nerve reaction and to the brain centers, or those that would bring a stimul(us) make for only periods that follow of melancholia—by the body being unbalanced in the conditions that have been indicated.”

PROGNOSIS: “Do these and, as we find, we will bring the near normal condition for this body.”

COMMENTARY: This case represents an excellent example of the systemic imbalances which may result from a spinal subluxation. Note the range of associated symptoms and conditions.

Treatment Plan

Case # 995

MANUAL MEDICINE

osteopathic treatment

administration: “First there should be sufficient of those corrections osteopathically as to make for an alignment throughout the upper dorsal and the cervical area; to be sure, coordinating the lumbar axis with the rest of the system.”

cycle: “. . . about eighteen to twenty-one treatments taken, about three times each week. Then these should be rested from . . . for a period of about two weeks.”

ELECTROTHERAPY

diathermy

cycle: “. . . and during the period of rest (from the manipulations), every other day or every third day take the diathermy in a very low form or nature to make for an equalizing in the nervous energies throughout the whole system. These treatments would last for a period of about two weeks . . . ”

Radio-Active Appliance

administration: standard attachment (rotate connections to opposite extremities); body should be lying prone

cycle: begin after diathermy cycle; use for an hour each day, as the body rests

DIET

“In the diet refrain from those things that are of too great a stimulating nature; not highly seasoned foods nor those that produce too great a quantity of alcoholic reaction in the system; that is, such as sugars and starches at the same meal. When these are taken, they should be taken of themselves and not with others. Hence quantities of pastries or the like are a harmful condition. Rather use those foods that are alkaline-reacting; and refrain from white bread or a great quantity of starches.”

Case Summary # 1062

BACKGROUND: Male; 47 years old; 2 readings were given (11/23/35 and 11/28/37).

SYMPTOMS: Indigestion, depression, insomnia, sensory system involvement, anxiety, “lack of tact,” agoraphobic tendencies

PATHOLOGY: “This condition may be classified as that the central forces in the nerve energies of the body, that control the functioning of organs, are losing their vitality. Hence there has been a gradual slowing up in the activities as to the more vital forces of the body . . . there is the variation from the extremities and the deeper or hepatic circulation. Hence the lower portions of the hepatics become involved in the condition; leaving then the toxic forces of a uremic nature . . . IN THE NERVE FORCES OF THE BODY: Here we find some of the causes as well as a great deal of evidence of the character of distresses. For there are periods when the general activities of the body make for an easy irritation of the body from those conditions

about the body; those things in self that are not able to be accomplished by self as they have been in some directions. Thus we have a reaction when there are periods of general depressions of the body-mental . . . and its using of its nerve energy often to carry on, even when there are the feelings and the indications of the body lacking in the desire for real activity. Yet there is the desire for the accomplishment of that desired by the body, and it forces the issue . . . Those portions of the sensory forces, as from the eyes, the ears, the throat, the nasal passages, all suffer at times . . . And the fullness that occurs at times, dizziness, those conditions that arise, come from these complexities that arise from ganglia as indicated—where there is the lack of keeping coordination with the bodily forces . . . For the activity of the body upon its feet has made for, as it were, a jamming in those centers; not that they are setting in the form of a lesion, as yet—but there is a shortening of the limbs one with another at times, in the axis between the pelvis and the cerebrospinal.”

PROGNOSIS: “And we will find, within a few weeks, there will be greater response—and the body’s feelings, and the body’s activities will be much improved; and the body’s experience even in the earth may be prolonged many years. But if this is disregarded, then be mindful of those distresses under which the experience may labor.”

COMMENTARY: This appears to be a case of a business man simply pushing himself to physical and mental exhaustion. The questions presented in his readings also indicated agoraphobia and interpersonal problems which the readings attributed to toxemia, general physical debilitation, and mental strain. Note the numerous somatic complaints which the readings attributed to nerve exhaustion and systemic incoordinations which resulted.

Treatment Plan

Case # 1062

ELECTROTHERAPY

Radio-Active Appliance

cycle: to be taken in the evening, just before retiring

duration: 30-60 minutes

MANUAL MEDICINE

osteopathic treatment

cycle: once or twice a week

administration: "have those manipulations osteopathically that set up—in those areas indicated—the coordinations between the deeper circulation and the superficial circulation, by stimulating those ganglia in the cervical plexus—or the hypogastric and pneumogastric plexus; and those in the brachial center—1st, 2nd and 3rd dorsal; and, specifically, those in the 4th lumbar center."

DIET

"Do not take so much of those things that produce starch, or foods that are of a starchy nature; or those that produce too great an activity of the carbohydrates."

ASSISTANCE OF ASSOCIATES

" . . . there should be shown more and more—by those associated, or around the body—the necessity of, and the abilities of those that would aid in, relieving the body of responsibilities, and of the anxieties that are caused by the body's daily associations in its activities. This must be done very gradually, and not to cause any period of overanxiety on the part of the body . . . As indicated from the first, the abilities of those about the body to relieve the body. Not take away from, but to enable those about same—and the body itself—to do greater things, or accomplish more, by their assuming more and more of the responsibilities in those directions in which the body has been the more active . . . Let there ever be, for those about the body, not too great anxiety—but a helpfulness. And let the spirit of tolerance, of mercy, of justice, be the guiding influence in all the associations."

Case Summary # 1087

BACKGROUND: Female; 68 years old; 1 reading was given (12/23/35); a letter from her daughter states: "My mother has recurring attacks of a deep melancholia which lead into a kind of coma state mentally and into a most low state physically. These attacks last from two to three years . . . Doctors come in and say cheerfully that nothing is wrong organically—just depressed—but try living with something (for this ceases to be a person) that is just 'depressed' . . .

Every reaction is negative . . . these attacks began when she was 45. But they are not unlike certain elements of her everyday personality. They are only multiplied to the nth degree.”

SYMPTOMS: Depression with mood swings to hilarity, restlessness.

PATHOLOGY: “. . . there are rather a complication of disturbances . . . the mental reaction . . . is from the physical conditions; many causes, or more than one cause, being contributory measures . . . IN THE NERVOUS FORCES OF THE BODY: There has been and is shown a depletion in the vitality, the blood supplies . . . This arises from those disturbances when there was not only the change, or the menopause, but the lack of the proper coordination through a very depleted physical force throughout the body. Hence we find there are specific centers where the 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 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 itself in its connection with the physical body. Thus there are periods produced when the body is overhilarious, but the more often there is produced melancholia, the inability to rest, the inability to make for activities in those things that pertain to even self-preservation.”

PROGNOSIS: “These, as we find, being consistent and persistent, will offer the greater condition for permanent helpfulness to this body.”

COMMENTARY: This case is a clinic on how to handle an oppositional patient with persuasion. Also note the bipolar features and the involvement of the “pineal system” (see McMillin, 1991a) which is the interface of the mental and spiritual (the “ENTITY”) through the primary kundalini centers (i.e., 4th lumbar, 9th dorsal & 3rd cervical). This person may have been suffering from possession at times as noted early in reading 1087-1. The correlation of onset of pathology with menopause was cited in the reading.

The suggestions were followed and subsequent correspondence from a daughter (1/28/36) stated, “. . . I want to report to you the wonderful improvements I am seeing. The osteopathic treatments have literally worked miracles . . . Try to imagine my joy in being able to report a nearly normal attitude . . .” A follow-up report (4/13/39) remarked, “My mother is greatly improved.”

Treatment Plan

Case # 1087

COMPANION THERAPY

" . . . one that understands the physical forces of the body; as to make for companionship for the body . . . A sympathetic nurse, or a general nurse—not a registered nurse—may be the better; provided she is in sympathy with that being administered."

MANUAL MEDICINE

osteopathic treatments

administration: general manipulations (adjustments and massage) given gently to relax the body cycle: every second or third day

MEDICATIONS

ingredients:

Tincture of Valerian 2 ounces

Elixir of Calisaya 2 ounces

10% solution Iodide of Potassium 40 minims

10% solution Bromide of Potassium 1 ounce

Tincture of Capsici 5 minims

dosage: a teaspoonful two to three to four times a day ("Before or after meals doesn't matter.")

ELECTROTHERAPY

Radio-Active Appliance

cycle: each day if possible, when ready for retiring at night

DIET

food which is body and blood building; as an example: liver, tripe, etc., at least two or three times per week; cereals, citrus fruit, and such though not at the same meal; meats of every nature except hog meat (no fried foods); two of the bulbular vegetables should be eaten to one of the leafy vegetables

Case Summary # 1133

BACKGROUND: Female; 47 years old; 1 reading was given (3/20/36).

SYMPTOMS: Anxiety, depression, disturbed digestion, insomnia.
PATHOLOGY: "Now, as we find, there are disturbing conditions in the physical forces of this body. While these bring a great deal of disturbance both to the mental and to the physical reactions, and activities that at times cause distress or anxiety to others, we find that these are more or less a natural consequence of changes that are coming about in the physical forces of the body . . . Hence, as we find, these are those disturbing conditions that arise from the menopause period and the natural accompanying conditions of same . . . And these periods of melancholia, the periods of inability to sleep (or the insomnia), those disturbing forces in the digestive system, those tendencies for the body to become overexcited and overanxious—or to express overanxiety at periods . . ."
PROGNOSIS: ". . . there may be brought better conditions for the body . . . (with proper treatment these symptoms) will gradually disappear."
COMMENTARY: This case provides some excellent suggestions for dealing with the emotional turmoil that can accompany menopause.

Treatment Plan

Case # 1133

MANUAL MEDICINE

osteopathic treatments (gently given)
cycle: take treatments for a period of three weeks and then rest from same for two to three weeks before resuming treatments

ELECTROTHERAPY

Radio-Active Appliance
administration: rotate attachments to diagonal extremities
cycle: use for an hour each day as the body rests (may be taken twice a day for longer periods if desired)

ACTIVITY

"Keep the body warm at most times, but plenty of exercise in the open—just so the body is not tired too much."

“The activities that would make for keeping the nominal eliminations through the alimentary canal . . . ”

“But do not ever let any of these activities become rote!”

DIET

well-balanced diet with not too much sweets

MAINTAIN BALANCE

“Well that the body rather balance or budget its own mental and physical activities . . . ”

“Keep the surroundings as pleasant as possible; not always giving in but not always causing anxiety to the body either.”

Case Summary # 1189

BACKGROUND: Female; 24 years old; 2 readings were given for this woman (4/28/36 and 6/7/38).

SYMPTOMS: “Spells of emotional hysteria,” constant fatigue, disinterestedness in people and work, loss of former drive and ambition.

PATHOLOGY: “Now as we find, in considering the particular disturbances which exist with this body—and these with the view of bringing normalcy and a revivifying of purposes, desires or ambitions—the body *WHOLE* must be taken into consideration; that is, the physical, the mental, and the spiritual attributes of the body . . . And as is then to be understood, these *MUST* coordinate and cooperate—body, mind, soul—if there is to be the best reaction in the physical, mental or spiritual . . . Now with this body we find there has been an exceeding upset in the ideals of the body-mind; coming from disappointments in individuals and in the reaction to that which is the ideal of the entity within itself. And being of a super-sensitive nature (hereditary vulnerability?), it has (the mental) *REBELLED* at these conditions. Now the expression of these reactions are within the *PHYSICAL* forces of the body. Hence we have been gradually on the border of a nervous breakdown, as it would be called by most pathologists or psychologists. Yet through the emotions these have produced, as we find, *DEFINITE* reactions in the physical forces of the body; as related to the nervous system, both cerebrospinal and sympathetic (psychosomatics). And those areas that find greater distress are where cerebrospinal and the sympathetic or imaginative centers coordinate with the physical reactions

of the body. Hence we have had periods of uncontrollable melancholy. We have had periods of the uncontrollable overflow of the ducts that express emotions; inability of perfect assimilation—which immediately upsets the metabolism of the whole physical body. These then, as we find, are both pathological and psychological conditions that disturb the equilibrium of the body.”

PROGNOSIS: “And we will find—before the season has gone—a new outlook upon the experiences in this life!”

COMMENTARY: This case emphasizes the importance of a holistic approach to life. Distorted ideals and disappointments in others led to emotional turmoil and depression. Note that the mental and spiritual malaise affected the nervous systems producing a psychosomatic effect on the body. In keeping with the holistic emphasis, the treatment recommendations addressed all aspects of the self—body, mind, and spirit.

Treatment Plan

Case # 1189

SPIRITUAL APPLICATION

service to others

ESTABLISH IDEALS

institute a daily routine: “So much time each day (and do it!) I will give to the improvement of my mental concept.”

ELECTROTHERAPY

Wet Cell Battery or Violet Ray

HYDROTHERAPY

cycle: once or twice a week in the beginning, and then gradually less often

Case Summary # 1452

BACKGROUND: Female; 38 years old; 1 reading was given (10/9/37); a cousin’s letter states: “I have a cousin who has been a manic-depressive during the last ten years—she is now in a depression although it is not nearly as serious as the previous ones. I am thinking

of putting her in a sanitarium . . . She was married to my cousin . . . and divorced several years ago and he has their three children."

SYMPTOM: Depression.

PATHOLOGY: "While there are physical disturbances, these as we find have been produced as much by the mental attitude—to self, to conditions, to surroundings influences . . . As is **SOMETIMES** understood, the physical will deteriorate through **MENTAL** suggestions to self. And the self-condemnation has produced in those portions of the cerebrospinal system such activity upon the nervous system as to produce a reaction that is contrary to the activities of the nervous body. Hence those periods of melancholia, those periods when there is the determination for self-effacement in one manner or another. This has produced in **SPECIFICALLY** the centers in the upper dorsal and through the cervical, and especially in the vagus area, such reactions that there becomes an incoordination between the cerebrospinal and sympathetic or vegetative nerve systems of the body. Then, under the **VARIED** activity, this produces disturbances in the reaction of the organs that become involved by the too much flow of impulse to the system. Thus we find there are those overflows often to the ducts that magnify and manifest sadness, sorrow, and self-effacement; in that the condemnations which arise make for the dislike of activities that are necessary for the expression of any **NORMAL**, cooperating, balanced system of the spiritual activities in a physical body."

PROGNOSIS: Not provided.

COMMENTARY: A cousin's letter written after the reading states: "It gave her great comfort to find that she had no growth on the brain as she had feared. She has always thought that osteopathy was a great help for her. Several years ago she was at Still-Hildreth but did not like it there at all. I am going to have her have regular osteopathic treatments and also some spiritual help and hope that they will solve her difficulties."

Note the emphasis on mental etiology in this case. She was apparently bitter about her divorce and loss of children and was resentful towards self and others: ". . . even though the darkness of hate overshadows thee . . ." This is an excellent example of psychosomatically induced somatic dysfunction. The emotional symptoms were apparently mediated through glandular disturbance ("overflows often to the ducts that magnify and manifest sadness, sorrow, and self-effacement"). It is impossible to determine the relevancy of the manic-depressive label provided by the cousin. The

correspondence and reading provide no indication of manic episodes at any time.

Treatment Plan

Case # 1452

THERAPEUTIC MILIEU

referral to Still-Hildreth Osteopathic Sanatorium

"We find that the body should be in such an environment, and with such applications as may be had in an institution such as Still-Hildreth; or the applications such as may be received there to stimulate activity in associations with a constructiveness in the mental reactions."

"And these then need not only a physical but a spiritual approach to the applications for relief and help to be brought the body."

CONSTRUCTIVE ACTIVITY

"... activities of self—physically, mentally, materially—must be such as to give expressions to those influences that applied in the experience of each soul bring the consciousness of well-being and not of degeneration in ANY sense physically, mentally or spiritually."

"And instead of the conditions that exist in the environs physically, mentally and spiritually, becoming stumbling-stones to thee, they may become stepping-stones to a larger, a more abundant life of service in His name."

"... the activities physically and mentally be directed in constructive and spiritual study AND application."

MANUAL MEDICINE

osteopathic treatment

Case Summary # 1609

BACKGROUND: Male; 49 years old; 1 reading was given (6/6/38); letter from (1609) states: "Doctors have diagnosed it as: nervousness, oversensitiveness; mother-attachment, inferiority complex, manic-depressive with schizoid tendencies; one psychologist even called me 'a dementia praecox case.' Of course when the learned

doctors don't know what ails you, they hide behind a barrage of big words. Most of them agreed, however, that I am anemic so they prescribe pills and tonics."

SYMPTOMS: Restless and fidgety, easily tired, depression.

PATHOLOGY: "... there are PHYSICAL conditions that cause not only physical reactions that produce the incapacity for the body to function through normal ways and manners physically, but react in a detrimental manner upon the mental reactions of the body in its relationships to self and conditions about same . . . We find in the blood supply a tendency towards anemia; of the nature as produced by a disturbance in the physical assimilation as well as in the mental and nervous reaction to same. These as we find arise from toxic forces produced throughout the alimentary canal, especially arising from an injury or pressure upon the coccyx and sacral plexus; or through the ileum plexus, as associated with the activity of the caecum AND the emptying of the jejunum to the colon area . . . These produce adhering tissue in the right portion of the body . . . tending to make for dis-coordination—rather than in-coordination—between the mental reactions and the impulses; by the pressures produced upon the brush end of the cerebrospinal nerve system through the areas indicated as to the pressure IN the spinal column and the sympathetic nerve system—as they coordinate through those connections in the 4th lumbar axis. Thus in the mental reactions from same we find at times the indication of lapses of the impulse; and the body remains rather in that mood of living in or reacting to old surroundings. Or there is the inclination to pity self, and to desire or wish for or dwell upon things that had to do with FORMER conditions in the system; without looking toward future activities or impulses. Hence, without these being broken up, these will tend towards a softening—or the reactions of the impulses will be to more and more lapse in this manner; more and more melancholy, more and more reactions to the whole system."

PROGNOSIS: "... if there will be a consistent and persistent application of those things as may be here indicated, there should be very SOON what might be termed a 'snapping out' of the whole condition."

COMMENTARY: Note the tendencies for dementia and the lapse in impulses which the readings associated with melancholia. This man said he was "very sensitive to bright light"—this could be significant since photosensitivity is associated with bipolar.

Treatment Plan

Case # 1609

CASTOR OIL PACKS

administration: "very hot . . . across the liver, the caecum and the lower portion of the abdomen on the right side"; then sponge off body with soda water; make treatments at office of osteopath

cycle: keep on for thirty minutes to an hour, each evening for at least three or four days

MANUAL MEDICINE

osteopathic manipulations

administration: to follow immediately the hot packs; "gentle manipulations through the whole of the area; that is, the liver, the caecum; and the CORRECTIONS—GENTLY—in the lumbar and sacral and through the coccyx area; GENTLY coordinating the rest of the cerebrospinal system with same, see?"

ELECTROTHERAPY

unspecified appliance: "low electrical vibrations . . . from a static machine" (owned by Dr. Miller, the osteopath who received the referral)

cycle: use electrotherapy after the adhesions are broken up

CHANGE OF SCENE

" . . . a change of scene for a while would be MOST beneficial, but not until AFTER there is the breaking up of the physical forces and a reaction MENTALLY that would be more in a coordinated manner."

SUGGESTIVE THERAPEUTICS

"Well that suggestions be given by one administering these (Dr. Miller), for CONSTRUCTIVE forces throughout."

Case Summary # 1614

BACKGROUND: Female; 38 years old; 2 readings were given for this woman (6/13/38 and 12/18/40); correspondence from (1614) indicates this was an illness of long standing.

SYMPTOMS: Cycles of depression and “overexaltation.”

PATHOLOGY: “Now as we find, while there are physical disturbances which prevent the better normal reactions, in giving the causes and their effects upon the physical body much of that which is a part of the heritage of the mental AND physical must be taken into consideration (heredity?). There are the inclinations and tendencies towards . . . anemia. From the physical angle, we find that these continue to bring disturbances; especially in the ducts and glands about the assimilating system. These are in the form or nature more of adhesions, that form in the LIKENESS of scar tissue. Then, this drainage upon the system—as combined with the adhesions (in the lacteal duct and caecum area)—produces a pressure upon the nervous system that causes those reactions in which the body becomes highly sensitive to all influences about it. Hence, at times, under stress, the effect of odors, the effect of noises, the effect of activities of individuals become as almost OPPRESSIVE to the body. The reactions upon the nervous system produce at times periods of overexaltation, as might be termed, or overnervousness; while at other times they become very depressing, with the inclinations for melancholia; becoming rather jerky; and the desire to be alone—while at other times the desires are just the opposite. Yet to all of these the reactions would be to become inclined rather to pity or to be sorry for self, or to blame self for circumstances or conditions with which the body physically or mentally has little to do.”

PROGNOSIS: “Now as we find, these conditions may be MATERIALLY aided . . . ”

COMMENTARY: Note the resemblance to bipolar disorder; also the etiology and treatment plan resembles cases of epilepsy. There appears to have been hereditary influences with this case which is particularly interesting given the heavy genetic loading known to be associated with bipolar. The overlap of bipolar and epilepsy is discussed briefly in Chapter Seven of *The Treatment of Schizophrenia* (McMillin, 1991).

Treatment Plan

Case # 1614

CASTOR OIL PACKS

administration: over the liver and lacteal ducts, as well as over

the umbilical plexus; especially over the right side

cycle: session should last for one to two hours; number of sessions unspecified

MANUAL MEDICINE

administration: "massage—gently given; and ESPECIALLY some corrections, with the massage, in the sacral AND the lower lumbar areas"

SUGGESTIVE THERAPEUTICS

during massage

MEDICINE

Codiron (or White's Cod Liver Oil)

dosage: take twice each day for several weeks

ELECTROTHERAPY

Radio-Active Appliance

administration: rotate diagonal attachments to extremities

cycle: use twice each day (morning and evening) for about twenty to thirty minutes each session; continue cycle for ten days to two weeks, rest for a few days and then begin again; "Also we find that the low electrical forces, as of ANY electrical vibrations, would be well for the body."

DIET

balanced diet that is body building and blood supplying

MEDITATION

during electrotherapy in your own words, but after this manner:

"FATHER, GOD! IN THY PROMISES, THROUGH JESUS THE CHRIST, I CLAIM THY PROTECTION, THY LOVE, THY CARE! MAKE MY BODY THAT THOU SEEST AS THE BETTER CHANNEL, THE BEST CHANNEL AS A SERVICE TO THEE. RENEW A RIGHTEOUS SPIRIT WITHIN ME. KEEP MY WAYS DAY BY DAY."

BIBLIOTHERAPY

"See, feel, use the promises that are thine from the study especially of the 14th, 15th, 16th and 17th of John. Let them be as words to THEE!"

Case Summary # 1654

BACKGROUND: Female; 26 years old; 1 reading was given (8/8/38).

SYMPTOMS: Depression, headaches, nausea, sensory system involvement.

PATHOLOGY: "... some of these (disturbances) arise from the body attempting to adjust itself to the changes wrought through the operative measures that were resorted to, and the effect that this change had upon the glandular system as well as the nerve supply and the organs as reflex from the disturbance . . . Thus we find there is a lack of elements in the chemical reactions from glandular secretions, or a lack of the balance between the iodides and the potassiums in the system, or a lack of that element which may be added in the form of calcium. The reaction in the system through the lack of this supply, as well as in the abilities to make for the better reactions for the retaining of vitality necessary for full physical activity, is to cause the body to easily tire . . . These as we find then cause or produce at times, under these stresses from activities in the glandular force, a strain upon same; producing headaches that become of a nature such that not only is there the feeling of exhaustion but at times a nausea is the result of same also. At times there is a heaviness in all portions of the functioning of the sympathetic system as related to the sensory forces; as at times the ringing in ears, bad taste . . . At times the eyes give some disturbance . . . IN THE NERVE SYSTEM: With the natural strain upon the blood supply as related to perfect coagulation, we have periods of nerve exhaustion, when there is the tendency or inclination for the mental reaction of pessimism; at other times even reaching somewhat of a moroseness, or a melancholia. These are all the results of the activities through the lack of the proper balance in the nerve system. IN THE ACTIVITY OF THE ORGANS THEMSELVES . . . there are the revulsions at times to nerve reflexes through most all portions of the organs of the body; which we find indicated through the sensory forces, through the nerve reflexes from the brain's activity in the most part are near normal. But there are periods when such activity is below normal, and others when it is super-normal—or the responses are to create the conditions as indicated in the pessimism or melancholia, or the excess optimism and the easily irritated reaction . . . The repulsion and revulsion as felt in the activities or associations arise from nerve forces, rather than a disturbance that

may not be relieved through the general applications for the body.”
PROGNOSIS: “Take all of these things as indicated in the regular periods; and by the time there is the third or fourth cycle of the treatments, we will find great improvements. We would THEN give further instructions.”

COMMENTARY: There are several cases in the readings in which iodine/potassium imbalance was a primary pathophysiological factor. Note the nerve exhaustion that resulted and its systemic effects—particularly to the sensory system.

Treatment Plan

Case # 1654

MEDICATION

Calcios

dosage: “Each day we would take a small quantity, about as much as would be on the end of a knife . . . ”

administration: “Just spread this quantity over a cracker and eat it, once each day, WITH the meal—and with the meal at which the raw vegetables are taken.”

cycle: “Take for three weeks, leave off a week, then begin again.”

DIET

balanced diet with at least one meal each day consisting of raw vegetables

ELECTROTHERAPY

Radio-Active Appliance

cycle: to be used every day for a period of three weeks, rest for two weeks, then repeat the cycle

duration: each session to be 30-60 minutes

administration:

1st day: The plate marked to always be attached first, would be attached to the 9th dorsal plexus; while the other plate would be attached last, to the right wrist.

2nd day: Make the first attachment to the 9th dorsal, the last to the left ankle.

3rd day: The first attachment would be to the 9th dorsal, the other to the left wrist.

4th day: First attach to the 9th dorsal, the other to the left wrist.

5th day: The first attachment would be to the 2nd cervical, the last to the 4th lumbar.

Then begin over again, continuing to rotate the attachments each day in the manner indicated.

HYDROTHERAPY & MASSAGE

cycle: once each week for 6-8 weeks; rest for 2-3 weeks, then repeat cycle

administration: provide " . . . not too hot nor too high a heat but sufficient to bring about a respiratory reaction . . . Then have a thorough rubdown; using the salt rum rub along the spine, and especially the areas from the 9th dorsal to the end of the spine; followed with not the rub alcohol but the GRAIN alcohol rub. And if the grain alcohol is massaged also over the abdomen, especially across the diaphragm area more than the lower portion of the abdomen, we find that it would be well for the body."

Case Summary # 1749

BACKGROUND: Female; 48 years old; three readings were given (11/16/38 to 7/6/39); she was recovering from a nervous breakdown at the time of the readings.

SYMPTOMS: Indigestion, headaches, auditory problems, depression, anxiety.

PATHOLOGY: " . . . there are a complication of disturbances in the physical forces of the body. These arise from several causes . . . In the first we find there has been the inclination for the body, through activities of the mental self in its anxiety, to raise or open the centers of the body through meditation and activity when the physical forces were not in the condition for such. This produced upon the nerve system, especially the sympathetic, what might be called a contaminated stream of negative reaction; causing or producing a nervous breakdown. Then this slowed the activity of the PHYSICAL body-action in relationships to the mental and spiritual self; in much the same manner as would be the shortcircuiting of the nervous system to the high vibratory forces of bodily functioning . . . we find the digestive system upset by the same character of slowing of activity of the secretions from the lacteals, or the balancing between the acidity and alkalinity for the necessary digestive forces. This pro-

duced then a state of unbalanced fermentation in the stomach. Then this caused more nervousness, more of the physical gas and a pressure which produced a disturbing condition. This caused headaches and dullness, and with the natural condition as broken between the sympathetic and cerebrospinal nervous system a lulling of activity of the system towards digestion and elimination. Accumulations of poisons are a natural result of such disturbing conditions. This makes for a lethargic reaction then to the kidneys, as well as liver and spleen and pancreas . . . The effects at various times are suppression to the lung or pulmonary system; at others the overactivity of the kidneys, at other the tendency for the whole general system to produce that of melancholia—the inclination of the body to become so overexercised as for the lachrymal ducts to overflow, or for the inclination to cry, to weep, and to feel sorry for self. All of this produces greater depressions through the system.”

PROGNOSIS: Not provided.

COMMENTARY: The description of the pathology in this case is consistent with cases ascribed to “kundalini crisis” (McMillin, 1991a)—that is, the opening of the spiritual centers (chakras) without appropriate preparation. This woman was apparently practicing meditation while anxious. This combined with physical disturbances disrupted the energy flow producing a nervous breakdown. Typically, cases of kundalini crisis present mixed features of anxiety, depression, somatic complaints, and in severe cases psychosis. In this case, the depression was associated with systemic “depression,” that is, literally a depressive effect on the activity of the visceral organs. Note the toxemia due to poor eliminations.

Treatment Plan

Case # 1749

BIBLIOTHERAPY

“First, quiet the self mentally, internally, by holding to those things which are eternal—such as may be found in reading the 14th, 15th, 16th and 17th of John. Know that these words, in the reading of same though the names of others may be used, do not apply other than to thy inner self. Do not read these merely as rote, but as experiences to thine own inner self.”

MANUAL MEDICINE

osteopathic treatment

administration: “. . . gently but firmly—a relaxing first of the lumbar centers, gradually going upward to the rest. For in these areas were the centers first opened. Such would be done firmly, making adjustments and a gentle massage through the centers in the lumbar, the lower dorsal, then gradually to the upper dorsal and through the cervical areas.”

ELECTROTHERAPY

the low electrical vibrations of a static nature

cycle: to follow the osteopathic treatments duration: twenty to thirty minutes

Note: the exact appliance is not stipulated; since a specific referral was made to Dr. Mary Miller, D.O., perhaps the appliance was one commonly used by her; the readings did state: “Not the sinusoidal (appliance), not the deep therapy, but the general static . . .”

MEDITATION

to follow the electrotherapy

Case Summary # 1757

BACKGROUND: Male; 60 years old; 2 readings were given (12/10/38 and 10/17/41), the second being a life reading; Mr. (1757) had been suffering from the symptoms for 2 years.

SYMPTOMS: Depression mentally, shortness of breath, headache.

PATHOLOGY: “The blood supply indicates the deficiency in manners of its reaction, and this in the present disturbance or present state indicates the toxic forces arise as much or more from the condition through the colon—as combined with a disturbance in the liver itself. These, then, are the SOURCES of the disturbance; as through the bloodstream we find the showing of an impoverishment, and the lack of the vital forces for the resuscitations. Thus we have periods when the body feels slow or sluggish, and the reactions to the extremities or the locomotories, the feeling as of it being impossible to go forward or on. At other periods we find the sluggishness of the circulatory forces even makes for a hard activity with the heart, and this makes for a feeling as through the chest, and even

through the heart area; as a shortness of breath . . . At other periods we find the lack of the eliminations through the activities of the organs of elimination, and a form of constipation that makes for the accumulation of poisons through the system. This creates as we find, as indicated in the present, another form of disturbance through the blood supply. In its combination this makes for periods when the incoordination, or the lack of COOPERATIVE forces between the cerebrospinal and the nervous system, produces conditions when the effect to the whole of the general system is for the body to become morose, or to see the dark side, or to begin to worry and feel depressed. Yet at other periods a mental stimuli for an association of the better things makes for a stimulation to the whole system to carry on for the greater activities in the mental and spiritual lines—even when the BODY under such elations may off feel very much depressed.”

PROGNOSIS: “Do these things as we have indicated; and as we find we will make for much better condition.”

COMMENTARY: The key etiological factors here are the liver dysfunction and toxemia resulting from poor eliminations through the colon. This led to an incoordination between the CNS and ANS and a depressing effect upon general systems of the body.

A follow-up report by (1757) dated 8/19/40 states: “I am so much better that my work is a pleasure. Life has taken on a helpful, hopeful and cheerful aspect.”

Treatment Plan

Case # 1757

HYDROTHERAPY

colonics

cycle: “The first two should be given by one well versed in same, or well prepared for giving such; as it would not be best to remove the WHOLE of the disturbance through the first application; using in the last waters an antiseptic AND making for the full cleansing of the colon. The first two, given by a trained operator, would be given as close as one each week. Afterwards, about every two weeks, the body may take the colonic irrigation HIMSELF; by using the colon tube with a Fountain syringe.”

ingredients: "When this is done by self, use the soda and salt solution in the first water; the proportion being a heaping teaspoonful of salt and a level teaspoonful of soda to each quart of water—using, of course, about a quart and a half or a GALLON if necessary to remove the poisons and the accumulation of toxic forces . . . Have the water body-temperature; not above or below same."

MEDICINE

Codiron

dosage: ". . . two tablets each day, taken with the heavier meals taken—or morning and evening meal."

cycle: "Keep these up for at least a two-week period, leave off a week and then take again . . ."

ELECTROTHERAPY

Violet Ray Appliance

cycle: every other day

administration: ". . . preferably not the bulb applicator but the rod which the body either holds in the hand or sets the foot on it, with the rod lying upon glass, see? If it is taken in this way, alternate; using once in the right hand, once in the left; once with the right foot, once with the left."

duration: "Do this for a minute and a half."

MANUAL MEDICINE

general osteopathic treatments

administration: ". . . to alleviate the inclinations for closeness of the segments along the cerebrospinal system, especially in those areas where there is the close association of the sympathetic and cerebrospinal connections—the 4th lumbar, 9th dorsal, 3rd and 4th dorsal and throughout the cervical areas."

cycle: "This not necessarily more than once a week, and only about four or five; and then leave off for a month, and then another four or five taken."

DIET

general diet: few starches and red meats; plenty of fresh fruits and vegetables; no fried foods

Case Summary # 1773

BACKGROUND: Female; she was 38 years old when reading 1773-4 discussed her depression; a total of 5 readings were given (12/30/38 to 10/6/39).

SYMPTOMS: Depression, anxiety.

PATHOLOGY: "These as we find are the effects of impingements in the structural portions of the system, thus causing the irritation between the cerebrospinal and sympathetic nervous systems; which upsets at times not only the emotional but the rationality of the whole reactions, as well as disturbing the functioning of the bodily forces. As we find, with the birth of the child (the last), there was a straining of the pelvic bone, and an unbalancing. And this, with the unbalanced condition, has gradually produced through the sacroiliac and through the nerve plexus in the end of the spine those pressures that are causing all of these disturbances with the conditions of the body . . . there are . . . those periods of repression, or the tendencies for the body to become fearful when alone or in too deep a meditative mood; owing to those conditions which have existed and that need a better coordination, especially in those areas of the coccyx AND the area of the coordination of the lower nerve forces to the lower limbs, or the sciatics, AND the general portions of the nerve forces of the body . . . Q. Is there still the impinged condition in the spinal system that causes the continued depression or exhaustion? A. If there was a whole connection, we would not advise the continuance of corrective measures. Especially is there not a full accord in the coccyx end of the spine."

PROGNOSIS: "Now as we find, the conditions with this body are rather specific. Unless there are some corrections made, the condition will become much more serious . . . Q. Continuing treatments as outlined in the reading, how long before I should have definite mental improvement? A. Within the next four to five weeks."

COMMENTARY: Note the mixed features of anxiety and depression in this case. The readings contain several cases of major mental illness which were said to be caused by pressures along the spine produced by pregnancy (McMillin, 1991a).

Treatment Plan

Case # 1773

MANUAL MEDICINE

osteopathic treatment

administration: “. . . we would correct the condition in the whole of the cerebrospinal system; osteopathically; especially reducing those conditions in the coccyx area, and making for a balancing in the pelvic area; coordinating the rest of the cerebrospinal system with same.”

ELECTROTHERAPY

Radio-Active Appliance

administration: standard, that is, alternate connections to extremities

cycle: use each day for thirty to forty minutes, preferably in the afternoon; use for a couple of weeks and then rest for a week or ten days; resume cycle

EXERCISE

“After there have been taken the adjustments for a month or six weeks, we would begin then to take some regular exercise; as that to make for a balancing of the equilibrium of the structural body . . . ”

DIET

body- and blood-building diet

MEDICATION

Codiron

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

Atomidine

dosage: 1 drop in a half glass of water each morning before any meal

cycle: take for 5-7 days, rest for 5 days; resume cycle

Note: do not use Atomidine until osteopathic corrections have been made

ATTITUDES

"In the mental attitudes we would hold to those that have been indicated for constructive influences. And if this is done in a prayerful, meditative manner, following the suggestions that have been indicated as portions of the Holy Writ as should be not just memorized but realized as a living experience in the application of self in relationships to its home, to its friends, to its neighbors, to even its passing acquaintances—we will find it will not only aid materially in the corrections that are being sought to be made osteopathically in the structural portions of the body to relieve the tensions, but will make the whole outlook upon life and its activities much more, not (just) tolerable but much more worthwhile! And the joy of life will again be a part of the entity's experience."

Case Summary # 1789

BACKGROUND: Female; 32 years old; a total of 9 readings were given for this woman (1/13/39 to 6/5/41); she was an artist who was apparently attacked and injured in an attempt to get away; she was in a state hospital at the time of the first reading; she was diagnosed manic-depressive.

SYMPTOMS: Hallucinations, amnesia, hysteria, depression.

PATHOLOGY: This woman was attacked and "in the attempt to escape, and finding self trapped as it were, the physical exercise and activity in the attempt shattered the connection between the cerebrospinal and sympathetic system; especially in the coccyx and lumbar areas. Losing consciousness the entity became a prey to those suggestive forces as were acted upon, and by the injection of outside forces to keep that hidden as attempted upon the body. Then, in its present environs, there have been only moments of rationality; and then NO one to respond brought greater and still greater depression to the better self."

PROGNOSIS: "(following the suggestions) The body then should be able, physically and mentally, to return to regular activities."

COMMENTARY: Treatment produced an excellent recovery after many months of application. This is a good case for study for anyone interested in applying this approach since it contains many readings, a wide range of therapeutic modalities, persistent application of the suggestions, and excellent results.

The reference to possession in reading 1789-1 suggests that she was near to having a dissociation of the mental, spiritual, and physi-

cal bodies. "The beauty of this soul, its abilities as a creative influence in the lives of those who may bring it back as it were from the very borderland, is worth all the effort . . . Such is so near possession that there needs to be great care taken." The etiological pattern of lower spinal injury producing insanity and possession was often cited in the readings in cases of insanity.

Treatment Plan

Case # 1789

THERAPEUTIC MILIEU

" . . . there may be help brought to this body, if there can be—under changed environs—the application of that which is the fruit of the spirit of truth, of helpfulness, of gentleness, of kindness, of patience."

COMPANION THERAPY

"To be sure, it will require that there be a constant companion; and one physically able to handle the body, but NOT in a manner of other than kindness, patience, and with LOVING care—rather than attempts to further break down the self-expression."

MANUAL MEDICINE

administration: to correct " . . . those pressures which exist in the cerebrospinal system, especially in the lumbar and coccyx."

DIET

"strength- and nerve-building foods"

ELECTROTHERAPY

Wet Cell Appliance with Gold

cycle: begin " . . . after the third or fourth adjustment, or after ten days or two weeks of the gentleness, kindness and patience and the feeding of the body; so that it has sufficient to build upon."

administration: "The attachments of the Appliance would be, the small copper plate to the 4th lumbar, and the larger nickel plate—through which the Gold solution passes (in the proportion of one grain Chloride of Gold to each ounce

of Distilled Water)—to the umbilicus plexus or lacteal duct area”
duration: thirty minutes each day

EXERCISE

“ . . . there needs to be more of an outside activity, or more activity in the open air. Not so much in city or town, but as country, and the expression of self in creative arts or of that nature—if there would be the arousing of the mental forces as the better physical conditions are being manifested for the body, to find its spiritual and mental self in a normal balance.”

Case Summary # 1845

BACKGROUND: Female; 17 years old; 1 reading was given (3/18/39); a letter from her mother states: “What suggestions would you make for control of attacks of melancholy and her extreme impatience and irritability . . . She feels at times as if there was trouble with her heart, rapid palpitation . . . In speaking of her mental condition I do not mean to imply that she is a mental case, but just a highly disturbed person who does not know what is bothering her.”

SYMPTOMS: Anxiety, depression, self-blame (especially during menstrual period), irritability.

PATHOLOGY: “In the lower lumbar, and especially through the coccyx area, there is a jamming of the segments there—as may have been produced by an injury or fall in a much earlier period . . . With the proximity of the activity of the cerebrospinal and the sympathetic nervous systems joining through the brush end, and especially in the lumbar-sacral and coccyx area, we have a deflection of impulses—as well as an aggravating of the glandular forces of the body as related to the genitive system as well as to the circulatory forces as related to the nerve impulse. Hence we have a variation in the blood supply, though this causes little disturbance when there is kept the better eliminating force; but at other times, and especially through those periods of the menstrual forces, it causes a great deal of anxiety as well as a deflection of the circulation as related to the superficial and deeper circulation. In the nervous system this reaction produces those conditions where there is the effect of melancholia, self-judgment . . . Yet these produce anxieties—through the deflecting of the impulse, and especially at periods—or this becomes a periodical reaction. Not at EVERY period, but many of

these—and close to these, just before or after, do such conditions occur . . . As the deflection is through the sympathetic as well as the cerebrospinal system, we find many of the glandular forces are exaggerated or lacking in their abilities for complete or full activity. Hence those conditions of a quickening of the pulsation, the filling or tingling, or filling through the throat, and the excitements as would cause any great anxiety might produce even a nausea. These arise from the deflection of the conditions as they act upon the glandular forces of the thyroid, as well as the glandular forces as related to the activity of liver, spleen, pancreas AND the gall duct.”

PROGNOSIS: “What suggestions would you make for controlling the attacks of melancholia . . . ? A. As indicated, if these pressures are removed and the vibratory forces of the appliance used for the equalization, these should disappear gradually.”

COMMENTARY: Note the mixed depression and anxiety and the association with the menstrual cycle. Somatic complaints are important assessment criteria in cases where spinal injury produces systemic dysfunctions, disturbed circulation, and poor eliminations.

Treatment Plan

Case # 1845

MANUAL MEDICINE

osteopathic treatment

administration: “. . . especially through the areas of the lumbar, sacral, coccyx, ileum plexus—then coordinating these with the cerebrospinal as well as the cervical or vagus center in the upper dorsal and cervical areas.”

MEDICINE

Codiron

ELECTROTHERAPY

Radio-Active Appliance

cycle: use for an hour about two or three afternoons each week

administration: rotate diagonal connections around extremities

Case Summary # 1938

BACKGROUND: Female; 78 years of age; 1 reading was given (6/26/39).

SYMPTOMS: loss of strength, vigor and interest in life; disturbed appetite, insomnia, depression.

PATHOLOGY: "A great deal arises from a bit of neglect on the part of the body as related to the eliminations, and a great deal arises from a general debilitation that is a natural consequence of the reactions due to age and the disturbances indicated as combined with same . . . In the blood supply the slowing of the circulation through the abdominal area tends to make for a bit of toxic reaction. This producing pressures upon the nervous system brings disturbing conditions through the areas from which locomotion comes, as well as a disturbance for the limbs and feet—and at times we have an acute condition with the head and throat . . . The nerve forces are the effect rather of the pressures indicated from toxic poisons . . . Q. How may I overcome my periods of despondency? Are they due to physical or mental or environmental conditions? A. Physical, and the effect of the poisons—that will be cleansed by the cleansing of the colon, when the other applications are made, purifying and removing toxic forces."

PROGNOSIS: "Thus we will find a different outlook on life."

COMMENTARY: Note the advanced age; toxemia produced by poor eliminations was directly linked to the depression in this case.

Treatment Plan

Case # 1938

MANUAL MEDICINE

adjustments and manipulations

administrations: "massages along the spine and the relaxations especially across the abdominal area with the hot and cold packs"

cycle: every other day for the first three weeks—then they

should be given at least once each week

HYDROTHERAPY

“hot and cold water treatments”

cycle: every other day for the first three weeks—then they should be given at least once each week

colonics

cycle: give once or twice during first two weeks of treatments

ELECTROTHERAPY

Radio-Active Appliance

cycle: use for two weeks, then rest for five days; repeat sequence and continue cycle; use just before retiring at night

MEDICINE

Ipsab ((1938) had gum problems)

administration: massage daily and gargle weak solution of Ipsab

ingredients: half a teaspoonful in half a glass of distilled water

Eno Salts

cycle: use a teaspoonful every morning for three or four days, rest for three or four days, repeat cycle until better eliminations are maintained

DIET

no fried foods; raw fresh vegetables made into salads (at least one meal each day); plenty of well-cooked vegetables with fowl, fish, or lamb; plenty of gelatin, junket, and such

Case Summary # 1995

BACKGROUND: Female; adult; 1 reading was given (9/8/39).

SYMPTOMS: Anxiety, depression, headaches, somatic complaints.

PATHOLOGY: “These as we find, owing to the character of the disturbance, as well as the lack of comprehension of causes, have caused a great deal of anxiety, and more of confusion in the system—thus causing more of a complication than should be. The disturbance primarily, as we find, is a glandular condition, involving especially the glands as related to the assimilating system. Thus we find there is the lack of elements in the blood supply. Thus there is the inclination to weaken, sympathetically, the functioning of or-

gans . . . Also through the lymph circulation and the emunctory activity there are the inclinations to continue to show forms of a disorder; yet these . . . come and go according to the unbalancing of the circulation; owing to the lack of this activity in the glandular force to PRODUCE sufficient of the hormones in the blood supply to create sufficient of the leucocytes that are the warriors against inflammation . . . We find off there are the inclinations for the body to become easily depressed, with periods of anxiety mentally and physically; being nervous as to the outcome of many trivial things or conditions at times, and yet ANXIOUS about those things that would have to do with relationships with others arising FROM the effect of the depleting of the impulse in the nervous force as related to the activity of the sensory system. Headaches, languidness—tired through the limbs, nothing just exactly right at times. At other times we may find the body, from a period of a good rest, feeling full of life and vigor, purpose, intent.”

PROGNOSIS: “Do these, and we will find we will eliminate those disturbances with this body, (1995).”

COMMENTARY: Note the combination of depression and anxiety alternating with periods of normalcy. Also note the somatic symptoms associated with systemic dysfunction. A depletion in neurotransmission was cited as a primary factor in the depressive symptoms in this case (particularly to the sensory system). There are some interesting remarks in reading 1995-1: “Q. Is my attitude toward life conducive to good health? A. The condition of the physical body is not conducive to an attitude towards constructive thinking!” “. . . see what a spiritual life means. Not the eliminating of pleasures, for the purpose of life IS pleasure, but that which is constructive and not destructive.” This last remark is particularly significant in view of (1995)’s tendencies for depression (one of the symptoms commonly associated with depression is lack of capacity for experiencing pleasure).

Treatment Plan

Case #1995

MEDICINE

Atomidine

dosage and cycle: take internally one minim in half glass of

water each morning before any meal is taken, for five days; then rest for five days; then take two drops each day for five days; then leave off entirely except during the rest period of the osteopathic treatments, then take one minim each day for five days

caution: do not take Atomidine during osteopathic treatments or with the Codiron

Codiron

cycle: with the beginning of the osteopathic treatments take two pellets with the noon meal and two with the evening meal; keep away from sedatives as much as possible

MANUAL MEDICINE

osteopathic adjustments

administration: treat especially the area between the 9th dorsal and the upper portion of the cervical with specific reference to the 3rd, 4th and 5th dorsals and upper cervicals

cycle: begin treatments after Atomidine cycle; about every third treatment coordinate the solar plexus center and the lumbar axis with the corrections being made in the upper portions of the body; take these adjustments about twice each week for first 16 to 18 weeks; rest a week and then begin again but the sessions may be farther apart

DIET

Jerusalem artichoke

cycle: begin these with osteopathic treatments; take twice each week, alternate between eating Jerusalem artichokes raw and cooked in Patapar Paper; keep away from carbonated drinks; fish, fowl, and lamb are the preferable meats; no fried foods; "let one meal each day consist principally of raw vegetables—not altogether but principally; carrying a great deal of celery, lettuce, tomatoes, carrots and those things that are easily taken in a salad at such times."

WORK WITH IDEALS

"Analyze self and the purposes, the motives, the influences; and know that they agree with that which is thy ideal."

ATTITUDES TOWARD OTHERS

"Q. How can I make my husband see this complete spiritual life

and also have it? A. Live it in self, and thus you may induce others and those about you to try it. Not by nagging, not by finding fault. Ye would not want others to find fault with you! Then live so toward others that you do not find fault, but find the good in every experience.”

Case Summary #2164

BACKGROUND: Female; 58 years old; 1 reading was given (4/8/40).

SYMPTOMS: Disturbed sleep, sensory system involvement (vision, hearing), disturbed digestion, easily tired, overweight, memory problems, stiffness and pain in neck.

PATHOLOGY: “These have to do with conditions which have existed, or gradually grown in the system, from disturbed circulation; affecting organs of the sensory system through lack of the nerve impulse to supply the energies needed . . . In the nervous forces of the body—the natural tendencies arising from a disturbed circulation of a glandular nature are for the nerves to become involved as a result, and not as the primary cause; though their effects—or the effects of the pressures produced through the system in the present upon the nervous system—DO influence the nervous system’s connection between the cerebrospinal and sympathetic systems; especially in the areas where subluxations were caused (lower cervical and upper dorsal) . . . Q. What was the cause of the melancholia which lasted for 19 years? A. The breaking of the circulation between impulses of the sympathetic and the central or spinal nervous system; causing a casement as it were BETWEEN the two nervous systems, and producing a condition—as we have outlined—at the base of the cerebrospinal system, at the base of the brain, a fullness there.”

PROGNOSIS: “Do as has been indicated, and we will find—in three to six months—near to normal conditions.”

COMMENTARY: The pathophysiology of depression in this reading is consistent with a neurotransmission model of depression; however, in this case, the “breaking of circulation of impulses” is between the CNS and ANS rather than within the brain per se.

Treatment Plan

Case #2164

MANUAL MEDICINE

osteopathic treatment

administration: after several weeks of general treatments (with special attention to lower cervicals, upper dorsals, and 6th dorsal), provide "finger surgery" treatment to break up lesions in eustachian tube

ELECTROTHERAPY

Radio-Active Appliance

administration: diagonal attachment pattern rotated around body

cycles: use at least one hour each day

DIET

blood- and nerve-building diet: eat foods that supply B-1 vitamins (e.g., carrots, squash, peaches, whole wheat cereal) to be distributed through the diet from day to day

Jerusalem artichoke: once each week eat a Jerusalem artichoke with regular meal

MEDITATION

meditate during electrotherapy (affirmation provided in reading 2164-1) and maintain meditative "attitudes in the relationships day by day with thy fellow man"

EXERCISE

"Exercise in the open air—as walking, as just sitting in same—is necessary. Walking and swimming are the best exercises."

Case Summary #2325

BACKGROUND: Female; 25 years old; 1 reading was given (8/20/40); a letter dated 7/30/40 states: "I have everything to live for and yet at times I have no desire for living. There must be a cause and this I want to know. I want my life to be happy—with every hour to

look forward to—more than anything I want peace of mind . . . ” A second letter dated 8/8/40 states: “I do hope you will be able to help me, as I am miserable, and I can’t understand the reason. Some days I seem all right and others I am quite depressed and wish to see no one . . . ”

SYMPTOMS: Depression, headaches, insomnia, “periods of great languidness.”

PATHOLOGY: “As we find, there have been some disappointments, and some conditions which have caused the mental attitudes of the body to become as one being hindered, or not able to give that expression in itself as to the course to pursue, or as to the desire of the body mentally and physically. However, we find that the basic causes of these hindrances are in the cutting off of impulses between the nervous system and the reactions in the physical forces of the body. Hence those periods when there is the inability to rest, or the tendency to become aggravated at little conditions which may arise between the self and EVERY association as may be about the body. At periods insomnia may be a result; with little nagging headaches; periods of great languidness. These are, as we find, the effects of this incoordination between the sympathetic and cerebrospinal nervous systems. As we find, these arise primarily from physical conditions that exist in the body from a hurt—or injury—to the coccyx end of the spine; which also causes a lesion in the upper portion of the 4th lumbar, or between the 3rd and 4th. This is not of such a nature as to hinder locomotion entirely, but as to cause often—when the body-mind forces itself, or carries on any great exertion—a heavy feeling across the small of the back, and a heaviness to the lower limbs . . . As to the mental attitudes—these, as we have indicated, are a part of the physical distress . . . ”

PROGNOSIS: “While apparently there are no defects—or few—so far as the physical forces of the body are concerned, we find that there ARE those conditions which without corrections—and a change in the general attitude of the body to its environs and circumstances—may lead to great disturbance in the mental and the physical forces of the body . . . Then, doing these (treatments)—with the physical corrections made—the attitude of the body will be found such that much more easily will life become worthwhile.”

COMMENTARY: A follow-up letter dated 9/6/40 states: “. . . I feel benefited already. The treatments you advised me to take have done worlds of good . . . ”

Injury to the coccyx figures heavily in cases of mental illness in the readings (McMillin, 1991a) and the warning given (“may lead to great disturbance”) may indicate a deterioration into major mental illness if corrections are not made.

Treatment Plan

Case # 2325

MANUAL MEDICINE

osteopathic treatments

ELECTROTHERAPY

Radio-Active Appliance

CHANGE ATTITUDES THROUGH BIBLIOTHERAPY

“As to the mental attitudes—these, as we have indicated, are a part of the physical distress; but there needs to be rather the studying by the body of some form of philosophy as to the relationships of individuals to those environs about them; that is, these should be the basis of such study—not cisms or cults, not those things that are intended to form merely attitudes or cliques or classes or the like, but rather those things that are based upon the commandments—especially those recommendations of Moses in his last admonition. Here (that is, in those chapters) we will find that which is both of the mental and the spiritual, as related to not only the relationships to Creative Forces or God.”

SERVICE TO OTHERS

“Then—with the study and the analysis of this—go about to put same into daily practice in thine own experience. For, if ye would have friends, show thyself friendly—under every circumstance, every condition. If ye would have strength and love, expend same; not merely upon those who are easily inclined to accept or receive same, but upon those to whom the expending of same will bring hope, life, love, in their lives and experiences . . . as may be manifested in the joys of an evening’s social engagement as well as in the feeding of the hungry, in the cherishing of the sick, or in any form of attitude or activity that gives one the opportunity of becoming USEFUL in the own vicinity, the own home, the own environ.”

Case Summary #2382

BACKGROUND: Female; 43 years of age; 1 reading was given (10/15/40).

SYMPTOMS: Anxiety, depression, insomnia, loss of appetite, "irritations to portions of the skin."

PATHOLOGY: ". . . there are disturbances that prevent the better physical functioning of the body. These have to do with the glandular system as related to eliminations, and especially the changes in the functioning of the organs of the pelvis. We find that these arise from very definite subluxations, and cause MENTAL reactions also; the melancholia at times, oft the inability to rest without some form of sedative, and the reactions in the desires as to appetites, associations. Thus there is a general NERVOUS condition resulting from these subluxations . . . In the nerve system—subluxations exist in the coccyx end of the spine, in the 4th lumbar as connected with the axis or the cerebrospinal center in the sacral area. Also there are those tendencies for a curve in the 8th and 7th dorsal center. These as we find are the SOURCES of the disturbance, as to the nerve forces, the sympathetic reactions, the activities of the system as related to the abilities for assimilation, digestion, appetites, and the reflexes even for the brain forces . . . Q. Why is she so afraid and unable to become interested in anything? A. It is the pressure as indicated upon the nervous systems, that causes incoordination between the sympathetic and the cerebrospinal system. Thus we have at times even some irritations to portions of the skin, the loss of appetite and at other times the innate desire for things."

PROGNOSIS: "As we find, these may be materially aided. It will require a little patience and persistence."

COMMENTARY: Note the combination of depression and anxiety; and the association of lower spinal insult with glandular and visceral dysfunction. The osteopath was cautioned to obtain the confidence of this woman—she must have been quite fearful.

Treatment Plan

Case #2382

MANUAL MEDICINE
osteopathic treatments

administrations: "Do not attempt to make too much change in the beginning. It is necessary that the administrator of these gain the confidence . . ."

cycle: three treatments each week for the first fifteen treatments; rest for one week; then have treatments about twice each week for fifteen to eighteen treatments

ELECTROTHERAPY

Radio-Active Appliance

cycle: during the first rest period (from the osteopathic treatments), begin electrotherapy—one hour each day

PRAYER AND MEDITATION

during electrotherapy: ". . . though it may require someone at first to work WITH the body when this is first begun."

SERVICE TO OTHERS

"in a helpful manner for others"

THERAPEUTIC MILIEU

"We would take precautions that the activities ABOUT the entity are sympathetic, but NOT of the nature as to cause the entity to become more aware of its condition, or to become so sorry for self. Rather have the activities and companionships that seek the relationships to THINGS as well as people."

MEDICINE

"Keep way from sedatives; though if any is taken, take rather the form such as Aspirin—but with the Soda-Mint tablets, see?"

Case Summary #2614

BACKGROUND: Female; 37 years old; 1 reading was given (11/7/41); correspondence dated 10/31/41 states: "I am the mother of 2 children and the wife of a very kind husband. I am suffering immeasurably because of a condition that came upon me a little over 5H years ago, as follows: Suddenly I lost interest in everything and everybody. There isn't a thing I feel like doing. My mind doesn't seem to function properly. All I do is live in the past when I was mentally alert and active. I am terribly depressed all the time and I cannot find a place for myself. I ceased being able to make conversation of

any kind, except about this miserable condition I am in. Every day is just a day of misery and mental torture, pacing up and down or sitting for hours waiting for the night to come and dreading the morning to spend another empty day. My thoughts continuously turn to suicide as the situation seems hopeless after having resorted to all sorts of medical, psychiatric, faith healing and everything I hear of. What shall I do? I'm only 37 years old and my family is so dependent upon me. I feel so helpless. Heretofore my mind was so good. I was so quick in making decisions and doing things and now I am just a fixture depending upon my husband and poor mother to do things for me. Physically I am OK . . . Please advise, as I am desperate."

SYMPTOMS: Depression, insomnia, obsessive style, feelings of helplessness and hopelessness.

PATHOLOGY: "These are the result of chemical and glandular reactions in the body; producing a deteriorating reaction in the nerve impulse. Thus the mental aberrations that appear, the hallucination as to lack of desire for associations and activities, faultfinding in self and in environs, as well as those about the body."

PROGNOSIS: "If these are allowed to progress they may bring a very detrimental condition—either that of possession of such a deterioration as to become dementia praecox in its nature."

COMMENTARY: The seriousness of this woman's condition is emphasized by the prognosis—dementia praecox was the diagnostic precursor of schizophrenia and the readings only used this term when there was nervous system degeneration. Note the etiological pattern of glandular dysfunction resulting in a "deteriorating reaction in the nerve impulse" (an apt description of faulty neurotransmission).

The references in the correspondence to hopelessness and helplessness are consistent with the attribution hypothesis of depression; however, note that the biochemical dysfunction was said to be the prime etiological factor in this case.

Treatment Plan

Case # 2614

MEDICATION

Atomidine

dosage: one drop in a half a glass of water each morning be-

fore any meal is taken
 cycle: to be taken for ten days

ELECTROTHERAPY

Wet Cell Appliance carrying gold

ingredients: one grain of chloride of gold to each ounce of distilled water—minimum of six ounces of solution

administration: "The copper plate would be attached to the upper portion of the 9th dorsal center; while the larger nickel plate, connected to the nickel pole, would be attached to the umbilical and lacteal duct plexus"

cycle: use for twenty minutes each day for the first ten days; then thirty minutes each day for the next forty to fifty days; recharge the appliance and solution each thirty days

BIBLIOTHERAPY

during electrotherapy read 30th chapter of Deuteronomy and the 14th, 15th, 16th, and 17th chapters of St. John

THERAPEUTIC MILIEU

"Be mindful that the body keeps in the open when practical."

"Keep about the body congenial companionship, or make self express congeniality in whatever environ or sphere of activity the period may carry the body."

Case Summary # 3207

BACKGROUND: Male; 38 years old; 1 reading was given (9/11/43); a letter from his mother states: "... a perfectly normal child, timid but getting through school and college as any average young man—born of musical parents; his one bent was music—singing and violin—but he did not succeed in either as a professional. He worked two years in a music store, lost his job; married and after five years his wife left him for another man which resulted in his trying to take his life by monoxide gas. He had a complete breakdown ... was in a sanitarium for one year; was another year recovering and remained well for five years. (After another breakdown and a year in a sanitarium) He eats and sleeps well, meets other people and seems normal but has obsessions ... and keeps saying, 'I am no good, Mother' ... he is very depressed, talks of suicide, as an accident, so as not to cause me trouble, asks my permission to allow this to free him from

his troubled mind . . . ”

SYMPTOMS: Depression, suicidal tendencies.

PATHOLOGY: “To be sure there are pathological disturbances, but these arise more from the psychological or psychopathic conditions than from the purely physical condition. To be sure there are incoordinations between the cerebrospinal and the sympathetic systems. These are nerve lapses.”

PROGNOSIS: “And we will find we may supply the breaking up of the nerve forces in this body. This will prevent the deterioration or the regular conditions that ordinarily arise when such melancholy becomes part of the experience. Do that (the treatments)—if we would make the better conditions.”

COMMENTARY: This man had many disappointments (e.g., disappointment of not being a professional musician, loss of job at the music store, and abandonment by wife) and his depression was directly related to these psychosocial factors rather than being inherently endogenous. Thus, the “nerve lapses” (which the readings associated with the depressive process) were psychosomatically induced. The readings frequently stated that “mind is the builder” and that negative thought patterns could lead to degeneration of the nervous system—as was apparently the case in this instance.

Even with the strong psychosocial etiological pattern in this case, the reading for this man recommended a holistic treatment plan involving all phases of the self. Note particularly the suggestion for gold therapy, an indication of the seriousness of the nervous system degeneration.

Treatment Plan

Case # 3207

SUGGESTIVE THERAPEUTICS

“ . . . the real basis of the aid must come from spiritual suggestion . . . Suggestions should be made from purely the spiritual angle, in conjunction with purely mechanical applications.”

ELECTROTHERAPY

Wet Cell Appliance carrying Gold

cycle: each day for thirty minutes

ingredients: The (battery) charge should be medium strength;

that is, to the gallon and a half of distilled water, add—in the order named:

Copper Sulphate 2 lbs.

Sulphuric Acid, C.P. 1 G ounces

Zinc 1 dram & 30 grains

Willow Charcoal H lb.

The solution proportions being one grain Chloride of Gold Sodium to each ounce of distilled water.

administration: "Attach the large plate, through which the Gold Solution passes vibratorily at the umbilical and lacteal duct plexus; that is four fingers from the navel center to the right and two fingers up from that point. The copper plate would be attached at the ninth dorsal."

MASSAGE

"Each day when the Appliance is removed give the body a gentle massage along the spine, using either an oil or a powder—just something that will make the massage easier. Commence at the ninth dorsal and massage upward. Then commence at the ninth dorsal and massage downward, along the spine particularly; this merely to make distribution through the nerve plexus and centers especially in the lymph circulation."

COMPANION THERAPY

"Also have a Christian Science Reader with the body as an attendant, a companion, who would continue to make suggestions; first for the awakening to possibilities in the outdoors, in nature, in things of Creative activity."

Case Summary # 3386

BACKGROUND: Female; 38 years old; 2 readings were given (12/3/43 and 4/5/44); she had a hysterectomy about 3 years before the first reading.

SYMPTOMS: Depression, insomnia, fatigue, nervousness, headaches, hot flushes, sensory system involvement.

PATHOLOGY: "In the nerve forces of the body are the sources from which the physical disturbances arise that upset the body; the inability of the body to gain that rest needed in sleep, in periods when there are headaches that upset the body, periods when there is a great deal of nerve exhaustion. When such periods arise, there is a

great deal of depression in the whole of the sensory system, with the inability of the body-functionings to control these at all times. These are the sources, then. There having been activities with the body where there are the tie-ups of nerve forces in the abdominal area and through the pelvic forces, these have left tendencies for lesions to form in the attempt of the body to protect itself against distresses in the body. It will be found that there are spots over the abdominal area that would be cold, as in the lower portion of the lacteal ducts, as on the left side of the body near the area of the descending colon. These are from nerves being taut, especially those between the sympathetic and the cerebrospinal system—at this larger center where the solar plexus nerves radiate through the abdominal area, through the lower portion of the kidneys and the bladder—that cause these at times to be active or non-active with the recurrent conditions . . . These are in their reflexes to the 3rd cervical that radiates with the brain centers that coordinate from the 3rd cervical, from the 3rd and 4th dorsal, to the sensory centers. The eyes burn at times, there is the awareness of little noises in the ears, sleeplessness, and the body in such periods becomes aware of these distresses through portions of the body.”

PROGNOSIS: “Do these (treatments) and we will bring better conditions for this body.”

COMMENTARY: Correspondence dated 2/3/52 states: “Before my first reading I had an operation called hysterectomy—the removal of uterus, ovaries, and tubes (Fallopian). After the massage and the violet-ray apparatus the insomnia was much improved and in a few weeks I was sleeping like a baby and still am. Singing helps a great deal to keep myself in a cheerful frame of mind. At the time I was dreadfully morbid and depressed mentally caused by menopause, brought on prematurely by the drastic operation at my early age.” Apparently, the hysterectomy produced lesions in the pelvic area which affected the nervous systems resulting in “nerve exhaustion” and depression.

Treatment Plan

Case # 3386

ELECTROTHERAPY

Violet Ray Appliance

cycle: about twenty minutes (not longer) each evening when ready to retire

administration: use "... the bulb applicator partially in the 9th dorsal area and around the body at the diaphragm area, at the areas between the shoulders and up to the head. These treatments should go up and down on either side of the spine, rather than on the spine itself, but cross the areas at the 9th dorsal, the 1st, 2nd, 3rd dorsal, 3rd cervical and 1st and 2nd cervical."

MANUAL MEDICINE

osteopathic massage

administration: "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 on 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."

MEDICINE

KalDak Vitamins

dosage: "... take this in the V-8 juices; half a teaspoonful once each day, dissolved thoroughly in a very little hot water, then—not a full tumbler but a small glass, as an orange juice glass, filled with the V-8 combination of juices. Drink this about three or four o'clock in the afternoon, and it will help to pick the body up. It will give strength and vitality."

SING AND HUM

"Then, sing a lot about the work—in everything the body does. Hum, sing—to self; not to be heard by others but to be heard by self."

DIET

"...keep away from fats of most every nature. This doesn't mean not to eat butter when you can get it, but don't eat the fats of beef, rarely ever any beef. Fish, fowl and lamb may be taken, but never fried foods. Have at least three vegetables above the ground to one that grows beneath the ground."

Case # 3630

BACKGROUND: Female; 53 years old; 2 readings were given for this woman (1/30/44 and 5/11/44); correspondence states: "I have suffered from periodic depression ever since a severe nervous breakdown 14 years ago. It was getting progressively better up to the time of the menopause in 1939. After the menopause certain severe mental symptoms appeared. Treatment by a gland specialist has successfully cured those specific symptoms. But long intermittent periods of depression still continue."

SYMPTOMS: "I have periodic 'sick headaches,' waking in the morning with an aching head, particularly concentrated at the back of the neck where it feels sore and congested—often a toxic feeling around eyes. I have a sickish feeling in the stomach—the discomfort extending both above and below . . . Sometimes bad taste in the mouth."

PATHOLOGY: "Here we have disturbances that are rather of unusual natures. In many respects the conditions here resemble migraine headaches . . . As in most conditions of the nature of migraine or so-called headaches, the cause is in the colon—where there are patches of adhesions of fecal forces to the walls of the intestine, causing activities that come in general cycles. These may come at times regularly, almost so that you could set this by your clock at times; for it is as the regularity of the system itself . . . Q. Will the treatment suggested also remove the spells of depression? A. This is the source of them—as indicated—the toxic forces or poisons, and the lapses, when there are those tendencies for overanxiety and the feeling sorry for self."

PROGNOSIS: "For the time being we will still have some periods of the violent headaches and one or two periods of the lapses of memory. Yet if these applications are kept consistently and persistently we may bring better conditions and material aid for this body."

COMMENTARY: Note the comorbidity of depression and migraine

headaches. The reading explicitly states that the depression was produced by autointoxication produced by poor eliminations rather than being a psychological reaction to the pain and debilitation of the headaches.

A life reading (3630-2) provides some fascinating supplemental information on the somatic dysfunctions in this case. The life reading indicates that the entity was alive during the witch trials of the Salem period in American history: "The experience of the entity then caused many hardships. When some of those were ducked, the entity was present and gave consent. When some were beaten with many strikes, the entity gave evidence and consent to such. Hence in the present the entity finds itself bound with those periods when consciousness is not able to wholly attain or gained. There has been, in those areas of the lacteal ducts and in the 1st and 2nd cervicals, those lesions formed by pressures, in the coordinations between the sympathetic and cerebrospinal system, bringing these periods of a physical reaction."

Treatment Plan

Case # 3630

HYDROTHERAPY

Colonics

administrations: "We would regularly use high colonic irrigations; not attempting to remove all the disturbance here at one treatment but gradually."

ingredients: "In the first waters injected, use alkaline Petrolagar—a tablespoonful to each quart of body temperature water keeping this well stirred while the colonic is being given; rather have the water just one degree below body temperature. In the last gallon of rinse water, use two tablespoonful of Glyco-Thymoline to the half a gallon of water—or a tablespoonful to each quart of water but use as much as a gallon. This, too, should be near body temperature."

cycle: "Possibly eighteen of such colonics should be given, not too often in the beginning—and do not use them without the Petrolagar being used in the first waters injected and the Glyco-Thymoline in the last waters."

MASSAGE

administration: "After each colonic, give the body a massage, not only for the abdominal area but all over the body and especially massaging thoroughly the abdominal area."

ingredients:

Peanut Oil	2 ounces
Olive Oil	2 ounces
Lanolin (liquefied)	1 ounce

ELECTROTHERAPY

Radio-Active Appliance "to cause the body to sleep or evening"
administration: standard attachment (alternate connections to opposite extremities)

duration: "If this is left on overnight, don't worry about it. If after the first application or two there is the tendency for this to irritate the body, take it off after using it for an hour—but it will aid in distributing or equalizing circulation throughout the body."

DIET

"In the diet, while predigested or semi-liquid foods must be taken often, let these not be all . . . "

SERVICE TO OTHERS

"Feel sorry for someone else, not for self! Plenty of individuals in much worse fix than the entity! Try to do something about it, not merely in just thinking about it, but doing something materially—and it'll help you as much as or more than it will help those you try to help, though you may minister to their lacking in the better balance."

Case Summary # 3662

BACKGROUND: Female; 28 years old; 1 reading was given (2/14/44); her medical diagnosis was "manic-depressive psychosis, manic state"; correspondence from her husband provides important information about premorbid functioning: "My mother-in-law told me that when my wife was 5 years old, she fell from a bridge on a bed of rocks, cutting the back of her head in such a way as to require several stitches. Subsequently she became very nervous and high strung. By the time she attended high school, she preferred study-

ing to school activities, was unfriendly and had developed an anti-social attitude. During our courtship, she was an attractive, considerate young woman, yet withdrawn and moody at times. At the age of 27, she suffered a nervous breakdown, and became so violent that it was necessary to commit her to a sanitarium." She improved and was discharged 4/11/43. On 2/2/44 she relapsed and was in a sanitarium at the time of the reading.

SYMPTOMS: Nervous, talkative, irritable, abusive, sexual dysfunction, suicidal, episodic violence, depression.

PATHOLOGY: "... there are disturbances pathological and psychological... there are pressures existing in the coccyx, and in the lower lumbar and sacral areas, that have prevented and that do prevent the normal closing of the lyden (Leydig) gland in its activity through the body. Thus we have those periods when the body is averse to body-passion and again is as if being possessed by same, causing mental aberrations and imaginations, with the sensory system in its reflexes bringing an illness of whatever nature is indicated in any conversation about the body. These cause fears, dreads and such conditions throughout the body... This is possession, you see. But this comes and goes."

PROGNOSIS: "For unless proper corrections are made, there must eventually be caused a full possession or such a deterioration of the gray tissue or cell matter in the spinal cord as to set up deterioration in brain reflexes and reactions (dementia)... Do these (suggestions) and we will bring near to normal conditions for this body."

COMMENTARY: There is an interesting linkage in this case between suicidal tendencies and discarnate possession. "Q. Is there danger of suicide, as before? A. Not if we do these things. Without—well, the body is not responsible, as indicated. This is possession, you see. But this comes and goes." The possession was apparently episodic and not a total possession. (For a discussion of possession in relation to the Cayce readings, see McMillin, 1991a.)

Note the pattern of lower spinal injury affecting the reproductive system. This was a common etiological pattern in cases of manic psychosis. Also note the reference to the "lyden" gland, an indication of pineal system involvement.

Treatment Plan

Case # 3662

COMPANION THERAPY

"There should not necessarily be needed a trained nurse, but a Christian person or a sympathetic Christian nurse with practical religious tendencies; not a fanatic, but practical, applying that she professes, rather than professing that others should apply in their experience."

"Q. Can her mother help her recover completely?"

"A. She may help, but there should be a companion nurse for at least half the time or longer."

THERAPEUTIC MILIEU

" . . . such an environment is needed in a more open surrounding, or at home, or at some quiet place where there can be a great deal of companionship, of study, or reasoning, yes of spiritual reasoning together."

MASSAGE

administration: use " . . . the electrically driven vibrator over the area of the coccyx, the sacral and the lumbar, for 10-15 minutes. Immediately following use of the vibrator, give the body a gentle massage over the same areas with an equal combination of camphorated oil and peanut oil."

cycle: twice each day

Note: "This may at some period . . . apparently cause some excitement, some abnormalcy to the body. This is why the treatment should be given by a practical nurse."

ELECTROTHERAPY

Wet Cell Battery carrying Gold

solution ingredients: one grain of gold chloride to each ounce of distilled water

cycle: "For 30 minutes only 3 times each week . . . when the body is prepared for retiring in the evening . . . "; charge the battery every thirty days and continue treatment for at least 90 days.

administration: "The copper plate would be attached to the

4th lumbar center. The larger plate, through which the Gold solution passes vibratorily, would be attached to the lacteal duct and umbilical center . . . ”

Case Summary # 3950

BACKGROUND: Female; 30 years old; 1 reading was given (11/16/32); she was located at McFarland’s Sanitarium at the time of the reading.

SYMPTOM: Depression.

PATHOLOGY: “. . . these conditions may be rather termed incoordination in the activities of the imaginative forces of the body . . . While the statement incoordination may cover a great deal of territory and not be very definite, yet this is the condition that exists . . . The basis or the cause, then . . . is not so much that which may be termed in its better sense as prenatal, yet this would be rather the conditions that existed with those responsible for the advent of the body-physical in the world during the period when conception and gestation took place, and the prenatal conditions in this sense . . . hence those conditions that make for the greater association of the glands, that make for the balancing of impulses that arise to the distributing centers . . . in the brain forces themselves from which and in which the coordination is necessary for the reactions that are of the voluntary nature . . . hence the psychic forces, or the psychopathic influences, are the basis for the disturbances in the activities of this body, (3950). Then, these make for the impulse from those centers in the system that function with the organs of gestation to the lyden, and their pressure and activity to the forces, to the brain centers through or along the pineal center that has remained or is engaged throughout its course along the cerebrospinal centers themselves, to and through the medulla oblongata to those upper or central portions of the brain. This is not a true case of softening nor yet drying of the brain’s circulation (dementia), but the impulses that are received to same are so distorted by that impoverishing of a portion of conditions in the system . . . when there are those applications that call for the reactions to impulses, to be acted upon by the sensory activities of the nerve system rather than those coming from the conditions of incoordination as to the proper valuations of activities to the body, melancholia or the opposite reactions (mania?) are apparent . . . What, then, is the cause, or the condition? A sickening, a deterioration of the impulses within the body to supply

these very conditions that make for coordinations in their activity . . . ”
PROGNOSIS: “ . . . we will bring the alleviation of those distressed conditions, bringing for this body—by the second or third year—near normal reaction . . . ”

COMMENTARY: Note the prenatal factor, pineal involvement, poor eliminations, and the pathogenesis of melancholia. This case has definite bipolar and psychotic features.

Treatment Plan

Case # 3950

ELECTROTHERAPY

Wet Cell Appliance

administration: attach the small plate first along the spine at either the 4th lumbar, 9th dorsal or 2nd cervical; then attach larger plate to umbilical center

cycle: provide treatment each day; rotate small plate along spine in this manner—1st day to 4th lumbar, 2nd day to 9th dorsal, 3rd day to 2nd cervical; then continue to repeat cycle for a period of three to four months; then rest for three to five days and resume previous cycle

duration: first session to last five minutes; second session to last seven minutes; and so on, increasing each session by two minutes until a maximum of thirty minutes per session is reached

HYDROTHERAPY

“baths carrying great quantities of salts”

witch hazel steams

kidney cleansing (therapy technique unspecified)

“At other times there would be given stimuli to increase the eliminations through the alimentary canal, that would cleanse the kidneys and their functioning.”

Case Summary # 3969

BACKGROUND: Male; adult; 1 reading was given (9/3/28); correspondence from a sister-in-law states: “His (3969’s) wife, my

husband's sister, daughter of a minister, very orthodox . . . tore up the reading and would not agree to do anything about it . . . My brother-in-law, (3969), is still living in Philadelphia, has more money than he knows what to do with, but his family has arranged it so that he can't give it away in big lumps as he has been trying to do for years . . ."; Mr. (3969) was experiencing a "nervous breakdown" at the time of the reading.

SYMPTOMS: Depression, anxiety.

PATHOLOGY: "In considering the conditions that exist with the physical forces of this body, well were those conditions understood that show the relation between the physical, the material, the spiritual and the soul forces of a body. Well are many of the truths that would be well for mankind to learn exhibited in this body, for while the forces are one in normal application toward life; yet, as exhibited or manifested, there may be such strains brought to bear upon the various elements that go to make up that through which the various portions of the entity function, until there is produced improper coordination between same; yet the physical body not far or greatly disarranged, or diseased, while the mental or the intellectual may be as manifested here, in accord, yet unable to fully cooperate with the physical functioning of the system, where the soul becomes tired, while yet the spiritual urge on. These, then, have been classified by man under various heads . . . In the glands in the system, there is the lack of—or, through inhibitive or prenatal forces, a weakness that is shown in the action of tissue in the nerve itself . . . in sympathetic and coordinating system, which occurs through the action of the lyden (leydig) gland with that of the pineal, in its recurrence to brain forces along those of the sympathetics coordinating with cerebrospinal centers. Now these, as seen then, a reflex—or an affectation from an existent condition. The basis, the seat of the soul, then, in that of the lyden gland, with the pineal reaction in the system, and this activity that brings about psychological conditions. Hence when there is reaction in this body, it becomes that of the body turned inward toward the ego, or self, and self-pity, condemnation . . ."

PROGNOSIS: " . . . those conditions that are within the body such as may be aided, through physical and mental means, to bring about the better cooperation, coordination, throughout this body of (3969)."

COMMENTARY: There are bipolar indications in this case including the presence of both depressive and manic features and pineal

system involvement. Note the hereditary factor in this case, significant in that bipolar has the heaviest genetic linkage of any of the affective disorders.

Treatment Plan

Case # 3969

ELECTROTHERAPY

Radio-Active Appliance with Gold and Iron

cycle: alternate between chloride of gold and muriated iron solutions; use at least two hours each day when the body is ready to retire

administration: "When using the gold, first begin by applying the positive to the wrist. When using the iron, apply the positive to the ankle. The next time, the gold is applied to the ankle. Continue to reverse these in each application"; connect the negative anode to the umbilical plexus

ingredients: both solutions to be 15 grains to 10 ounces of distilled water

MANUAL MEDICINE

administrations: "... give those manipulations that will bring about the correction of those subligations (subluxations?) as exist in various centers along the cerebrospinal system, especially those in the cervical and coccyx."

COMPANION THERAPY

"Keep as much cheery company about the body as possible . . ."

SERVICE TO OTHERS

"Bring the body nearer in contact with the necessity of exercising self physically and mentally for the aid of others."

NOTE:

"The reaction of the vibratory forces (electrotherapy and manual medicine) should in three to four weeks prevent the use of the hypnotic and narcotic forces for the body. Then the changes may come in location or place, but begin with the manipulations at the same time the vibratory forces are given to the body."

Case Summary #4059

BACKGROUND: Female; 57 years old; 1 reading was given (4/3/44); she was in a mental institution at the time of the reading; the medical diagnosis was “manic depressive, chronic.”

SYMPTOMS: Depression, weight loss, nervousness, skin blemishes.

PATHOLOGY: “. . . tendencies for inactivity of impulses from the central nervous system . . . it is the beginning of deterioration. These general conditions deal with the whole entity—body, mind and soul . . . the deterioration coming in the reflex reactions through the central nervous system. For these, in the present, are smoothing cells or indentations of the circulation in the reflexes of the brain (dementia).”

PROGNOSIS: “We find that these may respond but much will depend upon the love, the care, the consistency and persistency with which the attendant or nurse would care for the body.”

COMMENTARY: Unfortunately, the reading for (4059) does not provide an etiology. The statement that “these conditions deal with the whole entity—body, mind and soul” suggests that there may have been karmic involvement (i.e., genetic factors) in this case. The lack of suggestions for osteopathic or chiropractic treatments and the prescription for the Wet Cell with gold points to a biochemical dysfunction (probably glandular) as the prime etiological factor in this case.

Treatment Plan

Case #4059

THERAPEUTIC MILIEU

environment

“Keep the general activities in the open when practical.”

COMPANION THERAPY

ELECTROTHERAPY

Wet Cell Appliance carrying gold

ingredients: regular strength battery gold solution consisting of one grain chloride of gold sodium to each ounce of distilled water

administration: larger plate carrying gold to be attached to umbilical center; the small copper plate to be attached to the lower portion of the 9th dorsal

cycle: one hour each day

MASSAGE

ingredients:

Peanut Oil 2 ounces

Olive Oil 2 ounces

Lanolin (melted) 6 ounces

administration: to be given immediately after electrotherapy; pay special attention to coccyx, 4th lumbar, 9th dorsal and through the upper dorsal and cervical areas

DIET

normal diet with plenty of seafoods (i.e., two or three times each week)

ELIMINATIONS

"keep good eliminations" (therapy unspecified)

GENERAL CONSIDERATIONS

"Do not begin this treatment unless there is the surety that it is to be carried on for several months."

Case Summary #4116

BACKGROUND: Female; adult; 1 reading was given (12/30/32).

SYMPTOMS: Depression, various somatic complaints including "pains in the head, the throat, and in the face."

PATHOLOGY: "... there are the complication of conditions that disturb the equilibrium of the body . . . THE BLOOD SUPPLY . . . would be under normal conditions very good, save in the hormone necessary for the creating of that plasm which makes for the connection between the sympathetic and cerebrospinal, from definite conditions existent physically within the body. Hence, as would be indicated from this, glands of certain portions of the system are affected by, and the cause of, some of the distresses in the body; these having to do, then, with those glands specifically as related to assimilations . . . IN THE NERVOUS SYSTEM . . . while the cerebrospinal in its activity is near normal, those of the coordinating between the sympathetic and the cerebrospinal are those that are in the

greater distress . . . these form a character of condition that may be called that of starvation to the nerve forces of the system, and the inability for the impulse to carry through to make for the specific functioning of those in that particular portion of the body thus affected, in those glands as indicated about the lacteals and those that are affected directly by these to activities in the brain forces themselves . . . the starvation to those impulses to carry to the sympathetic system that necessary hormone to create the feeler-impulse to the nerve ends themselves . . . Conditions that exist . . . have impinged those nerves that supply from the 3rd and 4th series, that cross themselves at the 1st and 2nd cervical vertebrae. This makes for that stiffness, the complainings that were at one time of the pains in the back of the head, to the eyes, between the eyes, and then the melancholia that comes from impingements of those same sources that are impoverished by those nerves from the sympathetic system to the lacteal gland centers."

PROGNOSIS: "Do not allow the conditions to continue, for they become more and more constitutional and harder and harder . . ."

COMMENTARY: An excess of potashes and a deficit in phosphorus were specifically noted as contributing to the "starvation" of the impulses between the ANS and CNS (i.e., breakdown in neurotransmission). Note the spinal lesions, sensory system involvement, and somatic complaints in this case.

The readings also comment on the interpersonal dimension: "Q. Were the relations with her husband and his position in any way responsible for her illness? A. A contributory cause, as may be seen from the general effect upon the collapsing of the nervous system . . ."

Treatment Plan

Case #4116

CHANGE ENVIRONMENT

"First we would change from the present surroundings to those of a more quiet, those of a more sympathetic, those—necessarily—that do not irritate, but that do keep the activities of the system in accord with that necessary for the better conditions of the body—see?"

MEDICINE

Atomidine

dosage: “. . . small quantities, so that there is not too great a strain on the system, until the manipulation, environment and food values are also having their effect upon the general body. The quantity, then, would be from three to five minims once each day for the first week. Then three minims twice each day for the next week. Then stop off for a week. Then begin with the small quantity again once each day; the next week increasing again, see?”

MANUAL MEDICINE

administration: “We would also release, by gentle massage and by specific adjustment, those conditions in the 2nd, 3rd and 4th cervical centers, that will relieve those stresses and pressures that have arisen and cause the pains in the head, the throat, and in the face.”

ELECTROTHERAPY

Radio-Active Appliance

administration: “Each application would be from the right to the left; this is, right wrist, left ankle; then the left wrist, right ankle. Each time make the upper portion of the body the positive pole, in the electromagnetic forces that would pass through system with the use of this appliance.”

duration: “. . . twenty to sixty minutes, or—if it is necessary for quieting of the nerves—three to four hours would not be too great.”

DIET

increase phosphorus-containing foods

Case Summary # 4286

BACKGROUND: Female; two readings were given for this woman; she was 46 years old at the time of her second reading which noted depression (5/30/26); correspondence dated 5/17/26 states: “I am now begging in a hopeless, pitiful way for help—I am so melancholy all the time that suicide will have to come unless a ray of hope appears soon.” This woman had received a physical reading four years earlier (12/8/22) which cited “overtaxed nerve condition as produced by the crossing of fixed centers in and about sacral plexus . . .”

SYMPTOMS: Depression.

PATHOLOGY: “. . . there are many changes in the body since we had this here before. Many of the conditions have become exaggerated to that extent wherein the body distrusts its own self . . . the conditions as are brought on through mental conditions as are produced in the body, in the mind, through the use of morphia, produces that inability of the body to reason with its own self . . . the mind of the entity at present through the usage of such conditions, has brought that condition wherein the entity feels an abhorrence to all conditions in the physical world . . . ”

PROGNOSIS: Not provided.

COMMENTARY: The correspondence in this file is interesting, not only because of its relevance to this woman’s pathology; but also due to the counseling which Edgar Cayce provided in the conscious state.

The emphasis of mental and spiritual treatment modalities underscores the role of these aspects in the etiology of this case. The original physical condition cited in reading 4286-1 involved an “overtaxed nerve condition as produced by the crossing of fixed centers in and about the sacral plexus, so that in place of being perfect absorption of forces thrown off by the lymphatic system to ward off the conditions . . . the condition has remained and produces irritation to the action of the nerve centers when the body through physical forces overtaxes itself.” Apparently, this disorder was exacerbated from years of dysfunctional mental processes and the use of morphia.

Treatment Plan

Case # 4286

HYPNOSIS

“To overcome this condition, the body must place itself in that position wherein the body may respond to that as is innate, through the subjugation of the mental stability of the entity, that the physical may respond to that which may be applied in the body to overcome these conditions. Then there must be, at this same time, either that built in the mind of that that is known by the entity is due to those dependent in many ways upon the entity, or the self must be subjugated in such a manner as this may be awakened through the efforts of another mind controlling this innate desire within the

physical forces of this entity, see? . . . self must be subjugated that such may come about. In the mind then, in the inner self then, must the entity, the body, build, and coming to the realization that the body physical has become so amenable, so low, as not to be able to control the appetite of a physical body, must submit itself to the will of another (hypnosis), that there may be aroused within the spiritual forces, that element that may give life, light, health, strength, happiness to this body."

REFERRAL

"This can only be done by the body giving self in that way and manner as to where these . . . suggestions may be so given to the body as to overcome these conditions. Such a place will be found at Crab Orchard Springs, Ky., Atlanta, Ga., or Nashville, Tenn., Memphis, Tenn., or at Hot Springs, Ark., or at Mobile, Ala. All these institutions are of that nature that such conditions may be treated . . ."

Case Summary #4709

BACKGROUND: Male; he was 45 years old when reading 4709-5 noted depression; a total of 6 readings were given (6/6/11 to 1/25/27).

SYMPTOMS: Insomnia, depression, intestinal problems.

PATHOLOGY: ". . . this condition produced in the lower portion of the stomach, and in the duodenum, there producing the fermentation of foods, and the reaction in the gastric centers, producing gas and the pressure on all of the centers, and especially on that of the hypogastric plexus, near the umbilicus, to the right and above. This we find is caused by the lacerations and ulcerations as produced in the system by this taxation and by adhesions as were given in times back . . . Q. What causes the body to become depressed at times? A. The pressure that is produced on the hypogastric and pneumogastric plexus cuts off the blood supply through the sympathetic nerve system, directly cutting off the recuperative forces of the cell producing properties between brain and spleen. Hence the depression, melancholia and insomnia, all produced from this pressure."

PROGNOSIS: "Follow these and we will find the body bettered."

COMMENTARY: Note the pathology in the GI tract and its relation to brain dysfunction. This highlights the readings' view of the interconnectedness and interdependence of brain and visceral functioning. Also note the recommendation for lithia, an interesting prescription in a case of depression. This recommendation was

apparently made to improve eliminations through the GI tract.

Treatment Plan

Case #4709

MEDICINE

"Take no water in the system save that carrying properties of elm and lithia."

DIET

"Take no foods save those that carry incentive for the proper producing conditions in the system. Namely these: Whole wheat, pressed, cleansed and pressed, and this formed into a well-prepared gruel, with the milk as would be used, with this only beet sugar, and sufficient milk to make such palatable to the body. Do not take large quantities of this, but take it more often. Graham crackers may be used, Junket may be used. This we find will also assist the conditions in the liver's action in the body."

ELECTROTHERAPY

Radium Appliance

administration: "Also, at all times, wear the applicator of the radium applicator, but across this portion of the body, where the distress is caused; that is, the hypogastric and pneumogastric plexus."

HYDROTHERAPY

"high enemas"

ingredients: "To 3 ounces of butterfat, rendered you see fresh, no salt in same, only the oil of same, add 15 grains of Burton's Snuff, 1 minim Spirits of Camphor, 2 minims Eucalyptol. Mix well together."

administration: "Anoint the parts with the injector as would be used in a tube, would be inserted in rectum, causing these properties to be put high in the lower portion of the colon, using high enemas of oil, and use the high grade of olive oil for the rectum, that we may cleanse the whole colon . . ."

cycle: ". . . using these high enemas at least twice each week."

MANUAL MEDICINE

osteopathic manipulations

administration: provide “. . . the stimulation at least once each week of the deep manipulation, osteopathically, over the whole system, and work this, the osteopathic treatment, in conjunction with the (hydrotherapeutic) properties applied; that is, stimulate the excretory system from the cerebrospinal centers supplying the conditions in the body.”

Case Summary #4853

BACKGROUND: Female; adult; 2 readings were for this woman (4/30/31 and 6/19/31).

SYMPTOMS: Anxiety, depression, nausea, disturbed sleep, social withdrawal, episodic violence, paranoia.

PATHOLOGY: “There existed a prenatal condition from the condition of the sire, or father, that brought into the system those effects in the nervous system as related to the genitive organs . . . as made for a weakening of the associations or connections in the nervous system; so that, as the body reached that age wherein nature was to discharge in the system those forces as made for creative energies in the system (puberty), these failed to respond in their proper way and manner. This brought about a suppression of the whole nervous system, especially as related to the sympathetic system, making for those of imaginations, screaming out in the night, suppression of the urine, again an overactivity of same; nausea arising during those periods when there was an overactivity of the gastric forces in the digestive system . . . spells of wanting to be alone, desiring even to destroy self, desiring to tear and break things, desiring to be rid of the eyes or the watching of others, imagining people are watching the body when they are not; these are natural results from the character of the disorder, as which the body itself *not* responsible!

Q. What is causing her extreme nervousness and melancholia at the present time? A. The inability of the system to adjust itself for proper coordination, as has been outlined . . . (there are) bone ends that make for pressure, that causes periods of almost coma for the body; that tendency of losing self, of dizziness through the system, comes from the attempt of the nerves to make their proper coordination through the lumbar and sacral region, finding reflex action in the upper dorsal and cervical, that make for a rush of the blood to and from the brain . . . Q. What cause the feeling of blackness that comes

over her two or three times a day, when everything seems unreal and strange to her? A. The pressure that has been described in the coccyx region, acting reflexly on the hypogastric and pneumogastric plexus to the brain centers themselves, producing that flow of blood, or flow of blood from the brain—to or from the brain. These come in different reactions.”

PROGNOSIS: “With the application of the battery forces, or low electrical vibration, we will find this will change the activity of nerve energy and bring about a near normal force for this body.”

COMMENTARY: Note the diathesis/stress in this case: a prenatal condition combined with pressure in the lower spine producing myriad systemic and mental symptoms.

Treatment Plan

Case #4853

ELECTROTHERAPY

Wet Cell Appliance carrying gold and silver

administration: attach nonmedicinal anode first to the 11th and 12 dorsal area; then attach the anode carrying the solution to the umbilical center

duration: begin with thirty-minute sessions; after the tenth or twelfth day, increase to sixty minutes

cycle: provide two treatments each week, one with gold and one with silver (as an example, use the gold on Tuesdays and the silver on Thursdays)

MANUAL MEDICINE

osteopathic or neuropathic treatments

administration: “thorough manipulations (special attention to coccyx) and massage of the whole body . . . along the cerebrospinal system, but carrying same to the extremities as well as to the torso of the body and to the radial axis of nerve plexus—following same out”

cycle: provide general neuropathic treatments each day with adjustments and manipulations every second or third day

DIET

diet to aid eliminations and keep "stamina and stability through the whole system"

HYDROTHERAPY

colonic irrigations to aid eliminations

GENERAL CONSIDERATION

Note: "do not begin unless there is the full expectancy and determination to see this through to where the body may be its normal self again"

Case Summary # 5380

BACKGROUND: Male; 54 years old; 1 reading was given (7/20/44); a letter from (5380) states: "About two years ago I went into a nervous breakdown due to too much brooding, and seem to be getting worse, as my memory is getting worse all the time. At the present time I am in a rest home taking electric shock treatments. I have taken a lot of these treatments the past two years but they don't do me any good . . . (could memory loss be due to ECT?) My wife passed away six years ago this fall and I got to brooding about how I treated her, as she was as fine a woman as a man could expect. I used to go to church every Sunday but now I never go, as I class myself as a hypocrite . . . I got to brooding about it until I got to drinking and I did drink heavily for a long time."

SYMPTOMS: Depression, self-blame.

PATHOLOGY: "In giving an interpretation of the disturbance as we find here, the mental attitude has as much to do with the physical reactions as illnesses in the body. For as we find, in the physical or purely pathological little disturbs the body, save sympathetically, but in the mental attitude there is so much of the making for the degrading of self that self-destruction becomes a part of the reaction, but it is wholly mental. And thus the nerve forces for the body, this body as any body, any individual, who makes destructive thought in the body, condemning self for this or that, will bring, unless there are proper reactions, dissociation or lack of coordination between sympathetic and cerebrospinal system, and it may develop any condition which may be purely physical by deterioration of mental processes and their effect upon organs of the body."

PROGNOSIS: ". . . (following the suggestions for treatments) you

will find there will come a relief to the body.”

COMMENTARY: Note the mental etiology in this case with the explicit statement of psychosomatic pathology. More appropriately, the etiology may be described as mental/spiritual based upon a consideration of the treatment suggestions. The correspondence from this man does indicate a great deal of self-condemnation and guilt. His previous religious activity may have prompted the suggestions for Bible study and spiritual attunement.

Treatment Plan

Case #5380

MANUAL MEDICINE

osteopathic adjustments

administration: “. . . correct the condition which exists in the brachial center, 9th dorsal, throughout the upper cervical areas, as to lessen the tension in the body.”

HYDROTHERAPY

fume baths

ingredients: “Use two teaspoonsful of witch hazel to a pint of water in producing the fumes.”

MASSAGE

“thorough rubdown”

cycle: immediately following hydrotherapy; ingredients: pine oil or a combination of equal parts olive oil and peanut oil

ATTITUDE ADJUSTMENT THROUGH BIBLIOTHERAPY

“Then the attitude of the body: Begin not as to become just the opposite of what has been in the last two years, but read the 30th of Deuteronomy, especially those portions as to how that which the body would learn is within self. This applies physically as well as mentally, and then turn to the promises in the 14th, 15th, 16th, 17th of St. John and know thy Redeemer liveth.”

SERVICE TO OTHERS

“Then apply self in just being helpful, just being kind, just being patient, just being long-suffering with others, as ye would have thy

Maker be with thee, and we will bring relief.”

NOTE:

“While there may be a great deal of help given, the greater portion must be done by self.”

Case Summary # 5459

BACKGROUND: Male; 52 years old; a total of 6 readings were given (9/16/26 to 9/16/29); a letter dated 8/16/26 states: “Last October I suddenly became depressed . . . I have no pep, feel very miserable . . . I am 52 years old but feel much older. The depressing thoughts I have do not leave me . . .”

SYMPTOMS: Insomnia, depression, “head noises.”

PATHOLOGY: “IN THE NERVE SYSTEM then we find the greater distresses, as are the seat or cause of the conditions . . . the mode of labors are at that point of being heavy for the body . . . until the body feels, apparently, at times it will cry out that it can’t go farther. This, as we find is a pressure as is produced on certain centers that tires out and gives to functioning organs in the system much of the derangement that brings about troubles in the pressure produced in the blood supply, and of the derangement as is seen . . . in the 2nd and 3rd stem, as it were, or joint, in the coccyx . . . In the reflex there are lesions as are formed in the system from same—notably, these as are seen at the 9th dorsal and in the 2nd and 3rd and 4th cervical. These directly affect various portions of the system. Hence the general debilitation as seen when these centers are as in unison in tiring out the whole system . . . The disturbances as have existed, and as do exist for the eliminations, are not properly distributed in the system; neither are they eliminated through their proper channels . . . Also in the nerve plexus there are pressures or those conditions existent that should be eliminated through the drosses through the kidneys, and through the respiratory system. These show that the system is attempting to adjust itself and receives pressure in tissue that causes distress. The same is apparent as is seen in those pressures that cause noises in head, depression that produces melancholia at times—again insomnia, or the attempt to rest without the ability to rest. IN THE FUNCTIONING OF THE ORGANS, and the effect these pressures in the cerebrospinal system produce, and the effect as is also related to those conditions existent. With these pressures, the digestive and assimilating system—even that of the con-

ditions as exist through constipation and effect, and an affectation that causes much distress in the blood supply in pressures created, and in the conditions general in the system . . . Q. How can the body overcome and master depression from which he suffers? A. By the relaxation of the central nerve system, so that the sympathetic and the sensory systems are not receiving pressure from poisons or from nerve strain. Also inactivity of mental forces, as has been outlined.”

PROGNOSIS: “This . . . should accomplish nearer the normal conditions for this body in three to four weeks.”

COMMENTARY: The depression in this case was linked to pressures in the nerve system and toxemia produced by poor eliminations. The pressure on the lower portion of the spine (apparently produced by work-related strain) affected other centers along the spine and resulted in systemic dysfunctions and toxemia.

Treatment Plan

Case # 5459

MANUAL MEDICINE

osteopathic treatment

administration: “The manipulations should be especially for those in the regions of the upper dorsal and of the upper cervicals, so that the whole central nerve system may obtain more stimuli from that assimilated energy created in the system.”

DIET

“Also in the diet, let those be of properties that produce more of the activities for the liver and the upper hepatic circulation. Those of little or no meats, save the juices of same. Fish or fowl may be taken in moderation. No white bread. All of the whole wheat or rye variety. No stimuli more than once each day of coffee or tea. Rather those of the cocoa, Ovaltine, or milk—and then, preferably butter-milk. This hasn’t agreed, but this will, with the manipulations made properly.”

EXERCISES

“The exercises should be of a specific nature. Mornings, exercise the upper portion of the body—head, neck, shoulders—rotation of

head, back, forward, side, circle—both ways—at least eight to ten times, and take time to do it! Also in the evenings, when ready for retiring, the circular motion of the body below the diaphragm, so that the muscles of the abdomen and of the locomotories in the lower portion of the body may be relaxed sufficient that the body will rest easier. Walks are well. Sand packs better. The water of the ocean good, but not too much exercise in same.”

Case Summary # 5544

BACKGROUND: Male; 47 years old; 1 reading was given (1/15/31); this man was an unemployed salesman at the time of the reading.

SYMPTOMS: Depression, anxiety, bleeding during bowel movements, visual problems.

PATHOLOGY: “In the eliminations do we find the greater distresses produced, there having been builded by these poor eliminations those conditions in the upper dorsal and cervical regions such obstructions in the sympathetic and cerebrospinal centers as to prevent a normal functioning (physically) of the sensory organism. More particularly is this seen in the eyes, and those accumulations in and on the retina proper . . .

“Also, we find there are reflexes of this condition, especially in the colon—and in the transverse and descending colon a tendency for that of prolapsus from lack of the proper evacuations in the system, producing in the valves of the rectum themselves those of prolapsus that become in the form of bleeding, or protruding, or blind piles . . .

“These conditions, as we find, are produced by that of improper diet—or disregarding of the diet; also by lesions that are indicated in the upper cervical regions and in the dorsal region. These being the conditions existent, coordinate—or coordinating one with another. Super-acidity is a result; tendency of dyspepsia, indigestion, headaches, pains in eyes, heaviness in feet, perspiring feet, melancholia, sleeplessness—these are heirs of such condition, and are manifested to a greater or lesser degree at times in the physical body.”

PROGNOSIS: “In the physical forces of the body, these we find rather as conditions that should be warned against; for in the physical functioning we find disorders that, while at present do not present such obstacles as to prevent a character of functioning, allowed to become a portion of the system—or the system’s adjusting

itself to the inconveniences that are produced in the functioning—the conditions must become either constitutional or chronic; while the removal of that producing same in the present would make for a nearer normal functioning and give a better opportunity for the mental and material development of the body's conditions and surroundings."

COMMENTARY: The depression in this case was apparently mild or moderate and was associated with a host of other complaints and conditions. Note the dual etiology of poor diet and spinal subluxations leading to poor eliminations.

Treatment Plan

Case #5544

MANUAL MEDICINE

osteopathic treatments

administrations: "... correct those conditions in the cerebrospinal system; making local applications for the conditions in the sensory system . . . We would also be mindful of those pressures existent in lumbar and lower dorsal, as related to the prolapsus (or tendency of) the colon and the lower portion of the jejunum."

ELECTROTHERAPY

Violet Ray Appliance

cycle: following each osteopathic treatment

administration: "... the anode or applicator (the bulb) across the whole of the cervical area, up over the neck, around the face, back of the head, using the double eye applicator . . ."

MEDICINE

mild antiseptic as an eye wash

cycle: at least 2 or 3 times each week

HYDROTHERAPY

colonic

cycle: one each week until 4 or 5 have been taken

DIET

general diet, alkaline reacting

ATTITUDES

"In the mental and the material conditions—these, as we find, have somewhat to do with the nervous conditions of the body—but do not become in too much of a pessimistic manner."

Case Summary # 5587

BACKGROUND: Female; 31 years old; 1 reading was given on 7/31/29.

SYMPTOMS: Depression, insomnia, unspecified sensory system involvement.

PATHOLOGY: "The seat, the cause, the condition as brings about this, that distraughtness as brought to the organs of the system as relating to those of generation for the system, these producing, with that vibration as sets in motion through that of creative energies in the system, as they act directly with those of the glands of production and the glands as affect the system through that of the lower portion of brain proper, so overtaxed, so overcharged by the attempts to bring about these normal forces for the body, has closed off their reaction. Hence the conditions as become those of inactivity of the gray forces in nerve energy, as are acted upon to brain centers through the lower portion of the body (brain—that of the medulla oblongata—that of the gland as is at base of brain, and the effect of same through those of the Leydig (Leydig) and of the glands in the system. These produce insomnia in a manner not ordinary; inactivity; melancholia; improper reaction to the senses of the body. A physical condition producing improper coordination through the mental activities, as reproduce themselves for the body."

PROGNOSIS: "These, now, may be corrected by the application of those properties for the system as well set in motion that proper vibratory force of cellular units in system that balance same in the body, and in this reaction will bring about normal forces for the body."

COMMENTARY: Note the neuropathology in this case: "inactivity of the gray forces in nerve energy" in the brain. This pathological description is typical of many cases of depression where a breakdown in neurotransmission produces "distraughtness as brought to the organs of the system." The pathophysiology in this case involves

the glands via the "pineal system" (McMillin, 1991).

Insomnia and unspecified sensory system symptoms were also produced by the systemic imbalances. The recommendation for the Wet Cell Battery with chloride of gold is typical in such cases involving glandular and nervous system dysfunctions.

Treatment Plan

Case # 5587

ELECTROTHERAPY

Wet Cell Appliance carrying gold

ingredients: gold solution consisting of 15 grains of chloride of gold in 15 ounces of distilled water

cycle: 30 minutes each day; in the afternoon or evening as the body rests:

day 1: attach positive pole first to right ankle; negative pole to 11th dorsal

day 2: attach positive pole first to left ankle; negative pole to 2nd cervical

day 3: attach positive pole first to right wrist; negative pole to umbilicus; continue to rotate attachments in this manner

MASSAGE

administration: "Beginning manipulations, or the gentle massage—not an adjustment, nor an osteopathic manipulation—but a gentle massage over the whole of the system, especially through that of the lumbar, sacral and the connection between the sympathetics as they enter the cervical, through the hypogastric and pneumogastric plexus, entering the brain. These are gentle massage . . . "

cycle: each evening

THERAPEUTIC MILIEU

"Keep the body in as pleasant a company as possible . . . "

ACTIVITY

"This will, necessarily, require activity on the part of the body itself to assist in bringing these (changes) about . . . the body shall exert itself to interest itself in some definite job to do! It doesn't mat-

ter so much what the job would be, if the body will lose itself in it—whether its playing Tiddlywinks or applying self to understand Einstein theory! Applying of self will give that which is necessary to bring again the proper coordination between the mental, the spiritual, and the physical forces of this body.”

Case Summary #5629

BACKGROUND: Female; 61 years old; 1 reading given (5/11/29).

SYMPTOMS: Tiredness, headaches, “fullness in the feet,” restlessness, depression.

PATHOLOGY: “. . . (these problems) have to do principally with the supply of energy as created for the replenishing of the nerve system, and the varied effects as are created in the body. Then, as may be surmised from such a condition, most of the nerve system and systems are involved, as well as the assimilating and eliminating system . . . The body suffers principally from nerve exhaustion, brought on by properties as given to the system to supply, or strengthen, or to stimulate the body . . . Hence medicinal properties become as a bugaboo to the system, or to the body, and the whole nerve forces rebel against taking any nostrums of any nature. In the effects as are created in the system: The tiredness, the headaches, the fullness in the feet, the inactivity of the digestive system, the slowing up of the pulsations, the overtaxing or excitement of the heart’s action, the quickness of the pulse, the tired depleted feeling as is felt, little rest at times, and at others drowsy; yet not resting from the rest as attempting to take; nervous fidgety, and nothing suits . . . Q. Why am I so blue and depressed? A. Nerve exhaustion . . . Q. Why have I so little endurance when I am anxious to be active and do things? A. Nerve exhaustion.”

PROGNOSIS: “Do this as has been outlined for the body, and we will find we will bring the conditions as will bring about much nearer the normal forces for this body.”

COMMENTARY: Apparently, the medication this woman was taking was responsible for various systemic dysfunctions and symptoms. The name of the medication was not provided. Considering the multitude of side effects produced by many of the medications available today, one wonders how much of the depression which presents in the primary health care setting is drug related.

Treatment Plan

Case # 5629

THERAPEUTIC MILIEU

“ . . . first we would . . . retire to some quiet, restful place . . . ”

REST

“ . . . where the body may rest from any surroundings that would worry or bring other than the brightest of outlooks; and the body should rest—lie still—as much as possible, in the sunshine, or in the shady quarters . . . ”

ELECTROTHERAPY

Radium Appliance

cycle: during the waking day

administration: “This applied across the 9th, 10th and 11th dorsal.”

duration: at least 6 hours each day

Note: the appliance should be recharged at least 3 to 5 minutes each day in strong sunlight

Radio-Active Appliance

duration: at least one hour each afternoon or evening

administration: alternate attachments to opposite extremities

HYDROTHERAPY

hot baths

cycle: begin hydrotherapy after ten days of rest and electrotherapy

administration: “Not so hot as to reduce the temperature in the body by the sudden change . . . ”

MASSAGE

gentle neuropathic massage

cycle: immediately after hydrotherapy

4

Therapeutic Model

Now as we find, in considering the particular disturbances which exist with this body—and these with the view of bringing normalcy and a revivifying of purposes, desires or ambitions—the body WHOLE must be taken into consideration; that is, the physical, the mental, and the spiritual attributes of the body.

For while each of the phases of the body-development is met within its own environ or phase, there are experiences which arise within a body—as we find within this body—when all of these must be considered as they coordinate or cooperate one with another. And as is then to be understood, these MUST coordinate and cooperate—body, mind, soul—if there is to be the best reaction in the physical, mental or spiritual. (1189-2)

THIS EXCERPT EXEMPLIFIES the holistic therapeutic model advocated in the Cayce readings on depression. (1189) was experiencing depression as a result of an “exceeding upset in the ideals of the body-mind.” Even though the etiology in this case was primarily of

a mental/spiritual nature, the readings for this woman insisted that the physical disturbances produced by these “disappointments” must also be addressed (see the treatment plan in Chapter Three).

The holistic approach advocated in the readings sought to treat depression by establishing health. The last sentence from the introductory quote provides a definition of health which is the goal of the therapeutic process—the coordination and cooperation of body, mind, and soul.

As an illustration of what holism is about, imagine that a person is feeling depressed and seeks professional help. If this person were to see a family physician or psychiatrist, there is a very high probability that a somatic therapy such as anti-depressant medication would be prescribed. Generally speaking, the physical dimension of the condition would be emphasized. Physical disorders such as thyroid and adrenal disease would be ruled out.

On the other hand, if this depressed person seeks help through psychotherapy, it is very likely that the mental (or cognitive) aspect of the condition will be emphasized. Obviously, this is a generalization since there are many forms of psychotherapy currently available. However, based upon the documented prevalence of cognitive and cognitive-behavioral approaches in the treatment of depression, and for the purposes of the present discussion, this is a reasonable assumption. The role of dysfunctional attitudes and irrational beliefs might be discussed and cognitive and/or behavioral interventions recommended to change these mental patterns.

Finally, if the depressed person was religiously oriented and sought help through pastoral counseling, the spiritual aspects of the depression might be explored. For example, the need for a closer relationship with God (by whatever name) might be discussed. Selections from the Bible or other inspirational materials might be recommended. Prayer and/or meditation might be suggested. Altruism might be stressed in terms of service to humankind, or simply being more loving in daily encounters with others. The purpose and meaning of life, the role of values, etc., would likely enter into the counseling process.

Now, to extend the illustration one step further, imagine that the professionals in each of the disciplines just cited were good friends and respected the expertise of each other. Further imagine that each were to see the hypothetical client, make their assessments, and then come together and discuss the case with the intention of providing the best possible care for that individual. In a spirit of coop-

eration, a treatment plan addressing each aspect of the condition—body, mind, and spirit—would be produced. This approach would be an excellent example of holism. Presumably, Edgar Cayce performed this service each time he provided a reading for a person experiencing depression.

The good news is that there appears to be a recognition of the need for an integrated approach to the problem of depression. This realization is being manifested in the trend for combined modalities and the increasing frequency of cross discipline referrals. In this context of progressive therapeutic applications, the Cayce approach is offered as an extremely comprehensive perspective on the treatment of depression.

A Therapeutic Model

There are two distinct approaches for the application of the Cayce material. Since the death of Edgar Cayce in 1945, the case study approach has been used extensively for numerous disorders which the readings addressed. The basic idea of this approach is to try to match one's condition (as nearly as possible) with a reading given by Cayce for a similar problem. Persons utilizing the case study approach may use the Circulating Files on a given topic (which contain a few exemplary readings) or visit the A.R.E. Library in Virginia Beach, Virginia, for a more extensive study of all the readings on their particular condition. The sample of case studies in Chapter Three and a more extensive collection (McMillin, 1991b) are provided to make the readings more accessible for anyone wishing to apply the case study approach to the treatment of depression.

An alternative approach is to seek a general understanding of the problem by studying all the cases on a given topic (statistics are helpful here). The idea is to find the basic patterns of pathology and treatment which can be condensed into a therapeutic model. The Research Bulletins produced by the Edgar Cayce Foundation are an excellent example of this empirical approach to the readings. These bulletins cover a spectrum of disorders and can be particularly helpful to the health care professional desiring an in-depth view of the readings on a given subject.

Obviously, these two approaches are not mutually exclusive. One may develop a basic treatment plan, based on a consideration of all the readings on a subject, and then "fine tune" it with information from a specific case. This hybrid approach serves as the basis for the

therapeutic model developed in this chapter and is based upon the need for a flexible, yet comprehensive approach to the treatment of depression.

Since depression is diverse in its etiology, clinical presentation, and response to treatment, an effective therapeutic model must address variations in type (e.g., unipolar, bipolar, secondary) and severity (i.e., mild, moderate, and severe). The model presented in this chapter is structured enough to guide the therapeutic process yet pliable so that the clinician can make adaptations for each particular case.

Dis-ease and Disease

In order to address the varying levels of severity found in disorders such as depression, the readings make a distinction between dis-ease and disease. Dis-ease refers to relatively mild distress, usually brought on by systemic imbalance. If the condition is not addressed and balance restored, disease may result.

For, in each physical organism there are those conditions that enable the organ to reproduce itself—if it has the cooperation of every other portion of the body. When these suffer from mental or physical disorders which make for repressions in any portion of the system, then dis-ease and distress first arise. If heed is not taken as to the warnings sent forth along the nervous system . . . that certain organs or portions of the system are in distress—or the S.O.S. that goes out is not heeded—then disease sets in . . . (531-1)

In regards to depression, dis-ease may be manifest as mild symptoms, such as feeling “down” or “blue” for no apparent reason. A person may experience periods of gloomy thinking and feeling, occasional insomnia, tendencies for listlessness or restlessness, etc. The relatively mild expression of these symptoms may not interfere with one’s lifestyle to the point of being debilitating, and yet life is not as full as it should be. Body, mind, and spirit are not quite in coordination. At a physical level, perhaps there is a tendency for toxemia due to poor eliminations. Possibly negative attitudes and cognitions are having a depressive effect upon the nervous systems resulting in mild physical symptoms or somatic complaints. These

descriptions fall within the domain of dis-ease.

On the other hand, disease is full-blown clinical pathology. There is so much incoordination in the systems that symptoms are no longer an inconvenience—they are debilitating and they hurt badly. The pathology may be functional or organic. Regardless of the etiological pattern involved (i.e., whether it is produced by mental or spiritual factors), disease necessarily involves major physical pathology.

From a treatment standpoint, the readings provide variations in therapies which address these varying levels of severity. Preventative treatments address the mild systemic dysfunctions associated with dis-ease and provide a health maintenance program to prevent relapse. The hallmark of the preventative treatments is their universality—the readings state they would be good for everyone on a regular basis. Preventative recommendations include: balanced diet, daily exercise, hydrotherapy, osteopathic treatments, massage, use of the Radio-Active Appliance, working with ideals, and service to others. The emphasis at this level is personal involvement in balanced living. Professional services are required for certain therapies, however the bulk of the application is simply a matter of lifestyle. It is important to note that these preventative therapies are also the most frequently recommended treatments for depression. Hence, the basic treatment plan for depression consists of these preventative measures which are essentially health maintenance recommendations.

The importance of preventative measures is emphasized in the following excerpt which also stresses the mental and spiritual ramifications of maintaining a healthy body.

Much may be said as respecting that of preventative conditions for a body such as this, rather than neglecting seemingly minor conditions (dis-ease) until curative forces are necessary (disease). An ounce of prevention is worth many pounds of cure. Then, so adjust the conditions in the physical forces that, that of the mental and spiritual may have that channel to manifest through. (1731-1)

In contrast to preventative measures, curative treatments are needed to correct the major pathology associated with disease. Here the emphasis shifts to more professional involvement, sometimes to the point of hospitalization. The physical dimension is accentuated.

ated and the nature of the interventions reflect this shift.

For example, the Radio-Active Appliance may be used in either mode; however, in the curative mode certain modifications are required (such as changing the type of metal attachments and the addition of a solution jar). For more severe cases, a Wet Cell Battery may be required (the readings state that it works on the same principle as the Radio-Active Appliance except that it is more powerful). Thus, there are gradations in the potency of the interventions to meet the requirements of varying degrees of pathology.

The variations between preventative and curative applications will be dealt with in more detail in Chapter Six which explains the various treatments which the readings recommended in cases of depression. For now, it is only necessary to point out that the readings do provide a comprehensive approach to treating the various manifestations of depression.

In summary, the proposed therapeutic model is a hybrid approach which utilizes a basic treatment plan composed of therapies commonly suggested for the treatment of depression. These treatments may be viewed as preventative since they promote systemic coordination through balanced living. The preventative application of the model addresses mild depression in its manifold forms. The therapeutic model also incorporates specific curative treatments to address more severe cases of depression. The curative applications require increasing professional involvement and allow clinicians to customize the treatment plan for each individual. The actual treatments involved in the model will now be discussed briefly and some specific applications noted.

The Basic Treatment Plan

The basic treatment plan forms the foundation of the holistic therapeutic model. It is suitable for most cases of depression and may entirely suffice for low level depression. It is also appropriate as a maintenance plan to reduce the likelihood of relapse, hence it is inherently preventative in nature. Since it is basically a health maintenance program, it has the added benefit of being relatively safe, producing few, if any, harmful side effects.

The components of the basic treatment plan are listed in Table 4.1 and will be briefly described here. A more thorough explanation of these therapies will be provided in Chapter Six.

↑ Improving eliminations is a high priority since the readings cite toxemia as one of the most common etiological factors associated with depression. Hydrotherapy, manual medicine (osteopathy and chiropractic), massage, and diet are the main therapies in this regard.

↑ Manual medicine and massage also assist in establishing better coordination between the central and peripheral nervous systems. This is important since the readings consistently portrayed the pathophysiology of depression as a “lapse in nerve impulse.”

↑ The Radio-Active Appliance may prove helpful in cases where restlessness, fatigue, or insomnia are significant symptoms.

↑ The readings also consistently stressed the importance of moderate outdoor exercise for relaxation, improving eliminations, and in certain cases, as a form of phototherapy.

↑ The ideals exercise is an important intervention for establishing priorities, not only within the therapeutic regimen, but also for long-term health maintenance. This cognitive-behavioral intervention is also an excellent means of recognizing and correcting dysfunctional attitudes and beliefs.

↑ Finally, the spiritual phase of the basic model encourages persons to take a broader perspective on their immediate situation. Altruistic service provides a sense of interpersonal connectedness which can be extremely therapeutic in the treatment of depression.

Additional Therapies for Specific Cases

While the basic treatment plan provides a foundation from which to approach the treatment of depression, supplemental or adjunct therapies of a curative nature may be helpful in specific cases. In these instances, the basic treatment plan is modified to address the needs of the individual. Some examples are provided here; keep in mind that these are merely suggestions which clinicians may wish to utilize at their discretion:

↑ The readings noted sensory system involvement (i.e., disturbed hearing, taste, sight, or smell) in many cases of depression. This was linked to conjoint innervation of the sensory organs and certain visceral organs. Thus assessment and treatment should focus on the possibility of cervical and upper dorsal pathology. The pneumogastric and hypogastric plexus were also frequently cited in these cases and may require manipulative therapy.

↑ When depression is severe, therapeutic milieu is a necessity—the environment must be conducive to healing. If the home situa-

tion is not appropriate, hospitalization may be required.

↑ Companion therapy may be helpful for cases where the individual is unable to follow the treatment suggestions and requires supervision.

↑ In cases presenting with oppositional or noncompliant behaviors, suggestive therapeutics may be utilized to increase cooperation.

↑ A blood- and nerve-building diet may be helpful for individuals suffering from general debilitation.

↑ The Wet Cell Battery with gold may be useful for persons who exhibit cognitive impairment (or other deficit symptoms).

↑ Glandular dysfunction may present as disrupted biological cycles and/or abnormal results on endocrine tests (e.g., non-suppression of dexamethasone, blunted or exaggerated TSH response to TRH). In such cases, Atomidine may be useful to normalize glandular functions. The addition of Jerusalem artichoke to the diet was also recommended in several cases involving glandular imbalance.

↑ Somatic complaints should be taken seriously for they can provide valuable clues to the systemic dysfunctions associated with depression. In particular, back pain can be extremely helpful in locating and treating somatic dysfunction in relation to the spine.

↑ Extreme toxemia may present as constipation, skin blemishes, and/or foul breath. Improvement of eliminations would probably be helpful via hydrotherapy and eliminative diet.

These suggestions are presented merely as possibilities to assist the clinician in forming hypotheses. They should not be used in a "cookbook" fashion. To the contrary, it is important that clinicians interested in applying this material become intimately familiar with the case studies and therapeutic modalities recommended in the readings. This depth of inquiry is necessary to become sensitive to the subtleties of this information and provide customized treatment plans for the more severe cases. Chapters Five and Six provide further discussions of these principles and techniques to assist clinicians in becoming knowledgeable in their application.

Bipolar Disorder

In order to apply the Cayce material to the treatment of bipolar disorder, one must be intimately familiar with the cases in the readings. The section on bipolar disorder in Chapter Two is essential in this respect. The cases carrying a medical diagnosis of manic-de-

pression (the old term for bipolar disorder) and additional cases with bipolar features are listed there for further study. All these cases are included in Chapter Three.

The basic treatment plan is appropriate for most cases of bipolar. Additionally, many of the suggestions for adjunct curative therapies presented in the previous section are also applicable. From this foundation, a few further suggestions may be considered:

↑ Be alert for a “cold spot” or discomfort in the lacteal region (a couple of inches above and to the right of the navel). This indication is particularly significant in cases diagnosed as bipolar which respond to anti-convulsants but not to lithium carbonate. Castor oil packs and deep manipulations in the lacteal area were frequently recommended by Cayce in such cases.

↑ Extreme lability of mood during manic phase (especially excessive irritability and/or bursts of anger) may respond to violet ray therapy in conjunction with massage or manual medicine. Treatment should focus on the solar plexus region and along the entire length of the spine.

↑ Gold therapy (via the Wet Cell Battery) may be appropriate for chronic cases and especially when there is an indication of genetic factors and/or enduring cognitive deficits.

↑ Cases presenting with manic psychosis may involve injury to the lower spine or pelvic organs. Manipulative therapy may be required to adjust the coccyx, sacral, or lumbar regions of the spine. Be particularly sensitive to somatic complaints or history of injury in this portion of the anatomy.

↑ Suggestive therapeutics was often suggested in these cases. The spiritual aspect of the suggestions was emphasized.

Again, these suggestions are provided for clinicians wishing to utilize the Cayce material in more severe forms of pathology. The material should be viewed as hypotheses which clinicians may wish to consider as possibilities in any given case. This information is not intended for self-diagnosis or self-treatment. It should be used in cooperation with a qualified health care professional.

Secondary Depression

It should be apparent from the preceding discussion and the case summaries provided in Chapter Three that the treatment of “secondary” depression does not differ radically from “primary” depression. The same nonspecific modalities which address “physical”

illness are appropriate for “mental” or “emotional” illness. This is a natural outcome of a holistic perspective—everything is connected and interactive. Therefore, primary health care providers wishing to use the Cayce approach should become familiar with the readings on any particular condition from which a client may suffer and apply the principles and techniques appropriate for that patient. In most cases, the treatments will be congruent with the model presented in this chapter and the depression will be addressed from a holistic framework.

As an example, consider case (4196) (McMillin, 1991b). The reading for this adult male is directed at his depression as indicated by the question which initiated the reading (“What causes depressed mental condition?”). In describing the pathophysiology of the condition, the reading notes disturbances in the circulatory system and states: “Hence the nausea as produced in the organ and the reflex from this through the cardiac plexus gives palpitation, or heavy quick breathing, gasping in the diaphragm and lungs . . .” The reading explicitly describes the systemic interactions which are producing these symptoms and traces them all back to “congestions” in the nerve centers of the 6th, 7th, 9th, and 10th dorsals.

In view of the research that has been done in the area of secondary depression and primary care service, it is quite likely that if this man were alive today and sought help through his family physician his depression would be ignored.

A number of studies have demonstrated that the most commonly encountered psychiatric disorders in the primary care practice are depressive disorders. In addition, these studies have also shown that depression is underrecognized or misdiagnosed in the primary care practice. Clearly, any strategy that will improve this problem will benefit the patient, the physician, and the problem of cost containment. (Zung, 1990, p. 72)

Thus, in today’s medical system, Mr. (4196) would likely leave his doctor’s office with a handful of prescriptions to suppress the cardiovascular symptoms and nausea. If the depression were addressed, it would likely be considered a psychological reaction to his “physical” disorders and he might be given an additional prescription or an anti-depressant.

If the depression in this case were severe enough to warrant a referral to a psychiatrist, the anti-depressant would come first and the

somatic complaints might be regarded as somatization (hypochondria). He might receive psychotherapy for his "psychological" problems. If his physical symptoms were severe enough, he might also exit this doctor's office with a handful of prescriptions for his somatic complaints.

Cayce's recommendation for this man was to relieve the pressures in the nervous system and viscera through manual medicine ("massage and manipulation of the cervical and dorsal region, with the diaphragm and gastric region manipulated to empty and to equalize circulation and assimilation in the body"). Small quantities of lime water and elm water were also suggested to "equalize and neutralize conditions in the body."

The philosophy is "cure by removal of cause" (an old osteopathic dictum echoed in the readings). The body is assisted in healing itself and the depression, nausea, and cardiovascular symptoms are addressed from a systems perspective. If the therapies are successful in helping the body to achieve equilibrium, this fortunate man might never have to be concerned about relapse to his diseased condition. On the other hand, a failure to deal with the underlying cause could result in chronic debilitation and a dependence on increasingly powerful drugs to relieve the wide range of symptoms. Obviously, if one accepts the Cayce readings as valid glimpses into the human body and its pathologies, some changes in the health care system are in order.

The major problem with applying the therapeutic model to primary health care as it currently exists in this country is the heavy reliance which the model places on manual medicine. While many osteopaths and chiropractors may feel comfortable with this approach, most M.D.s will not. So realistically, unless the widely acknowledged economic crisis in allopathic medicine changes the current health care system, the therapeutic model proposed in this chapter will have limited application to secondary depression.

For those M.D.s who are interested in this model and wish to make contact with practitioners with the expertise to provide manipulative therapy, the North American Academy of Musculoskeletal Medicine may be of assistance (2875 Northwind Drive, Suite 207, East Lansing, MI 48823). This organization is composed of osteopaths, physical therapists, and M.D.s who recognize the need for incorporating manual medicine into mainstream health care.

There are also a couple of excellent books available which explain Cayce's perspective on a wide range of illnesses which are common

in primary health care. The *Physician's Reference Notebook* by William A. McGarey, M.D. (1983), and *Keys to Health: The Promise and Challenge of Holism* by Eric Mein, M.D. (1989), provide an introduction to the Cayce readings which most M.D.s will find helpful. These books are available through the A.R.E. bookstore in Virginia Beach, Virginia.

Depression need not be "underrecognized or misdiagnosed in the primary care practice." Neither is it necessary to devalue it with the label of "secondary" depression. The readings provide an integrated approach for understanding and treating depression in the primary setting. However, to apply this model, clinicians must have a working knowledge of the Cayce readings on the various diseases and syndromes which present in the physician's office. Furthermore, client's must be willing to cooperate in the therapeutic process by making lifestyle choices compatible with this approach.

The Importance of Cooperation

Just as body, mind, and soul must coordinate to maintain health, the therapeutic process is an exercise in cooperation. Even in mild cases of depression, the readings did not expect afflicted individuals to simply "pick themselves up by the bootstraps." The participation of sympathetic health care professionals were required to provide certain treatments. Quite often, copies of the readings were provided directly to the health care provider in each case. Interestingly, Cayce often had no conscious knowledge of the professional to whom the referral was made.

In the most severe cases of depression, the patient might be referred to an institution such as the Still-Hildreth Osteopathic Sanatorium. Even in these extreme cases, the readings encouraged the depressed person to participate in the treatment plan to whatever degree possible. Thus, therapy was viewed as a cooperative venture between a suffering individual and one or more professionals open to the readings' holistic perspective on healing.

Summary

The therapeutic model proposed in this chapter emphasizes health maintenance as a prerequisite for the treatment of depression. Therefore, it inherently addresses both treatment and the prevention of relapse. A basic treatment plan has been presented which

forms the foundation of the model. This plan consists of the most frequently recommended interventions in the Cayce readings on depression. Generally speaking, these recommendations fall within the designation of preventative measures which address mild systemic imbalances (dis-ease). The elements of the basic treatment plan were briefly listed and the purpose of each stated. Lifestyle choices play a major role in the basic treatment plan. While professional assistance is necessary for certain therapies, emphasis is placed on personal involvement.

The basic treatment plan may be adapted for particular cases requiring specialized attention. For example, bipolar disorder or psychotic depression may require more powerful interventions involving therapeutic milieu and more intense somatic therapies. Obviously, the emphasis in these cases shifts toward increased professional involvement with the clinician augmenting the basic plan with supplemental (curative) interventions. A thorough knowledge of the case studies of depression and the therapeutic modalities involved is necessary to customize the treatment plan in these cases.

The importance of cooperation among the various health care professionals and the individual suffering from depression cannot be emphasized too strongly. This is especially true in cases of "secondary" depression. If the primary care physician is unsympathetic and uncooperative to the Cayce perspective on the linkage of depressive symptoms to underlying systemic pathology, the application of the therapeutic model is seriously compromised. On the other hand, if the physician is in sympathy with the Cayce approach, both the "physical" disorder and depression can often be addressed with the same treatments.

The therapeutic model proposed in this chapter is of necessity only an outline. Just as the readings were hesitant to discuss diseases as a class (with a rigid treatment plan for each illness), the approach of this chapter has been to provide guidelines and direction rather than specific recommendations. The reason for this is simple. The lifestyle choices which are inherent in the basic treatment plan are best left to each individual. Likewise, when the assistance of a health care professional is required, the specifics of treatment are usually determined by that professional. However, the professional needs to be an informed practitioner. It is the purpose of the next two chapters to provide detailed information to assist the professional and layperson in their cooperative contributions to the healing process.

5

Therapeutic Principles

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

(1893-1)

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

In practical terms, principles are guidelines which assist in the application of the therapeutic model. When the treatment plan

must be adapted to the individual, principles insure that treatment stays on track. In other words, principles provide a context for understanding the healing process.

Keep in mind that the readings view illness as an opportunity for growth in consciousness. Every experience in life is either a stumbling-block or stepping-stone.

Therapeutic principles are the link between illness and growth in consciousness. One cannot successfully apply the Cayce material on healing without a regard for principles. Likewise, one cannot utilize these principles without experiencing a growth in consciousness. Healing then becomes uplifting in more than just a physical sense—it is more than simply the relief of symptoms. As the introductory quotation emphasizes, healing is “the attuning of the atomic structure of the living cellular force to its spiritual heritage.”

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

“One Activity Becomes Then Dependent upon Another”

This principle exemplifies the interconnectedness which is the essence of holism. Some individuals receiving readings applied only those recommendations which were easy or convenient. During subsequent check readings, Cayce would usually give a stern admonition to follow all of the suggestions if success was desired. This is especially important in the treatment of serious disorders where multiple systems are involved and interventions aimed at producing normal functioning in all systems are essential. For example, to stimulate the glandular system with medications such as Atomidine without also considering the importance of proper eliminations (through diet, hydrotherapy, manual medicine, etc.) might worsen the condition of the body. The extra hormonal output of such an intervention could produce additional drosses on the systems resulting in toxemia (see the excerpt from 1773-2 below).

Reading 271-3 provides another excellent example of this principle. The person administering the somatic treatment was advised to give hypnotic suggestions (suggestive therapeutics) during the

electrotherapy treatments. In this case, failure to follow the readings thoroughly not only prevented healing, but exposed the person to the possibility of worsening the condition. Cayce often recommended suggestive therapeutics as a curative treatment for cases of chronic mental illness where the nervous systems had degenerated (e.g., certain cases of bipolar and psychotic depression). Such persons were sometimes incapable of coherent mental processes and were noncompliant to treatment due to lack of motivation. Hypnotic suggestions provided “programming” at two levels: (1) at the interpersonal level they increased patient compliance to the therapeutic program, and (2) at the subconscious (“sympathetic”) level, they provided precise directions to the nervous system so that the regenerative processes could proceed safely. Without the positive suggestions, the electrotherapy could do more harm than good. Thus, it was essential that the full range of therapies be considered, especially in regards to how they interact with each other to stimulate the body to heal itself.

This example also illustrates an important point regarding the therapeutic model. Unlike the relatively benign preventative measures, the curative treatments are potent and care must be taken in their administration. Therefore, the assistance of a knowledgeable health care professional who is familiar with the Cayce material is imperative for the treatment of major mental illness.

Excerpts from the Cayce Readings

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

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

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

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

For, without this there comes that of not knowing what to do with the impulses; and the body then becomes at times ir-

responsible for the activities of the mental reactions.

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

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

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

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

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

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

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

Q. Are the ductless glands affected?

A. As indicated, all of the glands are involved. Hence the purifying of same (with Atomidine), since there IS the ability of the system to set up better eliminations. To have stimulated same without the corrective measures (osteopathic treatments) having been made would have been only to magnify the disturbance in portions of the system. (1773-2)

“Patience and Persistence”

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

In cases of severe pathology, patience and persistence provide the basis for therapeutic milieu (to be discussed in the next chapter). The application of these virtues offers an opportunity for those providing treatment to grow spiritually in the process. The readings' preference for natural remedies which activate the body's own healing potential usually involve a gradual achievement of health. With-

out patience and persistence, the therapeutic process may be abandoned since results are incremental and require a concerted effort. However, the readings insist that gradual change is usually best since this is nature's way. As in the case of Miss (4497), gradual change through patient and persistent application is also often the safer route to health.

Excerpts from the Cayce Readings

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

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

As to how the associates are to accomplish same, it requires patience and persistence, and prayer, and understanding; and if these are not being accomplished they are untrue first to selves and to the duty and obligation that is about those who would direct the changes that are being made in the applications of those things that have started in the bringing about of the reactions in the body . . . But the conditions to be met are in that of patience, persistence, and reasoning with the body for the better improvement of its own abilities to meet the needs of the varied conditions that arise in the activities of the body itself. Not because "Your mammy wants it," not because "You've got to do it," but because "This will make for the better reactions in yourself!" For there are periods when the reactions are near normal.

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

Ready for questions.

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

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

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

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

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

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

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

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

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

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

Do be prayerful. (2721-2)

We can keep this patient from brooding over her troubles, and melancholy conditions, or perhaps losing her mind entirely, if we get busy right now. She needs stimulation through the lower part of the body by electricity or manipulation, in order to bring about reaction from the condition existing in the brain and the pelvis. This will have to be done gradual, as the system is not sufficiently strong to undergo radical treatment, else, we may destroy the whole reasoning power, if brought about too suddenly. (4497-1)

“Consistency”

Consistency is a close relative of patience and persistence and refers to the actual physical manifestation of those spiritual qualities. Consistency entails alertness to detail and precision of applica-

tion. For example, in certain cases the readings noted that the suggestions were being persistently followed, but with insufficient attention to detail. It is important to have a definite treatment plan with clear and specific indications of how and when to administer the treatments.

Excerpts from the Cayce Readings

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

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

“Moderation in All Things”

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

The maintenance of a consistent and persistent treatment program without becoming overzealous and immoderate is just as challenging as avoiding a treatment program that is lax and deficit in its application. Reading 1916-3 emphasizes the importance of mental and physical balance by affirming the importance of both—constructive thinking and purposeful application.

Excerpts from the Cayce Readings

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

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

In taking of the Atomidine (and this should be a part of the applications), take as indicated; not just at any time and not

being particular as to quantity. Take as GIVEN, if there would be the proper reactions!

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

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

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

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

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

“Mind Is the Builder”

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

The importance of mental (or if you prefer, cognitive) factors in the etiology of depression has been well documented in the first two chapters of this book. Likewise, mind can contribute significantly to the healing process. While “mind is the builder” is emphasized here as a therapeutic principle, the specific techniques for applying this principle are reserved for the next chapter.

Excerpts from the Cayce Readings

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

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

That is—God is not mocked; and whatsoever individuals, or souls, sow, or think, or imagine in the mental self, they build into their own lives. (2081-1)

In analyzing body, mind, soul, all phases of an entity's experience must be taken into consideration. In analyzing the mind and its reactions, oft individuals who would psychoanalyze or who would interpret the reactions that individual entities take, leave out those premises of soul, mind, body . . . Mind as a stream, not mind as purely physical or wholly spiritual, but it is that which shapes, which forms, which controls, which directs, which builds, which acts upon . . . A thought enters the mind. You either entertain it or you discard it. If you discard it, it has little or no effect . . . (4083-1)

“Provide the Treatments in Cycles”

The readings suggest that treatments be given in cycles that allow the body to rest and recover. Rest is required since some of the treatments (particularly the somatic therapies) can be stressful to the body. Recovery involves the ability of the body to maintain its own equilibrium without continued outside support. Habitual treatment can rob the body of the ability to maintain itself and form a dependence on the specific treatments.

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

The cycles of treatment recommended by Cayce varied considerably for individuals and for the type of treatments they were receiving. This is due in part to the variation in cycles among individuals

and within an individual at different stages of healing. Even with these variations, there are certain key patterns of treatment in the readings. For example, the readings state that the body typically maintains a 28-day cycle of eliminations. Thus, therapies addressing poor eliminations (such as hydrotherapy and manual medicine) often reflected this cycle in their patterns of treatment and rest.

The utilization of treatments in cycles was prominent in the philosophy of A. T. Still: "Find it, fix it, and leave it alone" (Brantingham, 1986) was a frequent admonition of the founder of osteopathy. The latter portion of this phrase refers to the necessity of allowing the body to heal itself. A. G. Hildreth, a close associate of Still and co-founder of the Still-Hildreth Osteopathic Sanatorium, summed it up by noting that a major problem facing clinicians is "knowing when to leave the tissues alone, that is, timing and spacing the treatments so they will be consonant with the time periods required by the healing processes of the body." (1930, p. 7) He goes on to comment that, "It is important to know when you have treated the patient enough, when you have done the right thing to correct the physical interference and to have the brains enough to know how much time nature needs to recuperate before a repetition of your treatment is given. Scientific facts are made useful only through complete knowledge and understanding of their applications." (p. 11)

The Cayce readings provide many examples of the utilization of cycles of treatment, not only from the standpoint of a single type of intervention (i.e., osteopathic treatments), but from a multidisciplinary perspective incorporating the various somatic, mental, and spiritual modalities which comprise a holistic approach. For example, a series of osteopathic treatments might be given, and during the rest period between series, electrotherapy would be recommended. The sequence and duration of these cycles were important and the readings would often chide individuals for not adhering to the suggested cycles. The A.R.E. has a Circulating File on cycles which is available to members. This file can serve as an excellent introduction to the concept of cycles. Once a grasp of the principle is obtained, individuals (and particularly clinicians) wishing to work with this approach will become more sensitive to the therapeutic implications of cycles of treatments and become adept at applying this principle in particular cases. Several extended excerpts will be provided here to convey the importance of cycles of treatment and the specificity with which the readings recommended them.

Excerpts from the Cayce Readings

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

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

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

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

Q. Should the sweats and rubs be continued?

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

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

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

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

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

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

(drops) each day for five days, in the same manner. Leave off then entirely.

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

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

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

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

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

Keep away from sedatives as much as possible.

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

When the sixteen or eighteen adjustments have been taken, rest a week, and then take one series of the Atomidine—the one minim each day for five days, see? (leaving off the Codiron during this five-day period, see) and then after five days, begin with the osteopathic adjustments again, but farther apart. (1995-1)

We find that these arise from very definite subluxations, and cause MENTAL reactions also; the melancholia . . . subluxations exist in the coccyx end of the spine . . . As we find, these may be materially aided.

It will require a little patience and persistence.

But begin with first the adjustments. In the beginning these should be given three times each week, for they will not be given too heavy at first, until ten or fifteen have been taken.

Then have a rest period from these for a week.

THEN have the adjustments about twice each week; these

taken then for another series of some fifteen to eighteen adjustments.

These we would have administered by one who uses the good mechanical actions in the OSTEOPATHIC manner of adjustments.

After the end of the first series of adjustments, at the beginning of the rest period of a week, we would begin with the use of the Radio-Active Appliance to equalize the nerve energies of the body as related to the circulatory system, and especially as to the impulses to the body. (2382-1)

After these treatments (osteopathic adjustments) have been taken twice each week for six to eight treatments; then leave them off a period of three to four weeks.

During the rest period from osteopathy, take at least two hydrotherapy treatments—letting the body be thoroughly relaxed in a Pine Oil Bath; that is, with Pine Oil in the Bath in which the body would lie for twenty to thirty minutes every day. The two hydrotherapy treatments (colonic irrigations) should be about ten days to two weeks apart.

Each day following the Pine Oil Bath, attach the Radio-Active Appliance for one hour—and go to sleep. This will put the body to sleep. This will regain a great deal of that rest which the body in the last ten years has lost. This will make better coordination between the extremities of the body, through the circulation—the lymph and deeper circulation.

After the three weeks leave off the Baths and the Radio-Active Appliance, and begin again with the osteopathic adjustments—this time making the adjustments, gradually, slowly, in the upper cervicals, upper dorsals, and then gradually in the 9th and 6th dorsals, and in the lumbar and sacral areas.

Then, after at least six of the adjustments have been made (not before), begin to add body-building energies and vitamins. Don't add these through the early periods, else they will contribute to more anxiety in the body . . .

After the second series of osteopathic adjustments, begin the Appliance again—and also the Baths occasionally. (3440-1)

“All Healing Comes from Within”

The medical model of healing, which underlies many contemporary therapeutic modalities, suggests that treatment produces healing. The Cayce readings prefer to emphasize that it is attunement within the body that produces healing—not necessarily the treatments. In other words, in certain cases the correct treatment can be given and the body simply may not respond. In serious illnesses (such as certain forms of endogenous depression), one cannot merely provide treatment in a mechanical fashion (as if the treatment is all there is to it). Rather, one must seek to produce attunement within the individual. One can sense Cayce’s transpersonal perspective in these instances—the unconscious (or “soul forces”) would have to be stimulated to regenerate the physical body. Without such a response from the “divine from within,” recovery was impossible. Note the inherent connection between this principle and some of the previous ones; especially in reading 2153-6.

Excerpts from the Cayce Readings

Q. May the body expect a complete cure? If so, how long will it be?

A. This depends, naturally, upon the reactions and the manner in which the applications may be made—as to the responses to and by the body. These, of course, are always questions—where body-building has to be accomplished. But if there is the change see, then the more hopefulness being held, the greater the change may be. (1310-1)

Q. Would it be satisfactory to continue—

A. (Interrupting) You see, it is not that there are just so many treatments to be given and they can all be gotten through with and that’s all there is to it! NO application of ANY medicinal property or any mechanical adjustment, or any other influence, is healing of itself! These applications merely help to attune, adjust, correlate the activities of the bodily functions to nature and natural sources!

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

These directions as we have indicated take these conditions into consideration. Then, there must be periods of reaction of the bodily forces, the bodily functionings, the bodily response

to influences without and within; and then the necessary at-tuning again and again.

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

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

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

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

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

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

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

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

Here, then, we find the disturbances:

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

KNOW—KNOW—there CAN be NO healing save from the awakening of the Divine within self. This is not only true for this body but every individual entity. It is a fact that these in-

fluences or centers may be aroused by varied means, through which body, mind and soul function in the physical being. Thus the needs of these considerations for this body, particularly, in making administrations for beneficial results for this body! (2642-1)

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

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

6

Therapeutic Techniques

. . . in each and every individual, that from within must be awakened to bring the full resuscitation of physical reaction in the physical body; for whether there be applied mechanical, medicinal, or whatnot, the healing comes from within, and the awakening of that within brings the full coordination of the mental, the spiritual, the physical body—for even as a body is of the triune nature, each must . . . fulfill its own purpose; but at a oneness one with the other. Get that! (164-2)

THE CAYCE READINGS utilized a variety of therapeutic techniques in the treatment of depression. The common theme uniting these diverse therapeutic modalities was the restoration of health through a coordination of the spiritual, mental, and physical phases of the entity—in other words, holism.

Although the readings propose a holistic framework from which to view the human condition, in many cases involving major pathology, the readings also discuss the three aspects (body, mind, spirit) separately.

... we have a soul body, a mental body, a physical body—each working and functioning in its own realm; all dependent one upon another, to be sure—but separate. (267-2)

... so seldom is it considered by all, that spirituality, mentality, and the physical being are all one; yet may indeed separate and function one without the other—and one at the expense of the other. Make them cooperative, make them one in their purpose. (307-10)

The remainder of this chapter will examine therapies which address each of the triune aspects of the self. To facilitate an understanding of the readings' perspective by health care professionals, certain contemporary terms will be used to categorize the various therapies (e.g., somatic, cognitive-behavioral). An explanation of these terms will be provided in each section for the sake of those unfamiliar with clinical jargon.

Keep in mind that humans are whole beings and the apparent division into body, mind, and spirit is a distortion necessitated by our three-dimensional perspective (which parallels the Western tradition of making distinctions between levels of experience). It becomes increasingly obvious as one studies the readings, that there is an inherent overlap in the treatment modalities. In practice, this overlap is exemplified by the principle "one activity becomes then dependent upon another." Holism involves treating the whole self—from different angles. Healing involves making these different aspects "cooperative," making them "one in their purpose."

Somatic Therapies

Therapies which primarily address the physical dimension of the self are called somatic therapies (somatic: "pertaining to or characteristic of the body (soma)," Miller & Keane, 1972, p. 890). Certainly, the term somatic is applicable to the Cayce view of physical pathology and treatment.

The most common form of somatic therapy currently used to treat depression is pharmacology; however, as was documented in Chapter One, numerous other somatic therapies have been developed. Since the Cayce readings emphasize manual medicine as a

primary treatment for depression, this form of somatic therapy will be discussed first.

Manual Medicine

The Cayce readings consistently asserted the importance of the body's systems in the etiology and treatment of depression. In particular, dysfunctions in the peripheral nervous systems and visceral organs were cited and treatments directed at restoring balance to these important systems were recommended. The readings frequently recommended manual medicine to correct somatic dysfunction and establish systemic balance.

Manual medicine has been defined as "the use of mechanical forces applied through the hands to diagnose and treat functional disorders of the mechanical and soft tissue system" (Glossary of Osteopathic Terminology, 1990). Manual medicine encompasses a variety of somatic therapies based upon a structural consideration of physical dysfunction. Osteopathy and chiropractic are the most prominent examples of manual medicine today, and although these professions represent divergent applications, their origins and basic philosophy have much in common.

Andrew Taylor Still (1845-1917) (osteopathy) and Daniel David Palmer (1845-1913) (chiropractic) were contemporaries, founders of dissenting schools of healing, school heads, philosophers, father figures to marginal professions, editors and authors. Both were spiritualists, doctrinaire eccentrics . . . and both taught that man and his healing was the product of a supreme being. (Brantingham, 1986, pp. 18-19)

Osteopathy is the system of treatment developed by A. T. Still late in the nineteenth century. Still believed that most diseases of the human body result from improper flow of the "nutrient arterial flow" (Sutherland, 1976). Disturbance of arterial flow is often associated with structural defects of the musculoskeletal system, impaired neurotransmission, and numerous other dysfunctions.

As an electrician controls electric currents, so an Osteopath controls life currents and revives suspended forces . . . Study to understand bones, muscles, ligaments, nerves, blood supply, and everything pertaining to the human engine, and if your

work be well done, you will have it under perfect control. (Still, 1897, pp. 275-276)

Although Still was referring to disease in general, subsequent generations of osteopaths recognized the role of structural defects in mental illness—particularly spinal injury and its relationship to autonomic nervous system (ANS) dysfunction. The philosophy underlying osteopathy, as developed by Still, parallels that of the Cayce readings. Cayce's enthusiasm for the osteopathic approach was pronounced in the readings and he made frequent referrals to osteopathic physicians. J. Gail Cayce's *Osteopathy: Comparative Concepts—A. T. Still and Edgar Cayce* (1973) is a useful introduction to the subject and is highly recommended for persons interested in this aspect of Cayce's perspective.

Osteopathy has changed considerably from the early decades of this century when Cayce was giving the readings. Today, osteopathy has assumed a professional stature which is legally recognized as being equal to allopathic medicine. D.O.s (doctors of osteopathy) have the same privileges and responsibilities granted M.D.s, including prescribing medication and performing surgery. The evolution of osteopathy has produced practitioners who are generally sympathetic to "holistic medicine" while placing increasing emphasis on interventions utilized by traditional M.D.s. There is, undoubtedly, much less emphasis on manipulative techniques today than during Cayce's lifetime.

Another change since Cayce's era is the evolvement of chiropractic as a major treatment option. Chiropractic has expanded to include a more holistic perspective and its practitioners often provide a wide range of services such as dietary counseling, acupuncture, massage, and electrotherapy.

The readings' recommendations for osteopathic treatment over chiropractic, in most cases, may have been due to the stature of chiropractic during that era. Gladys Davis Turner, Cayce's secretary of many years, provides insight into the role of chiropractic in the Cayce readings. She reports that a chiropractic member of the A.R.E. (Dr. J.E.F.) was disturbed by Cayce's apparent disregard for chiropractic:

Being a chiropractor, naturally I wondered why osteopathy was preferred and why such a statement was made as was in case 304-1, where it says: "Chiropractic treatment is adjust-

ment, not relaxation of the muscular forces." We chiropractors have been taught that chiropractic treatments do relax muscles, and I know it does. But if we go into the past a little on chiropractic and osteopathic history, we can see why the statement was made—at the time of the reading . . .

I have no way of comparing the standards between osteopathy and chiropractic as they existed at that time, but osteopathic schools had at least a six year head start over chiropractic schools and therefore very likely were of better quality than chiropractic ones. Then, too, B. J. Palmer (D.D. Palmer's son) was more interested in turning out chiropractors and it made no difference to him as to what type of a person took his course. He was interested in quantity and not in quality and length of time at the school was short.

Finally after a number of years (about 1926), some of the faculty from the Davenport School broke away . . . and started their own because they were "fed up" with some of B. J.'s ideas . . . In the meantime other schools were springing up all over the country because this or that individual developed, in his private practice, a special type of adjustment or technique, and he became so enthused with it, he thought the word "chiropractic" meant his own method of treatment so he started a school to teach "Chiropractic" centered around his techniques.

So the reading #521 1-1 where it says: "But there are chiropractors and there are chiropractors" could well mean this period when so many schools of different chiropractic thought were in existence. Also reading #5229-1 saying ". . . but there are few chiropractors who make them properly" could mean this period when there were so many chiropractors being "milled" out of the Davenport school, and only a few being "good adjusters" . . .

As I said for a while I was irked, but now I'm not, for again considering the time (1924) when the reading was taken, the advice given, and the status of chiropractic at that time, no doubt the reading was right.

With 3,300 graduates from the Palmer school in 1921, which was the largest class to graduate of all the healing arts of that period, it is quite possible that the most noted chiropractic adjustment (at that time) was what is known as the Palmer recoil, a type of adjustment developed by B. J. Palmer and taught

to all his students. Without going into detail to describe a recoil adjustment, it is sufficient to say that it is a harsh type of adjustment, and if one were witnessing a recoil adjustment being given in the cervical region, one might think the neck would break by such a thrust. They definitely were not the kind of adjustments to bring about relaxation . . .

However, thank goodness, other methods of adjusting were being developed in the chiropractic profession which were not so severe, which accomplished the same result and were relaxing to the patient. So now I'm quite confident that very likely if readings were taken today and the question asked as was in reading 304-1, the answer would not be so much against chiropractic. (Turner, 1957)

John Pagano, D.C. (Doctor of Chiropractic), echoes this sentiment by noting that in certain respects, chiropractic has assumed the role formally served by osteopaths.

Today the role of chiropractor, as I see it, encompasses the full role formerly practiced by the osteopath relative to the Cayce readings, and the osteopath has, for the most part, followed the path of medical practice. By these standards one would have to reevaluate the profession of choice as they pertain to the Cayce readings. The answer may be simply to find the right individual practitioner, whether chiropractor or osteopath, who will exercise the therapy called for in the readings. (Pagano, 1987, p. 14)

Just as the osteopathic and chiropractic professions have changed over the years, their clinical terminology has also evolved. Although the term lesion was used by early osteopaths, the current osteopathic term for lesion is somatic dysfunction, which is defined as "impaired or altered function of related components of the somatic (body framework) system; skeletal, arthrodiar, and myofacial structures, and related vascular, lymphatic, and neural elements" (Educational Council on Osteopathic Principles, 1990). Subluxation was the term of preference by the early chiropractors and has continued to the present day although the expression "subluxation complex" has been adopted by some practitioners. Cayce most often used the term "pressure" to designate the nature of the pathology in these cases although a wide variety of designations are

scattered throughout the readings. A. G. Hildreth, co-founder of the Still-Hildreth Osteopathic Sanatorium, used the word “strain” to designate the source of many mental problems.

To what are nervous and mental breakdowns due? This cannot be answered in a single word. The one word which comes nearest, is “strain”—physical strain, mental strain. Mental overwork, grief, worry, religious excitement, etc., physical overwork, injury to head or spine, exhaustion from hemorrhage, operations, childbirth, etc., acute and chronic infections, and diseases of metabolism are causes. Physiological crises, such as puberty and menopause, inheritance of nervous instability, toxins or poisons, whether taken as drugs, formed by bacteria, absorbed from sluggish bowels, or formed in the tissues and retained in the blood through failure of elimination—all these are possible factors in the production of mental disorders. Of these, heredity is just a predisposing cause. Nervous instability is all that is inherited. Probably every case is the cumulative result of a number of causes acting in concert.

Break into the circle of causes. Remove all that are removable. Leave the rest to nature. Thus assisted, she is usually able to “come back.” Such is the philosophy of treatment at Still-Hildreth. (Hildreth, 1929, p. 518)

It is no wonder that the readings held osteopathy and the Still-Hildreth Sanatorium in such high regard. This concise statement of the osteopathic perspective covers many of the major themes in the Cayce readings on mental illnesses such as depression: variability of etiology, the role of heredity (i.e., diathesis/stress), cure by removal of causes, and the recognition of the body’s own natural healing potential.

Chiropractic has also proven effective in treating major mental illness. W. H. Quigley (1973), a staff member of the Clear View Chiropractic Sanitarium for 21 years and director for ten years, shares his experience by stating:

When I first joined the staff of Clear View Sanitarium in 1940, I held strongly to the view that mental disorders were primarily of emotional origin. I frequently saw agitated schizophrenics, dangerous to themselves and others, arrive at

Clear View in straight jackets, completely out of contact with the world of reality. They were not responsive to words, care, or any type of ministrations. However, after chiropractic adjustments a dramatic change occurred, in which the patient began to orient himself by asking questions as to who we were, where he was, what happened to him. Soon he was released from restraints, had freedom of the ward and was eventually released from the Sanitarium. At first I felt this represented those persons who will make spontaneous recovery with or without care. When this type of experience was observed in patients who had been under psychiatric hospitalization for years, the change was difficult to reconcile with a psychological rationale alone . . . These recoveries were not limited to schizophrenic types but also to psychotic depressions. (pp. 115-116)

Thus, while osteopathy and chiropractic are not usually associated with the treatment of mental illness, the underlying philosophy and historical achievements of these professions suggest that they can make a significant contribution to the treatment of depression. In regards to the therapeutic model presented in Chapter Four, manual medicine is a primary modality. Within the basic treatment plan, it may serve in a maintenance or preventative role. The readings said that general osteopathic treatments are good for everyone. These general treatments stretch and supple the body to improve eliminations and promote coordination between the nervous systems. General treatments rely heavily on osteopathic massage and manipulation to relax the body.

As a curative treatment, the readings frequently recommended specific adjustments in addition to the general treatments. Specific adjustments are corrective in nature and therefore address specific dysfunctions such as a subluxated vertebra.

In keeping with the principle of "provide the treatments in cycles," the readings would often recommend that the manual medicine be taken in cycles. For example, a person might be told to take two treatments per week for three weeks and then rest for a week or two before resuming treatments. This allowed the body to adjust to the changes which the treatments would produce.

In specific cases, the readings stressed the importance of alternating between the general and specific treatments. For example in case (153), every third osteopathic treatment was to be a specific

adjustment (see excerpts which follow).

This section can only serve as the briefest of introductions to the role of manual medicine in the treatment of depression. Practitioners interested in applying the Cayce material should look closely at the case studies for more detailed information which may be helpful in particular cases. The excerpts which follow provide an overview of the subject and illustrate Cayce's appreciation of manual medicine, particularly the osteopathy of his era.

Excerpts from the Cayce Readings

Q. State name of osteopath I should have treat me in Cincinnati?

A. Anyone in sympathy with that as is being accomplished in the body, or that is not so "high and mighty" as he may not be directed by the body. (202-4)

Seek out, then, an instrument of the curative forces known as the Osteopath; which is capable—through proper manipulations, using the structural portions of the body as leverage—of stimulating the secretions . . . of glands and centers and ganglia along the system, to bring about coordination of the activities of the physical forces within the system . . . And we will find that with a few adjustments . . . a balance will be brought about . . . if precautions are taken as to the entity's attitude, as indicated: in allowing self to relax, and to play as hard in those periods of relaxation as it works in those hours of determination to forge ahead in a commercial or material world. (531-1)

Best to keep up osteopathic treatments. For in manipulation we have what will more nearly bring a normal vibration from nerve centers and reflexes than we have from medicinal properties. Medicinal properties, or drugs, only exercise or excite centers; while manipulations will produce the nominal (normal) reflex and impulses . . . then best to keep these up, as was given—every other day, same time each day is best. (760-6)

As a system of treating human ills, osteopathy—WE would give—is more beneficial than most measures that may be given. Why? In any preventative or curative measure, that con-

dition to be produced is to assist the system to gain its normal equilibrium. It is known that each organ receives impulses from other portions of the system by the suggestive forces (sympathetic nervous system) and by circulatory forces (the cerebrospinal system and the blood supply itself). These course through the system in very close parallel activity in EVERY single portion of the body. Hence stimulating ganglia from which impulses arise—either sympathetically or functionally—must be helpful in the body gaining an equilibrium. (902-1)

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 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! (1158-24)

Q. What treatment is recommended in lieu of osteopathic treatments?

A. If there has been one found we haven't it yet! (1842-3)

Q. How long should the osteopathic treatments be continued?

A. . . . it will be necessary to keep up the osteopathic applications in series, with a few days rest between. These adjustments are merely to attune the centers of the body with the coordinating forces of (the) cerebrospinal and sympathetic system. Thus the body is purified or attuned so that it in itself, and nature, does the healing. (3384-2)

. . . for this particular body we would continue with the present chiropractor. We would ordinarily give that osteopathy is more vital, but there are chiropractors and there are chiropractors. This is a very good one; don't lose him! He understands this body. (5211-1)

Specific manipulations, and adjustments, osteopathically, would correct these disturbances, and allow a normal flow of impulse throughout the system—and to relieve those tendencies, as they are relaxed by adjustments and a general manipulation . . . The manipulations we would have two to three times each week, for at least three to four weeks. One of the treatments should be principally that of an adjustment, while the other two should be rather of the general nature. (5640-1)

Massage

As a therapeutic modality, massage has traditionally been utilized as an adjunctive therapy (i.e., used in manual medicine or physical therapy). Only recently has it become established as a recognized profession in this country. In other parts of the world massage has a long-standing professional stature.

Massage was frequently recommended in the Cayce readings for a wide range of problems. In analyzing the readings in which mas-

sage was suggested, Joseph and Sandra Duggan (1989) conclude that one of the principal benefits of massage is to coordinate the nervous systems (note the similarity to Cayce's definition of osteopathy in reading 1158-24). Their book, *Edgar Cayce's Massage, Hydrotherapy & Healing Oils*, provides an excellent review of the use of massage in the readings and contains important insights into the subtle variations in technique and massage oils which Cayce recommended.

Roger Jahnke's article on body therapies (1986) makes a strong case that many of the innovative body therapies being used today (e.g., reflexology, connective tissue reflex massage, shiatsu, polarity, applied kinesiology, Trager, Reiki, etc.) fit well into the Cayce approach. He notes, "The autonomic nerve balancing mechanism of neuro-reflex techniques and the reprogramming of the body/mind brain feedback loop through neuromuscular release also are verified, although not named in the readings" (p. 42).

The readings did specifically recommend certain massage approaches including Swedish massage, neuropathic massage, and osteopathic massage. Often, no label was attached to the technique—the readings simply provided explicit directions including the ingredients for the massage oils. The frequent suggestions for osteopathic massage is clarified in reading 1710-10 (see below). Apparently, most massage therapists of that era were unfamiliar with the major cerebrospinal and sympathetic "centers" (ganglia and plexus) and therefore were not proficient at providing the necessary stimulation to these areas. The osteopaths were trained to provide massage and "manipulations" to these centers and received frequent referrals by Cayce.

Massage may be particularly useful as an adjunct to chiropractic, a combination becoming increasingly common in the chiropractic profession (Calvert, 1989). In view of Cayce's emphasis on soft tissue manipulation and relaxation, massage would appear to be useful in this role—particularly when suggestive therapeutics are deemed appropriate (to be discussed later in this chapter).

Individuals wishing to include massage as a component of the therapeutic model for treating depression should become familiar with the basics of the Cayce recommendations for this therapy. As a preventative intervention, a weekly massage can be helpful in improving eliminations and coordination between the nervous systems. The sense of relaxation and feeling of wellness that one typically experiences after a thorough massage is an immediate benefit of this therapy.

In the curative mode, massage may complement manual medicine or serve as a primary treatment. The frequency of sessions is usually increased (sometimes daily massages were recommended in the readings) and specific oils and techniques employed. As in most curative interventions, the specifics of treatment are based upon the individual's needs and the clinician's knowledge and technical expertise.

As stated previously, the Duggans' book is an excellent resource for those wishing to learn about the Cayce approach to massage. There are also other materials (such as a video produced by the A.R.E., *Massage for Beginners*) on the subject. The Reilly School of Massotherapy in Virginia Beach (215 67th St., Virginia Beach, VA 23451; telephone: (757) 437-7202) provides training in the Cayce method and may be able to help those seeking a certified massage therapist.

Excerpts from the Cayce Readings

The general condition may be improved somewhat through that of the massage of the body, more in the manner of the Swedish movements, or Swedish massage throughout the system, to bring a more capillary circulation, one that will make the better connection, as it were, between the lymphatic circulation and the arterial circulation, for with this slowness of the return to the system, this produces a drag on the whole body that isn't good, see? Such movements, as we see, will give to all of the centers that of a better unified condition, creating a better equilibrium throughout the body. (106-11)

The massage would be not so much of the osteopathic or adjustment nature, but more of the neuropathic—or a gentle quieting of the nerves. (386-1)

Q. How often should the massages be given?

A. As suggested, it would be best that the massages be given just before the application of the active forces from the low electrical vibrations (Wet Cell Battery) that carry the stamina in the body that acts with the activities of the nerve impulses themselves. (386-2)

Osteopathic or Swedish massage, with particular reference to such centers (sympathetic and cerebrospinal), is beneficial

at times. Since not many 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)

About three times each week, preferably as the body is prepared for rest of evening or night, we find it will be most helpful to gently massage into the system all the body will absorb of an equal combination of Olive Oil and Peanut Oil; especially across the sacral and the lower portion of the spine. This should extend, of course, UP the spine to the 9th dorsal, but more in the sacral, lumbar, than in the upper portions of the body. We find this should be done not hurriedly, not as something to be gotten through with, but take twenty or thirty minutes to give such a massage. This will be helpful in keeping better equilibrium and activities to portions of the body, and make for more regularity with the activities of the organs of the system. (1789-8)

There should be the daily applications of a massage with Peanut Oil (in the beginning), that aids in supplying nutriment to the skin, to the activity of centers, ganglia, muscles, nerves and tissues; lovingly, carefully administered. This oil does not become rancid on the body; it does supply nutriment, elasticity and activity to the cerebrospinal system.

Follow the Peanut Oil massage with an alcohol rub—not with denatured nor rub alcohol, but a very mild solution of GRAIN alcohol—as to give strength and vitality to the tendons and muscles, to give stimulating activity to the lymph and emunctory circulation of the abdomen AND of the organs of same. (2642-1)

Follow this with 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 levers, but not ever—of course—bruising structure. (3075-1)

Each day when the Appliance is removed, give a light massage—not attempting to make corrections but massage along the spine and also along the sympathetic area; that is, on the spine itself and then about an inch and one half of the spine centers on either side particularly in the lumbar and sacral areas and from the first dorsal to the first cervical, with this combination of oils—all the body will absorb:

- Olive Oil 1 ounce
 - Peanut Oil 1 ounce
 - Lanolin 1 teaspoonful
- (3223-1)

Hydrotherapy

Hydrotherapy is a form of physical therapy which involves the use of water in a variety of ways such as Epsom salts baths, sitz baths, hot and cold showers, douching, cabinet sweats, steam baths, fume and vapor baths, enemas, and colonics. Hydrotherapy was frequently recommended by Cayce to stimulate circulation and promote the elimination of metabolic waste. The readings also frequently suggested drinking plenty of water to improve eliminations.

The readings' consistent recommendations for hydrotherapy in cases of mental illness such as depression paralleled its use in the osteopathic and chiropractic institutions of that era. For example, Still-Hildreth Osteopathic Sanatorium made extensive use of hydrotherapy in the treatment of mental disorders.

Many patients have a history of long continued constipation with evidence of resulting autointoxication, which is verified by laboratory tests. It is not unusual to restore normal function to the bowel, even after years of persistent constipa-

tion, by removal of the blockage to its nerve supply.

Till this is done, some assistance is necessary. For it our main reliance is colonic irrigation, by which the colon is thoroughly cleansed by large quantities of normal salt solution, flowing in and out through a Y-tube. The value of this is obvious.

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

Dr. J. C. Button, provides additional insight into the role of colonic irrigations by osteopaths in the treatment of mental illness.

Mental and nervous patients are always toxic. Usually this toxicity derives from the intestine . . . (colonic irrigations) are usually given according to the nature of the individual problem . . . Colonic irrigations are usually given thrice weekly for two weeks, twice during the third week and once the fourth. Prolonged use may seriously impair the functioning efficiency of the bowel and should be avoided. In obstinate cases, however, and particularly where bromides and other systemic depressants have been used over a long period, the toxicity of the bowel may require many weeks of induced intestinal elimination. Enemas may be used in the absence of irrigation facilities, but the latter method is by far the more effectual. (Button, 1936, pp. 13-14)

Hydrotherapy was also used effectively at the Forest Park Chiropractic Sanitarium.

The patients we care for are not responsible . . . few, if any of them will take enough exercise to get the proper amount of elimination through the skin . . . If there is a toxic condition, which we have found to be in almost every case, the treatments given in our hydrotherapy department are very effective. They are especially beneficial in violent cases, because of the relaxation produced. (*The Chiropractic Psychopathic Sanitarium News*; undated, p. 25)

Most hydrotherapy falls within the category of preventative measures which the readings state would be helpful to anyone seeking

to maintain health. As part of the basic treatment plan for depression, hydrotherapy is important since it improves eliminations. Drinking plenty of pure water (at least 8 glasses per day), getting an occasional steam bath before a massage, and a seasonal colonic (i.e., four times each year at the change of the seasons) are basic applications of hydrotherapy.

In the curative mode, hydrotherapy sessions become more frequent as noted in the osteopathic and chiropractic literature. The readings also frequently made specific suggestions for colonic and steam bath ingredients for cases requiring curative treatments. As has been repeatedly emphasized, the cooperation of a knowledgeable health care professional is essential when using these somatic therapies.

Excerpts from the Cayce Readings

Q. How often should the hydrotherapy be given?

A. Dependent upon the general conditions. Whenever there is a sluggishness, the feeling of heaviness, oversleepiness, the tendency for an achy, draggy feeling, then have the treatments. This does not mean that merely because there is the daily activity of the alimentary canal there is no need for flushing the system. But whenever there is the feeling of sluggishness, have the treatments. It'll pick the body up. For there is the need for such treatments when the condition of the body becomes drugged because of absorption of poison kidneys, and there is the lack of coordination with the cerebrospinal and sympathetic blood supply and nerves. For the hydrotherapy and massage are preventative as well as curative measures. For the cleansing of the system allows the body forces themselves to function normally, and thus eliminate poisons, congestions and conditions that would become acute through the body. (257-254)

Take more water into the system. Take the water as would medicine. Take a drink of water, if only a few sips, every two to three hours . . . throughout the day. (381-1)

. . . drink all the water the body can well care for; or at least six to ten glasses each day. (381-2)

Q. Do you advise the use of colonics or Epsom salts baths for the body?

A. When these are necessary, yes. For everyone—everybody—should take an internal bath occasionally, as well as an external one. They would all be better off if they would. (440-2)

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)

Hot Packs

Hot packs were a common treatment in the Cayce readings and were also frequently used at Still-Hildreth Osteopathic Sanatorium. The readings recommended packs to “facilitate the absorption of beneficial elements into the system, relax the patient, ease pain, stimulate circulation, and break up congestion” (Karp, 1986, p. 544). Castor oil was the most common pack suggested by Cayce and was especially useful for assisting in the elimination of wastes. Olive oil, taken orally, was usually recommended in conjunction with castor oil pack to improve eliminations. William McGarey’s book, *The Oil That Heals* (1993), is a complete source of information on all aspects of the therapeutic use of castor oil. The A.R.E. has also produced a video of various Cayce remedies, *Making the Edgar Cayce Remedies at Home*, which covers all aspects of the preparation and application of these packs.

Castor oil packs are often used in conjunction with colonics. The packs are taken for three days before the colonic to stimulate the eliminative systems. Clinicians may wish to consider these packs in cases of bipolar disorder. In certain cases with bipolar features (e.g., (1609) & (1614)), these packs were recommended to break up adhesions in the lacteal ducts in the upper portion of the small intestine. It is not surprising (considering the overlap of bipolar with epilepsy, see McMillin, 1991a) that castor oil packs were also frequently suggested for cases of epilepsy.

Excerpts from the Cayce Readings

If there will be the relaxing of the body for periods that would overcome the disturbing forces in the lacteals and in the caecum area, where these conditions arise, then we may add those vibratory forces to the body to become the more helpful in the conditions that disturb the body.

First, then, we would use the Castor Oil Packs for periods of

one or two days at a time, across the liver, the caecum area; that we may relax these portions of the body to such an extent that the absorptions from same will make for a reaction in the lymph flow through these portions of the system.

And then, after a period of ten days of using the Packs, we would . . . apply . . . the low electrical forces . . . (1155-1)

We would first use the heavy Castor Oil Packs, very hot . . . across the liver, the caecum and the lower portion of the abdomen on the right side. These should be kept on for thirty minutes to an hour, each evening, for at least three to four days.

After these are given, and the body is sponged off (with soda water), we would have the gentle manipulations through the whole area . . . (1609-1)

About three times a week we would apply heavy Castor Oil Packs over the liver AND the lacteal duct, as well as a portion of the central nervous system—or the umbilicus plexus, especially toward the right side. This would mean three to four thicknesses of flannel soaked in Castor Oil and applied as warm as the body can well stand, though not so hot as to burn the body. Leave these on for an hour to two hours. These as we find will relax the system. (1614-1)

Exercise

Exercise and activity play an important role in physical therapy and may also contribute to mental rehabilitation due to their mood-altering characteristics (Greist et al., 1979). They also provide the opportunity for social interaction which may have therapeutic effects (Seilheimer & Lee, 1987).

The Cayce readings emphasize the importance of exercise and constructive activity in cases of depression. Keep in mind that many of the readings on depression were given for people suffering from “medical” illnesses (thus the depression might be regarded as “secondary”). Hence, the recommendations for exercise were suited to their individual needs and abilities. Generally speaking, the suggestions were for moderate exercise on a daily basis. There was a consistent emphasis on being outdoors in the open as much as possible. Keep in mind that exercise was a part of the holistic approach and was not the primary therapeutic intervention in most

cases. As part of the basic treatment plan for depression, it plays an important role in health maintenance.

Reading 3762-1 is interesting since it relates the role of manipulative therapy (i.e., massage and osteopathic manipulation) to exercise. It also suggests that some of the therapeutic benefit of exercise is linked to improved eliminations via stimulation of the visceral organs.

Excerpts from the Cayce Readings

Plenty of outdoor exercise, lightly taken, see? but be outdoors as much as possible. (49-1)

Q. State in detail what kind and amount of exercise the body should take?

A. As much outdoor exercise as is possible, always, for the body. A sufficient amount of mental exercise to keep an even keel or balance with that of the physical body; for the body nominally is an active body, mentally and physically, and in the manner as will make the body physically tired; so may the body be made mentally tired. These are the even keel for this body, particularly. Walking, riding, any outdoor exercise good. (202-4)

Q. What exercise for the body?

A. . . . only sufficient that makes for the general relaxations for the body. (383-1)

Keep as much open air as possible, that the oxygens of the system, that the oxidation of the whole bloodstream, with the adding of the properties in the food values, may strengthen and revitalize the whole body. (1000-1)

Exercise in the open air—as walking, as just sitting in same—is necessary. Walking and swimming are the best exercises. (2164-1)

These (treatments—hydrotherapy & electrotherapy), as we find, with precautions as to diet, and with sufficient exercise in the open, should make for quite a change in the physical reactions of this body; giving the better opportunity for the activity of the mental and spiritual forces that should react in the body. (3008-1)

Then, to give the body normal forces, and to bring the normal effect in body, little of medicinal properties would be effective. Better that climatic conditions; pure water (carrying lithia), high altitude. These with food values, exercise of the physical body, that the forces may be brought to exertion in the system, that the body may become physically tired, without strain to the system. Taking at such times exercises as would be given to the body by deep manipulations to awaken the excretory system and the secretive system through the liver proper. (3762-1)

Then to give the best to this body would be to give the body exercises in the open air and away from the present surroundings . . . it should be done all in the open, and the body "rough-it," as it were, for a while . . . (4157-1)

Electrotherapy

The Cayce readings recommended the use of several appliances and techniques which utilize electrical energy for healing. Some of these modalities fall within the electromagnetic spectrum (i.e., violet and ultraviolet rays) and others were described as utilizing vibrational energy of a low electrical nature (i.e., Wet Cell Battery, impedance device, magnetic healing). The low electrical energy was said to be the life force or creative force within the body.

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 deficient 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's description of this force closely parallels the various Oriental traditions (e.g., acupuncture, Quigong, etc.) which recognize the biophysical dimension of healing:

Oriental medicine is completely consistent with the supposed "new" idea in a rational science that a person is more of a resonating field than a substance . . . Quigong, simply stated, is the cultivation of Qi or vital life energy. Stated in a more modern and scientific language, Quigong is the practice of activating, refining and circulating the human bio-electrical field. Because the bio-electrical field maintains and supports the function of the organs and tissues, Quigong can have a profound effect on health. (Jahnke, 1990, pp. 3-4)

McGarey's *Acupuncture and Body Energies* (1974) provides an excellent introduction to the similarities between Cayce's portrayal of vibrational healing and Oriental approaches. *Vibrational Medicine* by Richard Gerber, M.D. (1988), and *Energy Medicine Around the World* by T. M. Srinivasan, Ph.D., are also useful prefaces to the field of vibrational healing. The International Society for the Study of Subtle Energies and Energy Medicine (ISSSEEM) is an organization founded to explore the various aspects of energy medicine. Interested readers may contact the society at: 356 Goldco Circle, Golden, CO 80401.

In conjunction with electrotherapy, Cayce also emphasized the use of gold (and occasionally silver) to rebuild the nervous systems of individuals suffering from a variety of degenerative disorders including certain forms of depression. In these cases, the electrical appliance usually served as a conduit for providing these elements "vibratorily."

In the 130 cases of depression which serve as the database for this book, nine different forms of electrotherapy are recommended. In order of highest frequency, they are: Radio-Active Appliance (32), Wet Cell Battery (18), Violet Ray (13), Ultraviolet Therapy (6), Radium Appliance (5), Sinusoidal (5), magnetic healing (1), Alpine or Rhino Ray (1), and infra-red therapy (1). The present discussion will focus on four of the most commonly recommended electrotherapies since most of the others are currently unavailable. Circulating Files which provide an in-depth examination of these modalities are available and interested persons should contact the A.R.E. for further information.

Radio-Active Appliance (Radial Appliance)

The Radio-Active Appliance (also referred to as the Radial Appliance) was frequently recommended by Cayce for the treatment of a wide variety of problems, including depression. It was said to function strictly at the vibrational level working directly with the low electrical energy or life force. The readings state that this appliance works with the same vibrational energy as the Wet Cell Battery but is less powerful, hence it was most often recommended as a preventative therapy. When used in the curative mode, the plate attachments were modified and a solution jar added. The solutions varied for different conditions with chloride of gold being recommended in four cases, Atomidine in two cases, and chloride of gold and silver nitrate being alternated in one case.

The use of this appliance was often suggested to relax and coordinate the systems of the body. The readings insisted that the appliance did not produce any energy, rather it utilized the body's own vibratory energies by redirecting them to establish equilibrium.

The term "radio-active" in no way signifies atomic radiation of a toxic nature. In fact, the vibrational energy associated with this appliance cannot be measured with current empirical technology. The original designation was intended to describe the interaction of the appliance and the subtle energy of the body (i.e., like a radio and radio waves). The appliance is now called by a variety of names including the "radial appliance." Cayce often used the term "radial" to describe the activity of the subtle energy utilized in the appliance.

One of the most commonly cited reasons for using this appliance in cases of depression was to relax the body and improve sleep. Disturbed sleep and restlessness are frequently linked to depression and the readings provide a physiological explanation for this association while recommending the appliance to bring normal functioning to the system (see the selection from reading 1062-1 in the excerpts which follow). The excerpt from reading 1773-1 provides an example of the administration of the appliance in the preventative mode. The cycles of administration and rest are discussed, as are the instructions for circulating the attachments around the body. Individual case studies provide information on the use of the appliance in the curative mode.

Excerpts from the Cayce Readings

... the lowest form of electrical energy is the basis of life.
(444-2)

The vibrations that are to be set up by the application of low electrical vibration will create more and more the ability for the suggestive forces to reach to the nerves of consciousness in the body itself, see? (552-2)

Q. What causes restlessness and nervousness, what should be done to correct same?

A. This has been described, as to how there is the incoordination between the deeper circulation or the arterial and the venous circulation. So this slowing up of the arterial activity, or the calling away of the blood—as it were—from the superficial activity, produces portions on the body where there is not exactly an itch but an irritation. This naturally produces restlessness, insomnia.

Hence the equalizing of the circulation through the bodily vibratory forces, created by the low form of electric activity from the body itself, will aid in overcoming these disturbances . . .

Q. What can be done to enable the body to relax?

A. If you tie one of these Appliances on him correctly, he will relax! (1062-1)

The Appliance (radio-active) will aid in relieving nervousness . . . (1110-4)

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

... they are as one—body, mind, soul—as the effective activity of a low current of electrical reaction or radiation is cre-

ated in the active forces of the Radio-Active Appliance—it brings to the system just those influences; the tendency to make the body-physical, the body-mental, and mental-spiritual forces more and more in accord by a unison . . . Let these be some considerations: If there is the constant dosing or constant application of synthetic influences (drugs), these become at times hindrances to the body. But if there are those activities from nature's storehouse, then we find these work with the Creative Energies and impulses of an organism to create and to bring about coordinating influences in the system. (1173-8)

Restlessness, insomnia and irritation will disappear (with the use of the Radio-Active Appliance). (1472-2)

We would have sufficient of the low electrical forces from the Radio-Active Appliance to equalize the vibratory forces which have been upset throughout the system. Use this for thirty to forty minutes each day, and let this period be used as the period of meditation and prayer; preferably as the body rests in the afternoon. The attachments would be made to the extremities, in this manner:

1st day—make the positive connection FIRST (the plate coming from the red anode, you see), to the right wrist; the negative connection LAST (the plate coming from the black anode), to the left ankle.

2nd day—the first would be to the left wrist, the last to the right ankle.

3rd day—first to the left ankle, last to the right wrist.

4th day—first to the right ankle, last to the left wrist.

Thus a circle will have been made of the body. Then commence over again, alternating the attachments each day in this manner. Do this for three or four rounds of such applications, or series, then leave off for a week or ten days, then begin again. (1773-1)

And this will be . . . a type of appliance (radio-active) for bringing rest to the weary, rest to those who have been inclined to depend upon sedatives, and narcotics for rest; to those who have been under great periods of stress and strain; to those who seek to find an equalizing influence that will assist them

in producing a coordination in their physical and mental spirituality upon the body-physical. (1800-28)

Each day following the Pine Oil Bath, attach the Radio-Active Appliance for one hour—and go to sleep. This will put the body to sleep. This will regain a great deal of that rest which the body in the last ten years has lost. This will make better coordination between the extremities of the body, through the circulation—the lymph and deeper circulation. (3440-1)

Just as a battery may be charged or discharged, so may the human body be recharged by the production of coordination (by the Radio-Active Appliance). (5428-1)

Wet Cell Battery

The Wet Cell Battery was recommended in the readings for a wide spectrum of disorders. Although the battery delivers a very minute direct current, Cayce maintained that the therapeutic benefit was due to vibrational energy generated by the device. The readings stated that the battery, when used in conjunction with various therapeutic agents (such as gold, silver, and iodine) acted indirectly upon the nervous system via the glandular system. Presumably in such cases, the glands were not secreting properly for the maintenance of normal neurotransmission. Electrotherapy was required to restore normal glandular activity. Licht (1983a) provides an extensive review of the therapeutic use of electrotherapy as a means of delivering medication to the body.

The Wet Cell Battery was recommended in a few cases without medicinal solutions. In these cases, the readings usually stated that the purpose of this application was simply to improve nervous system coordination.

The low form of electrical energy utilized by the Wet Cell Battery (and for that matter, all of the electrotherapies recommended in the readings) in no way approximates the severity of current somatic therapies such as electroconvulsive therapy (ECT). The modalities suggested by Cayce were extremely mild and safe with few, if any, harmful side effects.

In application, the Wet Cell Battery falls within the curative spectrum of treatments and should be used accordingly.

Excerpts from the Cayce Readings

... yet—as we find—from the activities in many portions of the system—if there are added to the system those elements (gold) that would produce stamina in the tissue of the nerve cords in cerebrospinal, in the association of the cerebrospinal and sympathetic in varied plexus and the muscular forces . . . much better conditions may be brought for the body . . .

For the first three to five weeks we would apply each day the Wet Cell Battery . . . (271-1)

But, we would insist that there be applied those vibrations (Wet Cell Battery) for the correction of the activities in that assimilated by the system for the replenishing of nerve energy cooperation between the cerebrospinal and sympathetic and brain centers themselves. (271-9)

... using also the Wet Cell Battery (Plain, see? but carrying the Gold). The positive anode should be of the copper, and attached to the 4th dorsal plexus. The negative anode carrying the Gold would be attached to the right and up an inch from the umbilicus plexus, or over the assimilating ganglia—from the lymph reaction in digestive system, so that the foods that are assimilated will create a constructive force in the blood supply, responding to the cells of the glands in the body. (386-1)

Not only does the activity of the gold, then, make for this vibration in the body, but it produces in the endocrinals—through its associations of the metallic force . . . through the electrical charges, the low form passing through the system—the stamina, as it were, to the plasm of the nerve forces themselves. (988-7)

Use the Wet Cell . . . one day carrying the vibrations from the Chloride of Gold and the next day the vibrations from Atomidine (or Iodine)—as to become active to the gland forces, making for an increase in the activity through the iodine for the thyroids, the adrenals, and the glands through the whole of the eliminating system. The vibrations from the Chloride of Gold solution would add to the vitality for blood and nerve building, aiding more specifically the activities through the lyden gland, through the activities of the glands in the system's re-

productive activities that make for an expression in the system through the emotions of the body; making for an activity to the glands that strengthen or maintain the equilibrium in the system—that is, as to the pineal's reaction . . . the larger nickel plate, through which the solution of Atomidine passes (full strength), would be attached last—to the gall duct center; so that the activities to the pancreas and the association of the liver and the kidneys will be aided—or be effective upon the body as to the foods that do not assimilate properly. (1026-1)

Use the electrical forces, as indicated, of the plain wet cell appliance . . . these passing through the system create a nominal or normal balance, for they become effective with—or attune the atomic vibrations of the body to their normalcy. Just as one would attune an instrument to accord or coordinate its chords with other portions, producing the vibrations that become harmonious; just so do they become harmonious in the body. (1068-1)

Also we would add the vibratory forces of the Wet Cell Appliance that would clarify or purify the activity of the glandular system; and through these low electrical vibrations we would carry the vibrations from Chloride of Gold . . . (1428-1)

We would use the low electrical vibrations as from the Wet Cell Appliance carrying into the system, alternately, the vibrations of Chloride of Gold and Atomidine (atomic iodine). The Gold would be as an activative vibratory force into the system for the stimulation to the glandular force as related to circulation. The Atomidine vibrations would be carried in the system in the same manner to react upon the glandular system and purify same so that the assimilated forces may build strength to the whole anatomical condition of the body . . .

These react in this manner upon the system: The vibrations of the properties carried through the low electrical forces—rather than taking the properties internally—will aid in producing that vibration necessary, not only for the coordination of the glandular system but for the ability in the nerve itself to be rejuvenated.

For the properties of the Gold (that are lacking in the system) are in portions of the nerve cords, or even the cerebrospi-

nal cord itself. Hence such properties carried vibratorially into the system will not produce deterioration in other portions of the body.

The same is true of the atomic iodine. As there is the activity of this (the Atomidine) through the vibratory forces of the low electrical appliance that are in themselves the basic vibration from which there is atomic activity through the body (or from which there is the exercising of same force), this works directly upon the glandular system; the thyroid, the adrenals and the thymus, ALL the glands of the body; thus enabling them to react as assimilating forces.

For that is the process of the activity of the glands, to secrete that which enables the body, physically throughout, to REPRODUCE itself! (1475-1)

But we find, if there will be the administration of the elements (vibratory gold) that are the basic reaction of nerve impulse and plasm itself carried into the system in such a manner as to make for a revivifying of the energies through the creating in the glandular forces of the body the elements necessary for the replenishing of the impulses, these may be brought yet to an active service for the body in much measures that there may be a restoring of the mental forces and a better coordination.

This would necessitate also then the supervision of a sympathetic physician that would make adjustments in the coccyx and the lumbar centers; and the application through the low electrical vibratory forces that carry gold into the system—in the low electrical vibratory manner . . .

And there would be applied the Wet Cell Appliance carrying the Chloride of Gold . . . (1513-1)

However, as we have indicated, that there may be better coordination, better activities in the actions between the impulses of the mental and the physical self, the low electrical forces (wet cell battery) that will carry the strengthening impulse to the nervous system will be most beneficial.

Thus we will find that the body will not tire so, and there will be more animation to the activities of the body; with less periods (that arise at times) when there is needed a stimulation from others concerned about the body . . . (1789-8)

With the rest of those applications made, we find that if there were a more consistent use of the Wet Cell Appliance that carries the Chloride of Gold to the body—which with the glandular system will supply the tissue that supplies nerve and brain tissue—we would bring better conditions for this body. (2721-2)

Violet Ray

The Violet Ray is a high-voltage, low-amperage source of static electricity which was invented about 1920 and was in common use during the 1920s and '30s.

Its frequency of over one million cycles per second makes a mild form of diathermy, a treatment providing therapeutic heating of tissues beneath the skin. The Violet Ray consists of a hand-held base into which a vacuum-glass applicator or “electrode” is inserted. The electrical current is diffused into rapidly vibrating sprays of deep violet color, giving the appliance its name . . . The primary function of the appliance was to stimulate the superficial circulation. In the process, according to Cayce, additional beneficial effects could be obtained, including more restful sleep, greater physical stamina, improved eliminations, relief from nervous complaints, and a better balance through the system. (Karp, 1986, pp. 517-518)

This appliance falls within the curative treatments and should be closely coordinated with other therapies in regards to the cycles of usage. For example, the readings often coupled its use to massage and osteopathic treatments.

The Violet Ray may be particularly helpful in cases involving general debilitation. Certain forms of bipolar may also benefit from this therapy (see the suggestions in Chapter Four).

Note the warning given in reading 325-60 concerning the use of this appliance and alcohol. This warning holds true for all the forms of electrotherapy recommended in the readings.

Excerpts from the Cayce Readings

The emotions of the body, as here, are as electronic energies . . . the Violet Ray. This is a high voltage, stimulating all centers that are as the cross roads, the connections between the vari-

ous portions of the physical-body functioning, the mental attitudes and attainments . . . (263-13)

Abstain from any intoxicating drinks of any kind! This means even beer, too! Too much of these, with the electrical forces (if they are to be taken), will be detrimental to the better conditions of the body.

Electricity and alcohol don't work well together! It burns tissue, and is not good for anybody! (325-60)

Then we would add to the system the electrical vibratory forces as compatible with the vibratory rate of the system itself, in the low forms of electrical forces—but preferable from the static natures of same; as may be had from the direct currents from the violet ray that so raises the vibrations that—with the applicator used that is alternated about the body . . . we would create the better normal forces and the better nature of electrical applications for this body. (1334-2)

. . . use the Hand Machine Violet Ray . . . These treatments will tend to make for the raising of the vibrations of the body, disassociating the effects of repressions in the system; producing better coordination throughout. (1572-1)

We would use also during those periods (of osteopathic treatments), to make for rest, that of the violet ray; this applied particularly across the body at the diaphragm region, in the solar plexus center from the back, solar plexus center from the front, that there be sufficient of the electrical forces as make for vibrations in system to coordinate with the centers as are being relieved of the pressure . . .

Q. How often and how long at a time should the violet ray be given?

A. When the manipulations and adjustments are made, which should be at least twice each week in the beginning, give the violet ray in those portions of system as given, for one and a half to five minutes. This range being from the beginning to that wherein the system is relaxed the most, will aid most—for with much application without relaxation, there must be the corresponding re-effect upon the system; that is, to give five minutes in the beginning would irritate more than aid, see? (4530-1)

Ultraviolet Ray

Short wave ultraviolet light was recommended by Cayce in a few cases of depression. One of its primary functions was to increase the assimilation of oral medications such as animated ash and gold.

As a form of phototherapy, it may provide an antidepressant effect in certain cases (note particularly the excerpt from reading 1000-12). In this regard, one wonders if the readings' recommendations for activity outdoors in the open is meant as a form of phototherapy. Case (1739-2) had a medical diagnosis of neurasthenia (see Chapter Two for a discussion of the relationship between neurasthenia and depression). Since the nature of the "mental condition" was not specified, it was not included in the case studies of depression. However consider the explicit instruction to take exercise in the open:

Q. Is it a mental condition primarily, or a physical condition primarily?

A. Physical primarily. This, as has been given in the first (reading), a pure fagged nerve, that prevents the full activities . . . to the whole nerve system—which the mental forces are used, and do use, in their actions.

Q. How much outdoor exercise should the body have?

A. Most of the exercise should be outdoors, but not night. Day—sunlight . . . (1739-2)

Sunlight (heliotherapy) has been used as a treatment for depression for centuries. In 1828 Hautrive provided this assessment of the healing effects of the sun:

In certain mental diseases such as melancholy, the physical will not neglect the most powerful cure nature offers. We know how the gentle climate and sun of southern Italy and France contribute to the cure of the spleen of the bored Englishman . . . (in Licht, 1983b, p. 181)

Nationalism aside, Licht does provide an excellent review of the history of ultraviolet therapy. The use of the Ultraviolet Ray Appliance in the Cayce readings on depression is strictly of a curative nature. The type of appliance recommended by Cayce is no longer generally available and a prescription from a physician is required to obtain this form of therapy.

Excerpts from the Cayce Readings

In the applications, it will be found that with the (osteopathic) corrections those electrical forces that make for a superficial activity in the form of vibratory forces—as from the ultraviolet—will aid most in the relieving of the pressures in the system—see? (116-2)

Then (after the osteopathic treatments) we would begin with the light treatments with the animated or carbon ash, that will release sufficient oxygen in the system . . . The dose of ash would be one-eighth grain taken thirty minutes before the ultraviolet lights are given. (383-1)

In the applications of self, well for the body to keep in the open. Or when dark days or periods tend to make for moroseness or melancholia or disturbing forces, then use the influences that create the same activity as the sun—or the rays of light from the ultraviolet that bring to the body the motivating forces physically that bring healing. (1000-12)

While this (gold and soda solution) is being given one dose each day, thirty minutes before, the body would be treated with electricity of the ultraviolet ray to produce rejuvenation of all the lymphatic forces and give resistance to the body. (3724-1)

Medication

The readings on depression strongly emphasize the need to establish and maintain proper body chemistry. To this end, various medicinal compounds were recommended. Some were commercially prepared (e.g., Atomidine), others were to be mixed especially for each individual (e.g., the various valerian compounds). The readings' profound respect for the body's biochemistry may be linked to the conviction that glands are spiritual centers involved in the continual recreation of the physical body through their hormonal secretions. Therefore, the readings tend to rely on the digestive, assimilative, and glandular systems as a natural pharmacy for meeting the body's biochemical needs. Only when these systems were drastically impaired did the readings recommend "outside forces" such as drugs.

Generally speaking, medication prescribed in the readings was intended to restore the body's ability to heal itself, rather than to treat the illness directly. In this way the body could maintain a state of health with few, if any, harmful side effects. The suggested medications addressed the major pathophysiological patterns in depression. For example, various tonics and supplements were recommended to overcome debilitation while laxatives were suggested to improve eliminations and attenuate toxemia.

Atomidine was occasionally suggested in the readings as a stimulant for the glandular system. Atomidine is a form of "atomic iodine" which is relatively nontoxic. Dr. William McGarey has noted, "It can be seen that—from Cayce's source of information—Atomidine used internally in cycles such as have been suggested earlier produces results which benefit the internal secreting glands, produce coordination between the endocrines, aid in balancing the functioning of other glandular tissue throughout the body, and aid in the process of elimination and assimilation." (p. 13, Atomidine Circulating File) The readings insisted that Atomidine be taken under a physician's supervision. It was to be used in cycles which varied for each individual's needs and in relation to the other interventions suggested.

Although it is impossible to say with certainty how Cayce would have viewed the use of contemporary anti-depressant medications (these drugs came into use years after his death in 1945), one can draw some reasonable inferences from the perspective of the readings on medications in use during his era. A general principle in the readings was to avoid drugs as much as possible and use natural substances when medication was essential. In certain acute cases, the readings recommended some of the strongest medications of that day (e.g., hypnotics and narcotics).

Thus the readings tended to view medications as curative in nature and reserve them for conditions of disease. Atomidine was probably the most important of the medications which the readings recommended for depression. Not only was it the most frequently recommended medicine (it was recommended in 10 cases), but the therapeutic effect was clearly stated. It addressed glandular problems (especially thyroid and adrenal dysfunctions) and served to "clarify" and balance the whole endocrine system. Clinicians may wish to consider this medicine in cases with abnormal thyroid and/or adrenal assessments.

The valerian compounds were another frequently recommended

medication in cases of depression (7 cases). The various combinations of ingredients were said to improve eliminations and address “general depletions in the system.”

It is interesting that on at least three occasions, the readings suggested lithium for persons suffering from depression. The anti-depressant effects of this naturally occurring salt are well established historically and clinically (see Chapter One). The readings’ recommendations for its use was apparently due to its propensity to reduce toxemia by improving eliminations.

Excerpts from the Cayce Readings

... (drink) an abundance of water, especially that which would carry lithia and the inclination to carry the overactivity to the secretions of intestinal tract, or of white or black sulphur water, carrying lithia . . . These may be taken in this manner, should the body not desire to take the trip to Shenandoah Springs, Arkansas; French Lick Springs, Indiana, or Crazy Water, Elmer Springs, Texas: May be taken by at home taking lithia tablets in the double quantity of water; that is, one tablet to half a gallon of water, and double extract of Dawson water taken as drinking water, until the system is cleansed, or cerulean water; that is, having cerulean water that carries sulphur. (49-1)

... or, to put it in common parlance, most glands function as machinery would under oil. The iodine (Atomidine) being the oil for the glands—see? (294-130)

We would begin with taking also internally very small doses of properties that will be as an active principle with the glands of the system as related to the balance that may be created in the eliminating systems of the body as the (osteopathic) adjustments are made. Then, the compound would be prepared in this manner:

To 2 ounces of Compound Simple Syrup, we would add:

Tincture of Valerian H ounce

Elixir of Calisaya H ounce

10% solution Iodide of Potassium 40 minims

10% solution Bromide of Potassium 60 minims

Tincture of Capsici 3 minims

(770-1)

As we find, on conjunction with such manipulative forces, we would have these as medicated properties—compounded in this manner:

Tincture of Valerian	2 ounces
Elixir of Calisaya	2 ounces
10% solution Iodide of Potassium	40 minims
10% solution Bromide of Potassium	1 ounce
Tincture of Capsici	5 minims

This, as we find, will be rather bitter; but this should be taken at least three or four times each day. A teaspoonful two to three to four times a day. Before or after meals doesn't matter. This is for the nerves, and for the general depletion of the system; each acting—as one with another—to make for functional as well as organic corrections for the system. (1087-1)

These properties (Atomidine) as we find add to the system not only the healing but purifying of the glandular system and **STRENGTHENING** through the ability of the blood supply for coagulation . . . (1787-2)

. . . Codiron as a tonic for the activity of not only the glandular forces but the supplying of those elements for the needed influences for strengthening the activity of the glandular forces . . . (1845-1)

Q. What should I do for better eliminations?

A. The colonic irrigations should be given . . .

If there continues to be the disturbance, or the lack of proper eliminations, use a teaspoonful of Eno Salts (the fruit salts, you see) regularly every morning for three to four days, leave off three to four, and then take it for three to four more days, and so on. This will aid in creating the better balance. (1938-1)

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

Begin with those properties as would tend to make for a purifying of the glandular system. Take Atomidine, internally, then, in the manner as here indicated. Take one minim in half

a glass of water each morning before any meal is taken, for five days. Then leave off for five days. Then take two minims (drops) each day for five days, in the same manner. Leave off then entirely . . .

Of course, leave off the Atomidine when the osteopathic adjustments are begun and with the beginning of the stimulation or tonic of CODIRON. (1995-1)

. . . the Atomidine acts as a gland purifier—causing especially the thyroids and the glands in the stomach, particularly the pyloric portion of the stomach and throughout the duodenum, to change in the form of secretions thrown off—and this affects directly the circulation. (3104-1)

In the applications, we would begin first with small amounts of iodine, or Atomidine in the system, to reduce the excess of potash and to enable the glands to carry sufficient of those properties that will enable them to function properly . . . (4116-1)

Diet

Diet recommendations were included in most of the readings for individuals suffering from depression. Usually the suggestions were of a general nature and sought to provide a balanced supply of nutrients with consideration for a normal acid/alkaline balance. There are numerous books available which can introduce the reader to the Cayce approach to nutrition (e.g., Reilly & Brod, 1975; Bolton, 1969; McGarey, 1983b, etc.) and it is not necessary to dwell at length on this topic presently. The A.R.E. publishes a handy one-page condensation of the Cayce suggestions entitled Basic Diet (Edgar Cayce Foundation, 1971) which can be conveniently located in the kitchen area to provide guidance in the choice and preparation of foods.

In no cases were there suggestions for extreme diets or the use of megavitamin supplements. Although Cayce occasionally recommended the use of dietary supplements in certain cases, they were to be used in cycles to stimulate the body's own natural assimilative abilities.

Generally speaking, a balanced diet was regarded as a preventative measure to ensure health. The excerpt from reading 854-1 provides a good example of a balanced diet suitable for the basic treatment plan proposed in Chapter Four. Naturally, individual pref-

erences will dictate specifics. As the readings often indicated, this is just an outline.

Diet can also be used as a curative measure. The readings viewed the stomach as a "medicine chest" which was capable of meeting the body's biochemical needs if it were allowed to function properly. In cases of general debilitation, a blood- and nerve-building diet was often suggested. Several excerpts are provided to delineate this diet. In three readings on depression, persons were told to include Jerusalem artichoke in their diet for its medicinal properties. This plant was said to improve assimilations and eliminations while normalizing glandular functioning.

Excerpts from the Cayce Readings

Q. What are the causes and cures of low depressed nervous condition?

A. Removal of the toxemia which is forming in the colon itself, and the enlivening of the liver in its activity. This best enlivened through the diet, as indicated, allowing the system to adjust itself—for the system can, and does create within itself all necessary either to cure or to sustain the virility of the body. Only when the system becomes so unbalanced as to need outside forces to create a different element of consciousness in the system is it necessary for medicinal properties or medicines for the body. (331-1)

Be mindful—in the diet—that those properties are given that are easily assimilated, and that are nerve and blood building. Hence beef juice, with a little stimuli of wine and iron, is helpful to the body. Green vegetables prepared in a palatable way and manner. (392-1)

We would also be mindful that the diet carries those properties to aid in replenishing blood influences and the forces that will create a balance for the system. This would be an outline, though it may be altered, to be sure, to meet the needs of the body's influences or forces:

Mornings—citrus fruit juices, especially grapefruit and lemon juices; coddled egg, and whole wheat or crushed oats that may be made into cakes. If any sugars are taken, preferably any sweets should be (at all times) only of honey—especially in the honeycomb.

Noons—vegetable juices or meat juices, but not meat itself nor a great deal of the body of the vegetable forces—though the juices of same may be taken; with milk that is either already acted upon by the lactic forces in same or as in buttermilk, Bulgarian milk, or dried milk and the like; for these are much better than the raw or fresh milk.

Evenings—a well-balanced vegetable and meat diet, though no red meats would be well for the body. (434-1)

As to the diet, be mindful that there is a tendency towards more of the alkaline rather than acid-producing foods. No white breads at any time. Not too great a quantity of starches (that is, such as potatoes, white breads, white beans, dried beans of any kind, or pastries). Preferably let the main portion of the diet consist of citrus fruits and vegetables. When meats are taken, use lamb, fish or fowl. And not too much of any sweets. But a normal, balanced diet. Not overeating! While the tendencies are for this to be spasmodic in the present, with the taking of these properties indicated we will find the conditions and tastes will be much changed; and the body will rest better. (770-1)

We would be very mindful of the diet. Adhere to an alkaline-reacting diet. This would be as an outline for the body, though, to be sure, this may be altered to suit the tastes of the body at times.

Breakfast—do not take cereals and citrus fruit juices at the same meal. Citrus fruit juices or cereals may be taken. If cereals are taken, they should be preferably of the whole wheat or the puffed wheat or the rolled wheat, or the wheat with barley in same—these would be more preferable. At times there may be taken the yolk of egg with whole wheat bread.

During the morning hours, about ten or eleven o'clock, we would take a malted milk with egg and a few drops of spirits frumenti in same.

Noons—preferably raw green vegetables, or soups from same. Or the salad may be made of a combination of fruits.

Evenings—cooked vegetables, preferably cooked in their own salts; not in water, you see, but preferably in Patapar Paper. Whether these are dry beans or fresh beans, or cabbage or whatnot, cook them in their own juices and take the juices of

same with same as they are eaten. The meats should only consist of broiled or boiled fish, fowl or lamb. (854-1)

In the diet, keep those things that are body and blood building as much as possible. Liver, tripe, and things of such nature should be a portion of the diet at least two or three times each week. Cereals, citrus fruit and such; though do not eat cereals and citrus fruits at the same meal. Meats of every nature may be taken except hog meat. No fried meats or fried foods of any kind. Two of the bulbular vegetables should be eaten to one of the leafy vegetables. This is the character of the diet, as we find. (1087-1)

In the diets, as we find now—the vitamins that create a better blood and nerve activity are most desired. Then, let there be regular periods when liver or those foods of such natures would be given in proportions as the body may desire—broiled, not fried, and never hard—but the juices of same should always be given with same. Use steel cut oats, and especially the oyster plant, and also other vegetables that are of the same nature. These carry influences that are very necessary and beneficial, especially if cooked in their OWN juices (as in Patapar Paper) and seasoned to the taste. (1553-13)

Be mindful of the diet—that no fried foods are taken. Take those foods that are rich in vitamins for the activity of the alimentary canal—as in plenty of raw fresh vegetables made into salads. Let one meal each day consist principally of a combination of these raw vegetables.

Of course, plenty of well-cooked vegetables may also be taken—with fowl, fish or lamb as the meats, if there is the desire for meats.

Plenty of gelatin, junket, and such natures are also well. (1938-1)

Now, as to the diet throughout the period:

Twice each week we would take the Jerusalem artichoke. Begin these at the time the osteopathic adjustments are begun. One time it would be taken raw, the other time cooked—but cooked in its OWN juices (as in Patapar Paper).

Keep away from drinks that have too much charged or car-

bonated water, or that produce alcohol in the system; though wine—light wine or red wine—may be taken in the afternoon, but as a food, NOT as a drink. For, unless these are cut down, the activity of the glandular force that is disturbing the system as related to the pancreas will be greatly disturbed, as well as the metabolism of the system.

Fish, fowl and lamb are preferable as the meats—if meats are taken in any quantity.

No fried foods at all.

Let one meal each day consist principally of raw vegetables—not altogether but principally; carrying a great deal of celery, lettuce, tomatoes, carrots and those things that are easily taken in a salad at such times . . .

Q. Should I take insulin?

A. No! Take rather the properties indicated in the diet (Jerusalem artichoke), that are NOT habit-forming and that will reduce the sugar content, and will aid in creating the better balance in the system—as has been outlined. (1995-1)

Doing these, and with the diets that are body, blood and nerve building, we will bring much nearer, much more normal activity of this body.

Now as to the diets:

At least once each week (but not more than that) we would add the Jerusalem artichoke in the diet. This preferably for this body would be taken raw; one not larger than a guinea egg or the like, and taken WITH the regular meal.

Use a great deal of properties or foods that supply Vitamin B-1 in the diet. These we would find in carrots, squash, peaches, and such foods. Whole wheat cereal (the cracked or crushed wheat), or cut oats (not rolled oats), or the combinations or wheat and rye (as in Maltex or the like)—these—not all taken all at once, but distributed through the diet from day to day—are well for the body. (2164-1)

Do have Jerusalem artichoke once each week, but cook this in its own juices; that is, in Patapar Paper. One should be sufficient. For this supplies sufficient of insulin for the correcting of this disturbance between the pancreas and the liver activity, as with the cleansing of the system by the circulation through the kidney. This will also react upon both the thyroid and the

adrenal activity in the circulation in this body. (3008-1)

Cognitive Therapies

Suggestive Therapeutics

Hypnosis can be defined as “an induced sleeplike condition in which an individual is extremely responsive to suggestions made by the hypnotist” (*American Heritage Dictionary*, 1984). Reading 4286-2 provides an excellent example of the use of hypnosis in a case involving major depression (see excerpts which follow).

Although Edgar Cayce occasionally recommended formal hypnosis for persons experiencing mental problems, more often he advocated a “naturalistic” approach which was used in conjunction with other therapies. Cayce referred to this form of hypnosis as suggestive therapeutics. For example, he often recommended that the persons administering massage and osteopathic treatments give positive suggestions while performing the therapies. Similarly, during electrotherapy (e.g., Wet Cell Battery, Radio-Active Appliance, etc.), suggestions were to be given for the rebuilding of the nervous system. Cayce also advised that the hypnogogic state be utilized by giving hypnotic suggestions during the early stages of sleep.

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

Milton Erickson, perhaps the most famous hypnotherapist of this century, often referred to trance as a state of relaxed self-awareness. Therefore, getting people to physically relax and feel comfortable is an important preliminary step in most hypnotic inductions. Erickson regarded body stillness as a reliable indicator of trance (in Havens, p. 245). Stephen Gilligan (a student of Erickson’s) reiterated this theme by associating conscious mind activities with muscle tension: “As we will discuss further, it (the conscious mind) arises from and is maintained by muscular tension” (1987, p. 23). Gilligan specifically mentions massage as a naturalistic means of achieving trance in which there is a “balancing of muscle tonus” and “the strong skin-bounded differentiation between self and other is dissipated by muscle tone shifts, thereby enabling the person to synchronize with complementary biological rhythms and align with

unitary psychological processes" (p. 42). Gilligan suggests a cultural link between conscious mind activities and the types of trances utilized by a particular society.

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

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

If the electrical therapies advocated by Cayce have the calming effects which he described, it makes sense that subjects receiving these treatments would also be induced into a hypnotic trance and would be amenable to direct suggestion. The Radio-Active Appliance (Radial Appliance) was noted as being particularly effective in this respect.

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

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

In a broader sense, Cayce viewed environment as a powerful sug-

gestive force that must be utilized in therapy. This aspect of suggestion will be dealt with in a later section addressing the role of therapeutic milieu.

In regards to the therapeutic model, suggestive therapeutics falls within the curative spectrum of treatments. Its use was usually restricted to cases of major pathology where the individual was incapable of complying with the treatment plan. Some cases involving nervous system degeneration (e.g., certain forms of chronic bipolar disorder and psychotic depression) may fall within this category.

Keep in mind that the readings consistently maintain that healing must come from within. Suggestive therapeutics is a powerful tool for stimulating the inner healing processes at the level of the unconscious mind. The readings regard the unconscious mind as the mind of the soul. Therefore, suggestive therapeutics is directed at this fundamental soul level of the self—the readings sometimes used the expression “inner self” in this context. The excerpts which follow are quite explicit in describing this process and providing detailed explanations of how to apply this technique.

Excerpts from the Cayce Readings

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

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

NOW THERE IS BEING CREATED IN THE IMPULSES FROM

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

Q. When should the suggestions be given?

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

The greater electrical vibrations of a high voltage, under the supervision of a doctor, would be well—if the suggestions are used at such periods. The violet ray that is merely held in the hand would be most effective for the body to have during the periods when the suggestions or auto-suggestions are given. (1553-7)

Those suggestions as should be given by one making those measures which have been indicated should ever be constructive; not as dependent upon the activity of others, but rather the independent activity of the entity in the direction of following the SUGGESTIONS of others in constructive ways and manners . . .

Q. Should the suggestions be made by both the doctor and those taking care of her?

A. As indicated, the SUGGESTIONS should be more by the physician, THAT THE BODY WILL TAKE the suggestions of those who wait upon the body! This becomes then a combination—but the suggestions should be constructive, always. (1553-13)

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

And let the suggestions be constructive in the spiritual sense, when the manipulations or adjustments are given, as well as when there are the periods of the rubs and other appli-

cations. These would be well in this manner, though each individual should construct same in his or her own words:

“Let there be accomplished through the desires of this body, mentally and physically, that which will enable the body to give the better, the truer, the more real expression of its own self; as well as that in which the entity or body may influence itself in relationships to others for greater physical, mental and spiritual attitudes towards conditions” . . . if the suggestions are followed in the manners as indicated for the body, it should be done not as something just to be gotten through with—by the body or the one making the application for the body, but for PURPOSEFUL experiences; and it will make it much better. It will not require so LONG a period, but of a more definite nature . . .

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

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

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

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

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

Well that the suggestions be given by one administering these (treatments), for CONSTRUCTIVE forces throughout. (1609-1)

Then with suggestion, with massage—gently given; and ESPECIALLY some corrections, with the massage, in the sacral AND the lower lumbar areas, we will find we may break up these conditions. (1614-1)

As we find, unless there can be the persuasion through sug-

gestion in or from the spiritual approach, little may be done to arouse this body from the lethargy into which it has purposely driven itself . . .

Suggestions should be made from purely the spiritual angle, in conjunction with purely mechanical applications. These, if practiced in this particular case would bring relief. (3207-1)

To overcome this condition, the body must place itself in that position wherein the body may respond to that as is innate, through the subjugation of the mental stability of the entity, that the physical may respond to that which may be applied in the body to overcome these conditions. Then there must be, at this same time, either that built in the mind of that that is known by the entity is due to those dependent in many ways upon the entity, or the self must be subjugated in such a manner as this may be awakened through the efforts of another mind controlling this innate desire within the physical forces of this entity, see? . . . self must be subjugated that such may come about. In the mind then, in the inner self then, must the entity, the body, build, and coming to the realization that the body physical has become so amenable, so low, as not to be able to control the appetite of a physical body, must submit itself to the will of another (hypnosis), that there may be aroused within the spiritual forces, that element that may give life, light, health, strength, happiness to this body. (4286-2)

After we get relaxation, and as the body gets back to its working state, use suggestion, powerful suggestions, because this patient is susceptible to suggestion. (4497-1)

This subjugation should be made by one that gives the massage and adjustments of the centers in the cerebrospinal system, or by one who gives the nerve centers the incentive for normal action.

This may be begun by the one so manipulating, insisting that the body (during the time of treatment) keep entirely quiet, and the operator talk continually, with the suggestion necessary for the improvement in the body, physical and mental, see? for, with these conditions, this would gradually bring about this subjugation with the centers where the cerebrospinal and sympathetic are at junctures with each other, as (are)

seen in the cervical, the dorsal, and in the whole of the sacral and lumbar region. (4506-2)

Cognitive-Behavioral Techniques

The therapeutic approach advocated in the readings is essentially a self-help approach to cognitive change. Self-reflection and behavioral application are advised to correct dysfunctional beliefs and attitudes. Emphasis is placed upon awakening the recognition of just how powerful the mind is in creating environmental and physiological conditions. The readings are brimming with the expressions "mind is the builder" and "as a man thinketh in this heart, so he is." The readings insist that thoughts are real things. The literalism of this statement is reflected in this excerpt from reading 979-9.

Keep the constructive influences and forces ever as a portion of the mental self. Know that the mental forces are the builders, and that the attitude which is known by the body builds the environment—and the environment makes the physical reactions. (979-9)

Working with one's beliefs and attitudes is not viewed as simply a cognitive exercise. Attitudes are inextricably linked to behaviors: "As to the attitudes—be not only good; but good FOR something, and this not only as related to self but in its relations to others." (3008-1) Individuals are encouraged to become aware of their thoughts and change negative patterns. The changes will be reflected in new patterns of thought and behavior.

The readings contain many suggestions for recognizing and correcting dysfunctional beliefs and attitudes. Two of the most common in the readings on depression are the ideals exercise and bibliotherapy. Additionally, visualization was occasionally recommended to utilize the power of the mind. A few general excerpts illustrating this power will be provided and then each therapeutic technique will be discussed.

Excerpts from the Cayce Readings

Q. What should I do to improve my mental condition in regards to ailments?

A. Think in wholly constructive manner; that is, as this: There is creative in the system that which may meet the needs

of the physical body in its everyday activity, and sufficient to store energy for the resuscitation of used forces. Make that known in self. As the mind accepts a condition as being positive, it acts upon that condition, yet when negative forces are continually set before self, and expected—and the expectancy is as of such to make the reaction of such a nature as to destroy, then negative forces become the more active. Necessary, then, the body—any body—keep the near normal of a constructive building in the mind; for MIND is the builder. (202-4)

Each soul should gain this as its basis for activity: The mental IS the builder. Hence the mental attitude has much to do with the physical conditions of the body, but it does not set broken bones; neither does it strengthen ligaments that have been stretched through activities that have gradually drawn in a body.

But the attitude of mind, if it is from the spiritual forces and desires, will bring that which will build a life and an experience of peace, harmony and happiness. (565-1)

Keep an attitude of using that thou hast in thine own mental and spiritual self, not as for self alone—but let thine own life mean more and more to those that thou meetest day by day. If thou would have friends, show thyself friendly. If thou would have joy and peace and harmony in thine own experience, show that unto thy fellow man. For with what judgment ye mete, it shall be measured to you again. (723-1)

There needs be first, as given, the consideration as to the mental reactions. For unless we can keep or maintain coordinant or correlative forces between the MENTAL balance and physical balance, what use is a physical reaction? . . .

Q. How long should this treatment be continued in this manner before a change is made?

A. For twenty-eight days, and we would find changes verifying much that has been given. If there is the reaction that is indicated, by keeping the mental forces NOT pessimistic (as it is) but optimistic—as of opportunities for greater service in the material world. (1475-1)

For, have ye not heard how that constantly there is the

change, and that the body has in a seven-year cycle reproduced itself entirely? No need for anyone, then, to have ANY disturbance over that length of period, if—by common sense—there would be care taken. But if your mind holds to it, and you've got a stumped toe, it will stay stumped! If you've got a bad condition in your gizzard, or liver, you'll keep it—if you think so!

But the body—the physical, the mental and spiritual—will remove same, if ye will LET it and not hold to the disturbance! (257-249)

Do as we have indicated; but make the self—in thought, in activity—not only good, but good FOR something; and forget any of the crosses or disturbances. (2469-1)

The Ideals Exercise

An ideal is a standard by which one lives. "The ideal gives us a sense of stability, guidance and orientation, as well as a criterion for judgments" (Puryear & Thurston, 1987, p. 95).

An ideal is not a goal. It is a motivational standard by which to evaluate our goals and our reasons for pursuing those goals. The goal is what; the ideal is why! A spiritual ideal is not so much a goal toward which we move as it is the spirit in which we grow. It is a living and dynamic standard by which we quicken and measure our daily motivation. (Puryear, 1982, p. 112)

The readings frequently suggested an ideals exercise designed to examine and modify dysfunctional attitudes and behaviors based upon spiritual considerations. This exercise consists of writing down one's ideals on paper. The process involves making three columns headed: SPIRITUAL, MENTAL, AND PHYSICAL and listing words under each which signify the meaning of each category. The spiritual ideal is a person or concept which conveys the highest sense of purpose or meaning to which one may ascribe. The mental ideal is the mental attitude which is consistent with the spiritual ideal. The physical ideal is the behavior or physical manifestation of the spiritual ideal. Thus, the holistic perspective is maintained by the coordinating of physical, mental, and spiritual ideals. The tech-

nique is cognitive-behavioral since it brings to awareness the attitudes and beliefs upon which a person is operating and links the mental dimension to concrete behaviors. The mental and physical ideals are modified to be consistent with the spiritual ideal. The difference between this technique and many contemporary cognitive-behavioral models is the role of the spiritual ideal as the standard for mental and physical processes. The Cayce readings do not advocate a "value-free" approach to healing. However, the values are not to be imposed by an outside agency—individuals must work through the process on their own and find their own balance.

The readings state that ideals will change as one progresses through life. Therefore, the ideals exercise is an ongoing process of reorientation. It may be viewed as a tool for maintaining balance and integration at all phases of one's life.

The use of ideals has important clinical implications. Persons who have high spiritual ideals (i.e., who are idealistic), but whose mental attitudes and physical behaviors fall short of these spiritual ideals, may be prone to self-condemnation for failing to live up to one's standards. Or, they may project their perceived shortcomings onto others. Self-blame or blaming of others is likely to lead to psychological and/or interpersonal problems. On the other hand, a person with low spiritual ideals (or the complete absence of them) may find life meaningless, boring, and empty. In any event, self-condemning attitudes, interpersonal difficulties, and feelings of emptiness may be associated with depressive symptoms.

As a therapeutic technique, the ideals exercise can help to alleviate depressive symptoms. However, its greatest potential may be its long-term maintenance effects in preventing relapse. A person living a balanced, purposeful life is likely to be less vulnerable to future depressive episodes.

An obvious benefit of this exercise is its potential for focusing on beliefs which have been unconsciously adopted during childhood and adolescence. The insistence that the ideals be written down and reviewed regularly is critical in this respect.

There are several excellent sources of information on the use of ideals. One may use the index system at the A.R.E. Library to access the readings directly. There are also three Circulating Files on various aspects of ideals. These files contain excerpts from the readings which are loaned to members. *Meditation and the Mind of Man* (Puryear & Thurston, 1987) contains an excellent discussion of ideals in the readings and from other sources.

Excerpts from the Cayce Readings

While those administrations as have been and as are being given, will be and are effective in a physical manner, they only are of a temporary or of a putting off of conditions—unless the mental attitude, the nerve and the resultant expressions of same—through impulses to the physical organisms—are stimulated or brought—through the mental body, and through the physical forces—to near a coordination in system, the conditions cannot remain in a normal state though only physically corrected!

. . . take more time to be holy in thought, in the expression of same. To forgive and not forget is to burden self physically and mentally. To retain suppressions, through grudges, or discontent, is to build for a mental inability of control of self through an ideal that may attempt to be held before self in the mental and spiritual applications of growth. In this direction the body should take thought, not of self so much as of the expression of self's, through self's own application of the ideal held, as it may reflect in the lives of others . . . for when we correct that disturbance mentally, those depressions and improper impulses physically and nervously, and change the vibratory forces in system—we may have a nearer normal body.

Keep the mind pure, and hold to an ideal, working or living better in a manifestation of that ideal. (272-1)

If that towards ideas are in keeping with the ideals, follow those. Have ideals, not ideas! Ideas may be as thoughts, made criminal or miracles. Be sure the ideal is proper. Follow that irrespective of outside influence. Know self is right, and then go straight ahead. So live each and every day that you may look any man in the face and tell him to go to hell! (1739-6)

Q. Is my attitude toward life conducive to good health?

A. The condition of the physical body is not conducive to an attitude towards constructive thinking!

There must be, naturally, innate, a coordination of the body, mind and soul—which is a necessary force.

The body finds itself body, mind, soul—these are influences that are active within the experience. And only that which is constructive or creative CAN be everlasting.

These bring, then, with those thoughts, those activities,

constructive forces into the experience.

Do that.

Q. In regard to my spiritual life, what do I need to feed my nature, and how may I get it?

A. Analyze self and the purposes, the motives, the influences; and know that they agree with that which is thy ideal. What is thy ideal? spiritually, mentally, physically? Not what you would wish God to do for you, but what may you do in appreciation of the love shown?

Not as to what ye would like to be, but what may ye mentally give that will be conducive to constructive thinking in the experience of others?

In the physical, not what you want others to do for you, but what may you do for them?

These are what we mean by constructive thinking, and as they are applied within the experience we will come to see what a spiritual life means. Not the eliminating of pleasures, for the purpose of life IS pleasure, but that which is constructive and not destructive!

Q. How can I make my husband see this complete spiritual life and also have it?

A. Live it in self, and thus you may induce others and those about you to try it. Not by nagging, not by finding fault. Ye would not want others to find fault with you! Then live so toward others that you do not find fault, but find the good in every experience. (1995-1)

... ideals are not your mind—ideals are principles acted upon by the mind. (2533-6)

No soul enters by chance, but that it may fill that it has sought and does seek as its ideal.

Hence, as may be the first injunction to this entity: Do not too off accept what others say, unless it answers to a something deep within self.

Do not, then, merely have a verbal or vocal ideal. Do write what is thy ideal. Begin with that under these three headings: Spiritual, Mental, Material. And write what is thine own ideal. As ye find, these may change from time to time. For, each soul grows in grace, in knowledge, in understanding. Just as the awareness, the unfoldments come to the self as the entity applies that

it has chosen and does choose from day to day. (3051-2)

Q. What do I do that is wrong?

A. Who made us a judge over thee or anyone else? What are thy ideals? Parallel thy activities with thine ideals, not merely in mind but put it on paper so that you may study and take a lesson from same. (3249-1)

First the entity should study well the ideals and purposes of self as related to the entity as a whole . . .

For, mental and spiritual guidance should be related to what an individual entity chooses as its ideal, and what it will or should do about that ideal, not ideas but ideals.

In choosing and in analyzing self and the ideal, do not merely carry these in mind but put them, as it were, upon a paper in a manifested form. Write PHYSICAL. Draw a line, write MENTAL. Draw a line, write SPIRITUAL.

Put under each, beginning with the spiritual (for all that is in mind must first come from a spiritual concept), what is thy spiritual concept of the ideas, whether it be Jesus, Buddha, mind, material, God or whatever is the word which indicates to self the ideals spiritual.

Then under the MENTAL heading, write the ideal mental attitude, as may arise from concepts of the spiritual, relationship to self, to home, to friends, to neighbors, to thy enemies, to things, to conditions . . .

What is the ideal material, then? Not of conditions, but what has brought, what does bring into manifestation the spiritual and mental ideals? What relationships does such bring to things, to individuals, to situations?

Thus an individual entity analyzes itself.

Then set about to apply the knowledge ye have attained, for ye will get ideas and that ideal. Ye may change them from period to period, as ye study them over. For as ye apply them they become thy ideals. To be just as theories they do not belong to thee, they are still theories so far as thy personal being is concerned. It's the application of same that counts. What do they bring into thine experience? These are well if ye will apply them. (5091-3)

Do first set the ideal. This isn't the easiest job, either. Not merely saying, "Yes, I believe this," and "Yes, I believe that."

Put it upon paper. Draw lines. Put headings: "My spiritual ideal"; what is it? "My mental ideal," as to how the time should be spent in recreation, in study, in work, in social activity, in the various activities necessary for an individual to be well rounded. The ideal way is not, "Well, I can't do this," but the ideal way and work towards it. Then, "My ideal physical." What sort of a church would that church be if every member was just like yourself? What would it look like? What sort of home life would there be, if every husband was just like yourself? What is the ideal attitude of a husband, of a father? What is the ideal attitude of a neighbor? of a rancher? or a brother? of those political or social activities? Set them down under each of the three headings. See what they look like. You will rub them out many times . . . (5400-1)

Bibliotherapy

Since Edgar Cayce was a devote Christian and biblical scholar, it is natural that he occasionally recommended certain scriptural passages to solace individuals who were feeling depressed. He lived in the "Bible belt" and many of the persons coming to him shared his religious views. In these cases he often utilized the resources of these persons through bibliotherapy. As will become evident from the excerpts below, he had a definite preference for the 30th chapter of Deuteronomy and the 14th, 15th, 16th, and 17th chapters of John. These selections speak of the closeness of God and the promise of help for those who have faith.

Also note that in reading 1099-1, the individual is encouraged to read and think along spiritual lines, leaving the definition of spiritual and the choice of material to the individual. This recommendation is consistent with the readings' tendency to treat each person individually and to encourage everyone to establish his or her own spiritual ideals.

Although bibliotherapy was usually suggested to provide comfort and solace, the readings also recommended it as a means of changing dysfunctional attitudes. In these cases, reading and study were not enough—the insights had to be incorporated into behaviors. In other words, "don't just be good, but be good for something."

Excerpts from the Cayce Readings

So read and study the 14th, 15th, 16th and 17th chapters of

the Gospel according to St. John not as rote, but knowing that these words are to be directed to self. And let self find that the voice is speaking from within and directing to self what the self may do in its relationships to others. Make these a portion of self and of self's attitudes towards others. Let it become so that the body feels inwardly, "To me, (770), He is speaking: 'Let not thyself be troubled! Ye believe! Believe in me!'" (770-1)

... there should be the periods when there would be constructive reading or thinking along spiritual lines. (1099-1)

See, feel, use the promises that are thine from the study especially of the 14th, 15th, 16th, and 17th of John. Let them be as words to THEE! (1614-1)

As to the mental attitudes—these, as we have indicated, are a part of the physical distress; but there needs to be rather the studying by the body of some form of philosophy as to the relationships of individuals to those environs about them; that is, these should be the basis of such study—not cisms or cults, not those things that are intended to form merely attitudes or cliques or classes or the like, but rather those things that are based upon the commandments—especially those recommendations of Moses in his last admonition. Here (that is, in those chapters) we will find that which is both of the mental and the spiritual, as related to not only the relationships to Creative Forces or God. (2325-1)

During the period that the (Radio-Active) Appliance is applied each day, while lying down, let the body read the 30th of Deuteronomy, and the 14th, 15th, 16th and 17th chapters of St. John. Make them real—listen to the reading of these as if this were spoken to thee. For these will aid, at such a period, to enable the body to concentrate, and thus give the opportunity for the correct associations of purposes, of spiritual influence, of divine guidance, as may bring the normal forces for this body—if . . . used consistency and persistency. (2614-1)

In the mental and spiritual, take a guide—as of this nature: Know in whom ye believe. There are those forces that may arise from His word. Study, then, thoroughly, the 30th of

Deuteronomy—as applied to self. Analyze self in the light of that as may be obtained by application of self in those tenets and truths presented in the 14th, 15th, 16th and 17th of John.

And ye will have that guide, the Divine in self, where He has promised to meet thee within thine own temple.

But, DO have that temple attuned to correct consciousnesses by the physical adjustments; else the lights often become dim . . .

THEN make the greater adjustment in thy spiritual and mental self through the application of those tenets and truths in the (biblical) references given, in thy relationships to others. (3002-1)

Then the attitude of the body; begin not as to become just the opposite of what has been in the last two years, but read the 30th of Deuteronomy, especially those portions as to how that which the body would learn is within self. This applies physically as well as mentally, and then turn to the promises in the 14th, 15th, 16th and 17th of St. John . . . (5380-1)

Visualization

Visualization was occasionally mentioned as a means of changing one's experience. However, the readings also warned that this technique should be used in accordance with one's ideals. In other words, be careful what you visualize, you may get it.

A practical application of visualization was often suggested to improve the efficacy of the physical treatments. The person receiving therapy was told to visualize the therapies working in the body—to "see" healing occurring during the actual treatments. This use of visualization was thus a safe and natural application of the principle "mind is the builder."

Excerpts from the Readings

Hence the lessons, as has oft been given, as to how one in one's mental being may create those conditions that bring about just such physical results. But, even as the visions are seen, these continue to be mingled together with both good and bad. Just as such thoughts create and bring about such conditions. Then, desist! Either be on the one side or the other, and act as would bring to self that desired. (136-82)

Q. (What caused) The slow, sluggish, slightly feverish condition, that seems to come upon me in the afternoon?

A. Lack of purposefulness in its activities; lack of looking forward to something for the principal activities of the body! Make the things more definite in the experience, and we find these will be forgotten—in the exercises and in the purposefulness of the exercise! . . . Make the mental activities and the functioning of the organs themselves coordinate, by the seeing of those activities in the way as desired by the body. For what we build within the mental self, the whole of the being seeks to materialize in the physical activities. (369-13)

And, as we find, so far as the mental attitudes of the body are concerned, do not make these treatments become as rote; but know that they are being effective in the body to produce that desired. (70-1)

For the body mentally, in its spiritual attributes for the physical self, may hold much in this manner—as the applications are made, osteopathically, electrically: Not for things to be gotten through with, but SEE, FEEL, KNOW—as the applications are being made—that these are channels and measures through which the Divine may operate for effective activity in this body! And as the electrical vibrations are given, know that Life itself—to be sure—is the Creative Force or God, yet its manifestations in man are electrical—or vibratory. Know then that the force in nature that is called electrical or electricity is the same force ye worship as Creative or God in action! (1299-1)

Spiritual Therapies

The spiritual dimension of therapy addresses issues of wholeness as exemplified by such common expressions as purpose, meaning, value, and intentionality. In this context, spirituality refers to the spirit in which the treatments are given. In practical terms, the question is how to manifest love through the various therapies which have been described. What are the techniques which provide an avenue for the expression of compassion? Is it really necessary to address spiritual issues in the treatment of mental illnesses such as depression? These are important questions which

will be addressed in this section.

Therapeutic Milieu

Cayce maintained that the environment acts upon an individual in a suggestive manner through the sensory and sympathetic systems (271-5). Therefore a supportive, constructive milieu was considered helpful for reprogramming the nervous systems of persons undergoing treatment.

The type of milieu recommended in the readings varied with the seriousness of the condition. In cases of mild depression, persons were often encouraged to spend a great deal of time outdoors in the open. Suggestions were frequently given for amiable company and constructive activities. In cases of extreme melancholia or psychotic depression (i.e., the curative mode), the role of a therapeutic milieu assumed increasing significance. The focus shifted from treatment at home to institutional settings with sufficient resources to provide adequate treatment.

Therapeutic milieu was an important factor in the treatment program at Still-Hildreth Sanatorium and other progressive institutions of that era. Cayce referred numerous persons suffering from major mental illness to Still-Hildreth. The premise upon which Still-Hildreth was founded was stated by the founder of osteopathy, A. T. Still: "Dr. Still had said to me time and again that when our profession could have property of its own, with proper surroundings and environment, a large percentage of the insane could be cured through osteopathic treatment." (Hildreth, 1938, pp. 247-248)

The Still-Hildreth model is as close to a holistic model as one can find in the literature of mental illness. The property of nearly four hundred acres contained a lake and bathhouse and afforded excellent facilities for walking, swimming, skating, fishing, baseball, tennis, and croquet. Indoor recreation consisted of reading, dancing, cards, checkers, chess, billiards, moving pictures, and music.

Each patient is given the largest degree of freedom that his condition allows. Every effort is exerted to make him feel at home and realize that the sole purpose of his residence here is to get well.

Kindness and gentleness in dealing with patients are rigorously enforced. (Still-Hildreth Guide and Explanation, undated)

The chiropractic mental hospitals of the same era used a similar approach where the practice of manual medicine was combined with a therapeutic milieu.

As for Clear View, there were factors which this writer believes contributed to its success between 1926 and 1951. First, although the environment was austere, offering no more than marginal comforts, the institution was managed with a firm hand within the limits of its economic resources by its Matron, Mrs. Marie Hender. There existed a tight control over patient management along with a no-nonsense atmosphere which translated into a strong and positive therapeutic milieu. Patients knew they were there to get well and not to spend a useless life.

By contrast, state hospitals were then not much better than prisons . . . Overcrowding, neglect and often brutal treatment in an environment of despair made state hospitals places to avoid like the plague. By contrast, a clean, well-managed facility in which there was considerable individual attention offered a refreshing refuge to those who could afford private care for their loved ones. (Quigley, 1983, p. 71)

The use of therapeutic milieu in these institutions echoed the moral treatment movements of the nineteenth century. These movements protested the horrible treatment of the insane and demanded that programs based upon the humane treatment of patients be implemented. Moral treatment was conceived of as:

. . . a system based upon the theory of corrective experience, and implemented by molding the physical and social environment of the hospital. The goal of moral management was the reconstruction of damaged brain tissue by resocialization, by influencing the physical organ through the medium of the mind. The pivot of this system was education and the imposition of regular habits of life and work, appropriate mental stimulation, orderly thinking, and correct values . . . By regulating the milieu in order to impose absorbing tasks and civilized social intercourse, it was hoped that pernicious habits and associations would be broken while correct and socially acceptable patterns of thought and behavior would be fostered . . . it is here that modern psychiatrists find some of the

earliest examples of therapeutic milieus. (Caplin, 1969, pp. 26-30)

In these early attempts at "socioenvironmental therapy," the physical setting was considered so important that the internal design of the asylums was a highly specialized area of expertise. The therapeutic effects of light, spatial arrangement, and temperature on the patients were given a high priority.

Bockoven's definition of moral treatment includes a discussion of the spiritual dimension of this approach:

(Moral treatment) meant compassionate and understanding treatment of innocent sufferers. Even innocence was not a prerequisite to meriting compassion. Compassion was extended to those whose mental illness was thought due to willful and excessive indulgence in the passions. (1963, p. 12)

The Cayce readings insist that compassion, as manifested in gentleness, kindness, patience, and caring, is a profound expression of spirituality and an essential aspect of therapeutic milieu. A therapeutic milieu should be considered more than just a clean facility with adequate programs for exercise and recreation. Spiritual qualities, as manifested by the staff, provide the basis for the therapeutic process. The stated objective of founding the Forest Park Chiropractic Sanitarium coincides so closely with Cayce's suggestions about the importance of spiritual ideals in maintaining a therapeutic milieu, a direct quotation from *The Chiropractic Psychopathic Sanitarium News* is appropriate to emphasize the role that spiritual values played in these institutions.

Business is analogous to the human body. The chemist may analyze every atom of the human body . . . but there is still something which the chemist cannot analyze, and which cannot be perceived by any of the senses. It is this something that puts life into the various elements and makes of the otherwise dead materials a living body. In the human body we call this something the Spirit, Life or Soul. In business we call it a principle, or ideal, and sometimes an OBJECTIVE.

As in the human body, we may have in business all of the necessary elements for success. There may be ample buildings, sufficient machinery, plenty of capital, markets for the prod-

uct, together with the demand for additional quantities of the product, plenty of laborers to do the work, and yet unless there is that something which we call an OBJECTIVE, and Ideal, or maybe a Soul, lacking, the business will not succeed . . .

The ideal which leads to success is basically and fundamentally—SERVICE. By this we do not mean Service selfishly and doggedly rendered, but Service that to all outward manifestations and purposes is rendered for its own sake and none other. Of course, in every case of Service there is always a corresponding return, which may or may not be measured in dollars and cents, but which is in practically all cases of business measured in this manner . . . Our OBJECTIVE, then, is not the building of a great business that will amass for us fortune, as individuals, but it is the building of a great institution that will offer hope, health and happiness to the thousands of people now suffering from mental trouble, and also to the many thousands who may yet become afflicted. To the accomplishment of this OBJECTIVE we have dedicated our lives. (*Chiropractic Psycho-pathic Sanitarium News*, 1925)

A. G. Hildreth's account of the founding of Still-Hildreth Sanatorium is in essential agreement with the spirit of the objective just quoted. A reading of his book, *The Lengthening Shadow of Dr. Andrew Taylor Still* (1938), will provide the reader with a sense of the altruistic nature of the founder of osteopathy and the deeply spiritual foundation of this profession.

The primary physical considerations for a therapeutic milieu as outlined in the Cayce readings are cleanliness and access to fresh air and sunshine (a rural setting was often recommended). The therapeutic value of being close to nature is a theme often repeated in the readings. The interpersonal requirements for a therapeutic milieu are explicitly stated in the excerpts which follow.

Excerpts from the Cayce Readings

In meeting the needs of the conditions, while there be the necessity of local applications under the direction of a competent physician—in the form of elements that would create for a balance in the system, those forces may be applied as well in the surroundings . . . so that the activities of those about the body are in keeping with the conditions that have been brought about in the system—see? (116-1)

Q. Any counsel or advice to the husband regarding this body?

A. As has been indicated, let those who surround the body be persistent in the following of the suggestions, but gentle, kind; not antagonistic yet not giving away to every whim or change of mental attitude. (1321-1)

And these (treatments) then need not only a physical but a spiritual approach to the applications for relief and help to be brought to the body.

We find that the body should be in such an environment, and with such applications as may be had in an institution such as Still-Hildreth; or the applications such as may be received there to stimulate activity in associations with a constructiveness in the mental reactions.

These would necessarily come slowly at first, until there is the arousing of the mental reactions to the body that there are those individuals who do care! (1452-1)

Do these (treatments) . . . making for the better opportunity of maintaining an equilibrium; keeping the body quiet, to be sure—but in as pleasant surroundings as possible . . .

Q. Would a change of environment (from the present hospital) be suggested? If so, where would you suggest?

A. Osteopathic institution in Philadelphia; or the one in Macon, Missouri (Still-Hildreth) . . . (1475-1)

We would take precautions that the activities ABOUT the entity are sympathetic, but NOT of the nature as to cause the entity to become more aware of its condition, or to become so sorry for self. Rather have the activities and companionships that seek the relationships to THINGS as well as people. (2382-1)

Be mindful that the body keeps in the open when practical. Keep about the body congenial companionship, or MAKE self express congeniality in whatever environ or sphere of activity the period may carry the body. (2614-1)

It will require that there be, first, the agreeable and pleasant surroundings; not only of the external nature but the mental and spiritual associations. (2642-1)

Keep in the open when it is practical . . . Keep as good or as pleasant company about the body as possible. (2961-1)

Keep the body in the open. (3964-1)

Confinement will only add to the mental aberrations; yet the conditions are such that this could not be handled without personal care and attention . . . (3997-1)

Keep the general activities in the open when practical. (4059-1)

Keep the body out of doors as much as possible. Have someone to treat the body and keep it to themselves. Let him live in the air and eat wild game and fish. (4519-1)

Companion Therapy

The importance of companionship and friendship in the maintenance of mental well-being is a vastly underrated area of human activity (Rubin, 1985). Cayce often recommended the use of a companion (he also used the terms attendant, sympathetic nurse, etc.) to help in the maintenance of a therapeutic milieu for persons suffering from major mental illness. Spiritual qualities such as kindness, gentleness, patience, etc., were important in the selection of a companion while professional counseling skills were not considered essential.

The companion's job was to keep the therapeutic process on track and adhere to the suggestions provided by the readings. The companion modeled the behaviors required of the patient and provided assistance in the use of the various appliances.

Companions were not suggested for all cases—only those where the severity of the illness prohibited adherence to the treatment plan. A rule of thumb presented in the readings was that a companion was necessary “until there is an equal balance in the mental and physical activities” (386-1). In other words, if the individual was able to maintain a relatively high level of functioning (and adherence to the suggestions), a companion was usually not recommended. One can often sense the seriousness of the pathology in certain readings based upon the suggestions for companion therapy. The more the readings dwelt upon the spiritual qualities of the companion, the more serious the condition.

Excerpts from the Cayce Readings

Keep also that of company, or the companion, that is in accord with the body's temperamental activities—that are positive with the body; yet not severe in its commands, demands, or of the general demeanor with same. (106-16)

And that about the body that keeps the cheery mental attitude, in the way and manner as of companion—as has been given often. Cheery companionship is wonderful for the body; yet this, as is seen at times may be overdone—but those companionships that are in the manner kept in the way as has been outlined prove effectual and prove beneficial. These are necessary attributes toward the betterment of the physical forces of this body.

Q. Are the present companionships suitable?

A. These are very good. There are periods and times when we see there are irritations that arise. These are more from outside influences than of the companionships.

Q. What are these outside influences?

A. Visitors that occur, that were—are—sometimes rather tattletales. This is not countenanced, and causes irritations to the body. As to the individuals' names—these, well it's best that these be kept more away than more in companionship with the body. These may be ferreted out best by the companion and companions of the body. (106-18)

. . . there should be such companionship with the body at all times. Not as to become obnoxious in movements, in desires, in hopes, in aspirations, but working together! not only with one another but with the spiritual and mental forces that come from an activity in doing, in bringing a helpful influence to those that are met as associates and in activities with others, in mind, in character, in association, in reading, in writing, in active forces of EVERY physical and mental nature . . .

Q. Would you suggest one as a companion for the body?

A. This had best be chosen by the body or those responsible for same. It must be one believing and ministering in the spiritual, creative influences of the spirit of truth.

Do this. Remember—the spiritual, the mental, the attitudes of the associate and companion will mean much . . . (2642-1)

Also have Christian Science Reader with the body as an attendant, a companion, who would continue to make suggestions; first for the awakening to possibilities in the outdoors, in nature, in things of Creative activity. (3207-1)

Do not begin this treatment unless there is the surety that it is to be carried on for several months . . .

If this will be done there will be gained greater periods of complete rationality in the body, and the activities will be greatly improved. But there will be required the attendance of someone in sympathy with these applications and one who may gain the full confidence of the body to make the applications. (4059-1)

Prayer and Meditation

Edgar Cayce was a man of prayer and meditation and it is not surprising to find suggestions for these activities in the readings. His fundamental Christian upbringing is evident in these recommendations, not only in the King James flavor of the words and expressions, but also in the direct and simple sincerity with which they were spoken.

He seemed to use a utilization approach to these recommendations. That is, if the person seeking help came from a background in which prayer, meditation, and Christian service were a practice (as was often the case, since he lived in the "Bible belt"), he utilized the resources of that person in making the suggestions. The background information in these cases is often insightful in this respect. The letters exchanged between Cayce and these individuals conveyed the familiarity of persons sharing in a common religious faith.

The readings state that there are objective, demonstrable effects of prayer and meditation in the physical bodies and day-to-day lives of persons practicing these disciplines. Therefore, it is not surprising that the readings often recommended prayer and meditation during the use of the Radio-Active Appliance (Radial Appliance). This is in keeping with the notion that spirit interfaces at definite anatomical centers within the body and treatments such as electrotherapy could be helpful in maintaining the integrity of these connections.

Excerpts from the Cayce Readings

Let thy prayer, thy meditation, be as this:

Here am I; use me, O God, as Thou seest I have need of that I (calling Thy name) may know what Thou would have me do! Let my attitude to my fellow man, mine loved ones, mine friends, mine enemies, be such that my life, my expressions of hope and joy and kindness, may reflect His life to others. Keep my tongue, keep my feet, in those ways, in those paths, that lead to the understandings Thou wouldst have me have—now. (770-1)

And let the meditation and the prayer ever be, of those that would aid:

RAISE THOU, O GOD, IN THIS BODY, THAT WHICH IS THE BEST AS THOU SEEST FIT; THAT THERE MAY BE THE HARMONY THAT COMES IN THY LOVE FOR THIS SOUL. (899-1)

When the Radio-Active Appliance is attached, use such periods as the periods for meditation. In thy own words, yes—but after this manner . . .

FATHER, GOD! IN THY PROMISES, THROUGH JESUS THE CHRIST, I CLAIM THY PROTECTION, THY LOVE, THY CARE! MAKE MY BODY THAT THOU SEEST AS THE BETTER CHANNEL, THE BEST CHANNEL AS A SERVICE TO THEE. RENEW A RIGHTEOUS SPIRIT WITHIN ME. KEEP MY WAYS DAY BY DAY. (1614-1)

During the periods especially when there is the use of the Radio-Active Appliance, we would use these periods as the periods for meditation; that there may be brought a better coordination between the nervous systems of the body, at such periods opening—through suggestions to self in meditation or prayer—the centers that coordinate the spiritual forces and influences with the mental and the physical body; using as a guide (though in thine own words) such as this:

FATHER, GOD! IN THY LOVE, IN THY MERCY, BE THOU THE GUIDE: THAT MY BODY, MY MIND, MY SELF, MAY FULFILL THY PURPOSE IN THIS MATERIAL PLANE AT THIS TIME.

And keeping such attitudes in the relationships day by day with thy fellow man, we will find we will bring the near normal forces in this body. (2164-1)

After the end of the first series of adjustments, at the beginning of the rest period of a week, we would begin with the use of the Radio-Active Appliance to equalize the nerve energies of the body as related to the circulatory system, and especially as to the impulses to the body. Attach this about an hour each day. Use that period as the period for prayer and meditation; though it may require someone at first to work WITH the body when this is first begun. And have the prayerful meditation for the HELPFUL forces, not only those that may exercise themselves through the system but as to the body using itself—mentally, physically—in a helpful manner for others. (2382-1)

Spiritual Application (Service to Others)

In certain cases, the readings linked depression to selfishness and self-centeredness. The suggestion was given to help others as a means of helping self.

As part of the basic treatment plan, service to others can be viewed as a maintenance measure. Altruistic service is essential for balanced living. Living only for oneself is not healthy for anyone. However, note the emphasis on balance. Service to others does not mean neglecting one's own needs.

Naturally, in more serious cases, the depressed persons will be on the receiving end of service most of the time. However, even in such cases, the readings encourage individuals to be of service to someone else relative to their ability to give—especially in the small considerations which are part of everyone's experience.

Excerpts from the Cayce Readings

For, the vital influences of the abilities of the body would be as complimentary to those activities which may bring much to others. The duty, then, is not only to self but to that which the body may give to others. (434-1)

Q. How should the body go about to develop the spiritual?

A. In the spiritual forces, these are ever present. In the development of the spiritual, or of the manifestations as these may make through the physical and mental being of the body, project rather that of the spirit than of self, that is confined only in the manifestation of self or self's own interest. Think, act, speak, and manifest, that which is of the spirit, and we will

find the spiritual developments will be the natural consequence. This does not mean that one becomes distorted in ideas, in ideals, but rather in that of the natural conditions. Go out of the way to be kind to someone that hasn't so much as self. Go out of the way to be in a position to speak gently, speak kindly. Those that are of the little things; not those that are big things. Do not do any act to be seen of others; rather to satisfy that within self of the manifestations of the spiritual forces; for, as has been given, "He that giveth a cup of cold water in my name, shall in no wise lose his reward." He that is able to conquer self has conquered more than had he taken many cities. The little things build for the greater contentment in life. Be content with that within thine own experience, using that thou hast in hand. Be not satisfied, for being satisfied with thine own development, or thine own glory, honor, or whatnot, is to become stale, unstable, unwise, in the activities of life's experience. (2670-1)

But, using that in hand in a manner in keeping with that produces or induces the faith as lies within self as respecting spiritual relations, spiritual abilities, the mental kept in that attunement that makes for a life worthwhile . . .

Q. What new work can body do to enable her to live in present or better circumstances?

A. Following along the line as has been suggested; there are in the present situations many a struggling individual that presents to the body the varied conditions or circumstances or needs in their respective lives that, will the body lend a helping hand in those directions that are from within self, as respecting that as the spirit or as life itself would have the body act. These will open avenues that will bring not only contentment in knowing a service rendered a fellow man but will also bring those remunerative forces in self's experiences that will (be) most satisfying . . . In this individual's own personal experience will the spiritual life or the spiritual thought permeate more the mental life this life may be dedicated to that, as will aid the more and be made the more satisfactory experience to the body, mind and soul . . .

Q. What can the body do to relieve herself of the state of melancholy which she so often experiences?

A. The best is that as has been given. Let the mental body be

permeated more by the spiritual insight of the body when such conditions arise and they often do to every entity, every soul. Look about self; do something for someone else. (3821-1)

The action or stability of the brain forces is above normal in its function and in its expression to give to those on the outside.

Hence, the action of the forces of this body, Mrs. (3964), of whom we are speaking, should be to exercise suggestion or re-building forces to others. It should not depend on others to exercise suggestion to her. She should exert her own mental forces in the world and lose her own self in doing for others all that she is capable of giving to others . . .

When we have accomplished this in the body (the physical treatments), then give out to others, especially from mental forces, and guide the young ones up. (3964-1)

. . . the entity must itself fill, for this cannot be filled by any other, for that we sow we must reap, and we must meet our own conditions as are created in our own minds, for the mind is the builder, and when we build a barrier between ourselves, our associates, our friends, our families, this we must, of our own volition, tear down, would we fill that place that is necessary for each and every individual to fill that has its existence in the physical plane. That of the spirit forces as are innate may become so subjugated by the desires of the flesh that they become nil, yet these are ever ready to be awakened and to exercise their prerogative in the life of each and every individual . . . there may be aroused within the spiritual forces, that element that may give life, light, health, strength, happiness to this body. (4286-2)

Then apply self in just being helpful, just being kind, just being patient, just being long-suffering with others, as ye would have thy Maker be with thee, and we will bring relief. (5380-1)

Nonspecificity

The word nonspecificity has been used extensively throughout this manuscript and some readers may yet be confused about its

meaning. If you find yourself in this situation, don't feel badly; you are in good company. Nonspecificity is a major problem for modern medical science, as we shall see.

Chapter One introduced the concept of nonspecificity and defined it as the overlap between numerous diseases and syndromes. This overlap is most apparent in the areas of etiology (causation), symptomatology, and treatment effects. For example, the same etiological factor can produce variations in symptoms in different people; diverse etiological factors can produce the same symptoms in a group of people; and treatments designed to relieve or suppress a specific symptom often produce side effects, both desirable and undesirable. These are all examples of nonspecificity from the current literature as documented in Chapter One.

Specificity, on the other hand, implies specific causes and specific cures. In our modern age of specialization, professionals tend to view specificity as desirable. To be able to know with specificity what exactly is the problem and to intervene in a precise and specific manner is the ideal of contemporary high-tech medicine. Therefore, therapeutic interventions with a high degree of specificity are desirable and are prescribed preferentially.

The problem is, specific models just have not worked very well with chronic/degenerative diseases. All of the forms of psychopathology (including depression) are likewise burdened by tremendous nonspecificity. Anxiety overlaps with depression which overlaps with psychosis and so on. Everything is interconnected and dynamic.

The Cayce readings provide an intriguing perspective on the phenomenon of nonspecificity. The readings describe in detail the complex systemic interactions involved in syndromes such as depression and recommend diverse nonspecific modalities to correct these systemic dysfunctions. This statement may be confusing to those readers who have noticed that many of the therapeutic recommendations made in this chapter and the treatment plans in Chapter Three are sometimes extremely explicit and specific in their content. The key term here is modality.

For example, hydrotherapy is a therapeutic modality. It is a group of concepts and techniques which utilize water for healing. Colonic irrigation is one of the most important forms of hydrotherapy. In contrast to the Cayce readings, modern allopathic medicine does not utilize this treatment extensively. When used, it is likely to be viewed as a relatively specific treatment for a specific condition of

the lower GI tract (e.g., constipation). The idea that dysfunctions of the GI tract could be causally related to major syndromes such as migraine headache, psoriasis, and depression is inconceivable to anyone who does not utilize a systems perspective (which includes many mainstream clinicians and researchers). The suggestion that colonic irrigation could contribute significantly to healing these diverse illnesses may be considered as even more farfetched. Yet the Cayce readings insist that such is the case.

As a modality, hydrotherapy is usually nonspecific; in its application for a particular individual it may be quite specific. For example, a hydrotherapist may perform the same basic colonic irrigation for persons suffering from depression, psoriasis, and migraine. Any specificity in the application would most likely be linked to each individual's unique anatomy and physiology (e.g., the amount of water pressure, the length of the cleansing cycles, etc.).

OMT (osteopathic manipulative therapy) represents another excellent example of a nonspecific modality. Again, from the relatively narrow perspective of modern allopathic medicine, this treatment might be viewed as specific. That is, if it has any effectiveness at all, it would be limited to specific symptoms directly associated with the manipulative therapy. For example, many M.D.s would concur that spinal adjustments could only be helpful in cases in which back pain (or some other spinal pathology) was the presenting problem.

The idea that a somatic dysfunction such as a subluxation could contribute to almost any diseased condition afflicting humankind is fundamental to the osteopathic tradition. This idea is viewed with suspicion, if not with outright derision, by mainstream physicians and researchers. The additional suggestion that OMT could effectively treat a wide range of disorders which do not have any apparent connection with somatic dysfunction is equally preposterous.

The renowned physiologist Irvin Korr has addressed this issue on numerous occasions. His extensive research and consistent declaration that OMT is relevant to the contemporary medical scene establish him as an authority on the subject of OMT and nonspecificity. For example, consider these statements which span over forty years of his distinguished career:

... there appears to be a de-emphasis of the specificity between the etiological agent on the one hand and the manifestations of the disease on the other. We see an approach to a unitary concept in which disease is conceived, not as the ef-

fect of this agent or that upon this organ or that, but rather as the reaction of the organism as a whole to noxious influences . . . The pattern—the character of the disease—is determined by the patient, and not by the offending or invading agent; the nervous system certainly has a key role in the organization of the patterns . . . (there is an) emphasis on the similarities among diseases rather than on their differences. “There are not illnesses; there are only ill people.” (Korr, 1948, p. 134)

As our survey has made quite clear, the degree of fullness of expression of the pattern behind the lesion complex is greatly influenced by a large variety of factors. These obviously include all the factors that distinguish one individual from another: the constitutional factors (another generic term behind which we vainly try to conceal ignorance), age, environment, past history, nutrition, emotions, personality, and many others. A given structural defect may produce no clinical manifestations in one individual and a serious one in another. A relatively quiescent lesion may suddenly, under a new set of circumstances, or gradually, as through the process of growing older, bring into manifestation the full latent pattern of processes and manifestations inherent in that part of the central nervous system. (Korr, 1951, in Peterson, 1979, p. 141)

This whole-person approach is at the heart of osteopathic medical care, its very essence . . .

In this regard . . . the osteopathic medical profession is at enormous advantage . . . Still caught up in the archaic concept of single, specific etiologies, too many D.O.s (doctors of osteopathy) in my experience have dismissed it as of questionable value for lack of “proof” that somatic dysfunction is “the cause” of this or that disease or of any disease.

What is overlooked in this perspective is the fact, demonstrated by research . . . and by skilled practice, that it is its etiological role in exaggerating the deleterious impact of other negative factors in and around the person, directing that impact to selected organs and tissues, and that through nervous and fluid channels, it impairs the regulatory, defensive, and healing mechanisms of the body. Because of the peculiar susceptibility of the human framework to compressive and torsional forces, somatic dysfunction has a high incidence in

humans, and a high potential for contributing to pathophysiological havoc. (Korr, 1990, pp. 829-830)

Reductionist biomedical research clings, although somewhat less tenaciously in recent years, to the concept of linear causality—one-way cause and effect relationships—and pursues the quest in medical research and practice for the specific cause and specific cure. In doing so, it overlooks the role of the patient, and of the immense and unique constellation of factors in and around the patient, in both pathogenesis and recovery. Even in infectious disease, in which “specific etiology” seems established, the pioneer in that field, Louis Pasteur, reminded us that the microbe proliferates only when the host has become too hospitable because of preexisting illness. Finally, reductionist, mechanistic medical research fails to see that when illness occurs, whatever the affected part, it is illness of the person. (Korr, 1991, p. 162)

Obviously, Korr is well aware of nonspecificity and its etiological and therapeutic implications. The recognition that many D.O.s have accepted the “archaic concept of single, specific etiology” and have abandoned OMT as a primary means of treating illness was noted earlier in this chapter. There does appear to be a resurgence of interest in the use of manipulative therapy by current osteopathic medical students. Perhaps this trend will translate into more practitioners who are willing to apply this modality in its traditional form.

Hopefully these examples from hydrotherapy and osteopathy will help to clarify what is meant by a nonspecific therapeutic modality. Many of the other therapies which were recommended in the readings were equally nonspecific. This is particularly true of the preventative measures which the readings stated would be helpful for everyone on a regular basis (i.e., the basic treatment plan). In this mode, everyone receives the same basic treatments and they are “good for whatever ails you.”

Nonspecific modalities recognize the body’s innate healing potential and seek to work with the body instead of doing warfare against it. They tend to be relatively inexpensive and safe. They employ natural healing processes. In their most general applications (in their preventative mode) they are not so much concerned with treating specific symptoms as they are with stimulating the body to become healthy so that the body’s own natural healing potential is

utilized. This is the essence of nonspecific therapeutic modalities.

In contrast, curative measures must be more specific because the body has lost some of its ability to heal itself. This increased specificity is evident in the recommendations for medications in these cases. The infrequent recommendation for surgery (which is an extremely specific modality) indicates the readings' flexibility in this matter. Thus, the readings did utilize specific modalities in certain cases—however, these were the exception rather than the rule. Even in these cases, the readings still insisted that all healing comes from within and that the treatments must seek to improve the body's instinctual striving for health.

Thus the use of relatively nonspecific modalities such as osteopathy and hydrotherapy required that the treatments be made quite specific to the individual's condition but not necessarily to the "disease" which is being treated. Hence in one individual suffering from major depression, the manipulative adjustments may focus on the upper dorsals and cervicals while another person suffering from similar symptoms with a comparable level of severity might require adjustment of the lower spine or deep manipulations of the abdomen or pelvis. The same osteopathic treatments which are appropriate for a person suffering from depression may be appropriate for other persons suffering from almost any other disease. Thus the modality is nonspecific while its application to each individual can be quite precise and specific.

This relates to the previous discussions of nonspecificity and comorbidity. A person suffering from depression and one or more other illnesses may benefit from the very same treatments. For example, an adjustment of a subluxation at the 9th dorsal may help to relieve the symptoms of depression while simultaneously treating a digestive disorder.

Nonspecificity does complicate the understanding and treatment of syndromes such as depression. Fortunately, there are perspectives such as the Cayce readings and the osteopathic literature which can make sense out of this confusion.

This discussion is not intended to convey the idea that there are no specific diseases or that specific interventions are totally inappropriate. It merely provides a context for understanding and treating complex disorders such as depression by clarifying the meaning of nonspecificity. Without doubt, there are patterns of pathology in depression. This is to be expected from a systems model; however, these patterns are complex. One must be careful about attaching

rigid diagnostic labels to them and administering “magic bullet” therapies which are considered as specific treatments for syndromes for which there are no specific causes.

In summary, specificity is more relevant in treating individual cases than in addressing broad, poorly defined syndromes such as depression. That is, applications should be specific to the conditions of each individual. It is important to utilize all the information available to tailor the treatment plan to meet the needs of each person. This is especially crucial when using curative treatments—they must be precise and explicit. This is the level at which specificity has clinical significance—at the level of each unique person. Clinicians can adapt the nonspecific modalities to the needs of each person—recognizing that the healing must come from within, the body does the healing.

Nonspecific modalities excel in their propensity for working with the body—in helping the body to heal itself. Nonspecific modalities can also become specific when the need arises (in the curative mode). Specific modalities tend not to be so flexible.

Try to imagine a drug company producing a medicine that would be good for any condition—that persons should take on a regular basis as a part of their health maintenance program. Or a surgical procedure that would be good for any condition—that everyone should have done. It certainly strains the imagination.

The quest for specificity is linked to modern lifestyles. We pay little attention to our bodies unless we are ill. When illness strikes, we want prompt relief. We want a physician to zero in the problem and provide the cure—a “quick fix.” Please don’t ask us to change the way we live. Please don’t prescribe treatments which work gradually by assisting the body to heal itself.

Yet this is what the Cayce readings suggest. This is what non-specificity is about.

Specific interventions should be reserved for cases where the body has lost its birthright of re-creating itself rather than as the treatment of first choice for every condition that comes along. Preventative measures should be used so that this birthright is not compromised. We must choose health as a lifestyle. When curative treatments are required, use the ones which help the body to establish and maintain equilibrium and coordination in its systems.

Nonspecificity is being discussed here in detail since it is so central to the Cayce readings. Nonspecificity is a natural product of complex systemic interactions. Without a basic understanding of

nonspecificity, much of the Cayce material may appear disjointed and improbable. With an appreciation of nonspecificity, the readings are not only plausible, but eminently practical in their description of pathology and their recommendations for treatment.

By understanding nonspecificity, individuals and clinicians are more likely to utilize therapeutic modalities which do not appear to be directly related to depression. If people don't see the connection between their depression and nonspecific modalities such as hydrotherapy or manual medicine, they will not invest the resources (both financial and personal) which these treatments require. Consequently, the treatments will be done halfheartedly or not at all. Likewise, if clinicians are unconvinced of the reality of nonspecific etiology and treatment, they tend to fall back on interventions such as medication and ECT which relieve symptoms by overpowering the body rather than working with it. Understanding the concept of nonspecificity provides therapeutic options. An appreciation of this important concept increases the chances that the techniques discussed in this chapter will be effectively applied.

7

Summary and Conclusion

Experience, physiology, and anatomy compose an ever-changing dynamic whole. It is this wholeness that is critical and can be best approached in general systems theory. It is necessary to develop new ways of thinking—new paradigms that will provide models to bring together the multitude of variables into a usable construct. The wholeness is necessary for comprehending and treating depression. (Freedman, 1989, p. 4)

DEPRESSION IS A complex phenomenon which requires an integrated approach. This is obvious, whether one is considering the extensive psychological and psychiatric literature or studying the Edgar Cayce readings on the subject. The perspective advocated in the preceding chapters has been designated as holistic and is one of the most comprehensive approaches currently available.

Integration is based upon the interconnectedness and interdependence of life. This fundamental interactivity (whether labeled holism, biopsychosocial, or whatever) results in nonspecificity at many levels. Nonspecificity is a stumbling block for many theorists

and researchers seeking tidy etiologies and clear-cut diagnostic categories for the various manifestations of psychopathology. The Cayce readings deal with nonspecificity by minimizing the importance of arbitrary diagnostic labels, preferring simply to describe in detail the pathological process. Thus, many of the etiological factors in depression are nonspecific (e.g., spinal subluxations, dysfunctional attitudes, etc.) and may result in a wide range of symptoms dependent upon the unique characteristics of each individual.

Furthermore, the readings' approach to treatment is generally nonspecific; that is, the same therapies are recommended for a wide range of disorders. The relatively limited range of therapeutic modalities suggested by Cayce is not due to a lack of creativity in developing novel interventions. Rather, it is due to the recognition that most illness results from systemic incoordination. Usually the body will heal itself naturally if given the opportunity. Therefore, most treatments are directed at helping the body to achieve balance and systemic coordination, in preference to simply relieving or suppressing specific symptoms.

The Etiology and Pathophysiology of Depression

The definition of depression used in the readings is literal. Depression is portrayed as a dampening or inhibiting of the visceral and peripheral systems. This depressive action may be the result of a breakdown in neurotransmission in the central nervous system (CNS) or between the CNS and autonomic nervous system (ANS). The nature of the pathology may be primarily biochemical, or biophysical with biochemical repercussions. In either case, an incoordination among the CNS, ANS, and viscera is produced. The net result is visceral and/or peripheral dysfunction and a host of somatic complaints. These complaints are either linked directly to the primary etiology (e.g., back pain if a spinal lesion or subluxation is the primary etiological factor) or to the systemic dysfunctions which result from the repression or depression of the visceral systems.

A variety of etiological factors can figure into the depressive process. Dysfunctional attitudes (particularly those that are self-condemning) and negative thought patterns were often cited in the readings as contributing to depression. Spiritual malaise could result from selfishness and loss of ideals leading to feelings of hopelessness and desolation. Physical factors such as toxemia, endocrine

dysfunction, spinal subluxations, and genetic vulnerability were commonly cited. In fact, in virtually all cases involving major depression, the physical dimension was prominent—both in etiology and treatment recommendations. This is consistent with the readings' tendency to regard major mental illnesses (particularly depression and schizophrenia) as having a strong physical component which must be addressed with somatic therapies.

The physical dimension of depression is also apparent in cases involving comorbidity. Comorbidity means that a person is suffering from more than one diagnosed condition. For example, persons suffering from medical disorders often experience significant depression.

Research indicates that such depression may be more than just a psychological reaction to a physical illness. It is becoming increasingly clear that the same pathophysiological conditions producing "medical" illness may also be contributing (or even causing) the depression. The readings are congruent with this perspective and provide many case studies which elaborate these systemic interactions. In contemporary clinical practice, depression in such cases often goes undiagnosed and untreated. When it is recognized, its role is usually devalued and a diagnosis of "secondary" depression applied.

The readings tend to avoid such designations and rely instead on a systems model. The underlying systemic dysfunctions are addressed by therapies which allow the body to heal itself. Hence, the "primary" and "secondary" symptoms are addressed from a holistic perspective.

The Therapeutic Model

The therapeutic model proposed in Chapter Four addresses the varying levels of severity and types of depression by combining a structured model with flexible options. The foundation of the model is the basic treatment plan.

The basic treatment plan consists of general health recommendations which the readings state would be helpful for everyone. These interventions are relatively nonspecific and are aimed at restoring and sustaining systemic coordination. The readings sometimes used the word preventative to describe these measures. Thus, this basic plan may also be useful as a maintenance program to promote healthy living and prevent relapse. This basic plan is designed

to address mild depression in its myriad forms.

For the more severe forms of depression, the basic treatment plan may be augmented with specific supplemental treatments. These treatments fall within the designation of curative measures and are more potent in their effects. Therefore, the assistance of a knowledgeable health care professional is essential for safe and effective treatment. Chapters Five and Six discussed the various treatments and their use in both the preventative and curative modes.

The therapeutic model recognizes the need for cooperation. Although most of the suggestions in the basic treatment plan involve lifestyle choices which are the responsibility of the individual, professional help is also important. For even with the preventative applications, the assistance of a knowledgeable health care practitioner is required for treatments such as manual medicine and hydrotherapy. As the model is adjusted for more severe cases, the emphasis shifts to increased professional involvement. Whereas the preventative measures involve a high degree of nonspecificity (the same treatments for everyone), curative treatments are corrective in nature and are usually more specific in their application for each individual. Thus the clinician wishing to use this approach must be very familiar with the Cayce material and knowledgeable about applying the treatments. The case studies in Chapter Three can serve as an introduction to the readings for practitioners seeking such information. Also, the principles and techniques in Chapters Five and Six provide general suggestions of how the various therapies can be applied.

Research Implications

While the present work has focused on the treatment of depression, there are obvious research implications in this material. At the conceptual level, the readings offer a comprehensive perspective from which to consider nosological enigmas such as heterogeneity and nonspecificity. At the biological level, the readings provide graphic descriptions of the pathophysiology of depression. At the psychological and psychosocial levels, the readings provide a glimpse into the interface of mind, body, and spirit—a holistic model which addresses fundamental issues of interest to the social scientist. Utilization of the readings does require an open mind and progressive attitude—qualities which are a necessity for any type of research.

It is not necessary to have a complete understanding of a disorder to provide helpful treatment (as is evident from current therapies for depression; we don't know how any of them work—and we don't actually know what depression is, for that matter). However, it does make sense to increase the level of knowledge, for this will certainly lead to more effective treatment. The Cayce readings may help to elucidate some of the key issues surrounding depression and increase our level of knowledge—if researchers are interested in studying the material.

Strengths and Weaknesses of This Approach

As has been emphasized throughout this work, a major strength of the Cayce approach is its comprehensiveness. The holistic emphasis of the readings touches every area of the human experience. With the recognition of the need for a more complete model of depression, the readings are a potential resource for those open to this progressive perspective. The readings address depression at all levels and provide practical treatment alternatives. This approach emphasizes health maintenance and is therefore inherently preventative. The economic benefits of an effective preventative model could be enormous. The natural remedies also tend to be safe with few harmful side effects.

The Cayce approach empowers the suffering individual by encouraging participation in the healing process. Choice and responsibility are emphasized through behavioral application of the principles and techniques of therapy.

The information in the readings may be helpful for those cases which do not respond to contemporary therapies. If the readings are accurate to any degree, mainstream psychiatric and psychological models are missing some key elements in the cause and treatment of depression. Take for example the role of somatic dysfunctions such as spinal subluxations. If such pathology does play a significant role in some cases of depression, it is to be expected that these cases would respond poorly (or not at all) to established psychiatric and psychotherapeutic treatments. If other possible etiological factors (e.g., endogenous toxemia, pineal involvement, etc.) are also considered, the potential contribution of the readings is sizable.

A disadvantage of trying to apply the Cayce recommendations is the lack of professional resources available to provide treatment.

Most M.D.s are not open to the information in the readings due to its source and the philosophical differences in the nature of healing and the role of the physician. Further, most osteopaths and chiropractors are unfamiliar with some of the therapeutic principles and techniques in the readings. Their professions have changed considerably in the intervening decades since Cayce's death. Hence, many clinicians are unfamiliar with the particulars of therapy which were commonplace when the readings were given. The A.R.E. does maintain a list of participating professionals who have varying degrees of expertise in applying the Cayce material. The author is also working on projects which will address key areas such as manual medicine and electrotherapy.

The case study approach utilized in the readings is not an empirical approach to validating the therapeutic model. Therefore, the anecdotal evidence of treatment efficacy scattered throughout the readings does not constitute scientific proof of this approach. Even this anecdotal evidence is sparse in many cases. The Cayce office was understaffed and found it difficult to keep up with the overwhelming correspondence. This was especially true near the end of Cayce's life when he was nationally recognized.

A degree of concurrent validity is provided by the osteopathic and chiropractic institutions of that era who were using very similar models and achieving notable results. But here again, there are only case studies. The resources for empirical research were not generally available to any of the institutions of that period. The same condition exists today. The therapeutic model presented in Chapter Four can be empirically tested by the same criteria used to evaluate other approaches. However, the financial resources necessary for such research are not currently available. Much of the funding for medical research comes directly or indirectly from drug companies. Obviously, such sources are not likely to fund research counter to their vested interests. Likewise, medical schools and universities are not likely to become involved in research designed to test the validity of information from a psychic diagnostician.

Thus, readers will have to use their own judgment as to the validity of the material. The congruency of the etiological and pathophysiological information in the readings is supportive of the integrity of the information. The common-sense approach of the readings is also in its favor. At this point in time, each person will have to decide for him/herself as to the usefulness of the Cayce readings on depression.

Conclusion

Even with the advances which have been made in research and clinical application, depression remains a devastating illness which takes its toll on millions of individuals. The information presented in the Cayce readings may make a significant contribution to the understanding and treatment of depression. It has been demonstrated that this information is generally congruent with the extensive depression literature and, in certain key respects, was decades ahead of its time.

As was stated in the introduction, the thesis of this book is that psychic readings of Edgar Cayce provide a plausible perspective on the etiology and treatment of depression and are therefore deserving of serious consideration by progressive health care professionals and laypersons concerned for their own wellness. Readers can judge for themselves the plausibility of this approach. Ultimately, the only meaningful criterion is its helpfulness to those suffering from depression.

Appendix A

Tables

TABLE 3.1
Cases of Depression in the Edgar Cayce Readings

49, 106, 116, 121, 153, 173, 202, 210, 241, 244, 272, 325, 331, 337, 365, 383, 392, 411, 434, 464, 480, 482, 540, 577, 583, 600, 601, 718, 734, 770, 802, 849, 850, 854, 899, 924, 942, 964, 987, 995, 1000, 1026, 1062, 1087, 1099, 1133, 1155, 1189, 1197, 1310, 1321, 1452, 1472, 1475, 1540, 1553, 1609, 1614, 1654, 1749, 1757, 1764, 1768, 1789, 1845, 1938, 1995, 2164, 2197, 2217, 2325, 2382, 2469, 2488, 2544, 2614, 2642, 2670, 2961, 3002, 3008, 3207, 3225, 3386, 3609, 3630, 3631, 3662, 3724, 3762, 3821, 3950, 3964, 3969, 3997, 4059, 4060, 4102, 4116, 4157, 4196, 4271, 4286, 4326, 4399, 4432, 4433, 4497, 4509, 4516, 4519, 4530, 4568, 4600, 4616, 4709, 4723, 4802, 4853, 4854, 5088, 5171, 5318, 5380, 5459, 5544, 5587, 5606, 5629, 5684

Note: Most of these cases were located with the assistance of the card index; a few were found while searching readings on various health subjects. There are undoubtedly many other cases scattered throughout the thousands of readings, many of which would probably be considered as secondary to a primary ailment.

TABLE 4.1

Basic Treatment Plan

MANUAL MEDICINE

general osteopathic or chiropractic treatments based upon clinical assessment and congruent with the osteopathic techniques in use during Cayce's era

MASSAGE

cycle: once per week

administration: using the Cayce/Reilly method

ELECTROTHERAPY

Radio-Active Appliance

cycle: use daily for 3-4 weeks, rest a week and resume cycle

administration: standard (alternate diagonal attachments around extremities)

DIET

basic alkaline-reacting diet (see diet recommendations in Chapter Six)

EXERCISE

moderate daily exercise, out of doors in the open

HYDROTHERAPY

drink plenty of pure water (at least 8 glasses each day)

colonics

cycle: once per week for 2 or 3 weeks; then at the change of the seasons

IDEALS EXERCISE

write down spiritual, mental, and physical ideals; apply them in daily living and modify list accordingly

VISUALIZATION

practice holding a mental image of health and well-being; be sure that the visualization is in line with your ideals

SERVICE TO OTHERS

keep in mind that it is the little things in daily activities that count most

PRAYER AND MEDITATION

on a daily basis; again, in line with your ideals

BIBLIOTHERAPY

read materials which you find inspirational

TABLE B.1

Readings Which Discuss Suicide in the Text of the Reading

136-54, 136-59, 136-70, 170-1, 288-6, 294-183, 314-1, 369-3, 417-1, 538-32, 900-311, 900-376, 908-6, 910-4, 911-7, 1175-1, 1468-6, 1506-1, 1554-3, 2540-1, 2897-1, 3415-1, 3503-1, 3538-1, 3662-1, 4242-1, 4432-1, 4853-1, 5056-1

TABLE B.2

Readings Which Discuss Suicide in the Background Information

136-12, 136-14, 136-21, 136-59, 136-61, 142-1, 165-21, 170-1, 275-11, 275-37, 275-41, 276-2, 295-1, 369-3, 369-4, 369-16, 378-17, 378-18, 378-19, 378-20, 378-21, 378-22, 378-23, 378-24, 378-25, 378-26, 378-27, 378-28, 378-29, 378-30, 378-31, 378-32, 378-33, 378-34, 378-35, 378-36, 378-37, 378-38, 378-39, 378-40, 378-41, 378-42, 378-43, 378-44, 378-45, 378-46, 378-47, 378-48, 378-49, 378-50, 391-1, 567-3, 654-5, 849-9, 885-1, 908-6, 910-3, 910-4, 911-7, 954-5, 1175-1, 1284-1, 1455-1, 1515-1, 1579-1, 1620-2, 1703-3, 1728-2, 1754-1, 1800-34, 1861-19, 1931-3, 2051-7, 2116-2, 2118-1, 2132-1, 2343-1, 2598-3, 2614-1, 2777-3, 2897-1, 2960-1, 3177-1, 3194-1, 3207-1, 3258-1, 3471-1, 3488-1, 3503-1, 3517-1, 3530-1, 3595-1, 3606-1, 3662-1, 3816-1, 4073-1, 4163-1, 4286-1, 4332-1, 4904-3

Appendix B

Suicide

THE CAYCE READINGS address the problem of suicide in a number of cases. Considering the high positive correlation between depression and suicide, a brief discussion of the subject may be helpful for those readers interested in this topic. A few readings have been selected which illustrate some of the main themes and TABLE B. 1 (Appendix A) contains a listing of the readings which discuss suicide.

As an example of the scope of these readings, consider this excerpt from the introduction section of reading 5125-1:

A new vibration! Very good. Quite an interesting fact about people born here (Bokhoma, Oklahoma). One out of 10 thousand would ever commit suicide. Something in the soil; get it between your toes and you'll never commit suicide. (5125-1)

This reference is completely out of context with the remainder of the reading and illustrates Cayce's penchant for describing the physical environment of the person seeking a reading. This excerpt

is significant since trace elements in the environment can affect human behavior. For example, in testing the water supply in certain parts of Texas, Schrauzer and Shrestha found elevated rates of suicide, murder, rape, and drug abuse in areas where the water supply contained no lithium (in Ferguson, 1991). Conversely, they detected low rates of these pathologies where lithium levels were high. Perhaps an adventurous researcher may wish to correlate suicide rates and soil trace minerals in Bokhoma, Oklahoma.

Advice for Dealing with Suicidal Tendencies

Selfishness is often cited in the readings as the driving force behind suicide. Four excerpts are provided which emphasize the importance of service to others and application of will in dealing with suicidal tendencies.

Q. How can I desire to live more than to die, especially during two weeks or more of every month?

A. It is known by the body that this condition has been allowed to gradually increase by not doing things the body should, and by doing many things the body should not . . . Hold fast to that thou knowest in self is able to OVERCOME these conditions! physically acting, physically doing those things that have been outlined that are conducive to inducing and producing the physical effects; and that which must be met mentally in torture of body, meet it with a SMILE! knowing that it can be—it must be—it WILL be overcome!

Q. When I desire death more than life, how can I use my will?

A. When desire for death and the desire for life is presented, what is it that makes the life go on? The will! The spiritual life, the essence of God itself! Would the body be so weak as to crucify that it worships, rather than that which is only tagged on—in desires?

Make thy life one with His love! When such desires, such thoughts, even, find lodgement, look about self and see the struggle so many souls are making to keep body and soul together. How has thou in any manner ministered to making their burden lighter?

In lightening the burden of another thine own is lightened twofold. In lightening the burdens of another the whole of will's power is strengthened manyfold.

Q. How can I desire to be well, to accomplish and to fight in spite of such inner and outward conditions, difficulties—family opposition, frustrations, etc.?

A. Only by the sheer will is there the desire to make beautiful the spirit of truth and life that gives animation to any desire of the body, the mind or the eye; and these conditions may only be met by that which has so oft been given: Not in self, but in the inner self—the God that speaks within, and in giving that, in thought, in act, in desire, for the welfare of others—NOT OF SELF! Become SELFLESS! and there will grow that which makes the body, the mind, STRONG—and able to meet every obstacle in the physical conditions, in the social surroundings, in the family circles, with a smile; knowing that “If my life is one with Him the rest matters not,” and mean it! and DO it! and BE it!

Q. What is life for and what is expected of me?

A. Use that thou hast to the glorifying not of self but of the Spirit that gives Life itself, that ye may be a companion with that source of Life that impels every thought, every desire, when not of a selfish nature.

Using that thou hast for the satisfying of self’s desires, self’s own troubles, self’s own conditions that arise, is being so self-centered as to destroy the good that may come to self. (911-7)

Q. Why is suicide considered wrong?

A. So long as there are those that depend upon the body! And how hath it been given? No man liveth to himself, no man dieth to himself. No man hath been so low that some soul hath not depended upon, relied upon same for strength.

Thus we find while there may be those experiences, these are rather of a selfish nature. (1175-1)

Q. Regarding M. Naville in Paris, who has considered suicide: What is the best way for me to help her?

A. Life is one; meeting self, opportunities. Not that line as of abuse to self or others but of MEETING self! That which has been used is well; keep it there. (1554-3)

Q. Why is the thought always with me to kill myself?

A. Self-condemnation. For, not enough of that seeking to manifest God’s will has been manifested. When this thought

occurs, let thy prayer be as indicated:

LORD, HERE AM I—THINE! USE ME IN THOSE WAYS AND MANNERS AS THOU SEEST, THAT I MAY EVER GLORIFY THEE. (2540-1)

The Physical Dimension of Suicide

There are several cases where the readings provide explicit descriptions of physical pathology which is linked to suicidal tendencies. Two cases are cited here. The first involves the pineal system and contains some interesting treatment recommendations for combining psychotherapy (suggestive therapeutics) and manual medicine. The second excerpt is less explicit in its pathophysiology, however the importance of physical treatment to correct the underlying pathology is emphasized.

Yes—Now, we find there are many abnormal conditions in this body, and from the pathological study of same there much might be gained into how the physical, spiritual and mental of the body, physical, occupy that one and same body, and in how these function through the system. However, this, as we see, needs the attention of the psychotherapist, for the physical, the mental, must both be considered in bringing any physical help to this body, for the hallucinations as come for the body to destroy self comes from that as is received through physical condition as has been brought to the body, through conditions that affect directly the nerve plasm in its attempt to rebuild incentive in cellular active force in system. Hence, the physical mental mind of the body must be submerged, as the treatments are accorded the system. These, we see, have to do with the Littre (Leydig) gland, or with the genitive system, and affects directly the pineal gland and these, in their turn, affect (occasionally, when there is the spasmodic reactions through the sympathetic system) the lacteal; that is, the digestive system (as is seen in the body; how it refuses conditions for help for self); also gives to the brain centers, in the glands, those improper reactions to that known in the physical sense as improper conduct, mode or act, see? Then, such an one that is a psychotherapist, or mechano- and psychotherapist, with the ability of manipulating (osteopathic manipulations) at the same time, relieving the pressure in these various centers

along the spine, would find the body would react with animal magnetism, see? also with the physical, spiritual and mental. Such an one as A. C. Layne, Griffin, Ga., see? treatments there, or by that individual, for the individual fully capable of directing the full; though he may give the psychoanalytical, and psychotherapeutic, the physical may not be given by this entity; yet the treatments may be accorded the body while under the control of that body.

Then, we would suggest as this: Either through such an one receive conditions for the body or else very bad—three to six months. (4242-1)

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

A. The natural tendency of the gnawing from within, and the natural pressure created in the upper portion of system from same, distorts the view of the body, as well as those of depressions from the associations about same, but with a physical outlook changed, the whole outlook of body—mentally and physically—will also be changed. Will these (treatments) but be applied, we will see great changes in this body, mentally and physically, in three weeks. Not perfectly well, no—for then, as has been given, there should be a change in the physical outlook, or a change in the physical surroundings for a time. (5437-1)

The Transpersonal Dimension of Suicide

Case (369) is an excellent example of the apparent effects of past-life suicide. This woman's first life reading (369-3) indicates that she committed suicide in a previous incarnation in Persia. The act was purely selfish and left her only young child in a hostile environment. Gina Cerminara, in her book *Many Mansions*, comments:

The reading indicates that the mother (369 in her previous incarnation) committed suicide only because she so fiercely resented being subject to another's will; and "the entity lost through this experience, to the low dreg of taking its life only to satisfy self—not in self-defense or in defense of principle or country." Further details the reading does not give; but one reads between the lines here and senses that she was proud,

haughty, arrogant, self-willed, and that she destroyed herself rather than suffer humiliation to her ego. (Cerminara, 1950, pp. 133-134)

In the present life, Ms. (369) had difficulties relating to men and dearly wanted to have a child. Her marriage late in life was disastrous and she never had the child she desired due to problems in her reproductive system. She experienced many episodes of depression and anxiety over the years and often contemplated suicide. In 1948 a prefrontal lobotomy was performed and apparently helped to relieve the anxiety. In 1957 she was found dead in her car with the garage door closed, gas tank empty, and the ignition on. This is a fascinating case and Cerminara's account is well worth reading in its entirety. The readings contain several fascinating examples of the transpersonal dimension of suicide for those readers interested in pursuing this topic.

References

- Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, 87*, 49-74.
- Akiskal, H. S. (1989). New insights into the nature and heterogeneity of mood disorders. *Journal of Clinical Psychiatry, 50*(5), (supplement), 6-10.
- Alloy, L. B., Abramson, L. Y., Metalsky, G. I., & Hartlage, S. (1988). The hopelessness theory of depression: Attributional aspects. *British Journal of Clinical Psychology, 27*, 4-21.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed. revised). Washington, DC: American Psychiatric Association.
- Andreasen, N. C., Rice, J., Endicott, J., Coryell, W., Grove, W. M., & Reich, T. (1987). Familial rates of affective disorder. *Archives of General Psychiatry, 44*, 461-469.
- Andreasen, N. C., Swayze, V., Flaum, M., Alliger, R., & Cohen, G. (1990). Ventricular abnormalities in affective disorder: Clinical and demographic correlates. *American Journal of Psychiatry, 147*(7), 893-900.
- Andreasen, N. C., & Winokur, G. (1979). Secondary depression: Familial, clinical, and research perspectives. *American Journal of Psychiatry, 136*(1), 62-66.
- Arendt, J. (1988). Melatonin. *Clinical Endocrinology, 29*, 205-229.
- Barnett, P. A., & Gotlib, I. H. (1988). Psychosocial functioning and depression: Distinguishing among antecedents, concomitants, and consequences. *Psychological Bulletin, 104*(1), 97-126.
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press, Inc.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 4*, 561-571.
- Benassi, V. A., Sweeney, P. D., & Dufour, C. L. (1988). Is there a relation between locus of control orientation and depression? *Journal of Abnormal Psychology, 97*(3), 357-367.
- Berger, B. G., & Owen, D. R. (1983). Mood alteration with swimming—Swimmers really do “feel better.” *Psychosomatic Medicine, 45*(5), 425-433.

- Blehar, M. C., & Rosenthal, N. E. (1989). Seasonal affective disorders and phototherapy. *Archives of General Psychiatry*, *46*, 469-474.
- Blehar, M. C., Weissman, M. M., Gershon, E. S., & Hirschfield, R. M. A. (1988). Family and genetic studies of affective disorders. *Archives of General Psychiatry*, *45*, 289-292.
- Bockoven, J. S. (1963). *Moral treatment in American psychiatry*. New York: Springer Publishing.
- Bolduc, H. L. (1985). *Self-hypnosis: Creating your own destiny*. Virginia Beach, VA: A.R.E. Press.
- Bolton, B. (1969). *Edgar Cayce speaks*. New York: Avon Books.
- Boyd, J. H., & Weissman, M. M. (1981). Epidemiology of affective disorders. *Archives of General Psychiatry*, *38*, 1039-1046.
- Brantingham, J. W. (1986). Still and Palmer: The impact of the first osteopath and the first chiropractor. *Chiropractic History*, *6*, 19-22.
- Breslau, N., & Meltzer, H. Y. (1988). Validity of subtyping psychotic depression: Examination of phenomenology and demographic characteristics. *American Journal of Psychiatry*, *145*(1), 35-40.
- Brewin, C. R. (1985). Depression and causal attributions: What is their relation? *Psychological Bulletin*, *98*(2), 297-309.
- Bro, H. H. (1990). *A seer out of season*. New York: Penguin Books.
- Brockington, I. F., Cernik, K. F., Schofield, E. M., Downing, A. R., Francis, A. F., & Keelan, C. (1981). Puerperal psychosis. *Archives of General Psychiatry*, *38*, 829-833.
- Brown, R. P., Kocsis, J. H., Caroff, S., Amsterdam, J., Winokur, A., Stokes, P. E., & Frazier, A. (1985). Differences in nocturnal melatonin secretion between melancholic depressed patients and control subjects.
- Button, J. C. (1936 September). An osteopathic interpretation of mental and nervous diseases. An unpublished paper presented to the Missouri Association of Osteopathic Physicians and Surgeons, Macon, MO.
- Callan, J. P. (1979). Holistic health or holistic hoax? *Journal of the American Medical Association*, *241*(11), 1156.
- Calvert, R. (1989). Massage and chiropractic: A healing partnership. *The Digest of Chiropractic Economics*, 37-40.
- Cameron, O. G. (1990). Guidelines for diagnosis and treatment of depression in patients with medical illness. *Journal of Clinical Psychiatry*, *51*(7), (supplement), 49-54.

- Caplin, R. B. (1969). *Psychiatry and the community in nineteenth-century America*. New York: Basic Books, Inc.
- Carney, R. M., Freedland, K. E., Ludbrook, P. A., Roger D. Saunders, & Jaffe, A. S. (1990). Major depression, panic disorder, and mitral valve prolapse in patients who complain of chest pain. *The American Journal of Medicine, 89*, 757-760.
- Carroll, B. J., Greden, J. F., & Feinberg, M. (1980). Neuroendocrine disturbances and the diagnosis and aetiology of endogenous depression. *The Lancet, 321*-322.
- Cayce, C. T. (1978, January). Concerning a physical basis for mental illness. Paper presented at the Medical Symposium, A.R.E. Clinic, Phoenix, Arizona. Available as Child Development Series, No. 9, A.R.E., Virginia Beach, VA.
- Cayce, J. G. (1973). *Osteopathy: Comparative concepts—A. T. Still and Edgar Cayce*. Virginia Beach, VA: Edgar Cayce Foundation.
- Cerminara, G. (1950). *Many mansions: The Edgar Cayce story of re-incarnation*. Signet: New York.
- Chen, C. (1979). Sleep, depression and antidepressants. *British Journal of Psychiatry, 135*, 385-402.
- Chung, M. K., & Kraybill, D. E. (1990). Headache: A marker of depression. *The Journal of Family Practice, 31*(4), 360-364.
- Chung, Y. S., & Daghestani, A. N. (1989). Seasonal affective disorder: Shedding light on a dark subject. *Postgraduate Medicine, 86*(5), 309-314.
- Clayton, P. J. (1990). Bereavement and depression. *Journal of Clinical Psychiatry, 51*(7), (supplement), 34-40.
- Clouse, R. E., & Lustman, P. J. (1983). Psychiatric illness and contraction abnormalities of the esophagus. *The New England Journal of Medicine, 309*(22), 1337-1342.
- Colgan, S. M., Scholfield, P. M., Whorwell, P. J., Bennett, D. H., Brooks, N. H., & Jones, P. E. (1988). Angina-like chest pain: A joint medical and psychiatric investigation. *Postgraduate Medical Journal, 64*, 743-746.
- Cottingham, J. T. (1985). *Healing through touch*. Boulder, CO: Rolf Institute.
- Coulehan, J. L., Schulberg, H. C., Block, M. R., Janosky, J. E., & Arena, V. C. (1990). Medical comorbidity of major depressive disorder in a primary medical practice. *Archives of Internal Medicine, 150*, 2363-2367.

- Coyne, J. C., & Gotlib, I. H. (1983). The role of cognition in depression: A critical appraisal. *Psychological Bulletin*, *94*(3), 472-505.
- Cyriax, J. (1977). Deep massage. *Physiotherapy*, *63*(2), 60-61.
- Cyriax, J. (1980). Clinical applications of massage. In J. B. Rogoff (Ed.), *Manipulations, traction and massage* (pp. 152-169). Baltimore: Williams & Wilkins.
- Dalack, G. W., & Roose, S. P. (1990). Perspectives on the relationship between cardiovascular disease and affective disorder. *Journal of Clinical Psychiatry*, *51*(7), (supplement), 4-9.
- Dennerstein, L., Judd, F., & Davies, B. (1983). Psychosis and the menstrual cycle. *The Medical Journal of Australia*, *5*, 524-526.
- Depue, R. A., & Monroe, S. M. (1978). Learned helplessness in the perspective of the depressive disorders: Conceptual and definitional issues. *Journal of Abnormal Psychology*, *87*(1), 3-20.
- Dobson, K. S. (1988). The present and future of the cognitive-behavioral therapies. In K. S. Dobson (Ed.), *Handbook of cognitive-behavioral therapies*. New York: Guilford Press.
- Doyme, E. J., Chambless, D. L., & Beutler, L. E. (1983). Aerobic exercise as a treatment for depression in women. *Behavior Therapy*, *14*, 434-440.
- Drossman, D. A., Powell, D. W., & Sessions, J. T. (1977). The irritable bowel syndrome. *Gastroenterology*, *73*, 811-822.
- Duggan, J. & S. (1989). *Massage, hydrotherapy & healing oils*. Inner Vision Publishing Company: Virginia Beach: VA.
- Dworkin, S. F., Von Korff, M., & LeReshe, L. (1990). Multiple pains and psychiatric disturbance: An epidemiologic investigation. *Archives of General Psychiatry*, *47*, 239-244.
- Ebadi, M. (1984). Regulation of the synthesis of melatonin and its significance to neuroendocrinology. In R. J. Reiter, (Ed.). *The pineal gland*(1-38). New York: Raven Press.
- Educational Council on Osteopathic Principles. (1990). *Glossary of Osteopathic Terminology*. Kirksville, MO: Printed by KCOM (Kirksville College of Osteopathic Medicine).
- Ehlers, C. L., Frank, E., & Kupfer, D. J. (1988). Social Zeitgebers and biological rhythms: A unified approach to understanding the etiology of depression. *Archives of General Psychiatry*, *45*, 948-952.
- Elkin, I., Shea, T., Watkins, J. T., Imber, S. D., Sotsky, S. M., Collins, J. F., Glass, D. R., Pilkonis, P. A., Leber W. R., Docherty, J. P., Fiester,

- S. J., & Morris, B. P. (1989). National Institute of Mental Health Treatment of Depression Collaborative Research Program: General effectiveness of treatments. *Archives of General Psychiatry*, *46*, 971-983.
- Ellis, A. (1962). *Reason and emotion in psychotherapy*. New York: Lyle Stuart.
- Emrich, H. M., Zihl, J., Raptis, C., & Wendl, A. (1990). Reduced Dark-Adaptation: An indication of lithium's neuronal action in humans. *American Journal of Psychiatry*, *147*(5), 629-631.
- Engel, G. L. (1980). The clinical application of the biopsychosocial model. *The American Journal of Psychiatry*, *137*(5), 535-544.
- Ensel, W. M. (1982). The role of age in the relationship of gender and marital status to depression. *The Journal of Nervous and Mental Disease*, *170*(9), 536-543.
- Fink, M. (1980). A neuroendocrine theory of convulsive therapy. *Trends in Neuroscience*, 25-27.
- Finkelstein, H. (1988). The long-term effects of early parent death: A review. *Journal of Clinical Psychology*, *44*(1), 3-9.
- Fitten, L. J., Morley, J. E., Gross, P. L., Petry, S. D., & Cole, K. D. (1989). Depression. *Journal of the American Geriatric Society*, *37*(5), 459-472.
- Fogel, B. S. (1990). Major depression versus organic mood disorder: A questionable distinction. *Journal of Clinical Psychiatry*, *51*(2), 53-56.
- Folkins, C. H., & Sime, W. E. (1981). Physical fitness training and mental health. *American Psychologist*, *36*(4), 373-389.
- Freedman, A. M. (1989). Overview: Depression in health and illness. *Journal of Clinical Psychiatry*, *50*(5), (supplement), 3-5.
- Fremont, J., & Craighead, L. W. (1987). Aerobic exercise and cognitive therapy in the treatment of dysphoric moods. *Cognitive Therapy and Research*, *11*(2), 241-251.
- Garvey, M. J., Schaffer, L. B., & Tuason, V. B. (1983). Relationship of headaches to depression. *British Journal of Psychiatry*, *143*, 544-547.
- Gerber, R. (1988). *Vibrational medicine*. Santa Fe, NM: Bear and Co.
- Gilligan, S. (1987). *Therapeutic trances*. New York: Brunner/Mazel, Inc.
- Gitlin, M. J., & Pasnau, R. O. (1989). Psychiatric syndromes linked to reproductive function in women: A review of current knowl-

- edge. *American Journal of Psychiatry*, 146, 1413-1422.
- Gold, P. W., Goodwin, F. K., & Chrousos, G. P. (1988a). Clinical and biochemical manifestations of depression: Relation to the neurobiology of stress (Part I). *The New England Journal of Medicine*, 319(6), 348-353.
- Gold, P. W., Goodwin, F. K., & Chrousos, G. P. (1988b). Clinical and biochemical manifestations of depression: Relation to the neurobiology of stress (Part II). *The New England Journal of Medicine*, 319(7), 413-420.
- Goldberg, E. L., Comstock, G. W., & Hornstra, R. K. (1979). Depressed mood and subsequent physical illness. *American Journal of Psychiatry*, 136(4B), 530-534.
- Gotlib, I. H., & Whiffen, V. E. (1989). Depression and marital functioning: An examination of specificity and gender differences. *Journal of Abnormal Psychology*, 98(1), 23-30.
- Griest, J. H., Klein, M. H., Eischens, R. R., Faris, J., Gurman, A. S., & Morgan, W. P. (1979). Running as treatment for depression. *Comprehensive Psychiatry*, 20(1), 41-54.
- Grunhaus, L. (1988). Clinical and psychobiological characteristics of simultaneous panic disorder and major depression. *American Journal of Psychiatry*, 145(10), 1214-1221.
- Gulledge, A. D., & Calabrese, J. R. (1988). Diagnosis of anxiety and depression. *Medical Clinics of North America*, 72(4), 753-763.
- Hagnell, O., Lanke, J., Rorsman, B., & Ojesjo, L. (1982). Are we entering an age of melancholy? Depressive illnesses in a prospective epidemiological study over 25 years: The Lundby Study, Sweden. *Psychological Medicine*, 12, 279-289.
- Hamilton, J. A., Gallant, S., & Lloyd, C. (1989). Evidence for a menstrual-linked artifact in determining rates of depression. *The Journal of Nervous and Mental Disease*, 177(6), 359-365.
- Hammen, C., Marks, T., Mayol, A., & deMayo R. Depressive self-schemas, life stress, and vulnerability to depression. *Journal of Abnormal Depression*, 9(3), 308-319.
- Hardin, J. G. (1989). Rheumatoid arthritis therapy: The slow-acting agents. *Hospital Practice*, 163-173.
- Haskell, W. L., & Superko, R. (1984). Designing an exercise plan for optimal health. *Family and Community Health*, 72-88.
- Havens, R. (1985). *The wisdom of Milton Erickson*. New York: Irvington Publishers.

- Healey, W. V., Khan, A., & Noonan, C. (1990). Major depression with psychosis: Demographic, phenomenological, and outcome characteristics in one hospitalized population. *The Journal of Nervous and Mental Disease*, 178(11), 722-723.
- Heimann, H. (1985). Specificity and nonspecificity—a major problem in biologically oriented psychopathology. *Psychopathology*, 18, 82-87.
- Hildreth, A. G. (1929). Fifteen years at Still-Hildreth. *The Journal of Osteopathy*, 518-521.
- Hildreth, A. G. (1930). Toxicity in psychoses and psychoneuroses. *The Journal of the American Osteopathic Association*, 399-402.
- Hildreth, A. G. (1938). *The lengthening shadow of Dr. Andrew Taylor Still* (3rd ed.). Kirksville, Missouri: Osteopathic Enterprises, Inc.
- Huxley, A. (1944). *The perennial philosophy*. New York: Harper & Row.
- Jahnke, R. (1986). Choosing body therapies for good health. *Venture Inward*, 2(2), 41-45.
- Jahnke, R. (1990). Qigong: Awakening and mastering the profound medicine that lies within. *Newsletter of the International Society for the Study of Subtle Energies and Energy Medicine*, 3, 3-7.
- Jarrett, R. B. (1990). Psychosocial aspects of depression and the role of psychotherapy. *Journal of Clinical Psychiatry*, 51(6), (supplement), 26-38.
- Jefferson, J. W. (1990). Lithium: The present and the future. *Journal of Clinical Psychiatry*, 51(8), (supplement), 4-8.
- Karp, R. A. (1986). *Edgar Cayce encyclopedia of healing*. New York: Warner Books, Inc.
- Katerndahl, D. A. (1981). Nonpsychiatric disorders associated with depression. *The Journal of Family Practice*, 13(5), 619-624.
- Kathol, R. G., Jaeckle, R. S., Lopez, J. F., & Meller, W. H. (1989). Pathophysiology of HPA axis abnormalities in patients with major depression: An update. *American Journal of Psychiatry*, 146(3), 311-317.
- Katon, W., Hall, M. L., Russo, J., Cormier, L., Hollifield, M., Vitaliano, P. P., & Beitman, B. D. (1988). Chest pain: Relationship of psychiatric illness to coronary arteriographic results. *The American Journal of Medicine*, 84(1), 1-9.
- Katon, W., Kleinman, A., & Rosen, G. (1982). Depression and somatization: A review. *The American Journal of Medicine*, 72, 127-134.

- Kayton, W., & Sullivan, M. D. (1990). Depression and chronic medical illness. *Journal of Clinical Psychiatry, 51*(6), 3-14.
- Keitner, G. I., & Miller, I. W. (1990). Family functioning and major depression: An overview. *American Journal of Psychiatry, 147*(9), 1128-1137.
- Keitner, G. I., Ryan, C. E., Miller, I. W., Kohn, R., & Epstein, N. B. (1991). 12-month outcome of patients with major depression and comorbid psychiatric or medical illness (compound depression). *American Journal of Psychiatry, 148*(3), 345-350.
- Keller, K. E. (1983). Dysfunctional attitudes and the cognitive therapy for depression. *Cognitive Therapy and Research, 7*(5), 437-444.
- Keller, M. B. (1989). Current concepts in affective disorders. *Journal of Clinical Psychiatry, 50*(5), 157-162.
- Kellner, R. (1987). Hypochondriasis and somatization. *Journal of the American Medical Association, 258*(19), 2718-2722.
- Kendell, R. E. (1976). The classification of depressions: A review of contemporary confusion. *British Journal of Psychiatry, 129*, 15-28.
- Kendler, K. S., Heath, A. C., Martin, N. G., & Eaves, L. J. (1987). Symptoms of anxiety and symptoms of depression: Same genes, different environments? *Archives of General Psychiatry, 44*, 451-457.
- Kocsis, J. H., & Frances, A. J. (1987). A critical discussion of DSM-III Dysthymic Disorder. *American Journal of Psychiatry, 144*(12), 1534-1542.
- Korr, I. (1947). The neural basis of the osteopathic lesion. *The Journal of the American Osteopathic Association, 47*, 191-198.
- Korr, I. (1948). The emerging concept of the osteopathic lesion. *The Journal of the American Osteopathic Association, 48*, 127-138.
- Korr, I. (1979, October). The spinal cord as organizer of disease processes: The peripheral autonomic nervous system. *The Journal of the American Osteopathic Association, 82*-90.
- Korr, I. (1990). Osteopathic medicine: The profession's role in society. *The Journal of the American Osteopathic Association, 90*(9), 824-837.
- Korr, I. (1991). Osteopathic research: The needed paradigm shift. *The Journal of the American Osteopathic Association, 91*(2), 156-171.
- Kreamer, P. (1986). There's the rub: Massage goes hand in hand with better running. *The Runner*, p. 22.
- Kripke, D. F., & Risch, S. C. (1986). Therapeutic effects of bright light

- in depressed patients. *Annals of the New York Academy of Science*, 453, 270-281.
- Latimer, P., Sarna, S., Campbell, D., Latimer, M., Waterfall, W., & Daniel, E. E. (1981). Colonic motor and myoelectrical activity: A comparative study of normal subjects, psychoneurotic patients, and patients with irritable bowel syndrome. *Gastroenterology*, 80, 893-901.
- Lewinsohn, P. M., Steinmetz, J. L., Larson, D. W., & Fanklin, J. (1981). *Journal of Abnormal Psychology*, 90(3), 213-219.
- Lewy, A. J., Wehr, T. A., Gold, P. W., & Goodwin, F. K. (1979). Plasma melatonin in manic-depressive illness. In E. Usdin, I. J. Kopin & J. Barchas (Eds.). *Catecholamines: Basic and Clinical Frontiers*, vol II (pp. 1173-1175). Oxford: Pergamon Press.
- Lewy, A. J., Wehr, T. A., Goodwin, F. K., Newsome, D., & Rosenthal, N. E. (1981). Manic-depressive patients may be supersensitive to light. *Lancet*, 383-384.
- Licht, S. (1983a). Therapeutic electricity. In Stillwell, G. K. (ed.), *Therapeutic electricity and ultraviolet radiation* (1-64). Baltimore, MD: Williams & Wilkins.
- Licht, S. (1983b). History of ultraviolet therapy. In Stillwell, G. K. (ed.), *Therapeutic electricity and ultraviolet radiation* (174-193). Baltimore, MD: Williams & Wilkins.
- Lopez-Ibor, J. J. (1990). The spectrum of mood disorders. *Journal of Clinical Psychiatry*, 51(9), (supplement), 62-64.
- Maas, J. W. (1979). Neurotransmitters and depression: Too much, too little, or too unstable? *Trends in Neuroscience*, 306-308.
- Massie, M. J., & Holland, J. C. (1990). Depression and the cancer patient. *Journal of Clinical Psychiatry*, 51(7), (supplement), 12-19.
- Maton, K. I. (1989). The stress-buffering role of spiritual support: Cross-sectional and prospective investigations. *Journal for the Scientific Study of Religion*, 28(3), 310-323.
- Mayeux, R. (1990). Depression in the patient with Parkinson's disease. *Journal of Clinical Psychiatry*, 51(7), (supplement), 20-25.
- McGarey, W. A. (1983a). *Physician's reference notebook*. Virginia Beach, VA: A.R.E. Press.
- McGarey, W. A. (1983b). *The Edgar Cayce remedies*. New York: Bantam Books.
- McGarey, W. A. (1993). *The oil that heals*. Virginia Beach, VA: A.R.E. Press.

- McLean, P. D., & Hakstian, A. R. (1979). Clinical depression: Comparative efficacy of outpatient treatments. *Journal of Consulting and Clinical Psychology, 47*(5), 818-836.
- McMillin, D. L. (1991a). *The treatment of schizophrenia*. Virginia Beach, VA: LifeLine Press.
- McMillin, D. L. (1991b). *Case studies in depression*. Virginia Beach, VA: LifeLine Press.
- Meichenbaum, D. (1977). *Cognitive-behavior modification*. New York: Plenum.
- Mein, E. (1989). *Keys to health: The promise and challenge of holism*. San Francisco: Harper & Row.
- Melges, F. T., & Bowlby, J. (1969). Types of hopelessness in psychopathological process. *Archives of General Psychiatry, 20*, 690-698.
- Merikangas, K. R., Weissman, M. M., & Pauls, D. L. (1985). Genetic factors in the sex ratio of major depression. *Psychological Medicine, 15*, 63-69.
- Miles, A., & Philbrick, D. R. (1988). Melatonin and psychiatry. *Biological Psychiatry, 23*, 405-425.
- Milic, J., Bajic, M., & Brakus V. (1988). Morphodynamic reactive response of the pineal gland of rats chronically exposed to stable strong magnetic field. *Neuroscience, 26*(3), 1083-1092.
- Miller, B. F., & Keane, C. B. (1972). *Encyclopedia and dictionary of medicine and nursing*. London: W. B. Saunders Company.
- Miller, I. W., Norman, W. H., & Keitner, G. I. (1989). Cognitive-behavioral treatment of depressed inpatients: Six-and twelve-month follow-up. *American Journal of Psychiatry, 146*(10), 1274-1279.
- Morris, J. B., & Beck, A. T. (1974). The efficacy of anti-depressant drugs. *Archives of General Psychiatry, 30*, 667-674.
- Morris, P. A. (1982). The effect of pilgrimage on anxiety, depression and religious attitude. *Psychological Medicine, 12*, 291-294.
- Morris, S. J., & Kanfer, F. H. (1983). Altruism and depression. *Personality and Social Psychology Bulletin, 9*(4), 567-577.
- Murphy, G. E., Simons, A. D., Wetzel, R. D., & Lustman, P. J. (1984). Cognitive therapy and pharmacotherapy. *Archives of General Psychiatry, 41*, 33-41.
- Murphy, J. M., Monson, R. R., Oliver, D. C., Sobol, A. M., & Leighton, A. H. (1987). Affective disorders and mortality: A general population study. *Archives of General Psychiatry, 44*, 473-480.

- Murray, J. B. (1989). Geophysical variables and behavior: LVII. Seasonal affective disorder and phototherapy. *Psychological Reports, 64*, 787-801.
- Nemeroff, C. B. (1989). Clinical significance of psychoneuroendocrinology in psychiatry: Focus on the thyroid and adrenal. *Journal of Clinical Psychiatry, 50*(5), (supplement), 13-20.
- Nierenberg, A. A., & Amsterdam, J. D. (1990). Treatment-resistant depression: Definition and treatment approaches. *Journal of Clinical Psychiatry, 51*(6), (supplement), 39-50.
- Nolen-Hoeksema, S. (1987). Sex differences in unipolar depression: Evidence and theory. *Psychological Bulletin, 101*(2), 259-282.
- O'Connell, R. A., & Mayo, J. A. (1981). Lithium: A biopsychosocial perspective. *Comprehensive Psychiatry, 22*(1), 87-93.
- Olinger, L. J., Kuiper, N. A., & Shaw, B. F. (1987). Dysfunctional attitudes and stressful life events: An interactive model of depression. *Cognitive Therapy and Research, 11*(1), 25-40.
- Overmier, J. B., & Seligman, M. E. P. (1967). Effects of inescapable shock upon subsequent escape and avoidance learning. *Journal of Comparative and Physiological Psychology, 63*, 23-33.
- Pagano, J. (1987). Chiropractic: Beyond back pains. *Venture Inward, 3*(4), 13-17.
- Parmelee, P. A., Katz, I. R., & Lawton, M. P. (1989). Depression among institutionalized aged: Assessment and prevalence estimation. *Journal of Gerontology, 44*(1), M22-29.
- Paul, S. M. (1988). Anxiety and depression: A common neurobiological substrate? *Journal of Clinical Psychiatry, 49*(10), suppl., 13-15.
- Perry, G., & Brewin, C. R. (1988). Cognitive style and depression: Symptom-related, event-related or independent provoking factor? *British Journal of Clinical Psychology, 27*, 23-35.
- Perry, S. (1990). Combining antidepressants and psychotherapy: Rationale and strategies. *Journal of Clinical Psychiatry, 51*(1), suppl., 16-20.
- Peterson, B. (ed.). (1979). *The collected papers of Irvin M. Korr*. Colorado Springs, CO: American Academy of Osteopathy.
- Peterson, C., & Seligman, M. E. (1984). Causal explanations as a risk factor for depression: Theory and evidence. *Psychological Review, 91*(3), 347-374.
- Puryear, H. B. (1982). *The Edgar Cayce primer*. New York: Bantam.

- Puryear, H. B., & Thurston, M. A. (1987). *Meditation and the mind of man*. Virginia Beach, VA: A.R.E. Press.
- Quigley, W. H. (1973). Physiological psychology of chiropractic. In H. S. Schwartz (Ed.), *Mental health and chiropractic* (pp. 108-118). New York: Sessions Publishers.
- Quigley, W. H. (1983). Pioneering mental health: Institutional psychiatric care in chiropractic. *Chiropractic History*, 3(1), 69-73.
- Reilly, H. J., & Brod, R. H. (1975). *The Edgar Cayce handbook for health through drugless therapy*. Virginia Beach, VA: A.R.E Press.
- Restak, R. M. (1989). The brain, depression, and the immune system. *Journal of Clinical Psychiatry*, 50(5), (supplement), 23-25.
- Robinson, R. G., Morris, P. L., & Fedoroff, J. P. (1990). Depression and cerebrovascular disease. *Journal of Clinical Psychiatry*, 51(7), (supplement), 26-33.
- Romano, J. M., & Turner, J. A. (1985). Chronic pain and depression: Does the evidence support a relationship? *Psychological Bulletin*, 97(1), 18-34.
- Rosenthal, N. E., Sack, D. A., Gillin, J. C., Lewy, A. J., Goodwin, F. K., Davenport, Y., Mueller, P. S., Newsome, D. A., & Wehr, T. A. (1984). Seasonal affective disorder. A description of the syndrome and preliminary findings with light therapy. *Archives of General Psychiatry*, 41, 72-79.
- Rothschild, A. J. (1988). Biology of depression. *Medical Clinics of North America*, 72(4), 765-790.
- Rubin, L. B. (1985). *Just friends*. New York: Harper & Row.
- Rush, A. J. (1990). Problems associated with the diagnosis of depression. *Journal of Clinical Psychiatry*, 51(6), 15-25.
- Sacheim, H. A., Prohovnik, I., Moeller, J. R., Brown, R. P., Apter, S., Prudic, J., Devanand, D. P., & Mukherjee, S. (1990). Regional cerebral blood flow in mood disorders. *Archives of General Psychiatry*, 47, 60-70.
- Salzman, C., & Shader, R. I. (1978). Depression in the elderly. I. Relationship between depression, psychologic defense mechanisms and physical illness. *Journal of the American Geriatrics Society*, 26(6), 253-260.
- Schmalling, K. B., & Jacobson, N. S. (1990). Marital interaction and depression. *Journal of Abnormal Psychology*, 99(3), 329-236.
- Schou, M. (1989). Lithium prophylaxis: Myths and realities. *The American Journal of Psychiatry*, 145(5), 573-576.

- Schrauzer, G., & Shrestha, K. P.; in Ferguson, M. (1991). *Brain/Mind Bulletin*, 16(4), p. 8.
- Seilheimer, T., & Lee, M. (1987). Community integration through therapeutic recreation: The Scorpions' second season. *International Journal of Partial Hospitalization*, 4(3), 235-240.
- Seligman, M. E. P., & Maier, S. F. (1967). Failure to escape traumatic shock. *Journal of Experimental Psychology*, 74, 1-9.
- Severini, V., & Vererando, A. (1967). Physiological effects of massage on the cardiovascular system. *Europa Medicophysica*, 3, 165-183.
- Shapiro, D. H. (1982). Overview: Clinical and physiological comparison of meditation with other self-control strategies. *American Journal of Psychiatry*, 139(3), 267-274.
- Siever, L. J., & Davis, K. L. (1985). Overview: Toward a dysregulation hypothesis of depression. *American Journal of Psychiatry*, 142, 1017-1031.
- Silver, J. M., Hales, R. E., & Yudofsky, S. C. (1990). Psychopharmacology of depression in neurologic disorders. *Journal of Clinical Psychiatry*, 51(1), (supplement), 33-39.
- Simons, A. D., McGowam, C. R., Epstein, L. H., Kupfer, D. J., & Robertson, R. J. (1985). Exercise as a treatment for depression: An update. *Clinical Psychology Review*, 5, 553-568.
- Srinivasan, T. M. (ed.) (1988). *Energy medicine around the world*. Phoenix: Gabriel Press.
- Stearn, J. (1967). *Edgar Cayce—the sleeping prophet*. New York: Bantam Books.
- Still, A. T. (1897). *Autobiography of A. T. Still*. Published by author: Kirksville, MO.
- Sugrue, T. (1942). *There is a river*. New York: Holt, Rinehart and Wintson.
- Sutherland, W. L. (1976). *Osteopathy in the cranial field*. 3rd Edition. H. I. Magoun (ed.). Kirksville, MO: The Journal Printing Co.
- Thase, M. E. (1990). Relapse and recurrence in unipolar major depression: Short-term and long-term approaches. *Journal of Clinical Psychiatry*, 51(6), (supplement), 51-57.
- The APA Task Force on Laboratory Tests in Psychiatry. (1987). The dexamethasone suppression test: An overview of its current status in psychiatry. *American Journal of Psychiatry*, 144(10), 1253-1262.

- Torgersen, S. (1986). Genetic factors in moderately severe and mild affective disorders. *Archives of General Psychiatry*, *43*, 222-226.
- Tousignant, M., Brosseau, R., & Tremblay, L. (1987). Sex biases in mental health scales: Do women tend to report less serious symptoms and confide more than men? *Psychological Medicine*, *17*, 203-215.
- Turk, D. C., & Salovey, P. (1984). "Chronic pain as a variant of depressive disease": A critical reappraisal. *The Journal of Nervous and Mental Disease*, *172*(7), 398-404.
- Turner, E. J., & Avison, W. R. (1989). Gender and depression: Assessing exposure and vulnerability to life events in a chronically strained population. *The Journal of Nervous and Mental Disease*, *177*(8), 443-455.
- Turner, G. D. (1957). *Chiropractic, electrotherapy and hydrotherapy from the Edgar Cayce records*; Presentation at the A.R.E. Congress Class on Physical Balance. Virginia Beach, VA: unpublished.
- Von Bertalanffy, L. (1968). *General systems theory*. New York: Braziler.
- Von Knorring, A., Cloninger, C. R., Bohman, M., & Sigvardsson, S. (1983). An adoption study of depressive disorders and substance abuse. *Archives of General Psychiatry*, *40*, 943-950.
- Walker, E. A., Roy-Byrne, P. P., & Katon, W. J. (1990). Irritable bowel syndrome and psychiatric illness. *American Journal of Psychiatry*, *147*(5), 565-572.
- Waxman, H. M., McCreary, G., Weinrit, R. M., & Carner, E. A. (1985). A comparison of somatic complaints among depressed and non-depressed older persons. *The Gerontologist*, *25*(5), 501-507.
- Wehr, T. A., & Rosenthal, N. E. (1989). Seasonality and affective disorder. *American Journal of Psychiatry*, *146*(7), 829-839.
- Weinberg, R., & Kolodny K. (1988). The relationship of massage and exercise to mood enhancement. *The Sport Psychologist*, *2*, 202-211.
- Weissman, M. M. (1987). Advances in psychiatric epidemiology: Rates and risks for major depression. *American Journal of Public Health*, *77*(4), 445-451.
- Weissman, M. M., Merikangas, K. R., Wickramaratne, P., Kidd, K. K., Prusoff, B. A., Leckman, J. F., & Pauls, D. L. (1986). Understanding the clinical heterogeneity of major depression using family data. *Archives of General Psychiatry*, *43*, 430-434.
- Wetterberg, L., Beck-Friis, J., Aperia, B., Kjellman, B. F., Ljunggren,

- J. G., Petterson, U., & Sjolín, A. (1979). Melatonin/cortisol ratio in depression. *Lancet*, 1361.
- Wetterberg, L., Aperia, B., Kjellman, B. F., Ljunggren, J. G., Petterson, U., Sjolín, A., & Tham, A. (1981). Pineal-hypothalamic-pituitary function in patients with depressive illness. In K. Fuxe, J. A. Gustafsson, & L. Wetterberg (Eds.), *Steroid Hormone Regulation of the Brain* (pp. 397-403). Oxford: Pergamon Press.
- Wetterberg, L., Aperia, B., Beck-Friis, J., Kjellman, B. F., Ljunggren, J. G., Nilsson, A., Patterson, U., Tham, A., & Uden, F. (1982). Melatonin and cortisol levels in psychiatric illness. *Lancet*, 100.
- Wilber, K. (1981). *Up from Eden: A transpersonal view of human evolution*. Boulder: Shambhala.
- Wilson, P. H., Goldin, J. C., & Charbonneau-Powis, M. (1983). Comparative efficacy of behavioral and cognitive treatments of depression. *Cognitive Therapy and Research*, 7(2), 111-124.
- Windsor, J. C. (1969, January). A holistic theory of mental illness. Paper presented to the Second Annual Symposium of the Research Division of the Edgar Cayce Foundation, Phoenix, Arizona. Included in the *Physician's Reference Notebook*, pp. 244-257, Virginia Beach, VA: A.R.E. Press.
- Winokur, G., Black, D. W., & Nasrallah, A. (1988). Depressions secondary to other psychiatric disorders and medical illnesses. *American Journal of Psychiatry*, 145(2), 233-237.
- Wise, E. H., & Barnes, D. R. (1986). The relationship among life events, dysfunctional attitudes, and depression. *Cognitive Therapy and Research*, 10(2), 257-266.
- Wolpert, E. A., Goldberg, J. F., & Harrow, M. (1990). Rapid cycling in unipolar and bipolar affective disorders. *American Journal of Psychiatry*, 147(6), 725-728.
- Woody, R. H. (1979). Intimacy-related anxiety and massage. *Voices*, 15(1), 36-42.
- Young, S. J., Alpers, D. H., Norland, C. C., & Woodruff, R. A. (1976). Psychiatric illness and the irritable bowel syndrome. *Gastroenterology*, 70, 162-166.
- Zimmerman, M., & Spitzer, R. L. (1989). Melancholia: From DSM-III to DSM-III-R. *American Journal of Psychiatry*, 146(1), 20-28.
- Zung, W. K. (1990). The role of rating scales in the identification and management of the depressed patient in the primary care setting. *Journal of Clinical Psychiatry*, 51(6), (supplement), 72-76.

Zung, W. K., Magruder-Habib, K., Velez, R., & Alling, W. (1990). The comorbidity of anxiety and depression in general medical patients: A longitudinal study. *Journal of Clinical Psychiatry, 51*(6), 77-80.

A HOLISTIC APPROACH

The Treatment of Depression

David McMillin, M.A.

A companion volume to *Case Studies in Depression*, this book emphasizes the various ways by which the Edgar Cayce discourses suggested treatments for persons suffering from depression.

Especially recommended for the professional practitioner, the volume begins by correlating the discourses with pertinent psychological and psychiatric literature. It also provides a therapeutic model for the treatment of individuals who suffer from depression.

The book emphasizes the principles and techniques for treatment, and also contains a special appendix on dealing effectively with persons suffering from suicidal tendencies. The companion volume, *Case Studies in Depression*, presents a nontechnical discussion of depression for the layperson.

David McMillin, M.A., is a mental health professional in private practice specializing in the Edgar Cayce healing modalities. He is a researcher with the Meridian Institute and a professor at Atlantic University, where he teaches classes in holistic health. He is the author of several books on health-related topics. He writes, lectures, and facilitates workshops on his research in Virginia Beach, Virginia.

The Edgar Cayce Health Series

\$16.95

ISBN 0-87604-386-4

ARE
PRESS

ASSOCIATION FOR
RESEARCH AND
ENLIGHTENMENT



9 780876 043868

5 1695

