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Written by David McMillin

An A.R.E. Membership Benefit

## Food Intolerance

The idea of food intolerance is highly controversial yet gaining in popularity amongst physicians, researchers, and laypeople. Part of the problem for the slow acceptance of this concept is that the foods most frequently associated with intolerance are often very common (such as dairy and grain products). This seems to defy logic. How can milk or cereal be harmful? Also, the precise meaning of intolerance varies from one practitioner to another and is sometimes confused with food allergy.

Food allergy causes specific immune reactions in the body that can be identified and diagnosed by standard medical tests. Food allergy tends to produce specific symptoms linked to the offending agent (allergen).

In contrast, food intolerance does not provoke the immune system and thus cannot be assessed using allergy tests. Also, the symptoms of food intolerance tend to be relatively vague and *nonspecific*. Here is a partial list of common symptoms that are typically linked to food intolerance: headache, fatigue, depression/anxiety, muscle pain, joint pain, vomiting, nausea, stomach ulcers, diarrhea, constipation, flatulence, etc. These symptoms can be produced by many causes and are thus *not specific* to food intolerance.



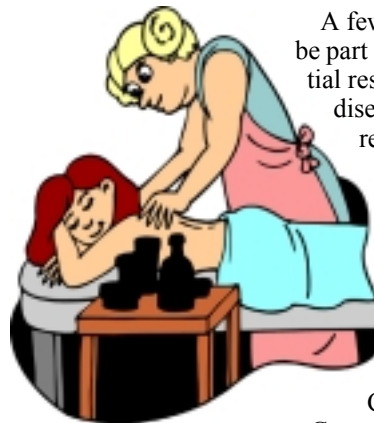
Whereas allergic reactions typically occur almost instantly after provocation, there may be a considerable lapse of time before food intolerance symptoms manifest, making the connection difficult to validate.

There can be numerous reasons why the body cannot tolerate certain foods including: enzyme deficiency resulting from a heredity factor, stress, environmental pollution, and poor nutrition.

The best resource that I have seen on this topic is *Food Allergies and Food Intolerance* by Jonathon Brostoff, M.D., and Linda

**Intolerance** continued on page 2

## Wellness Week



A few years ago I was fortunate to be part of a team that offered residential research intensives on specific diseases. In conjunction with our research on various illnesses, we also began to experiment with a format for a spa/re-treat called "wellness week."

Interestingly, there were some basic similarities between the two programs that were derived from Edgar Cayce's philosophy of health.

Cayce often noted that since all healing comes from within, the same treatments that are helpful as curatives can also play a preventive role. Thus, both programs included basic spa-type modalities such as diet, bodywork, and hydrotherapy. Physical exams and consultation with a physician was also common to both programs. Of course, mental and spiritual healing were emphasized in the context of holistic health.

The main difference between the two experiences is that wellness week was more focused on relaxation and personal development – in a word, fun!

The A.R.E. is again offering a wellness week experience this spring at Virginia Beach. The program is limited to eleven people so that everyone will get plenty of personal attention. Having a cook on hand to prepare meals is a delightful way to be introduced to the Cayce diet. Participants can also learn how to do some of the Cayce home remedies from the experts in the A.R.E. Health Services department.

If you feel the need for physical/mental/spiritual rejuvenation, consider spending a few days this spring in Virginia Beach at Wellness Week. For more information, call Leslie Cayce at (757) 428-3588, ext. 7222.





**A couple years ago I was diagnosed with toxic metal poisoning. You have to be near death before doctors prescribe chelation therapy and insurance plans rarely cover it. Will the three-day apple diet leach out the toxic metals? R. M. e-mail**

To the best of my knowledge there has never been any research done to answer your question. Nor am I aware of anyone who has made any such claims for the three-day apple diet. In reading 820-2, Edgar Cayce stated that eating "... three days of raw apples only, and then olive oil, and we will cleanse *all* toxic forces from any system!" Based on this categorical remark, one might assume that the diet would be helpful for metal poisoning.

It would indeed be an interesting research study to see if the apple diet can have a measurable effect on reducing metal poisoning. I will keep this in mind as a possible future project.

As you are aware, chelation is the common medical treatment for metal poisoning. You may also want to discuss nutritional supplementation with your physician as some practitioners believe that elements such as selenium, zinc, and magnesium can be helpful in reducing metal toxicity. D.M.

### Intolerance cont'd from page 1

Gamlin. Although the title suggests equal treatment of these two concepts, most of the book focuses on the intolerance issue.

### Historical Background

The controversy about adverse reactions to food can be traced back almost one hundred years to the work of Baron Clemens von Pirquet, a Viennese doctor. Von Pirquet first used the term allergy in 1906 to mean "altered reactivity," apparently in a rather broad sense that includes immune activation and other physiological processes produced by allergens. Keep this original concept of allergy in mind when we discuss Edgar Cayce's use of the term later in this article.

During the 1920s, skin prick tests were developed that provided a lab technique for detecting immune reactions. Moreover, several specific medical conditions, including hay fever, asthma, rhinitis (runny or congested nose), and a certain type of eczema (red, itchy, flaky skin) were linked to immune reactivity that could be clearly identified. Thus, the definition of allergic disorders became increasingly narrowed and closely associated with abnormal immune response.

Not everyone agreed with this narrow interpretation of allergy. Some practitioners preferred a more general interpretation that includes allergens that are not directly linked to immune reactions. This is where food intolerance comes in, as a way of explaining delayed or nonspecific reactions to food that are not detected by allergy skin prick tests.

As a practical matter, the distinction between food allergy and food intolerance often becomes blurred. Brostoff and Gamlin point out that in the physician's office, if a

patient has the symptoms of a disease that is regarded as allergic (e.g., asthma or atopic eczema), and if the symptoms are clearly linked to diet, the illness will probably be diagnosed as food allergy, even if skin-prick tests are negative. Some clinicians avoid the whole issue of food allergy vs. intolerance by lumping all such problems under the heading of *food sensitivity*.

### Diagnosing Food Intolerance

As stated, the standard skin-prick tests used to diagnose allergies do not work for food intolerance. Unfortunately, there is no simple laboratory process for evaluating this syndrome. The only reliable method for assessing food intolerance is to systematically eliminate certain foods from the diet and see if symptoms decrease or go away. The offending foods are thus identified and can be reintroduced to see if the symptoms return.

This is not always as easy as it sounds because few people are intolerant to just one food. Therefore eliminating foods one at a time may not have a notable effect. Optimally, all the offending foods have to be eliminated simultaneously for a clear diagnosis and effective treatment.

### Cayce and Food Reactions

The Edgar Cayce readings contain numerous examples of what we now call food allergy *and* intolerance. As noted in the historical overview, Cayce tended to use the term allergy in a more general sense to include almost any reaction to food that produces illness, regardless of whether there is a specific immune response. The concept of intolerance was not available during his era, so he used the word allergy to cover a variety of conditions.

For example, consider this excerpt from

reading 3326-1 that addresses the cause of migraine: "As we find, while the body is in the developing stages, the sources of the conditions to which the body becomes allergic in the digestive system should be looked for – that deal with all migraine headaches... Do these [treatments], being mindful of the diet, and we will correct conditions for this body. These are the sources of migraine headaches." Interestingly, this thirteen-year-old girl also suffered from eczema and neuritis, which may have also been linked to her digestive problems.

From a medical perspective, migraine is very important in relation to our discussion of allergy and intolerance. Numerous scientific studies have clearly shown that migraine is linked to food reactivity in many individuals that do not exhibit any measurable immune response to skin prick tests. Thus, when migraine is triggered by food, it represents a great example of food intolerance causing illness.

From a treatment standpoint, Cayce's therapeutic recommendations in reading 3326-1 included the advice to avoid eating chocolate, a well-known trigger for migraine. Throughout the thousands of physical readings, Cayce often made such specific recommendations for individuals to avoid certain specific foods. Whether his advice was indicative of a classic food allergy or what we would now call food intolerance is difficult to say. It would probably be best to regard all such instances as *food sensitivity* and leave it at that.

Without Edgar Cayce to give a reading identifying foods to which the body may be intolerant, how can a person know what to avoid? The best answer that I have seen is the elimination diet discussed above. Since there are many approaches to doing an elimination diet, I cannot cover this important topic in this issue. Check back next month for specifics on how to use this type of personal assessment if you think you may be suffering from food intolerance.



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# Applying Cayce Now

## Part I: The Evolving Therapies

For those of us who seek to apply the Edgar Cayce health information, knowing what to do without Cayce around to give a reading can be a major challenge. This article is the first installment in a series directed toward this dilemma. We will begin by considering four therapeutic modalities recommended in the readings and how they evolved during Edgar Cayce's career as medical intuitive.



### Evolution of the Therapies

One of the greatest obstacles to translating the Cayce health readings into a modern context is that so many of the therapies are either no longer available or have been modified significantly. There is also the problem of *variability* – even if we have an accurate medical diagnosis and can identify a group of readings given for people with that condition, there may be a bewildering range of therapeutic options prescribed by Cayce. Furthermore, even when there is a consistent recommendation for a specific therapy, the particulars for applying that modality can be extremely diverse.

To help resolve these issues, I have done extensive research into the history and chronology of the “Cayce remedies.” Thankfully, I have noticed significant patterns and trends that help to make sense of the variability problem while also providing some practical pointers for applying Cayce now.

One of the major keys to understanding the variability of Cayce's therapeutic recommendations is to recognize that Cayce's psychic process was an evolution that was influenced by the availability of resources and the influence of the people who sought his help. Let me tell you about four therapeutic modalities that illustrate the evolutionary process.

### Herbal Medicine

While compiling *The Cayce Herbal*, I noticed that many of the herbs in the readings were prescribed most often during the 1920s, with a distinct decrease and eventual cessation during the 1930s and '40s. During these later years there was an increasing usage of “patent” medicines and

over-the-counter remedies.

Apparently, the pharmacies and health food stores of that era were shifting away from raw herbs toward commercial products that had a longer shelf life, were easier to obtain and stock, and produced greater profits. Sound familiar? Perhaps the economic depression of the 1930s and the Second World War were also factors in the shift in medical resources.

At any rate, Edgar Cayce seemed to take the *availability* of medicines into account in his readings, making adjustments accordingly. Throughout his career, Cayce tended to recommend therapies that were available to his clients. For example, you won't find many recommendations for acupuncture or Ayurveda in the readings because, unlike today, they were not readily available in the United States during that era.

**The point:** *Availability* – Edgar Cayce tended to prescribe treatments that were available rather than exotic or extremely difficult to obtain. With some of the common Cayce treatments so difficult or impossible to obtain now, it makes sense to adapt to modalities that are available now.

### Calcios and Acigest

Some of the patent medicines prescribed in the readings (such as Calcios and Acigest) were distributed by the A. A. Nichoson company. The story of how Cayce came to prescribe Calcios and Acigest can provide some important insights into Cayce's psychic process with implications for applying Cayce now.

When I did a chronological search on these products using *The Complete Edgar Cayce Readings* CD-ROM, I noticed the first time either was mentioned was in reading 1564-1 given on April 4, 1938. The man requesting the reading had been cured of tuberculosis using Nichoson's products and asked Edgar Cayce if he should tell others about the potential benefit of these remedies. Cayce encouraged him to share his story with others.

Edgar Cayce first prescribed Calcios on June 6, 1938, in reading 1548-2. In reviewing the reports for this reading, I noticed that Cayce had received a booklet on Nichoson's products during the month of June. It seems that the question by Mr. 1564 in April and the booklet arriving in June may have influenced Edgar Cayce to begin recommending Nichoson's products – a trend that continued for the rest of Cayce's career.

In describing his psychic process, Cayce kept insisting that the conscious intent and actions of those around him and those receiving the readings were crucial ingredients for a successful outcome. If Mr. 1564 had never called attention to Calcios and Acigest, would Cayce have prescribed the Nichoson products that we now consider Cayce remedies? I doubt it.

**The point:** *Openness* – Like Edgar Cayce, stay open to the possibility of new and innovative therapies that may become available, especially when endorsed by sensible people who have been helped by the products or services.

### Atomidine

While researching Cayce's energy medicine appliances, I noticed a series of peculiar recommendations involving the use of the wet cell battery. In numerous readings, Cayce gave explicit instructions for suspending a small bottle of iodine into a wet cell and then charging it with an external source of electricity. Because there

**Therapies continued on page 4**

### New Massotherapy Program

Beginning September 2003, the Cayce/Reilly School of Massotherapy will introduce an expanded curriculum in the form of a 700-hour course of study. The present 600-hour diploma program will continue to be offered each May. The new program will be offered in January and September of each year.

The expanded program will offer courses in Massage Research, Massage, and Medications, the Healer's Path, Nutrition, and expanded class work in Anatomy and Physiology and Jin Shin Do. Students will also be doing additional clinical work at the Health and Rejuvenation Center (HRC) on the school's campus located in Virginia Beach. The Cayce/Reilly School is the only program in the world with a curriculum based on the Edgar Cayce health readings.

Expanded evening studies and continuing education programs offer courses from beginning massage to advanced studies. Call Jeff Snyder at 757-428-3588, ext. 7285, or online at JSnyder@edgarcayce.org for more information on the program changes.

# Health News



## The Great American Weigh In

The American Cancer Society (ACS) is sponsoring “The Great American Weigh In” to raise awareness of the link between cancer and obesity. The main thrust of the drive is to encourage people to lose weight and get more active. The event, which is scheduled to take place March 5, is modeled after the Great American Smokeout, the society’s thirty-year-old annual effort that focuses on the high risk of cancer for people who use tobacco.

According to Colleen Doyle, ACS director of nutrition and physical activity, one third of cancer deaths are related to diet and inactivity. Doyle observes that about 186,000 cancer-related deaths could be prevented each year if people made healthy lifestyle changes including improved diet and more exercise.

As a practical matter, the ACS wants people to measure their body mass index (BMI), a height-to-weight ratio intended to assess obesity. For more on how to measure your BMI, change your lifestyle, and participate in “The Great American Weigh In,” visit the ACS Web site at: [www/cancer.org](http://www/cancer.org).

Cayce’s cousin, became the main builder of the appliances. In what was to become the standard procedure for future suppliers, Salter built a unit and got a reading to critique its design and construction.

About every five years another appliance builder came along and asked for readings on how to build these appliances. As with Brown and Salter, each supplier built an appliance and brought it to the entranced Cayce for feedback. Cayce invariably gave suggestions for improving the design and construction that usually included recommendations for using more modern materials as they became available. Thus we have at least four different variations on how to build the Radio-Active appliance, depending on which builder’s specifications are used.

**The point:** *Flexibility* – Remember, flexibility is associated with mental health. Stay flexible about alternative ways of applying therapies. There is often more than just one way to do something well.

## Therapeutic Options Today

I could cite many other examples of how the therapies recommended by Edgar Cayce evolved during his career. Clearly, if he were alive and giving readings today he would probably be prescribing some new therapies in combination with the old standards like castor oil packs, massage, and colonic irrigation.

Understanding the historical and conceptual context of the health readings has been a valuable tool for me on my journey of seeking to understand Cayce’s approach. As I have come to realize how dependent Cayce was on the people and resources around him, my appreciation of his contribution has grown. More importantly, I have come to the realization that we each find ourselves in a situation similar to that of Cayce. Even though most of us have not developed our intuitive skills anywhere near to the extent of Cayce, we all have hunches and feelings about what is best for us. We all have people and resources around us that can aid us on the journey to health.

Considering the enormous range of therapeutic options that we have available to us today, the real challenge is to sort out which of the modern modalities are most appropriate. Next month we will consider some therapeutic principles that can help us in making these choices.

Visit the *True Health* Web site:  
[www.edgarcayce.org/th](http://www.edgarcayce.org/th)  
 for more information on intolerance,  
 wellness, and applying Cayce now.

## Therapies cont’d from page 3

was so much variability in the recommendations, I put this series of readings into chronological order and found a startling pattern. The first fifty-eight readings in this series were given during the 1920s and early ‘30s. There was an eleven-year lapse without any readings giving these unusual directions, then in a span of about two months in 1944, twenty more readings were given that recommended charging the iodine in a wet cell.

One obvious difference in the two groups of readings was that the early group had highly variable instructions while the latter were essentially consistent. By researching the historical context, I learned that the early readings required plugging the batteries into wall sockets of houses with different kinds of electricity, both alternating and direct current. This was before standardization of domestic electricity, thus each reading had to be adapted to the electrical source for that client. By 1944, automobile battery chargers were readily available, so a consistent charging format could be provided in the later group of readings on this process.

With regard to the eleven-year span in which Cayce stopped recommending the charging of iodine in a wet cell, it seems that a Dr. Bisey came to Edgar Cayce in 1931 to ask about his commercial iodine product, Atomidine. Cayce liked the product and said it could be even better if it were charged in a large wet cell battery with electricity, in basically the same format that he had been recommending for the previous ten years. Almost from that time on until 1944 Cayce prescribed Atomidine rather than giving instructions

for charging iodine in a wet cell. From correspondence in the report sections of the 1944 readings, I learned that Dr. Bisey had died and people were having trouble obtaining Atomidine.

**The point:** *Adaptability* – Adapt to changes in supply and demand. If a favorite treatment is no longer available, consider going back to what has worked in the past or exploring new options.

## Radio-Active Appliance

From 1921 to 1925 Edgar Cayce gave several readings that suggested that pieces of steel be placed in ice water and attached to the body via wires and plates. Tim Brown, a businessman who was helped by one of these crude devices, came to Cayce in 1925 for a reading on how to build and distribute a commercial product based on this concept.

In response to Brown’s request, a series of readings provided specifications on how to manufacture “Radio-Active” appliances. Thus Tim Brown became the first supplier of Cayce energy medicine devices.

Brown was creative in applying Cayce’s specifications for the appliances and added some of his own modifications (such as using carbon pieces as a casing around the appliances instead of the metal canister recommended in the readings). Cayce didn’t like the carbon pieces as an exterior casing, but from that point on he included carbon pieces around the steel core in future designs of the device. As we have seen with some of the other therapies, Cayce seemed to be paying attention to the conscious input of those for whom he provided readings and utilized that input as part of his intuitive process.

A few years later Gray Salter, Edgar