

Circulating File

**MULTIPLE SCLEROSIS
Volume 1**

**A compilation of Extracts
from the Edgar Cayce Readings**

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MULTIPLE SCLEROSIS Vol. 1 CIRCULATING FILE

Circulating Files are collections of verbatim quotes of what Edgar Cayce said during his readings on a given subject or, in some cases everything. We have medical circulating files which focus on the over 9,000 health-related readings with subjects from Acidity-Alkalinity to Weight Loss. We also have non-medical circulating files on a broad range of topics, for example *Egypt: Sphinx, Pyramids, and Hall of Records*, *Fear and Its Far-Reaching Effects*, *Advice to Parents*, *Serving in Accord with Ideals*, and *Business Advice*.

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The circulating files support the research aspect of the Cayce work. We appreciate any feedback informing us of progress made in improving one's life or achieving good health by applying suggestions given in the readings. Please send any feedback (testimonies, experiences, results, etc.) to:

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Our hope is that through the Cayce readings you will find the wholeness and oneness which is God's plan for us.

Blessings, A.R.E. Member Services Team

There are in truth no incurable conditions.... 3744-2

This Circulating File consists of an overview and the Edgar Cayce psychic readings on lung cancer. The information is not intended for self-diagnosis nor self-treatment. Please consult a qualified health care professional before following any advice contained within this file.

Articles and books are included because the information supports the remedies and therapies described in the Edgar Cayce readings or are of a helpful nature. Their inclusion does not imply endorsement or recommendation. Before following any advice contained in the articles, please seek the counsel of your doctor.

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Vol. 1**

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Introduction to the Cayce Readings on Health and Healing

No matter what illness or ailment concerns us, certain basic principles about health and healing are relevant. These are the premises upon which all of the Cayce health information rests. For those who would like to make a more careful study of these basic principles, the recommended Circulating File is entitled "Principles of Healing." Here, in essence, are the ideas found in that file. They may prove to be very useful to your more in-depth study of the specific ailment that requires healing for you.

The first fundamental idea about healing requires that we maintain a creative balance between two principles:

1. All healing comes from the infinite -- that is, from attunement and harmony with our spiritual source. The infinite is just as accessible and available in the visible, physical world as it is in the invisible realm.
2. At the same time, each person must take responsibility for his or her own healing process. No one can simply sit back and wait passively for healing to occur.

This second principle -- the need for self-responsibility -- can take many forms. For example, healing requires attunement, and no one knows better than ourselves exactly what has gotten us out of attunement in the past. Often, if we'll look closely at our lives, we can see (without needing a gifted medical clairvoyant such as Edgar Cayce) what's causing our illness.

To illustrate self-responsibility further, the human body has a marvelous, innate drive to heal itself, but we've got to do our part to help. A broken bone will naturally try to mend; however, the fracture needs to be set properly for the healing to be complete and effective.

Another important principle relates to energy medicine, a new field for which Edgar Cayce was a pioneer. His readings consistently speak of the roles played by vibrations or vibratory forces -- right down to the level of individual atoms. According to Cayce, there is a type of consciousness that exists in each atom. Although most of the passages about the atomic physics of healing seem rather esoteric, it might be easier to follow the analogy of the attunement of a stringed musical instrument. A violin or piano that is out of tune makes sour, discordant music -- symbolic of disease or illness. Just as a skilled musician can bring the instrument back into attunement, we experience healing when our vibrations -- right down to the atomic level -- are adjusted in a correct manner. In essence, all healing is the changing of vibrations from within.

Balance among body, mind, and spirit is another key to Cayce's philosophy of healing. For healing to be complete and lasting, we must recognize and meet the needs of each of these three levels. Virtually no illness or disease can be treated successfully at only one of these three levels.

What's more, Cayce affirms that the human body will naturally stay healthy -- and even rejuvenate itself -- if a kind of internal balance can be maintained. "Dis-ease" starts when one part of the body draws energy from another part. One portion of an organism may become overcharged with the creative life force, while another portion

becomes undernourished. The result is a gradual disintegration of the body and the onset of illness.

The opposite of this sort of disintegration is rejuvenation. The readings assert that we are continuously rebuilding our bodies. Within any seven-year period, each cell is replaced. If we'll allow it, our bodies will transform any problem and resuscitate any condition. But our ingrained habits usually block this healing potential -- the habits of action and, even more potent, the habits of mind.

What role do drugs and medicine play in the healing process? Cayce's philosophy clearly sees a place for them, but warns of misunderstanding how they work and of expecting more of them than is possible. Any healing method attempts to create an experience of oneness, in hopes of then stimulating a similar response in the body. For some people in some situations, a drug may be the best way to accomplish this -- just as in other cases, surgery may be the best way to stimulate healing. Medicines can be a practical application of the one life force. Occasionally they must be very potent in their reactions in order to get the patient through an acute illness. But Cayce from time to time encouraged people to consider the herbal formulas he recommended to be tonics and stimulants, rather than medicines.

The dangerous side of medicines is their potential to diminish the body's own healing work. This is what Cayce alluded to when he warned about "palliatives" that deceive the soul with half truths and temporary relief. It's also what he meant when he warned that we shouldn't come to rely on any condition outside of ourselves that could be assimilated by the body inwardly. All of this is to say, take the medications prescribed by the physician you trust. But keep in mind this thought: what those chemicals can do is temporarily -- and somewhat artificially -- give your body an experience of greater oneness. Healing that really takes hold and lasts must come from changing one's inner consciousness and vibration. That happens most effectively from consistent and persistent human effort (i.e., engaging one's desires, purposes, and will) -- something that pills all too easily allow us to skip.

Cayce's healing philosophy includes other insights that can help us avoid misunderstanding. For example, one principle states that the best treatment procedures sometimes cause a temporary worsening of conditions. If we didn't recognize this possibility, we might give up just before the benefits begin to appear. A closely related principle states that when a body is re-establishing its attunement, it tends to be more sensitive. Again, if we misunderstand that heightened sensitivity, we might not see the good that is slowly being effected.

The mind is a focus of other healing principles. The unconscious mind plays a role in many illnesses and diseases. One example of this is the karmic factor in health problems. Memories from previous incarnations, stored in the soul mind, can trigger problems in the body. Of course, we shouldn't go so far as to suppose that every health challenge has past-life roots; nevertheless, the perspective of reincarnation can help us understand what we could possibly be dealing with as we seek healing.

The familiar Cayce axiom, "Mind is the builder," leads us to wonder exactly which attitudes and emotions best foster healing. The readings emphasize several:

- * Self-acceptance. As we rid ourselves of self-condemnation, we make room for healing forces to enter.

- * Optimism and hope. We're encouraged to expect healing.
- * Patience. It's much easier and quicker to destroy health than it is to rebuild it. We need to be willing to patiently invest whatever time is required.

Alongside these specific attitudes and emotions, we're invited to use the creative potential of visualization to stimulate our own healing. The mind's image-making capacity can be directed in such a way that we "see" the healing transformation taking place. This is not something that's accomplished in a single visualization session. Like all the Cayce health-promoting approaches, it requires persistence and works best in conjunction with other healing methods.

Perhaps the most important principle of the mind's relationship to healing concerns purposefulness. A person can experience temporarily an outer healing -- that is, in the physical body only -- yet still be spiritually sick. What cures the soul? A commitment to a purposeful life. Not just any purpose, but instead one that reflects care for other people.

On occasion a reading from Cayce would pose this question to the person who was ill: What would you do with your life if you were healed? The position of Cayce's psychic source was simply this: Why correct the physical condition unless there's also going to be an inner correction? People who are looking for both inner and outer healing are the best candidates for restored health and vitality. In Cayce's philosophy, healing should equip us to be more useful to others.

With this ideal of service in mind, we might also wonder just how we can be channels of healing to others. What principles govern our efforts to be healers to those for whom we have concern? One principle is based on the spiritual connections that exist between all people. It states that as we bring the experience of oneness into our own consciousness, it can profoundly help someone else experience oneness, attunement, and healing. Cayce's way of putting it was, "...raising the Christ Consciousness in self to such an extent as it may flow out of self to him thou would direct it to." (281-7)

For this to be most effective, the recipient must desire such help and have requested healing prayer. Of course, we can always pray for someone, even if that individual hasn't asked us. But it's important that we not assume we know what's needed in any person's life. For one who hasn't specifically asked for prayer, we can simply offer prayers of protection and blessing, rather than try to direct healing energies to that person or for a specific condition.

In summary, the Cayce readings remind us that our natural state is wholeness and health. An innate wisdom within ourselves knows what's needed for healing. We should expect to get well, and we should be willing to do our part to make it possible.

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**A Study of 69 Cases of
MULTIPLE SCLEROSIS
in the Edgar Cayce Readings**

I. Purpose

The purpose of the research which formed the basis for this report was to study all known cases of multiple sclerosis in the Edgar Cayce readings in order to summarize the program of treatment suggested as well as to set forth in a systematized way any etiological factors mentioned. The summary of treatment is not to be taken as an endorsement by the abstractor. The validity of the data can only be decided by careful subsequent research in the form of controlled experiments by qualified physicians. The etiological mechanisms described are meant to be considered as theories to be proved, and not by any means as facts already established.

II. Data:

In the Edgar Cayce readings a total of 100 readings for 69 separate persons have been indexed to date as multiple sclerosis. For the purpose of this study these 69 cases were divided into three groups on the basis of the readings themselves as well as resultant correspondence. Definite post-facto diagnosis was made difficult in most cases by an inadequate medical history, lack of description of the symptoms of the disease, and scarcity of follow-up reports. Questions asked in the readings and the correspondence gave valuable clues in some cases. In some readings multiple sclerosis or simply "a sclerosis condition" was mentioned by name as the basis of the condition, but in most cases a description of the etiology and treatments was the only information given in the reading.

Group I contained the 34 cases in which the diagnosis was most certain and could be considered probable. In these readings the condition was named, a medical history with diagnosis was supplied in the correspondence (sometimes before and sometimes after the reading), or there was some detailed description of the symptoms such as spotty motor and sensory loss, remissive course, evidence of multiple lesions, etc. Group II contained 22 cases in which the diagnosis was less certain and could only be considered possible because no description or diagnosis was given other than that there was some trouble with motor or sensory function. In other cases classified in Group II the reading alone mentioned the diagnosis or an etiology suggestive of the condition without any external confirmatory evidence. Group III contained 13 cases in which the diagnosis did not seem to be multiple sclerosis as ascertained from the correspondence and/or readings.

In many cases the diagnosis was established more or less probably as something else (in the majority as Parkinson's disease).

It should be noted, however, that even in Group I where a diagnosis of multiple sclerosis was, assumed as probable, not enough information was available to make a satisfactory and certain medical decision in differential diagnosis. In no case was there an autopsy report to confirm the diagnosis. Therefore, a limitation which was imposed by the nature of the data must be acknowledged at the outset.

In addition to the 56 cases of Groups I and II (80 readings), one reading (907) was given on the etiology of multiple sclerosis at the request of Charles Goodman Taylor, M.D. Specific questions about etiology and treatment were answered. In consideration of

the material the data from reading 907 was weighted more heavily in constructing a theory of the disease as seen from the-viewpoint of the Edgar Cayce readings than the material from the 56 cases of Groups I and II, not all of which can be presumed with certainty to have been multiple sclerosis.

III. Etiology and Mechanisms of pathologic physiology Suggested by the Readings:

In an attempt to construct a unified theory of etiology and pathologic physiology of multiple sclerosis, the material in reading 907 (as explained above) was used as a basis and supplemented by data found in the case readings. Both agreements and contradictions will be pointed out in the following discussion.

The basic biochemical mechanism stated in reading 907 was that multiple sclerosis was a result of a lack of gold which caused a glandular imbalance which in turn resulted in a hormonal deficiency or imbalance. This hormone was said to be necessary for proper functioning of the nerves.

Reading 907 indicated that the normal balance of metals in the system was out of equilibrium due to a lack of gold primarily. In 40 out of the 56 cases in Groups I and II (71.5%) gold was mentioned as a factor which needed to be added to the system. The reason for the lack of gold was tied to a defect in the assimilating system (by this was probably meant the digestive system) which in turn was kept in proper working order by the proper hormonal balance from the glands. Because the glands were in turn dependent upon the proper amount of gold in the system, this would apparently lead to a circular feedback relationship between gold, the glands, and the assimilating system. Though not explicitly stated it could be assumed that the disease was not caused from simply a lack of gold in the diet, but perhaps from a lack of the capacity of the digestive system to assimilate gold or perhaps inability of the body to use the gold assimilated. In reading 907 a genetic factor was suggested as the underlying cause of the imbalance between these three factors: gold, glands, and assimilation. (907, A-1).

A connection with the genetic factor was suggested by the statement that a lack of the normal balance of metals in the system could be discovered in the male by lack of sperm (i.e. some degree of sterility). However, it was not clear whether this was simply a decreased sperm count or a lack of potency of the sperm due to a lack of metals, most notably gold, in the sperm. There is no medical data to confirm the theory that sterility is a result of multiple sclerosis. However, impotency, priapism, and/or increased sexual excitability have all been reported.

Some type of glandular disturbance was mentioned in 30 out of the 56 cases in Groups I and II (53.6%). However, a clear and consistent statement of the details is lacking. In reading 907 in direct answer to the question (Q-3), "Which glands are involved?", the answer was given: "Those about the liver and gall duct". The only endocrine glands in that anatomical neighborhood are the Islets of Langerhans, in the pancreas and possibly the adrenals. Perhaps the lymph nodes around the liver and gall duct are indicated, but no specific hormone-producing function is known for them. In some readings the liver, pancreas, and spleen were mentioned as if they were "glands". (1623, 1031). The liver was said to enable the other glands to function normally, presumably by production of a substance which affected the glands. (3275) A thyroid and liver balance was described in reading 1031. The adrenals were mentioned in reading 2564 in regard to the effect of mental attitude upon them.

However, the readings were not clear in their description of the exact relation of the liver to the pathologic process in multiple sclerosis. Reading 907 mentioned the excretory function of the liver as an aid in the assimilation of food in cooperation with the pancreas. (See also 1623 and 3907.) This would presumably be the production of bile which aids in the digestion of fats which are absorbed in the small intestine through the lacteals. Other readings mentioned the relation between the liver and the glands and also implied that there were glands within the liver itself (2983, 3306). One lobe of the liver was said to have been softened (5238), and a whitening in the liver was described (2997). Thus the exact relationship of the liver, glands in the liver, and other glands remains unclear.

The glandular disturbance which the readings indicated in a general way to be caused by an imbalance between the digestive system, the amount of gold in the body, and the liver, was repeatedly described by the readings as the direct link to the malfunctioning of the nervous system in multiple sclerosis. The particular hormone which was lacking was not named, nor was the supposed mechanism of action of this substance upon nervous tissues spelled out in a detailed way which would be satisfactory to a medical scientist doing research on the etiology of multiple sclerosis. This missing substance from the glands was supposed to be a nutrient to nervous tissue, and the nerves were repeatedly said to lack proper balance of nervous energy or “stamina”. (e.g. 1031, 1865, 2983) Reading 907 stated that this lack of nervous energy caused a poison to form in certain nerve cells, and that then other surrounding cells were poisoned. A description was given of the pulling apart and elongation of originally round cells. However, neither the location nor name of these cells was given in 907. These could be presumed to be either neurones or microglial cells, but the latter is more probable because microglial cells when stimulated by degeneration myelin do become bipolar and migratory in their action as macrophages. Perhaps this was the same process referred to in case 1865 in which the hormonal lack was said to cause a breakdown of the cellular forces in the nerve walls and to lead to an inflammation and irritation via an action on the nerve plexuses and ganglia between the central and the autonomic nervous systems. This breakdown of nerve “walls” coupled with the description in 907 of wasting away or dissolving of the nerves could be taken as a description of the pathological loss of myelin sheath or white matter in multiple sclerosis, although there was not such an explicit identification in the readings or even a mention of this specific term. In fact, a lack of gray matter was mentioned in case 3626. Pathologically there is damage to both the “white” myelin sheath and the “gray” axone in this disease, although demyelination is usually more common and occurs first. In the pathology of multiple sclerosis the loss of myelin is most obvious in the spinal cord and brain.

The location of the nerve plexuses and ganglia *between* the central and autonomic nervous systems is more difficult to speculate about. Again, it would be most reasonable to assume the anatomical location to be in the spinal cord and/or brain probably where the autonomic preganglionic fibers join the central nervous system.

In the readings some other etiological factors were mentioned. Reading 907 indicated that a genetic factor formed the basis for the development of the disease, but no more specific information was given in this regard. It would be possible for a genetic influence to affect the process described above at many points (e.g. the assimilative system, the liver, the glands, the nervous system itself) and in many ways (e.g.

biochemical processes, structural defects). The effect of mental attitude upon the functioning of the glands was mentioned in two cases (2564, 2994). Some type of spinal injury was described in eleven out of the fifty-six cases in Groups I and II. However, no mention was made of this in 907. Therefore, the described faulty alignment of the vertebral column can be presumed to have been a coincidental occurrence etiologically unrelated to the disease itself.

An explicit denial was made that an infectious agent was responsible for multiple sclerosis. An infection in the gall duct area was described in case 1623, but it was stated that this was an effect and not the cause of the basic condition. The only other reading which mentioned infection (in the glands) was 3306.

In summary of the theory of the etiology and pathologic physiology of multiple sclerosis as presented by the Edgar Cayce readings it must be said that balances or equilibriums between organs and systems were emphasized. Some factors which are not part of current medical knowledge about the disease were mentioned. It was indicated that a glandular imbalance caused the lack of a hormonal substance which acted in cells in the nervous system to form a poison which was responsible for the pathological process in the spinal cord and brain. The glandular imbalance was caused both by a lack of gold and by lack of a substance produced by the liver. All three of these factors were said to be in an interdependent balance and to be interrelated by the proper functioning of the assimilative system. A genetic factor was also mentioned, but a more exact description of where and how it came to bear on the disease process was not spelled out. An infectious agent was explicitly denied. It is apparent that the general nature of most of these suggestions raises more questions than they answer.

IV. Discussion of Treatment:

In an analysis of the various treatments recommended in the 56 cases of Groups I and II the most consistent and frequent emphasis was on three main types: addition of the atomic effect of gold through the use of the wet cell battery, massage, and diet.

The atomic effect of gold was said to be necessary for the glandular production of the hormone which maintained the proper structural condition and functioning of the nerves (see above). However, gold was not to be added directly to the system by ingestion or injection, but vibratorily through the use of the wet cell battery. Essentially the wet cell was a weak battery composed of two poles (one copper and one nickel) suspended in a solution containing a specific mixture of copper sulfate, dilute sulphuric acid, zinc, and willow charcoal. A wire from the nickel pole was suspended in a solution of gold chloride and then attached to the body via a nickel plate 3" in diameter. The copper pole was wired to the body via a copper plate one inch in diameter. The readings indicated that the vibration given from the gold in solution would be electrically transmitted into the body and have the glandular effect described above. Reading 1880-6 (concerning the theory of the wet cell) suggested that the vibration did not act directly, but only enabled other elements (perhaps gold already in the body in an inactive form) to become active and have the desired effect. For further details in the construction and theory of the wet cell see: "Two Electrical Appliances Described in the Edgar Cayce Readings", A.R.E. Press, Virginia Beach, Va., 1957.

In the multiple sclerosis readings other elements were suggested for use with the wet cell (e.g. iodine trichloride, silver nitrate, spirits of camphor), but gold chloride was

by far the most frequent recommendation (the wet cell was given for 42 out of the 56 cases - 75% and gold chloride was to be used in 39 of these -69.6%). The percentage is even higher in Group I where the wet cell was recommended in 28 out of 34 cases - 82.4% - and gold chloride in 26 out of 34 - (76.6%). However, in as many as 10 cases iodine trichloride was used on alternate days instead of the gold chloride in the solution jar. Spirits of camphor was advised in 13 cases in the same manner and sometimes all three solutions were to be used in a three-day series. The nickel plate was to be placed on what the readings called the umbilical and lacteal duct center which was located on the right upper quadrant of the abdomen at a point over the distal end of the duct of the gall bladder. The position was individually specified in relation to the umbilicus (e.g. 2 to 4 finger breadths to the right and 2 to 4 finger breadths toward the right costal margin). Various locations along the spine were given for the copper plate but the most frequent were between the ninth and tenth thoracic vertebrae (18 out of 56 cases - 32.2%) and at the level of the fourth lumbar (18 cases out of 56).

The wet cell was to be "recharged" (i.e. new solutions added) every 30 days and to be used each day for 30 to 60 minutes. The best time seemed to be before retiring at night, but this was not an absolute rule.

The use of the wet cell and more specifically with the gold solution was a fairly consistent recommendation in the readings. However, the details as to use were varied. The position of the umbilical and lacteal plexus seemed to vary from person to person as did the proper placement of the upper plate on the spine. The strength of the gold chloride solution varied between one and two grains per ounce of distilled water. The amount of concentrated sulphuric acid varied between one and one and a half ounces.

Sometimes willow charcoal was advised to be added to the wet cell and sometimes not. The length of treatment varied between 30 and 60 minutes per day. As has been shown above, sometimes iodine trichloride and/or spirits of camphor were also suggested for use in the solution jar. In 6 cases (5073, 5108, 5129, 5238, 5324, 5403) the wet cell without the solution jar was to be slow charged (not over three amperes input) before use as a lead storage battery would be, but in most cases "recharging" meant changing the solutions. These six readings (all given between May and August 1944) also recommended that a glass-stoppered bottle containing two or three ounces of Tincture of Iodine was to be suspended in the wet cell acid solution while it was being electrically charged and remain there also when the appliance was being used.

The following quotation from one of these six readings is presented as a general example of the description of the use of the wet cell and also as a clarification for this seeming exception to the usual use as described in the other multiple sclerosis readings and in the pamphlet which was mentioned above.

In the applications, then: we would begin first by having prepared the low Wet Cell Appliance that will carry to the body vibratorially certain elements and properties which are the basic influence in the activity of the gland and blood and nerve supply to the body, and taken through these means or channels may be assimilated by the body, with the activities of the digestive forces to either the sympathetic or cerebrospinal nervous systems or blood supply, or without creating a taxation to any of the central organs of the body.

We would prepare this with the two pounds of the Copper sulphate and the rest of the ingredients in proportion.

We would make the Chloride of Gold solution one grain to one ounce of distilled water, using 3 ounces of the solution at a time. This would be changed (the solution), as would the recharging of the Appliance, every 30 days. This also would be an Appliance in which there would be the charging of the Appliance with the solutions to charge; that is, making the 3 ounces of the Tincture of Iodine. Preferably have the bottle with a glass stopper, this suspended and then put on a battery charge, and let it be charged for one hour. Then the solutions would be given.

The larger plate would be attached always to the umbilical and lacteal duct plexus, which on this body would be the width of 4 fingers from the navel center to the right, and 2 fingers up from that point. And attach the larger plate which passes through the Gold Solution, see? The Atomidine or Iodine solution is already in the Appliance, so only the Gold as a solution is to be given vibratorially to the body. For the rest goes with the Gold Solution.

The small plate should be attached to the lumbar axis, see? Fourth lumbar axis. This is to be taken each day for 30 minutes. (5108)

Interestingly, in these six cases iodine trichloride was never suggested to be used in the solution jar alternately with the gold chloride as described above in ten cases. Thus, some form of iodine was suggested as part of the wet cell treatment in 16 out of the 56 cases. (28.6%) In other cases where neither of these iodine therapies was recommended, iodine trichloride by mouth was suggested in six cases and seafood as a source of iodine in the diet, in eight others. Thus, in 30 out of 56 cases (53.6%) some form of iodine was recommended in the treatment.

A thorough massage of the body especially the spine and extremities was suggested in 48 out of the 56 cases - 85.6% - (28 out of the 34 cases in Group I - 82.4%), and usually followed the daily use of the wet cell. In all but two of the cases the massage was to be done with a variety of mixtures of oils. These mixtures have been classified into two types: the simple (31 out of 56 cases - 57.2%) and the complex (14 out of 56 cases - 25.0%). The simple mixture was usually a combination of equal parts of olive oil and peanut oil plus melted lanolin in the following ratio: 2 ounces of olive oil, 2 ounces of peanut oil, 1/4 ounce of lanolin. The complex mixture usually used an olive oil base plus peanut oil, various combinations and amounts of Russian White oil, oil of cedarwood, oil of sassafras root, oil of pine needles, Nujol, lanolin, oil of wintergreen, tincture of benzoin, tincture of myrrh, witchhazel, spirits of camphor, spirits of turpentine, mutton suet, and/or oil of mustard. The most frequently used oils in the complex group were the first seven in the preceding list.

The directions for the massage were as varied as were the different combinations of oils. In the majority of cases it was suggested to massage from the spine to the distal portions of the extremities, but in some from the tips of the extremities to the spine. Although the spine and extremities were mentioned most, the chest and abdomen were also suggested. When it was specified, a circular motion for the massage was recommended.

The use of massage is one of the current medical treatments (as supportive therapy) for multiple sclerosis and certainly helps to maintain the tone of muscles which have lost their normal innervation. The advantage is that when and if function returns (e.g. after one of the characteristic spontaneous remissions in the disease) the muscle will not have atrophied and shortened. The Cayce readings implied that the various oils used in massaging would be absorbed by the skin and somehow aid the healing process. From

the standpoint of modern medical knowledge the oils would mainly perform a lubricative function and thus aid in making the massage more easy to perform. Certain of the oils might stimulate circulation in the skin. In the readings from 1941 to 1944 (during World War II) the simple mixture was almost always suggested. This may have been because certain of the ingredients used in the various complex mixtures may have been difficult to obtain. However, the simple mixture would probably serve the lubricative function as well as the complex.

Diet recommendations were given in 43 out of 56 cases (76.8%). The diet in general was consistent with that described in "The Normal Diet" pamphlet (Association for Research and Enlightenment, Virginia Beach, Virginia, 1957) and was non-constipating and low-fat in nature. Foods containing B vitamins were stressed and sometimes Brewers yeast or wheat germ was advised. Seafood, liver, wild game, and fowl were recommended as the meats to be eaten but broiled and not fried. The bones of chicken and fish were to be chewed. Fried foods were generally prohibited. Raw vegetables such as watercress, carrots, celery, beets, and salads with gelatin were stressed. Vegetables, fruits, and cereals were to be eaten much more than meat.

The relationship of the diet to the etiology of the disease is not too clear. None of the emphasized foods were designated as providing gold in any form. Seafood was explicitly mentioned as being especially important because of its iodine content. The Cayce readings elsewhere state that iodine has an effect on all the endocrine glands, not only the thyroid. The stress on the vitamin B complex was suggested as an aid to the proper functioning of the nervous system, but the relation of this to the pathologic physiology of multiple sclerosis was not spelled out.

Other treatments were recommended for a minority of the cases such as iodine trichloride or gold chloride by mouth, the violet ray bulb applicator to the spine, or manipulation of the spine. However, these treatments occurred very infrequently in the readings compared to the three main types discussed above: wet cell with gold, massage with oils, diet.

The readings insisted many times that the treatment for multiple sclerosis had to be of long duration - three to seven years usually. The importance of completeness, continuity, and consistency as well as a hopeful mental attitude both by the patient and those who were to give the treatments was emphasized.

V. Recommendations:

1. Readings from other diseases of the nervous system which resemble multiple sclerosis could be examined to see whether the etiological mechanisms or the treatments fall into any patterns similar to those suggested above. Perhaps a theory of the functioning of the nervous system as seen in the readings would emerge. These other diseases should include those considered in the differential diagnosis of multiple sclerosis such as polio, Parkinson's disease, amyotrophic lateral sclerosis, the muscular dystrophies, pernicious anemia, Wilson's disease, and Pseudosclerosis.

2. Autopsy reports in cases of multiple sclerosis could be checked for any gross or histological pathology in the liver, pancreas, or adrenals which are possible sites if the mechanisms of pathological physiology suggested by the readings are correct.

3. The action of the wet cell battery could be analyzed by biophysicists to discover whether any vibratory effect from gold chloride can be measured in the human

body. Perhaps the wet cell could be used on experimental animals whose glands could then be analyzed for any traces of the accumulation of gold salts.

4. A controlled clinical trial of the three main types of treatment discussed above could be undertaken on a group of patients with a definitely established diagnosis of multiple sclerosis. The trial should be supervised by qualified physicians with a thorough system of record keeping and standardized methods for objective measurements of the condition of the patients at regular intervals. The normal course of the disease makes any clinical trial very difficult because of the occurrence of temporary, spontaneous remissions and the long duration of the disease - sometimes for 20 years with only slow progression. The study would have to be carried on for at least three to five years. The time required each day for the wet cell and massage (about two hours) would involve considerable persistence and manpower to be given daily for three to five years to a large enough number of patients to make the trial statistically significant. In this regard it might be noted that only an exceptional patient who got Cayce readings for multiple sclerosis consistently received the wet cell and massage treatment for more than six months and most of them for much less time before giving up (at least as can be judged from the reports received).

With the possibility of such a clinical trial in mind, the following treatment outline has been prepared. The treatment represents an attempt to abstract from the many readings given for individuals with their peculiar needs a general or average treatment. The broad outline of the treatment into three main types occurred repeatedly and fairly consistently. However, as pointed out in the Discussion of Treatment section above, the details of each type were varied to a greater or lesser degree for each case. For the purpose of an experimental clinical trial a somewhat artificial "average" treatment has been abstracted.

TREATMENT OUTLINE

1. Wet Cell Appliance

The Wet Cell should be constructed as indicated in the publication "Two Electrical Appliances Described in the Edgar Cayce Readings", by A.R.E. Press, Virginia Beach, Virginia, 1957. The following ingredients should be added to 12 gallons of distilled water: 2 pounds of Copper Sulphate, 1 ounce of concentrated sulphuric acid, 30 grams of zinc, 2 pound of willow charcoal. The gold chloride solution should be made in the strength of 1 grain to one ounce of distilled water and three ounces of this solution should be used at a time in the solution jar through which the nickel pole lead passes before being attached to the nickel plate on the body. The solutions should be changed every 30 days.

The wet cell should be used for 45 minutes each day (preferably in the evening) in the following manner: The 3-inch nickel plate should be lightly sandpapered and then taped to the right upper quadrant of the abdomen at a point which would correspond to the location of the` distal end of the duct of the gall bladder. (This position would be somewhere between 2 to 4 finger breadths to the right of the umbilicus and 2 to 4 finger breadths toward the right costal margin.) The 1 inch copper plate should be similarly placed on the spine between the 9th and 10th thoracic vertebrae one day and at the level of the fourth lumbar the next day.

2. Massage

Immediately after the Wet Cell treatment each day the body should receive a thorough massage with a mixture of oils in the following ration: two ounces of olive oil, two ounces of peanut oil, and one fourth ounce of melted lanolin. The massage should start with the base of the skull and work down the spine and para-vertebral areas to the distal ends of the extremities. The massage should be done with a circular motion. No more than an hour should be required for the massage.

3. Diet

The suggestions given in "The Normal Diet" pamphlet are consistent with the non-constipating and low-fat diet suggested by the multiple sclerosis readings. Parts of the diet (such as seafood) which were specifically emphasized are enumerated in the Discussion of Treatment section above.

VI. Conclusions

This report has been a preliminary step in the study of Edgar Cayce readings given for multiple sclerosis. An attempt has been made to organize the data, which appears in a somewhat confusing language and terminology, into an understandable pattern. With the reservation that all the cases classed in Groups I and II actually may not have been multiple sclerosis, the majority of the cases seemed to indicate a complex although only generally stated etiological theory. The majority fell into a tri-partite scheme of treatment. Here again the broad outlines were consistent, but the details varied from case to case. No conclusions can be drawn about the validity of either the etiological theory or the treatment program from the results of this study. Many questions are raised on the one hand because of the generality and vagueness of many statements in the readings, and on the other because of specific mechanisms and treatments which are not substantiated by modern medical science. A study such as this can only hope to give hints and point the direction for further research which perhaps may help to unravel some of the present unknowns in the etiology and treatment of multiple sclerosis.

Walter N. Pahnke, M.D.

July, 1960

Edgar Cayce Foundation

[See page 27 for reading #907.]

MULTIPLE SCLEROSIS

Definitions of some of the terms found in this report.

axone, axon: the axis of the body, the spine; the central core which forms the essential conducting part of a nerve fibre.

colonic: colonic irrigation: process of flushing the colon with water, a two-step process of input and out-take that allows higher flow of the water. Differs from an enema in that it is a stimulating and corrective process, whereas the enema is a relieving process. Colonics cannot be given to oneself or another and must be given by a professional, in many cases a R. N.

microglial cells: a type of migratory nerve cell, concerned with waste products of nerve tissue.

myelin: a fatlike substance forming a sheath around certain nerve fibres.

neuron: a nerve cell

Wet cell battery: a device constructed from instructions given in the Edgar Cayce readings. For more information, request the circulating file “Appliances: Wet Cell” from the Membership Services Department

violet ray: a static electric treatment. For more details, request circulating file “Appliances: Violet Ray” from the Membership Services Department

APPENDIX:
Case Breakdown by Groups

Group I: (34 cases)	Group II: (22 cases)	Group III: (13 cases)
1623	464	1119
1865	1031	1555
2159	1199	1571
2453	1545	1618
2983	1676	1898
3041	2053	1905
3093	2499	3011
3118	2564	3114
3124	2619	3303
3151	2994	3310
3186	2997	3384
3218	3080	3491
3232	3095	5019
3275	3103	
3306	3367	
3382	3567	
3521	3602	
3612	4005	
3626	5107	
3695	5402	
3779	5403	
3907	5500	
4014		
4036		
4044		
4048		
5031		
5073		
5108		
5129		
5158		
5238		
5268		
5324		

The Most Common Types of Etiology and Treatment

Classified According to Frequency of Occurrence In the Fifty-six Cases
of Groups I and II

Items Specifically Mentioned in Readings	Group I (34 cases) %	Group II (22 cases) %	Total Percent (56 cases) %
ETIOLOGY:			
1. Glandular disturbance or hormonal imbalance	19 56.0	11 50.0	30 53.6
2. Lack of the effect of gold (mentioned directly or implied by treatments)	26 76.6	14 63.1	40 71.5
3. Liver misfunction	5 14.4	4 18.4	9 16.1
4. Assimilative Problem	6 17.4	5 22.8	11 19.6
TREATMENT			
1. Wet Cell Appliance	28 82.4	14 63.7	42 75.0
a. Using in the solution jar:			
1) Gold chloride	26 76.6	13 59.1	39 69.6
2) Spirits of camphor	10 29.4	3 13.7	13 23.2
3) Iodine trichloride (Atomidine)	7 20.6	3 13.7	10 17.9
b. Slow charging with Tincture of Iodine in glass bottle suspended in the acid solution	5 14.4	1 4.6	6 10.7
c. Placement of electrodes on body			
1) Nickel - on umbilical and lacteal duct plexus	28 82.4	14 63.7	42 75.0
2) Copper - using lead passing thru gold chloride solution			
a) Level of 9th to 10th thoracic vertebrae	13 38.2	5 22.8	18 32.2
b) Level of 4th lumbar vertebra	13 38.2	5 22.8	18 32.2
2. Massage:	28 82.4	20 90.9	48 85.6
a. No oil	0	2 9.0	2 3.6
b. Simple Mixture	20 58.8	12 54.6	32 57.2
c. Complex Mixture	8 23.6	6 27.2	14 25.0
3. Diet	26 76.6	17 77.4	43 76.8
Cases in which a source of iodine by mouth was mentioned, but in which no iodine via wet cell was recommended.	8 23.6	6 27.2	14 25.0
a. Seafood	5 14.4	3 13.7	8 14.3
b. Iodine trichloride (Atomidine)	3 8.8	3 13.7	6 10.7

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Multiple Sclerosis in the Edgar Cayce Readings by Ray Bjork, M.D.

Multiple sclerosis, commonly called MS, means “many scars.” MS is one of the most widespread degenerative diseases of the central nervous system (brain, spinal cord). It is acute or chronic, usually slowly progressive, occasionally remittent. Pathologically, it is characterized by scattered patches of destruction of the fatty covering of the nerves called myelin sheath. Frequently it follows a course of exacerbations (increase in severity of symptoms) and remissions (decrease or abatement of symptoms.) Exacerbations may occur at intervals of weeks, months or years. Some have remissions for as long as twenty-five years.

Some patients rapidly become incapacitated and completely disabled. Average duration of life has been considered to be ten to fifteen years following onset of the disease, but many now live much longer. Often MS is referred to as a disease “scattered in time and space.” It is the commoncrippler of young men and women, usually attacking them in their prime of life. In two-thirds of the cases, it occurs between the ages of 20 and 40. Rarely does it occur before the age of 10 or after 50.

There is slightly higher incidence among women. Some reports indicate about 60% female patients and 40% male patients. It appears to be more common in northern latitudes, but the reason for this is not understood. No relationship to cold weather has been demonstrated. Prevalence is roughly 40 to 60 per 100,000 in the north in contrast to 10 to 13 per 100,000 in the south. It is estimated that there are 500,000 cases in the United States. Without the myelin sheath, the nerve impulses or body signals go wrong. Destruction of the myelin sheath (demyelination) causes either the complete stoppage of nerve impulses, thus producing paralysis of the parts of the body supplied by these nerves, or impulses pass through the affected nerves so weakened or altered that the parts of the body supplied by these nerves function in disturbed fashion. Scattered destruction of the fatty sheath accounts for the partial impairment of the body functions. Preservation of the nerve fibre (axis cylinder) explains the possibility of remission. When both the fatty sheath and the axis cylinder of a nerve are destroyed, impaired body function becomes permanent. Paralysis occurs late in the disease. Chronicity is a distinguishing feature of the disease.

Scattered throughout the nervous system are areas of myelin. Myelin is a fatty, protective sheath which may be likened to the insulation on electric wire, without which nerve impulses may be short circuited resulting in loss of power. The destroyed myelin is replaced by scars which are first soft, then in time become more dense and destructive. The scar at first may only impair the transmission of message from nerve center to muscle. Later the formation of other scars, resulting from subsequent attacks, leads to greater disability. Multiple sclerosis is not a killer, and life expectancy for most patients is not much less than the average. It is the progressive crippling caused by MS that creates personal and social problems.

Victims may be ambulatory, ambulatory with aids (such as a cane, crutches, or leg braces), wheelchair bound, or bed-ridden depending on the extent of the nerve damage. Due to the remissions which characterize MS, patients have found it possible to walk again after a long dependency on crutches or wheelchair. Such symptom disappearances are usually temporary, although some experience a stabilization of the disease, a condition which may continue for some time.

In addition to the United States and Canada, Australia and the countries of northern Europe report a high incidence of MS; the incidence is low in the Orient, Africa, northern South America, Caribbean and Mediterranean.¹ Sex, race, occupation, urban or rural living are not factors; MS occurs equally in all. It is not a venereal disease and is not contagious. MS is not hereditary. It may be that a predisposition is passed along but until the cause is learned, it won't be known why one of a family is more vulnerable than the other members. More than one case in a family has been known to occur. It is not a mental disease. MS'ers may experience emotional disturbances and personality changes, but these are not necessarily imposed by the disease.

Scientific Research and Etiology of MS

After 100 years of observation and study the cause of multiple sclerosis is still unknown. Many things are dependent upon discovery of the cause: early diagnosis, effective treatment and control, cure and rehabilitation for future victims, arrest and remission of symptoms, rehabilitation. The disease has never in any given patient proved to be the result of a specific cause, nor has the disease, as it exists in man, ever been experimentally reproduced in animals.

There are many theories. Some are based on the similarity of MS to other diseases, some on the response of patients to certain environmental factors, some on examinations of blood, some on affected tissues and cells revealed through autopsies. Some of these hypotheses are:

- (1) That a virus or spirochete may be the cause.
- (2) That MS has an infectious origin.
- (3) That it is due to a metabolic disturbance or defect.
- (4) That loss or inactivation of enzymes necessary to myelin formation or replacement is the reason.
- (5) That blood clotting, or venule spasm or some imbalance in the blood is the source.
- (6) That allergens are to blame.
- (7) That some unidentified poison is the agent.

These and others have been probed and reinvestigated. None has been proved. Advances in our knowledge of the geographic distribution of MS may well be a most important and recent development. Observations throughout the world have been reported by researchers in various places. Alfred R. Shotin, Melbourne, Australia, reported a study of the geographic distribution of MS the world over. In this analysis, he suggests the environmental factor. He believes the dietary habits of man seem to correlate with the geography of the disease. He speculates that the susceptibility to MS is the

¹ McAlpine, D.; Lumsden, C.E.; Acheson, E.D.; *Multiple Sclerosis*; Baltimore; The Williams and Wilkins Company; 1965

intolerance to gluten (the protein of wheat and other grains) and this may be an inherited characteristic. This hypothesis conforms with criteria laid down by some neurologists and epidemiologists. This knowledge has held the attention of Dr. Roy L. Swank² who directs research at the University of Oregon Medical School and Clinics. These findings have been scrutinized for possible meaning. Experiments to test the suggested significance of these observations have been, and are being made. If this analysis is correct, the concept of intestinal origin of this perplexing disease may provide a pathway to its solution.

There will be seen a rather interesting correlation between these findings and the statements that Edgar Cayce made relating to the inability of the body to absorb gold and this in turn bringing about the pathology which provides the disease which we call multiple sclerosis. This will be discussed more extensively later on in the paper.

Prognosis

The course of MS is variable and may be classified as follows:

- (1) In rare cases, a sudden, severe course may lead to death in six to twelve weeks.
- (2) In other patients one sees a fairly rapid downhill course terminating in death in five to ten years. These patients usually have a number of recurrent, rather severe episodes with intervals of relative recovery during the first two years, but are then left with increasing difficulties (following successive periods of worsening) often not living a year or two after becoming bed-ridden.
- (3) In some patients, the course is characterized by relatively minor attacks of brief duration (days, weeks) separated by periods free of symptoms (months, years) and followed by slowly, insidiously progressing disabilities. This may lead, after ten to twenty years, to some degree of chronic disability such as weakness in an arm or leg, which may not materially shorten life.
- (4) In some patients, the course is characterized by gradually developing loss of the ability to move and a slow, steady downward progression, with fluctuations in the symptoms too slight to be called a relapse or remission. Onset later in life is more apt to be followed by this type of course and in general has a poorer prognosis than the remittent type beginning before the age of 25 years.
- (5) In infrequent patients, the few widely spaced attacks early in life are never followed by subsequent recurrence or by progressive disability, the disease presumably remaining quiescent throughout the balance of a normal life span.

In general, MS is a disease of the nerves, not of the muscles. However, all muscular activity (contractions, relaxations) are controlled by nerve impulses. Muscles are made stronger and bigger by exercise. Nerve energy is restored by rest. Thus the MS'er (MS patient) has to adjust his daily life so as to do a little standing, a little walking and sitting. It is not good to sit in a chair or lie in bed all the time. After prolonged sitting in a chair or lying in bed one loses the ability to use his legs. It is most important to conserve energy. The MS'er has none to spare or waste.

² Swank, R.L.; *A Bio-Chemical Basis of Multiple Sclerosis*; American Lecture Series Publication No 417; Springfield, Illinois; Charles C. Thomas, Pub.; 1961.

Certain factors seem to bring on relapses:

- (1) poor health;
- (2) generalized infections;
- (3) illness with fever;
- (4) too much exertion or undue fatigue (5) injuries;
- (6) allergic diseases; and
- (7) emotional disturbances (tensions, worries).

At the present time there are no specific agents for the treatment of multiple sclerosis. However, we feel that every MS'er may benefit to some degree from the skillful use of 'those modalities which are well understood, economical, widely available, and encompass a wide range of safety.'³

In addition to the wide variety of physical therapy techniques which the physician may find at his disposal in caring for the multiple sclerosis patient, a new dimension is added when one' looks at some of the concepts of causation and therapy that are spelled out in the readings given on this disease by Edgar Cayce.

*Etiology And Mechanism Of Pathologic Physiology
Suggested By The Readings*

The basic biochemical process stated in reading 907 was that MS was the result of a lack of gold upsetting the normal balance of metabolism which caused a glandular imbalance and in turn resulted in a hormonal deficiency or imbalance. This hormone was said to be necessary for the proper functioning of the nerves.

Multiple Sclerosis in the Cayce Readings

The reason for lack of gold was tied to a defect in the assimilating system (probably digestive system) which in turn was kept in proper working order by the proper hormonal balance from the glands. (Assimilation - the transformation of food into living tissue; constructive metabolism.) Because the glands were in turn dependent upon the proper amount of gold in the system, this would lead to a circular feedback relationship between gold, glands, assimilating system.

Thus, according to the readings, MS is not caused simply from a lack of gold in the diet, but perhaps from a lack of the capacity of the digestive system to assimilate gold or perhaps inability of the body to use the gold assimilated. In reading 907: "What glands are involved?" The answer was given: "Those about the liver and the gall duct."

The only endocrine glands in that anatomical neighborhood are: (1) Islets of Langerhans in the pancreas and possibly (2) the adrenals. Perhaps the lymph nodes around the liver and gall duct are indicated, but no specific hormone-producing function is known for them.

In reading 1623 and 1031, the liver, pancreas and spleen are mentioned as if they were "glands." The liver was said to enable the other glands to function normally, presumably by the production of a substance which affected the glands. (3275) In 1031 a thyroid and liver balance was described. In 2564 the adrenals were mentioned in regard to the effects of mental attitude upon them. The readings are not clear as to the exact

³ Alexander, L.; Berkeley, A.W.; Alexander, A.M.; *Multiple Sclerosis Prognosis and Treatment*; Gantt, W.H., Ed.; Springfield, Illinois; Charles C. Thomas, Pub.; American Lecture Series Publication No. 405; 1961.

relation of the liver to pathologic process in MS. In 907 the excretory function of the liver is mentioned as an aid in the assimilation of food in cooperation with the pancreas. See also 1623 and 3907. This would presumably be the production of bile which aids in the digestion of fats which are absorbed in the small intestine through the lacteals.

Other readings implied there were glands within the liver itself (2983, 3306). In 5238 one lobe of the liver was said to have softened, and in 2997 a whitening in the liver was described. Thus, the exact relationship of the liver, glands in the liver, and the other glands remains unclear.

However, the glandular disturbances which the readings indicated in a general way to be caused by an imbalance between the digestive system, the amount of gold in the body and the liver was repeatedly described by the readings as the direct link in the mal-functioning of the nervous system in MS. The missing substance from the glands was supposed to be a nutrient to nerve tissue and the nerves were repeatedly said to lack a proper balance of nerve energy or "stamina." (1031, 1865, 2983)

In 907 a lack of nervous energy caused a poison to form in certain nerve cells and then the other surrounding cells are poisoned, resulting in a pulling apart and elongation of originally round cells.

The hormonal lack was said to cause a breakdown of the cellular forces in the nerve walls. This breakdown of nerve "walls" coupled with the description in 907 of wasting away or dissolving of the nerves could be taken as a description of the pathological loss of myelin sheath or white matter of MS. There was not a mention of this specific term in the reading. The lack of gray matter was mentioned in 3626.

Pathologically, there is damage of both the "white" myelin sheath and "gray" axon in the disease, although demyelination is usually more common and occurs first as the pathology of MS - the lack of myelin is most obvious in the spinal cord and brain.

In summary of the theory of the etiology and pathologic physiology of MS as presented by Edgar Cayce, it must be said that:

- (1) Balance or equilibrium between the organs and systems were emphasized.
- (2) Some factors which are not part of the current medical knowledge about the disease were mentioned.
- (3) Glandular imbalance caused the lack of hormonal system which acted to form a poison which was responsible for the pathological process in the brain and spinal cord.
- (4) The glandular imbalance was caused by a lack of gold and by lack of a substance produced in the liver. All of these factors were to be interrelated by the proper functioning of the assimilative system.
- (5) A genetic factor was mentioned.
- (6) An infectious agent was explicitly denied.

Treatment

- (1) Use of low voltage wet cell battery carrying the "vibration" of gold to the body.
- (2) Massage.
- (3) Diet.

"Atomic effect" of gold, as seen in the readings, is needed to establish the balance in certain glands that might produce those hormones which are essential to the

maintenance and proper rebuilding of normal nerve tissue. This is not ingested, not injected, but vibratorily applied by the battery, followed by massage. A diet which follows most of the concepts of diet in the readings is suggested.

Treatment for MS has to be of long duration - from three to seven years, usually. Of importance is *completeness, continuity, consistency, hopeful mental attitude by the patient and by those who give the treatments.*

Much of this material has been worked up in a report for the Association for Research and Enlightenment by Walter Pahnke, M.D. I am drawing, to some extent, from his information which can be found in the circulating files.

I am currently working with a number of MS patients as part of the research program of the Edgar Cayce Foundation. Because of the long, extended nature of the disease, no preliminary report can be given, but we can be assured that a beginning has been made researching into this very difficult condition.

Presented to the Third Annual Symposium of the Medical Research
Division of the Edgar Cayce Foundation in Phoenix, Arizona,
January 11, 1970.

INDEX OF READING 907-1

Doctors: Bjork, Ray: M.D.	Par. R5
: Pahnke, Walter N.: M.D.	Par. R4
: Taylor, Charles Goodman: M.D.	Par. B1--B3, R1--R3

MULTIPLE SCLEROSIS: GENERAL

PHYSIOLOGY & ANATOMY: MULTIPLE SCLEROSIS

Research: Readings: Multiple Sclerosis: Pahnke, Walter N.: M.D.	Par. R4
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BACKGROUND OF READING 907-1

B1. 6/30/38 Dr. Taylor had a Physical Reading for Mr. [1623], a Multiple Sclerosis case, via Hugh Lynn Cayce and D.E.K. See correspondence in [1623]'s file.

B2. 1/8/39 Dr. Charles G. Taylor's letter to EC:

"...In compliance with the suggestion of your son, I am sending a list of questions on Multiple Sclerosis for a reading [907-1] preliminary to our getting together at some future date. If this meets with your approval I shall be deeply interested to have answers to the following questions.

"The material pathology of Multiple Sclerosis is a disease of nerve fibres in the spinal cord and brain. The insulating sheathes of these fibres are evidently attacked by some destructive agent which causes them to 'melt away' and be replaced by fibrous tissue.

Could you tell me what the nature of this process is?

"And what, if any, is its relation to the psyche? What is the nature of this agent which produces this process? Where does this agent originate? Is it from an infection, that is, due to the toxin or poison of an organism invading the body, - or is it a poison produced by an organ or gland in the body? Or is it a change in the tissue of which the sheath is made so that it becomes susceptible to an agent otherwise harmless? If so, what is the nature of this change?

"Apparently the poison has a specific action on the nerve fibre sheaths, or is this not so? By what infectious organism or by what organ or gland is this poison produced? Has it any relation to the secretion of the stomach, or the function of the liver or pancreas? And if so, what is there to do about it? Would a preparation made from the glands of the stomach be helpful?

"These questions should at least form a working basis for further investigation. Awaiting your reply with interest and appreciation, believe me, with kindest regards..."

B3. 1/23/39 Letter from Dr. Taylor's secretary to EC:

"...Dr. Taylor requested the excerpts from the treatment advised for [1199] and he very much appreciates your sending it. However, the portion of the reading he was particularly interested in has to do with the diagnosis and explanation rather than with the treatment. Would it be too much to ask that you send him the original reading complete? Thank you for your kind cooperation..."

B4. 1/25/39 GD sent copies of all three readings of case [1199].

TEXT OF READING 907-1

This psychic reading given by Edgar Cayce at his home on Arctic Crescent, Virginia Beach, Va., this 25th day of January, 1939, in accordance with request made by Dr. Charles Goodman Taylor, through the Manager of the Association for Research & Enlightenment, Inc., Mr. Hugh Lynn Cayce.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Steno. Hugh Lynn Cayce and Edgar Evans Cayce.

R E A D I N G

Time of Reading 169 East 78th St. 3: 50 to 4: 10 P. M. Eastern Standard Time. New York, N.Y.

1. GC: You will have before you the request from Dr. Charles G. Taylor of ... St., New York, N.Y., for a research reading on the disease known as Multiple Sclerosis. You will consider the following statement from Dr. Taylor: "The material pathology of Multiple Sclerosis is a disease of nerve fibres in the spinal cord and brain. The insulating sheaths of these fibres are evidently attacked by some destructive agent which causes them to 'melt away' and be replaced by fibrous tissue." Please answer the following questions.
2. EC: In giving the true pathological condition, as we find this condition of the spinal cord and of the brain is rather the result of conditions which arise in the assimilating system from the lack of a balance in the hormones of the blood supply.
3. And it is then a nerve condition, but IMPOVERISHED from the lack of this condition in the bloodstream, or the glandular forces as supply from the system those elements necessary to give the elasticity or that activity which is necessary.
4. Then this is the source, and the condition in the spinal cord and brain is the effect of that called Multiple Sclerosis.
5. The condition, of course, in each individual may be said to be a law unto itself. This, to be sure, is dependent upon that influence from which the activity of the first cell is taken in a body or entity.
6. Now as the nerve system is that channel through which the atomic energies, or electronic atomic energies pass for activity, there is then the lack of certain elements within the system and in the abilities of the body to produce through the activity of the assimilating system that of GOLD.
7. Ready for questions.
8. (Q) Is this condition produced by an unbalanced diet, or functional failure of glands?
(A) A combination! For as has just been indicated, in determining the factor as to whether this is a glandular or a diet condition, there must be the HISTORY of the case itself considered, and the effect there has been upon the parentage as to the sufficient amount of the cellular force ABOUT each of those atomic forces as go to make up the first cell - or the first foetus itself.
9. (Q) If it is a case of unbalanced foods, what should be added?
(A) This depends upon the progress of it. But as has been indicated, it is then the effect of gold - the atomic effect of gold that should be added to the system.
10. (Q) Which glands are involved?
(A) Those about the liver and gall duct.
11. (Q) What is the nature of the process of the breaking down of the sheaths of these nerve fibres?
(A) Nerve fibre is both positive and negative, or both white and gray matter, as it passes through the activity of the system. When there is a deficiency of that which

supplies to the negative or positive force, there is a drain then that begins upon the system. And as there is the lack of those elements that give stamina or energy to the activity of that portion, it begins first then in those forms of a drain or strain and these GRADUALLY then take away or they dissolve, or their cells instead of being round in their nature become elongated and gradually pull apart. Thus the system attempting to build resistance from same causes the losing of the use of any of the energies necessary to replenish same. It's a WASTING away.

12. (Q) Describe the original process which begins in the liver and gall bladder area.

(A) The cellular force here, or the glandular activity, draws from the spleen, pancreas and the juices or the excretory functioning of the liver, in the activity of assimilation with the drainage forces from the lacteals.

This then, lacking in the energies, gradually builds conditions that become hardening forces; which form in that connection between the gall duct itself AND the activity to the larger glands in their assimilation such that a hardening of that portion begins.

Then these gradually act upon the nerve system; by first, as it were, the loss of memory for the moment, then the conditions that may be set up either in the lower portion of the spinal cord or that about the brush end, and those activities gradually increase until they affect or move along the cord itself (in a portion of same) to the brain. And these begin then in the activity upon the use of various portions of the system.

13. (Q) Is any outside agent or germ involved in this process?

(A) We do not find it so. Rather is it the lack of keeping the proper balance about each cell in its division as it increases in its activity.

14. (Q) Is this a lack of nerve energy to this particular cell, or a poison which is forming and attacks?

(A) A poison, naturally. The lack of there being sufficient [nerve energy] makes for a poison to other cells about the original, or the central forces of such activity.

15. (Q) What can be done to prevent this disease?

(A) Keeping a nominal balance of those things in the system that make for keeping the normal balance of the elements or the metals for the system.

Most of these may be tested especially from the spermatozoa.

16. (Q) What is meant by that last statement, - please explain?

(A) The reproductive glands first become noticed, as to the lack of those elements for reproduction. Then when these are discovered, - a lacking in these, - there would be the addition then of the gold necessary.

17. (Q) Is this best to be given vibratorially, or taken internally?

(A) Vibratorially is always better for ANY that is a preventive or a destructive force to those influences from within a cellular activity.

18. (Q) What general steps should be taken in curing it?

(A) As has been indicated, or may be drawn from an analysis of that just indicated, there should be the proper distribution. This, of course, depends upon very much the advanced stage of the condition. This is presupposing that it's taken with the first symptoms, see? or the beginning of sterility, or the inactivity from the system as it may be called. The adding then of those vibratory forces as combined with the elements in the diet would be to make for sufficient of gold, silver and iron in the bloodstream.

19. (Q) What suggestions may be given now as to further research readings on this subject through this channel? And explain for Dr. Taylor's benefit the source of the information given here.

(A) This may be taken by first the examinations of that as we have just indicated, and as to how it checks with those conditions existent in the varying stages of that which has been called Multiple Sclerosis. Then those questions relative to the conditions as they advance, or the effect which has been and is created in the various stages upon individual cases. Then there may be asked for that as would clarify same in the mind of one desirous of making application of information that might be given.
Sources - the universal consciousness.

20. We are through for the present.

REPORTS OF READING 907-1

R1. 1/26/39 EC's letter to Dr. Taylor: "Hope you find the reading of interest. If it is worth going into further, see Hugh Lynn, and talk it over with him. Know that I am glad to try and help if there is anything to be gained from these undertakings.
"Thanking you for your interest and trusting I may be used for some help to my fellow man..."

R2. GD's note: During the next two years a copy of every reading on a case of Multiple Sclerosis was sent to Dr. Taylor, and people were referred to him. For instance, besides Case [1623], see cases [1640], [1865], [1905], [2453], etc. Hugh Lynn was in New York part of that time, on WOR "Mysteries of the Mind" program, and spent much time with Dr. Taylor and the various patients whom we referred to him with readings.

R3. 2/21/41 Dr. Taylor's letter to EC: "Your recent reading on Multiple Sclerosis [2453], was sent to me along with the request that I notify you if I am interested in receiving further readings on this subject.
"With sincere appreciation of your cooperation, your interest and unfailing response, I must admit that further readings would have no value to me.
"Many thanks and always best wishes."

R4. See Source File Key #907 for A Study of 69 cases of MULTIPLE SCLEROSIS in the EDGAR CAYCE Readings prepared for Advisory Board of Physicians, by Walter N. Pahnke, M.D., re 907-1.

R5. See Source File Key #907 for "MULTIPLE SCLEROSIS RESEARCH BULLETIN, by Ray O. Bjork, M.D. re 907-1.

INDEX OF READING 5031-1 F 36

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Physiology & Anatomy: Multiple Sclerosis	Par. 2
Physiotherapy: Massage: Lanolin: Multiple Sclerosis	Par. 15, 16
: Oils, Olive:	Par. 15, 16
: Peanut Oil:	Par. 15, 16
Prophecy: Personal: Warning: Physical	Par. 3

BACKGROUND OF READING 5031-1 F 36

B1. Born in Ohio, 4/2/08; married; no children.

B2. 11/7/43 Husband's letter: "I am very interested in obtaining your services in curing my wife who has been a victim of multiple sclerosis for 9 years... This illness is one of the spinal cord and produces increasing paralysis. We have done all that our local doctors know to do for the trouble, but without real improvement. Will you please let me know under what conditions you can help us..."

B3. 12/20/43 Husband's letter: "...The primary question we wish to ask is of course: (1) How can my wife be cured? (2) The next is, what caused her illness? (3) What can be done to prevent any recurrence? (4) Would it be best to move to some other section of the country, and if so, where? I work nights, would it be best for me to be awake too at the time of the reading? Of course, I ask that the reading be scheduled for the earliest date possible, because my wife's illness is becoming progressively worse, and it is only natural that we would be anxious. The trouble causes paralysis, and she is nearing the point of helplessness. Please send me the following publications..."

B4. 1/8/44 Husband's letter: "...My wife will be at ..., Ohio, since she is paralyzed and cannot move more than 20 feet before becoming completely tired out. Most physicians have held out little or no hope that she will ever be cured. We have long been convinced that it would take a man with a great deal more than common medical understanding to fathom the trouble and evolve a cure. The questions are these: (1) How to cure her trouble? (2) How to prevent any recurrence? (3) What caused the trouble in the first place..."

TEXT OF READING 5031-1 F 36 (Housewife (Formerly Schoolteacher), Protestant)

This Psychic Reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 17th day of April, 1944, in accordance with request made by the self - through husband - Mr. [...], new Associate member of the Ass'n for Research and Enlightenment, Inc., recommended by the article in "Coronet."

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Steno. (Notes read to and transcribed by Jeanette Fitch.)

R E A D I N G

Time of Reading Set bet. 10: 30 to 11: 30 A. M. Eastern War Time. ..., Ohio.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time; giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions as I ask them.

2. EC: Yes. Here the conditions are of the progressive nature - or multiple sclerosis - or the activity of lack of the glandular force to produce or reproduce in itself the stamina or impulse in the nerve forces for coordinated activity in nerve centers. Thus the coordination between cerebrospinal and sympathetic nervous systems is lacking. The chemical forces in the blood supply are lacking, or that assimilated lacks the ability to give this stamina to the body.

3. While the body has not as yet lost the full control, it becomes very tired, very weak, and everyone should be very cautious never to leave the body by itself when it attempts to move about the house. Someone should be in attendance, for a fall will occur unless there are real precautions taken, and it will be rather serious - not only to the injury that may occur, but the fear that will be a part of the experience to the unconscious or subconscious, or superconscious self.
4. But if we will begin with these we may bring better conditions for the body.
5. Begin with the use of the Wet Cell Appliance, carrying alternately the properties of Gold and Atomidine into the body.
6. The Appliance should be made with the regular charge, the two pounds of Copper Sulphate and the rest of the solutions in proportion, or with zinc and the acid, but only half a pound of Charcoal.
7. The Appliance would be used for thirty minutes each day, one day using the Gold Solution (in the proportions of one grain to each ounce of distilled water - and use at least three ounces); the next day using the Atomidine (one ounce of Atomidine to two ounces of distilled water - not tap water, but distilled water.)
8. Each day the large nickel plate, through which the solution passes vibratorially to the body, would be attached at the umbilical and lacteal duct center, which on this body would be the width of five fingers (this means the body's own fingers, and not the thumb) from the naval center to the right and three fingers up from that point - which is rather high up on this particular body.
9. When using the Gold Solution, the small copper plate would be attached to the lumbar axis.
10. The next day when using the Atomidine the small plate would be attached to the brachial center, you see, or between the shoulders.
11. The Gold Solution may be made up in quantities, and kept in the dark; that is, it ordinarily comes in fifteen grain ampules. The whole amount may be used to make fifteen ounces and this kept in the dark, using three ounces at the time.
12. Recharge the Appliance every thirty days. Change the solutions every thirty days.
13. Do keep the attachment plates very clean. Do remove the connections from the solutions when not in use, getting them ready for use and attaching them at least twenty minutes before the application is made to the body.
14. Do these persistently and consistently, continuing to alternate the attachments in the manner indicated.

15. When the Appliance is removed, do massage the body thoroughly each day with this combination of oils:

Olive Oil.....2 ounces, Peanut Oil.....2 ounces, Lanolin (melted).....1/4 ounce.

16. Massage in a circular and a rotary motion, following out the centers from the locomotory centers; that is, from the brachial center especially follow out the nerves across the shoulder blade and out the arm to the finger tips. Then from the lumbar-sacral area follow out the nerves along the sciatic area on the inside of the limbs, under the knees, and even to the bursae in the heel and in the toes; though we would massage away from the body; that is, from the brachial center towards the finger tips, and from the lumbar axis toward the toes.

17. In the diet there should be a great deal of raw vegetables, especially mixed with gelatin. Even vegetable juices taken with gelatin would be well; not set, however, but taken as soon as the gelatin is stirred in same, to act in and with the gastric flows of digestion. Also have fish, fowl and lamb. Have more of the vegetables growing under the ground than those growing above the ground, for this body; such as the tuberous natures - potatoes, carrots, the oyster plant; all characters of vegetables that are grown under the ground. These should form the chief amount. To be sure some leafy vegetables should be taken, but have at least three of those under the ground to one of those on the top of the ground, for this body. Rutabaga, turnips, all such are well for this body; not in too large quantities, but they form the salts and the character of vitamins in the right combinations to make for the strengthening of this body.

18. Do that.

19. Ready for questions.

20. We are through with this reading.

REPORTS OF READING 5031-1 F 36

R1. 5/44 Wet Cell Appliance ordered from Marsden Godfrey.

R2. 4/4/45 Husband's letter: "I would like to ask if you have a survey made of any or all of the multiple sclerosis cases that have had readings made by Mr. Cayce, and have followed the treatment prescribed. We had a reading for my wife on 4/17/44, and have followed the directions FAITHFULLY ever since, but she has been getting steadily worse, and we wonder what may have been the experience of others in such cases. Has it been necessary to change the treatment several times? A year ago, she could get around the apartment fairly well, but now she is unable to walk at all, and sits all day in a wheelchair. We would very much appreciate any information that you could give us..."

R3. 4/6/45 Multiple sclerosis extracts sent; also publication list and sample of Weekly Readings Extracts and Dairy Letter.

R4. 3/30/50 Questionnaire sent. No reply.

R5. 10/20/52 No record of verbal or written contact on this case since 4/4/45.

INDEX OF READING 5073-1 M 28

Appliances: Wet Cell: Multiple Sclerosis	Par. 5—7
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: Vitamins: E: Wheat Germ Oil	Par. 8
: One-A-Day	Par. 8
Doctors: Young, G. Alexander: M.D.	Par. B3
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MULTIPLE SCLEROSIS

Physiology & Anatomy: Multiple Sclerosis	Par. 3, 4
Physiotherapy: Massage: Lanolin	Par. 7
: Oils, Olive	Par. 7
: Peanut Oil	Par. 7

BACKGROUND OF READING 5073-1 M 28

B1. Born 3/11/15 in Michigan; married; no children; religious preference not indicated.

B2. 2/14/44 Wife's letter: "...Would you give a reading first, for my husband, who is afflicted with multiple sclerosis? It seems there is so little that can be done for it medically. About the time my husband became ill, I became afflicted with tuberculosis (both lungs). It is almost 2 years ago..."

B3. 3/3/44 Wife's letter: "Two years ago my husband [5073] began to lose his equilibrium, his gait became unbalanced, at times, along with numbness in the left hand, and double vision. After thorough examinations and spinal test by the foremost neurologist in the middlewest, Dr. Young G. Alexander, M.D. of ..., Neb., the complication was diagnosed as multiple sclerosis. The spinal test showed a cell count of 38 - way above the normal. He was hospitalized early in June 1942, when typhoid vaccines and thiamine chloride shots were administered, plus high caloric diet. After 2 months, he was released; there was nothing more that could be done. In September 1942, he came to Calif., and has been working under very difficult physical conditions; still losing his equilibrium, and can hardly walk. Several physicians have told my husband that their knowledge of multiple sclerosis is extremely limited, not knowing what causes it, or how to treat it. His questions are as follows: (1) Would another climate be more suitable? (2) Is there any particular food preferred? (3) Would any type of diathermic treatment and manipulation help?"

B4. 4/6/44 Letter: "Please send us the booklet, 'Am I My Brother's Keeper?'... Needless to say, the information reposing in those files is very important to us all..."

TEXT OF READING 5073-1 M 28 (Mechanical Engineer)

This Psychic Reading was given by Edgar Cayce, at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 9th day of May, 1944, in accordance with request made by self, through the wife, Mrs. [...], new Associate Member of the Ass'n for Research and Enlightenment, Inc.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, and Gussie W. Millaway, Stenos.

R E A D I N G

Time of Reading 3: 40 to 4: 00 P. M. Eastern War Time. ..., Calif.

1. GC: Now you will have before you the body of [5073] who is at ..., Calif. You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time, giving the cause of the existing conditions, also the treatment for the cure and relief of this body. You will speak distinctly at a normal rate of speech, answering the questions as I ask them:

2. EC: Yes, we have the body here, [5073].

3. As we find the disturbances here are progressive in their nature, and unless there can be added to the system that which will make corrections and allow the body to build back to that of sufficient energies for the voluntary nerve forces, and the involuntary nerve forces to be coordinant, the body will continue to lose its equilibrium or balance.

4. For the disturbance is the lack of stamina in nerves and tendons for controlling of the voluntary nerve forces of the locomotory centers. For as the control between the sympathetic and cerebrospinal becomes less and less cooperative, greater becomes the lack of proper equilibrium and control of the limbs of the body.
5. As we find, there would be first the addition to the body energies with the use of the Wet Cell Appliance. This as we find for this body should be constructed a bit differently from those that are ordinarily prepared, for in this particular case we would first make the appliance suspend in the solution 2 ounces of Tincture of Iodine, and then put this on a battery charge to allow the solution itself to be charged with the Iodine in the solution. The charge should be for an hour, as that of a regular charge for a battery for a car, see?
6. Then use this in the ordinary way with Chloride of Gold in the solution that passes through those connections that are applied to the umbilical and lacteal duct plexus, and the charge of the copper plate to be at the 9th dorsal. This of the Gold Solution to be 1 grain to 1 oz. The solution to be made up with Copper Sulphate 2 lbs. to the 2 gallons or 1 1/2 gallons of water, rain water or distilled water. Six Drams of Zinc, and 1 1/2 oz. of the Acid. No charcoal in this appliance. Do re-charge the appliance every 30 days. Do disconnect the wires attached to the body when not in use. Do take the connections out of the gold solution when this is re-charged. After 30 days, re-charge. You may use the same solutions, but re-charge the solution with the Tincture of Iodine in the solution, with the regular battery charge for the same period, see?
7. This should be used every day just before the body is ready to retire, and to be used for one-half hour, followed by a thorough massage with equal portions of Olive Oil and Peanut Oil with 1/4 oz. of Lanolin added to each 2 oz. of Peanut Oil and 2 oz. of Olive Oil. This massage should be especially in the areas of the brachial centers, 9th dorsal, lumbar and sacral axis. Do massage the limbs; the lower limbs as well as the arms thoroughly with this oil.
8. In the diet, do not take any quantity of salt. Do have a great deal of vitamin B-1 Complex, hence we would take a stimuli with the regular diet itself of B-1 Complex Tablets, One-A-Day Brand.
9. Also, at least once each day take Wheat Germ. This may be taken with foods or cereals, but preferably with cereals. If it is impractical to get wheat germ oil that is prepared, take one tablet, or if gotten in the bulk, take 5 drops of same once each day.
10. We will bring help if we will be persistent.
11. Ready for questions.
12. Climatic conditions will have little or nothing to do with this. The diet is indicated: Take sea foods, especially fish. Very little or "red meats" though liver should be a part of the diet at times, and this broiled, not made hard, but broiled, and as raw as this body will eat it.
13. We are through with this reading.

REPORTS OF READING 5073-1 M 28

R1. Mr. [5073]'s wife was given a Physical Reading the next day. For further details pertaining to both of them, see wife's case, 5097-1.

R2. 6/29/44 Wife's letter: "We received a copy of the recent bulletin, and in accordance with report, so many things have occurred since commencing to apply your most enlightening suggestions. If this becomes too lengthy, please do not be too provoked with us. The following I took down in shorthand from my husband:

"He says, 'My reading was scheduled between 3: 30 and 4: 30 Eastern War Time, which made it 12: 30 to 1: 30 Pacific War Time. I arrived home from work 25 minutes after 12, had a glass of tomato juice, laid down and started to read scripture passages. Not feeling what I had anticipated, I was beginning to wonder if Mr. Cayce would ever find me this long distance and all. Realizing that wishful thinking doesn't accomplish much, I began to concentrate very hard on Mr. Cayce; shortly thereafter I felt the contact that was akin to a vibratory wave motion. Feeling certain now of the contact, I relaxed somewhat, but physically, I still felt short of breath and my heart raced. This very definite feeling or vibration continued for approximately 20 minutes, and then just as definitely left off.' "My husband has been using the Wet Cell Appliance since 6/6, and the other suggestions were commenced immediately. I try to be of as much help as possible, and the good Lord is very obviously guiding and giving me strength to do so. There is a slight change in his entire body; he has more energy and we know that gradual improvement will be coming..."

R3. 8/4/44 Letter: "...For my part, there has been a gradual over-all feeling of slight betterment..."

R4. 9/7/44 Wife's letter: "...My husband is persistently taking his treatments (Wet Cell Appliance, etc.) At times, there seems some improvement, then several bad days. We have had such torrid weather, and then he becomes completely exhausted. I know that he works too hard, and has many responsibilities, yet he never, never complains. Makes me feel ashamed of myself. That is my main reason for wanting to get well, so I can be of real assistance to him..."

R5. 2/9/46 Letter: "We wish to thank the Association for their thoughtfulness in sending us the Bulletins at various times in the past; those issues that particularly cover us from a health standpoint, even though we have not ordered or paid for them..."

R6. 9/23/46 Wife's letter: "...I know I don't get a sufficient amount of rest, as my husband is unable to do anything. He has had a remission of his condition, and has been home for several months... Any information you may offer will be more than appreciated."

R7. 8/30/47 Letter: "I have followed faithfully for over 3 years the suggestions made in the reading. After which time I might say that the upper portion of my body is in pretty fair shape; there is no appreciable difficulty with eyes, speech or arms. However from the waist down, my progress since the reading has been poor, to put it bluntly - and in a

downward direction only. Now, it may well be that it is high time to change the position of the Wet-Cell Copper Plate from the 9th dorsal to spot along the sacral axis. I don't know. Could you tell me if the readings suggest different locations for the copper plate, other than the 9th dorsal; and what those positions would be?... While I'm writing this letter, I might add, for your records, that my wife [5097] passed away last February..."

R8. 10/9/47 GD sent 2 extracts on Wet Cell Appliance for multiple sclerosis, both cases differing from Mr. [5073]'s case in copper plate attachment.

R9. 12/7/48 Letter: "...I expect to enter a clinic for treatment, and it won't be handy to receive the publications. Perhaps in the future sometime, if and when I get back on my feet and working, I will be able to rejoin the Association. Thank you for past kindnesses."

R10. 7/31/50 Questionnaire-report: "Date of onset, 1941; steadily progressive. Physician's diagnosis and treatment: Multiple sclerosis, with no treatment and no relief. Followed the treatments outlined in the reading for 3 years. Result failure."

R11. 8/18/52 No record of verbal or written contact on this case since 7/31/50.

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Teeth: Multiple Sclerosis	Par. 7

BACKGROUND OF READING 5108-1 F 30

B1. Mrs. [5108]'s husband and Mr. Harmon H. Bro were old classmates. In 1944, while he was in the service, stationed near Virginia Beach, he visited Mr. Bro, who was working on a special assignment at the A.R.E. office. The husband told Mr. Bro how concerned he was about his wife's case, which doctors had diagnosed as Multiple Sclerosis, with no hope of recovery. Mr. Bro spoke to him about Mr. Cayce. As a result an appointment was made within the week for Mrs. [5108]'s reading. She and her mother came to Virginia Beach two days before the reading, where they remained for about a week. At that time, Mrs. [5108]'s condition was such that she tired easily at the slightest exertion. She walked with extreme difficulty, requiring assistance, especially when using stairs. Mrs. [5108], her husband, Mr. Bro and his wife, were very enthusiastic when the appointment was made for the reading. However, Mrs. [5108]'s mother did not share their enthusiasm. She was skeptical whether the reading would do her daughter any good.

B2. 5/15/44 Questions orally submitted in addition to those at the end of 5108-1: "(1) If I had my teeth extracted, would that improve my present condition? (2) Will I ever be able to have a child?"

TEXT OF READING 5108-1 F 30 (Housewife, Episcopalian)

This psychic reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 15th day of May, 1944, in accordance with request made by self - Mrs. [5108], new Associate Member of the Ass'n for Research & Enlightenment, Inc., recommended by Harmon Bro.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Gussie W. Millaway, Jeanette Fitch, Stenos. [5108] and her husband; Mrs. [5108]'s mother; Mr. Harmon H. Bro and his wife.

R E A D I N G

Time of Reading Set bet. 10: 30 to 11: 30 A.M. Eastern War Time. ..., Maryland.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time; giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions, as I ask them:
2. EC: Yes, we have the body here, [5108], present in this room.
3. As we find, there are disturbing conditions which are preventing better physical functioning. These, as we find, while apparently serious, if there are those persistencies and consistent activities as may be indicated for this body, and the keeping of that mental attitude which has been and is a part of the consciousness of the entity, the body may yet skip, hop and jump.
4. These, then, are the conditions as we find them with this body [5108], we are speaking of, present in this room:

5. First, in the blood supply, there is indicated how that there are those deficiencies in the abilities of the assimilations to supply those elements in the hormones of the body, those correct elements for the balancing and replenishing forces in nerve supplying energy.

6. This, then, is a glandular disturbance as combined with same, which causes the conditions in the muscular forces to become lacking in their ability to reproduce themselves properly. Thus, losing the ability for coordinating of the activities in the muscles and tendons and nerves, voluntary forces and reflexes become involuntary.

7. These are the sources, these are the causes of the disturbances here. While the conditions in the teeth would be better if there were some removed, this is not the source. Thus, as we find, some local work done would be advisable, but the removing of some wholly, no. For these are much better than store teeth, even though they are disturbing at times.

8. Those conditions as related to the activities of the body in conception are such that, when there has been those changes wrought as may come to the body, this will be well. For as indicated, this attitude of mind, of body is that which is in keeping with divine purpose for recreation in the earth of those souls who may bring to the earth those greater concepts of the relationships of man to Creative Forces or God, in Christ-Jesus.

9. In the applications, then: we would begin first by having prepared the low Wet Cell Appliance that will carry to the body vibratorially certain elements and properties which are the basic influence in the activity of the gland and blood and nerve supply to the body, and taken through these means or channels may be assimilated by the body, with the activities of the digestive forces to either the sympathetic or cerebrospinal nervous systems or blood supply, or without creating a taxation to any of the central organs of the body.

10. We would prepare this with the two pounds of the Copper Sulfate and the rest of the ingredients in proportion.

11. We would make the Chloride of Gold solution one grain to one ounce of distilled water, using 3 ounces of the solution at a time. This would be changed (the solution), as would the recharging of the Appliance, every 30 days. This also would be an Appliance in which there would be the charging of the Appliance with the solutions to charge; that is, making the Appliance in the manner indicated, then suspend in the solution 3 ounces of the Tincture of Iodine. Preferably have the bottle with a glass stopper, this suspended and then put on a battery charge, slow battery charge, and let it be charged for one hour. Then the solutions would be given.

12. The larger plate would be attached always to the umbilical and lacteal duct plexus, which on this body would be the width of four fingers from the navel center to the right, and two fingers up from that point. And attach the larger plate which passes through the Gold Solution, see? The Atomidine or Iodine solution is already in the Appliance, so

only the Gold as a solution is to be given vibratorially to the body. For the rest goes with the Gold Solution.

13. The small plate should be attached to the lumbar axis, see? 4th lumbar axis. This is to be taken each day for 30 minutes.

14. This is to be followed by a massage which would be thoroughly given over the whole body, particularly along the cerebrospinal and the sympathetic nerve system; that is, the spinal column and the sympathetic nerves and run parallel with the spinal column. But across the diaphragm area, just under the edge of the rib and the lower limbs, the arms, the neck, the area across the shoulders and the collar bone area, also to the entrance of the mammary glands with the 6th dorsal areas, which runs then from the 6th dorsal around under the arms to the clavicle, over the right and left breast to the lower portion of the clavicle or the breast bone, the sternum area.

15. In the massage use 2 ounces of Olive Oil, 2 ounces of Peanut Oil, 1/4 ounce of Lanolin (melted), these proportions, though a much larger quantity than just four and one-quarter ounces would be made up to be used. This should be massaged in a circular motion. When given, this should be done daily. Take the time to give this.

16. In the diets for the body: Do add the vitamins as found especially in Wheat Germ or Wheat Germ Oil, which may be taken either way, whichever is most desirable for the body. If the Wheat Germ is taken, this we would take in cereals. Or if the Oil is taken, this may be taken in the capsules or pellets which are prepared by certain drug companies and may be bought in that form. Also take B-1.

17. Then the diets or the foods: Just a regular diet. What you feel like eating, eat.

18. Keep eliminations good. If there are disturbances because of inactivity, do use occasionally enemas, as well as the senna tea, using senna leaves; say three, four or five, put in hot water, let stand for 30 minutes, strain and drink it.

19. Do these. And then the attitude through the periods when there is the application of the Appliance: Let that be the period of prayer. Ye know in Whom ye have believed, and that He is able to deliver thee from the bonds in the flesh. For who healeth thy diseases? Who keepeth thy mind, thy body in the more perfect accord? The giver of all good and perfect gifts. He who is, who was, who will ever be the light of the world to those who seek His face. He will not turn His face away.

20. Ready for questions.

21. (Q) How may I overcome the fear I have of falling down steps?

(A) Know, as He has given, that He will give His angels charge concerning thee and will bear thee up. Let that faith, that trust, which has sustained thee in the present, keep thee from fear of any kind. Not that precautions are not to be taken, for that's what

railings are built for! Hold to them, but don't trust them. Trust in the Lord who giveth man judgment and the abilities to those to prepare such!

22. (Q) Please suggest a hobby that I would use constructively?

(A) Stamps. These would be well for the body, and you'll have a very good chance soon for collecting of many such. These ye may study as to what their place is in the nations' accepting or rejecting the Lord, and such a hobby may be made to be far reaching and worth while.

Be patient, be persistent, for He will bring it to pass.

23. We are through with this reading.

REPORTS OF READING 5108-1 F 30

R1. 5/44 Wet Cell Appliance ordered from A. M. Godfrey.

R2. 10/21/44 Letter: "Mother and I hope that you and Mrs. Cayce had a most pleasant summer, and that all of you are in the best of health. I would like my check reading on Wednesday, 11/15. Our home is ... I would appreciate your letting me know the approximate time of my reading, and I would prefer it in the morning. My treatments were taken faithfully until 2 weeks ago, when the cool autumn weather came and the furnace has not been started. Up-to-date, I don't feel that I have received ANY benefit from the treatments and massages. Perhaps you will suggest a different procedure for me to follow. Hoping for an early reply..."

R3. 10/23/44 A.R.E. form letter sent regarding EC's illness.

R4. 1948 Discontinued Associate Membership.

R5. 3/15/50 Questionnaire sent. No reply.

R6. 8/51 Comment by IMG: "Last week, I approached Mrs. Harmon Bro, (who was staying at Virginia Beach) for additional information on this case. She replied: 'I haven't seen or heard from Mrs. [5108] or her husband since they were here in 1944. I do recall however, that she was very optimistic after the reading; she was especially encouraged when it stated that she could some day have a child. At that time she was not well enough to live alone; with her husband still in the service, she made her home with her mother. Because of her mother's skepticism and lack of cooperation, to my knowledge, the treatments outlined in the reading were not followed. If I ever run into them again, I'll let you know.'"

R7. 7/9/52 No record of verbal or written contact on this case since 10/21/44.

INDEX OF READING 5158-1 M 48

Appliances: Radio-Active: Multiple Sclerosis	Par. 4
Doctors: Dick, Marion: D.O.	Par. B2
: George, Henry: D.O.	Background, Reports
: Smith, J. Francis: D.O.	Par. R1, Background

MULTIPLE SCLEROSIS

Science: Polarity: Appliances	Par. 4
Vibrations: Appliances	Par. 4

BACKGROUND OF READING 5158-1 M 48

B1. Born 9/17/95 in Delaware; married; 6 children; Pennsylvania Rail Road trainman.

B2. 5/23/44 Dr. George's letter: "...This is to call your attention to the case of Mr. [5158] of whom I spoke to you by phone last week, and for whom I requested an application. Dr. J. Francis Smith, Dr. Dick's husband, has gone over Mr. [5158] and we have been working for many months. Any help that you can give us will be deeply appreciated, as we feel that this is a most worthy and deserving family. I await with the greatest interest your recommendation."

B3. 5/26/44 GD's letter to Dr. George: "Mr. Cayce is making Mr. [5158]'s appointment 5/31/44, between 10: 30 and 11: 30 o'clock in the morning. Please let us have by return mail a list of questions for the Reading which [5158], you, Dr. Smith, and interested members of the family desire. It is necessary for us to have the exact address of [5158] at the hour set for his Reading."

B4. 5/28/44 Dr. George's letter: "Having spoken to Drs. Smith and Dick about [5158], and as Dr. Smith made a neurological examination for me and helped me formulate a treatment plan, I offer the following questions which express our combined interest in this case. These are the questions that we cannot satisfactorily answer: (1) Is this a primary degeneration? If not, what is the primary cause? (2) What is the prognosis? (3) What is the treatment? Mr. [5158] will be at ..., Delaware, at the time set for his Reading."

B5. See 5158-1, Par. R1 for additional background information.

TEXT OF READING 5158-1 M 48 (Trainman, Methodist)

This Psychic Reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 31st day of May, 1944, in accordance with request made by Dr. Henry George, D.O., Associate Member of the Ass'n for Research & Enlightenment, Inc.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Jeanette Fitch, Stenos.

R E A D I N G

Time of Reading Set bet. 10: 30 to 11: 30 A. M. Eastern War Time. ..., Dela.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time, giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions as I ask them:

2. EC: Yes, as we find, that outlined for this body, the deterioration which has begun from the consuming of the elements, is correct.

3. Those administrations which are being made are good.

4. We would add to these the effect of the Radio-Active Appliance to equalize. This does not add other to the system than that of equalizing the energies which will be added through the administrations being given, and to prevent unequalized activity in the extremities of the body. Do keep the anodes very clean. Do attach the same plate first each time. First to the right wrist, left ankle; left wrist, right ankle; then to the left ankle,

and last to the right wrist. These should be kept. Do not use this Appliance on other than the individual entity to whom it is first applied. For this builds to vibrations. It is that in the form of the magnet of body energies equalized, built up, discharged in their correct way in the system.

5. This, added with those administrations, we should have relief, better rest, better strength.

6. Do that.

7. We are through for the present.

REPORTS OF READING 5158-1 M 48

R1. 6/6/44 Dr. George's letter: "Mr. [5158] presented himself on 5/14/43 with the complaint of numbness in legs and feet, which condition had been progressing for 6 months. Physical examination: very well nourished man, 47 years old, of Swedish origin. His blood pressure was 120/80, pulse 72, temp. 89.2, weight 189 lbs. height 5'6". All physical points were normal, save for his feet which showed marked flattening and dropping of arches, and for an enlarged prostate. Blood work and Wassermann were negative. Gastric analysis and gall bladder drainage were normal, nor could an organism be found in the bile. In his history, he was in 2 serious train wrecks, one in 1928, and the other in 1929; both times he escaped bone injuries, but was badly shaken up. These are the only accidents in 47 years on the P.R.R. As a freight conductor, he has to throw switches and walk on the ballast and ties; this would contribute to his difficulty in the lower extremities. Consultation with foot specialists, dentists and laboratories disclosed no lesion. I referred Mr. [5158] to Dr. Smith in Philadelphia, who after re-checking my findings, corroborated them that he had a sub-acute combined degeneration of the posterior and lateral columns of the spinal cord. His prognosis was guarded, and he felt that it might prove fatal. His suggestions consisted of what we had been previously giving, namely osteopathic treatments, short-wave diathermy, vitamin therapy and the use of minerals and liver. You will be interested to know that since learning about you, Mr. [5158] has shown considerable improvement, and is now able to walk and has regained somewhat the use of his bowels and controls his bladder. He has renewed confidence and courage, and is thrilling his family with his optimism. I hope that his progress will be continuous and I will keep you posted as I see any alteration or deviation. Thank you for referring me to Mr. Godfrey for the Radio-Active Appliance for Mr. [5158] and many thanks for giving us such a prompt reading."

R2. 7/2/44 Dr. George's letter: "...He has his good and his bad days. He is walking more, but as yet has not stabilized himself..."

R3. 9/29/49 Dr. George's reply to questionnaire: "Diagnosis: posterior and lateral spinal cord degeneration (Multiple Sclerosis). Treatment: as outlined in Reading was followed for one year. Relief resulted while using Appliance. Patient stopped using Appliance after a year. Disease progressed, and patient died a horrible death about 2/10/49."

INDEX OF READING 5238-1 F 31

Appliances: Wet Cell: Multiple Sclerosis	Par. 7--10
Diet: Multiple Sclerosis	Par. 13
Glands: Multiple Sclerosis	Par. 4, 16-A
Healing: Consistency & Persistency	Par. 14
Liver: Softening: Multiple Sclerosis	Par. 5

MULTIPLE SCLEROSIS

Physiotherapy: Massage: Peanut Oil: Multiple Sclerosis	Par. 11
Prophecy: Prognosis: Multiple Sclerosis	Par. 3, 6
Sensations & Symptoms: Catarrh: Multiple Sclerosis	Par. 18-A
: Tumors: Brain: Multiple Sclerosis	Par. 17-A

BACKGROUND OF READING 5238-1 F 31

B1. Born Tex. 9/16/13; res. Tex; married; two children.

B2. 1/21/44 Husband's letter: "...I request a reading for my wife who is seriously ill... Maybe you can help me after I write the story of her illness to you. In January 1943, she was operated for a brain tumor, but the doctor failed to find one. Nine days after the operation she had a vomiting attack. This continued 6 days without a let-up, but was finally stopped. On July of '43, she had another attack which was worse. The doctors gave her up because they couldn't stop it. This continued for 2 weeks and left her in bad shape. She is also unable to see very well, her hearing in her right ear is very bad. She cannot walk without assistance, because of constant dizziness. This week her throat became partly paralyzed and she hardly can talk, and cannot swallow her food. She is in the Methodist Hospital in ..., Texas now. The doctors and Clinics I have taken her to don't seem to agree on the cause of her trouble. Some claim she has a tumor under her brain, and others think she has a brain disease known as Multiple Sclerosis. I am asking you if you can possibly give a reading on her at an early date, because she can't last much longer. If you have medical instructions to send following the reading, please send them to Dr. S. I. M., at ..., Texas."

B3. 2/26/44 Husband's letter: "...My wife is much better at present, but we do not know how long that will last, so we would like for you to have the reading for us on the above mentioned date, if possible. Due to her frequent attacks of illness, it is impossible to tell where she will be on June 3... (1) How long will she be in this condition? (2) Can medical science cure her; if so, where do you recommend I take her? (3) If her trouble is incurable, how long will it prove fatal?"

B4. 5/25/44 Husband's letter: "...She has been in the Methodist Hospital in ..., Texas the past 2 weeks, but has improved enough to be at home now, and will be at her home... If her trouble and sickness is curable, tell us who to go to for cure and how long before she will be well again. Do you advise a trip to ..., Calif., to see the doctor that is there? We have hoped and prayed for the recovery of my wife's health, and we feel sure you can help us..."

TEXT OF READING 5238-1 F 31 (Methodist)

This psychic reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 3rd day of June, 1944, in accordance with request made by the husband - Mr. [...], new Associate Member of the Ass'n for Research & Enlightenment, Inc.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Jeanette Fitch, Stenos.

R E A D I N G

Time of Reading Set bet. 3: 30 to 4: 30 P. M. Eastern War Time. ..., Texas.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time; giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions, as I ask them.

2. EC: Yes, we have the body here [5238].

3. While conditions have been growing very serious and there is the continued wasting away, as we find here there may be material gains made and a retarding, and eventually such improvements that the body may be able to care for itself almost entirely.
4. These are the effects of a glandular disturbance which affects locomotion, or the ability of the functioning of the organs in assimilation and distribution of energies of the body, of creating those conditions which enable the nerves and muscular forces to reproduce themselves.
5. This has reached the stage where there is a softening, rather than hardening, of the lobe of the liver. These, then, are the more serious.
6. But if there will be such applications as these and then, when there have been certain conditions established, those changes made to meet the contracting of effects and of conditions through the body, we may gain the use and control of the lower limbs, as well as the locomotory centers in both the lower and upper portions of the body.
7. We would have prepared then, the low Wet Cell Appliance. We would charge this with two pounds of the Copper Sulfate and the rest of the ingredients in proportion, save no Charcoal, but we would put in the solutions three ounces of Tincture of Iodine; this just suspended in solution in a glass bottle with preferably a glass cork and charge same for thirty minutes on the low battery charge.
8. We would attach the larger plate to the umbilical and lacteal duct plexus. For this body it would be the width of four fingers from the navel center directly to the right and two fingers upward. The solution which passes through same would be Chloride of Gold Sodium (one grain to one ounce of distilled water, and use three ounces).
9. Do use this Appliance for thirty minutes each day for days.
10. When changing the solution, change the Gold Solution to be sure.
11. Follow this treatment each day with a massage, using Peanut Oil. This begin at the toes, gradually massage the feet, ankles, limbs to the torso, thoroughly through the sacral and lumbar area, even across the diaphragm area.
12. These we would keep consistently.
13. In the diets keep to those things which are body-building in chemical forces such as raw vegetables. Use these oft with gelatin. Do have beef juices, liver and liver juices, tripe, pigs' feet. All of these we would use oft in the diet.
14. These, as we find, if taken consistently, persistently will bring results. When the Appliance has been charged at least three or four times, we would give further instructions for corrections necessary in that period.

15. Ready for questions.

16. (Q) What was the original cause of this condition?

(A) As indicated, a glandular disturbance.

17. (Q) Is this multiple sclerosis or a deep brain tumor?

(A) Multiple sclerosis - not a brain tumor.

18. (Q) What is causing the clearing of throat and spitting?

(A) This is a nervous condition, produced by the effects of the general deterioration between central nervous system and cerebrospinal nervous system.

Do these things as has been indicated and we should bring bettered conditions for this body.

19. We are through with this reading.

REPORTS OF READING 5238-1 F 31

R1. 2/21/52 Comment by IMG: Wet Cell Appliance was ordered from A. M. Godfrey, shortly after date of reading. Questionnaire sent 9/26/49. No reply.”

R2. 3/13/52 Comment by IMG: No record of verbal or written contact from this case since date of reading.

INDEX OF READING 5268-1 M 32

Attitudes & Emotions: Forgiveness	Par. 3, 4
: Gentleness: Healing	Par. 3, 4
: Kindness:	Par. 3, 4
: Love	Par. 3, 4
: Patience	Par. 3, 4

Bible: Books Of: Matthew 7: 12	Par. 4
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Karma: Physical: Multiple Sclerosis	Par. 3
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MULTIPLE SCLEROSIS

Psychosomatics: Multiple Sclerosis	Reports
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Soul Development: Karma	Par. 3, 4
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BACKGROUND OF READING 5268-1 M 32

B1. Born Conn. 6/2/11; res. Conn.; married; 1 child; unemployed.

B2. 1/3/43 Mother's letter: "May I have a reading for my son [5268], who is at present in ... State Hospital at ..., Conn. He is suffering from a progressive ailment, first evidenced nearly 10 years ago, and for which medical science knows no remedy, as they are still searching for the cause in other similar cases. Light upon my son's case might be of help to many. I have never been able to accept the finality of the medical reports on his case. Not, I think, because of my desire for his recovery, which is no longer ardent, but because it does not ring true to me, and I feel that only the 'truth will set him free', either through health or death. I am also anxious to know most especially if no hope is to be looked for, for him, just what my attitude should be to be most helpful to him. My son's rector gave him a book to read several months ago, but he was unable to do much reading at the time. Two weeks ago, following my reading of the Digest article on your work, I visited him and offered to read his book to him. I found it to be *There Is A River*, and the coincidence was indeed suggestive..."

B3. 6/15/44 Mother's questions submitted previous to reading: "(1) What caused this condition: Inherent weakness, osteopathic lesion due to some accident, an unknown virus, glandular disorder due to mental or marital tension, or is it psychopathic? (2) What is the present condition? (3) Is there deterioration of the nerves which is irreparable, or atrophy which may be overcome? (4) Is the present environment favorable, or would another be more helpful? (5) Does the attitude of wife or mother hinder or help, and could they be more helpful? (6) Must help come from the outside or from within, through spirit and faith? (7) Or, is physical fitness for active life not desirable from the standpoint of the development of the soul or personality? (8) What may the entity or his friends do to further his progress?"

TEXT OF READING 5268-1 M 32 (Office Worker, Episcopalian)

This psychic reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 26th day of June, 1944, in accordance with request made by mother - Mrs. [...], new Associate Member of the Ass'n for Research & Enlightenment, Inc., recommended by the book, *THERE IS A RIVER*.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Jeanette Fitch, Stenos.

R E A D I N G

Time of Reading Set bet. 3: 30 to 4: 30 P. M. Eastern War Time., Conn.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time; giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions, as I ask them:

2. EC: Yes, we have the physical being and body: [5268].

3. We have here an entity meeting its own self. The more gentle, the kinder others may be to this body, the greater help may come to the soul-entity to learn patience, to learn tolerance in physical for coordination of the mind, or mental with the physical.

4. Deterioration is too far advanced for individual help other than may be administered to the body for its soul development. There may be only a few years, but don't make them harder; do be gentle. These will make the time longer, but do be patient, do show brotherly love. For as ye would be forgiven, forgive. As ye would be loved, love. As ye would have kindness shown, show the kindness and gentleness. For this is the work of the Lord.

5. We are through with this reading.

REPORTS OF READING 5268-1 M 32

R1. 10/16/48 Mother's letter: "My son had been an invalid for 10 years, suffering from an incurable malady, according to the physicians. Since so little or nothing was known about this ailment, it was one of the mysterious ones, and having long realized personality difficulties in my son, I could not help being interested in There Is A River, which had been sent to my son in a state institution by an unknown person. We have never found who did send it to him... I received the bulletins with case histories and was most interested to see one on a case of Multiple Sclerosis, my son's malady. I awaited the reading for my son with increased interest. Several friends with interests along these lines feel it completely answered our questions regarding my son, 'an entity meeting its own self'. My son is still alive, bed-ridden for many years, and I have been working for the Multiple Sclerosis Society, trying to interest sufferers to band together and make their cases available for research and medical study. I find so many of them of this type of personality that I cannot but wonder if the seat of the ailment is not in the personality, rather than of physical or medical unbalance... We have tried to follow EC's advice to be gentle, patient and show brother love, and it has indeed made the time longer. It seems impossible for my son to die. The doctors do not know how he keeps alive."

R2. 9/19/49 Mother's letter: "My son died 2/2/49. I found this reading of great interest because my son seemed for so long to be a dual personality, warring against self, thus destroying himself physically. Since his death, I have observed that many people with Multiple Sclerosis have somewhat same personalities."

INDEX OF READING 5324-1 F 34

Appliances: Wet Cell: Multiple Sclerosis	Par. 4--7, 13-A
Glands: Multiple Sclerosis	Par. 12-A
Intestines: Incontinence: Multiple Sclerosis	Par. 13-A
Kidneys: Urine: Incontinence	Par. 13-A
MULTIPLE SCLEROSIS	
Myelitis: Transverse	Par. B1
Paralysis: Multiple Sclerosis	Par. 13-A, B1
Physiotherapy: Massage: Peanut Oil: Multiple Sclerosis	Par. 4, 8, 13-A
Pregnancy: Multiple Sclerosis	Par. 2, 12-A
Psychosomatics: Multiple Sclerosis	Par. 3, 9, 13-A

BACKGROUND OF READING 5324-1 F 34

B1. 4/4/44 Letter: "In Jan. 1940 I became unable to walk and also had lost feeling from waist down. All this had come over me within about two weeks time. I had a spinal puncture and was in a hospital under the care of Dr. [...] Dr. [...] neuro-surgeon and various other leading doctors of ..., Calif. Dr. [...] finally decided that I had transverse myelitis - the previous year I had been rather tired and rundown with a new home and baby. After coming home I felt rather well and thought my general health was improved though the paralysis level stayed about the same. But in June my hands and arms began to tingle and get numb the way my feet had six months before. My husband took me to the ... Hospital at once and I was put under the care of Dr. [...]. I was also under the observation of Dr. [...]. They treated me with shots and Vitamin E. After three weeks I ret'd home, my hands improved, and the diagnosis was MULTIPLE SCLEROSIS. Since then I have had no serious 'downs'. I am very anxious to walk again and go on with my normal life."

TEXT OF READING 5324-1 F 34

This psychic reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 5th day of July, 1944, in accordance with request made by the self - Mrs. [5324], new Associate Member of the Ass'n for Research and Enlightenment, Inc., recommended by the book, THERE IS A RIVER.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Jeanette Fitch, Stenos.

R E A D I N G

Time of Reading Set bet. 3: 30 to 4: 30 P. M. Eastern War Time. ..., Calif.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time; giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions, as I ask them.
2. EC: Yes, this is a very sad condition. These, as we find, are very serious disturbances. These arise from conditions concerning that the body gives in giving life.
3. If there would be any material aid in this physical condition, we must alter somewhat the attitude, spiritually and mentally. And yet these disturbances in the present are going so rapidly, these will necessitate that there be a real change, if there would be continuation of activities in this present experience.
4. We would have the application of a massage, using the Wet Cell Appliance carrying Gold, Silver, Iodine and Camphor. We would prepare this, charging the Iodine in the solution. This would be at least two pounds of Copper Sulfate, no charcoal, the rest of the ingredients in regular order.
5. Then there would be the use of the Chloride of Gold to the lumbar axis, the umbilical and lacteal duct or, on this body, the width of four fingers from the naval center directly to the right and one finger up; the small plate at the lumbar axis. This would be given for thirty minutes every third day.

6. The Silver, a two percent solution of one ounce of same and one ounce of distilled water, and one ounce of alcohol added to same to make three ounces of the solution, would be used once every third day, half an hour; the large plate at the umbilical plexus, the small plate at the lower portion of the 9th dorsal center, for thirty minutes.

7. Each one of these would follow the other, but keep them all very clean. Do have the connections taken away when not in use. Do connect at least twenty minutes before using.

8. Follow same with a massage using Peanut Oil.

9. This do. This offers, with the attitude of wishing, of desiring helpful forces, not for self, but for the baby.

10. Do this and we will make better conditions for the body.

11. Ready for questions.

12. (Q) What was the cause of this condition?

(A) Glands. As there was not the proper consideration given during the period of gestation, it has taken the vitality. As has been given, this is what the body gives.

13. (Q) What can I do to help in regaining the use of the voluntary muscles of my bladder and bowels?

(A) As has been indicated, use the vibrations from the properties indicated, in the various portions of the body, following with massage along the spine and the limbs. These will aid in gaining, or will offer the aid in gaining, if the attitude is kept in a way of Creative Forces.

14. We are through with this reading.

REPORTS OF READING 5324-1 F 34

R1. 8/26/46 Letter from [5324]: "I have shown slight but sure improvement since using the Wet Cell Appliance recommended by EC. Mrs. [[5014]'s mother] suggested that you might suggest increasing proportionately the ingredients used in the Appliance."

R2. 4/15/49 GD requested report from [5324] and [5014]'s mother.

R3. 4/26/49 Note from [5014]'s mother: "I understand that she [5324] discontinued the treatment about a year ago, as she felt she had not gained by it."

A.R.E. NEWS January, 1979

The A.R.E. Clinic Bulletin

The A.R.E. Clinic, Inc., Phoenix, AZ, a non-profit organization engaged in research, education, and treatment based on the Edgar Cayce readings. 4018 North 40th Street, Phoenix. AZ 85018

Multiple Sclerosis and How I Live with It

When Ray Bjork, M.D., of the A.R.E. Clinic encourages his MS patients to have “patience, persistence and consistency” in dealing with their problems, they really listen, for they know that for the past nine years he has faithfully followed his own Cayce-oriented regimen for the treatment of multiple sclerosis.

Dr. Bjork’s condition was diagnosed as multiple sclerosis in 1956, thus putting a definitive diagnosis to the variety of symptoms that had disrupted his early career in school administration, his medical studies, internship, and general practice.

At that time he began the Shearer regimen for the treatment of MS, which includes vitamin therapy, a special diet, and rest. In January, 1969 he attended the A.R.E. Medical Symposium in Phoenix, and added the Cayce-oriented treatment for MS to his program.

Multiple sclerosis is a neurological disease, affecting the central nervous system (including the brain and spinal column). The readings indicate that the basic biochemical cause of MS is a lack of gold in the body. This causes a glandular imbalance and hormonal deficiency resulting in improper functioning of the nerves.

The treatment outlined for the disease includes the addition of the atomic effect of gold through the use of a wet cell battery, massage, and diet (emphasizing raw foods, broiled seafood, and B vitamins). Dr. Ray has used the wet cell or its counterpart, the Vibratory Energy Converter (V.E.C.) as part of his daily routine for the past nine years.

In 1971, Dr. Bjork and his wife Mabel moved from Montana, where he had practiced medicine for 21 years, to Phoenix, Arizona, where he joined the medical staff of the A.R.E. Clinic. Since 1976 he has limited his practice to two mornings a week, seeing primarily MS patients. He also writes an “MS Bulletin” that is distributed quarterly through the Clinic’s research department.

After nine years on the Cayce regimen, Dr. Ray points to such factors as increased energy, improved circulation, and discontinuation of use of drugs, as evidence that his MS is on the reverse. To conserve energy, he uses crutches as an aid for walking, just as some people use eyeglasses or hearing aids.. Dr. Ray’s experience has reinforced his belief that something can be done for multiple sclerosis, and that other MSers can also live normal and productive lives.

Dr. Bjork’s new book, “Multiple Sclerosis and How I Live with it,” teaches the MSer, from the teenager on, ways of living effectively in spite of the disease. Written for the layman, it includes an overview of the causes, definition, treatment and psychological management of MS, including a collection of case studies of other MSers and their rehabilitation process.

A.R.E. Clinic, Inc. 4018 North 40th Street Phoenix, Arizona 85018
Multiple Sclerosis Research Bulletin
Ray O. Bjork, M.D., Editor December, 1976

The Control of Spasticity

A common complaint of persons who have multiple sclerosis is muscle stiffness (spasticity). This often follows prolonged sitting or when the temperature is cool or cold. Thus far, the available medications have not effectively dealt with this problem. Dr. Stanley Cohan, Assistant Professor of Neurology and Pharmacology, Georgetown University Medical Center, has reported on the use of Dilantin and Thorazine on a small group of MS patients in the treatment of this symptom. With these drugs he hopes that such patients may be able to benefit from physical and occupational training and regain the use of their muscles. Dilantin and Thorazine are commonly known medicines that have been used for other diseases. But as used by Dr. Cohan, muscle function and muscle spasm were improved. As used by Dr. Cohan, the effective doses did not make the patient weak or sleepy; low doses were given and the drugs were safe with no serious side effects. However, Dr. Cohan feels we must be concerned about the possible side effects of both drugs. Dilantin and Thorazine are prescription drugs and can only be used under the direction of the patient's doctor. The physician prescribing these drugs should be acquainted with the MS problem and all the complexities.

DIET AND CANCER

We are what we eat; what we eat can prevent, cause and cure illnesses! Diet can have a dramatic influence on the prevention and treatment of cancer. The following bits of information are from Science News:

March 16, 1974 - Spontaneous regression of cancer appears to have resulted from a change in the balance of trace elements (chemical elements that are distributed throughout the body tissues in very small amounts and are essential in nutrition such as cobalt, magnesium, manganese and copper, or are harmful, such as fluorine and selenium (poisons)).

December 14, 1974 - Roughage in the diet has been linked with an absence of cancer in the colon.

March 13, 1976 - Vitamin A appears capable of preventing lung cancer. Now moderate caloric restriction can prevent breast cancer, at least in laboratory animals, and vitamin C can extend the lives of terminal cancer patients.

Nature, October 1976 - Research done by Gabriel Fernandes and Edmond J. Yunis, University of Minnesota Medical School and by Robert A. Good of the Sloan-Kettering Cancer Institute reported on the effects of caloric restriction; that it can prevent breast cancer.

Proceedings of the National Academy of Sciences, October 1976 - Past research has shown that caloric restriction prolongs life and the vitality of the immune systems in mice and that moderate protein deprivation "soups up" target cells; those immune fighters that are adept at killing cancer cells.

They fed 17 young female mice a standard rodent diet of 16 calories a day and 18 young female mice the same diet, but only 10 calories a day. (Sixteen calories versus 10 calories for the caged mouse would be roughly comparable to a 2,200 calorie diet versus a 1,200 calorie diet for a sedentary human.) The 10 calorie diet completely prevented the development of spontaneous breast cancer, and more than 50 percent of the mice on this diet lived more than 400 days. In contrast, 71 percent of the control mice developed breast cancer by 500 days.

EFFECTS OF MS ON THE FAMILY

Or. Edward Titus, psychiatrist, whose wife has had MS for nine and one-half years, conducted a program on the effect of MS on the family. He found that there was a definite change in the "Nuclear Family System" in most situations. The transition to the patient role can bring frustration, anger, anxiety and fear. Generally, a member of the family emerges as the "caring person." There appears to be a large number of families who tend to dump all responsibility for the patient's care onto one member - the caring person. In emergencies other family members will rally around only to withdraw as soon as the crisis ends.

These other members tend to become critical of the caring person. They expect that person to be the strong person, always kind, understanding, generous and never out of control. When the caring person reacts to these excessive pressures the others become critical of him.

The rewards for the caring person are few. The patient is quite often critical as are other family members; the gratification of seeing results for their efforts is not there - either by improvement of the patient's health - physical or mental - or as appreciation of the effort made by the caring person.

The result of this pressure causes the caring person to become resentful, and anger results from this resentment. These feelings are often handled variously:

1. Leaving - which is acting out of resentment.
2. Guilt - the guilt of their anger is a neurotic reaction that then causes the caring person to restrict his own life even more and submit to the demands of the patient and other family members who, as a result, become even more demanding.

When patients and families become aware of these dangers and each tries to understand the problems and demands of the other members, more healthy systems can be established. The feelings of the caring person and rewards must come from within, knowing they are doing their best. Each of us must know that one can do only just that which one can do. While total acceptance may not be possible, adjustment or adaptation is both possible and necessary. Thus, effort and patience are required on the part of the patient; also a sense of usefulness, independence, self-esteem, meaningful relationships and a sense of HOPE.

From Main Stream

Southwestern Washington MS Chapter P.O. Box 44524

Tacoma, Washington 98444

EXERCISE AND ACTIVITY FOR MS PATIENTS

Exercise is a most beneficial part of the daily routine for everyone, but can be especially helpful to persons with MS. It stimulates circulation, improves and maintains

muscle tone, firms up muscles, and helps to establish bowel regularity. Some do's and don'ts:

1. Consult your physician before beginning any exercise program.
 2. Take into account your present stamina, the symptoms you have; then design a program to suit your needs.
 3. Set aside a portion of each day and gradually build up your endurance - have it become a regular part of your day.
 4. Go slowly and build up your stamina - avoid getting tired any exercising beyond the onset of fatigue is more harmful than beneficial.
 5. Don't exercise during an exacerbation.
 6. Don't overdo - take it slow, - enjoy rather than compete.
 7. Swimming has long been recognized for its therapeutic benefits.
- The gentle, non-gravity-fighting exercise is beneficial for the MSe.

A BLOOD TEST FOR MS

Drs. Nelson L. Levy, Paul S. Auerbach and Edward C. Hayes of the Division of Immunology at Duke University, reported in the New England Journal of Medicine on a blood test for MS; the test is accurate and distinguishes between MS and certain other neurological diseases and can indicate MS regardless of the severity, duration and activity. The test takes only four hours. It mixes white blood cells from suspected MS patients with human cells infected with measles virus. Twenty seven patients whose history and physical findings suggested a diagnosis of MS were compared with twenty-six patients with a variety of other neurological problems, and ten healthy persons from the laboratory and clinical staff at Duke University.

MS patients generally have higher levels of antibodies to fight measles virus than other persons. Some evidence indicates that the disease is due to a slow-acting virus that incubates, in the body, for years.

Dr. Martin S. Hirsch of Massachusetts General Hospital feels that the findings must be viewed cautiously before the conclusions are accepted too readily.

The research by Dr. Levy and his associates is supported in part by the National Multiple Sclerosis Society.

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June 7, 1981: The Miracle Day

by Barbara Cummiskey, *Guideposts*, April 1985

I still remember the whisperers as I struggled through the halls in high school. “Look at her stagger!” I’d hear them say, “I’ll bet she’s drunk.” Kids can be cruel. They didn’t know me. Or know what was really happening to me.

I definitely wasn’t walking a straight line. Occasionally I was even banging into a locker. But I wasn’t drunk. And I wished I could tell all the gossips how hard I tried to walk like a normal person; how much I wanted to write a letter without my hand trembling; how much I wanted to go a whole day without falling down. But if they asked me what was wrong, I’d have to tell them I didn’t know. Not even the doctors knew.

And as time went by it was to get drastically worse. But back then in school I was making a painful discovery about serious illness that I hadn’t expected: It makes you feel like an outsider in the human family. The sickness of your physical body can undermine your feelings of worth and usefulness. So you become sick in spirit, too – at a time when you most need to feel close to God.

How to be spiritually well – how to regain my sense of wholeness and value – was a search that became as critical to me as finding ways to cope with my deteriorating health.

In 1965, I’d been a typical, active 15-year-old who loved gymnastics, played the flute in the high school orchestra, worked at an after-school job and headed the youth group at my church. My mother said she hadn’t seen me sit still for 10 minutes in three years.

But then weird things started happening. One day in gym class I couldn’t get my left hand to grasp the flying rings. That night, I slipped on the stairs at home, and I slipped again the next day at school. “Just part of growing up,” the doctor said. “Your symptoms will disappear in time.” But they didn’t.

So I lurched down hallways, every step taking me farther into the unknown. After a while came double vision, then a brace for a left arm that was turning more and more into itself. I underwent one test after another, but nothing led to a diagnosis. I started college but had to drop out; I just wasn’t well enough. More tests. More symptoms. More problems.

Finally, in 1970, my doctor had some concrete information for me. “We’ve identified your condition, Barbara,” he said. “You have MS – multiple sclerosis. It usually doesn’t strike people quite so young as yourself.”

“What do we do now?” I asked.

My doctor shook his head. “I’ll tell you the truth, there’s almost nothing we *can* do. This disease is slowly going to short-circuit your central nervous system because it hardens the tissue around your brain and spine. The wrong messages go to various parts of your body and they don’t function as they should. The severity varies. We can only hope your case is a mild one.”

Very soon, the course my MS was taking became clear. Twice, in 1971 and 1972, my heart and lungs failed and I was rushed to the hospital, near death. Then there was a period of stability when I neither got better nor very much worse – a common occurrence in MS. I attended college as a handicapped student and later worked as secretary. But the virulence of the disease was merely interrupted. I went from a cane to crutches. Inside my body, vital organs were beginning to fail. A partly paralyzed diaphragm made breathing difficult and asthma and pneumonia became chronic problems. I needed a Foley catheter for bladder control and, when I lost bowel function, an ileostomy.

By 1978, I was in a wheelchair - my feet and hands curled and all but useless – and I required a constant supply of oxygen. That year, I went to the Mayo Clinic, hoping to discover new techniques to help my labored breathing. There weren’t any. Clinic doctors didn’t hold out false hope. “Pray, Barbara,” they told me. “Nothing we can do will stop the deterioration.”

Pray. A cliché? Not to me.

As a child of nine, I’d committed my life to Jesus. Then, as a teenager, I drifted away from the commitment until one of my doctors and his wife helped bring me close to God again. This

happened when I was 20, around the time my MS was diagnosed. Over the next few years my church pastor, Meredith Bailie, became a special friend, visiting me day after day in the hospital and when I was bedridden at home.

It was Pastor Bailie who helped me discover what I needed most: a goal, one even a disabled person could strive for. And the goal was to grow in faith. It became my “job,” something I could do despite all the pain and loss of bodily capacity, and I worked at it. Sometimes I failed, gave up, lost God, asked “Why?” Yet always, no matter how low or sick or abandoned I felt, I’d eventually get little spiritual nudge – a reminder of all the times I nearly died but didn’t, of all the people in my church and community who were praying for me.

Now, after the grim visit to Mayo, I felt a new urgency about my connection to God. The less physical health I had, the more I yearned for spiritual health.

I cried out to God. “Please! Please! I can’t even read Your word anymore. I need something to do.”

Over and over I pleaded for something to counteract the fact that I could barely move. I craved activity. *Action*. I called out to God for it.

His answer came. Not in a flash, not overnight, but through prayer itself: *Praying is action. Pray for others.*

How simple. How possible! Until that thought came to me, I had seen prayer as passive. Now I saw that praying for others could be my gymnastics, my flute playing, my special activity!

I had prayed for others before, but now it became a compelling need, a vocation. I spent hours in prayer, and more hours reading the Bible. When friends came over, I would ask them to read to me or pray with me. I talked to God, often out loud, as if He were standing right beside me.

My condition continued to worsen. A lung collapsed. Most of the time I could barely see; technically I was blind. In 1980, I had a tracheostomy – an incision was made in my windpipe to allow a more direct connection to my oxygen supply. My parents had made changes in our house to accommodate my needs – ramps for my electric wheelchair, a hospital bed for me and tubing running through three rooms so I could hook up to my oxygen concentrator in different locations. Everyone knew I was dying. My doctors confirmed it. My mother and father and I began counseling with the Hospice Volunteers of Du Page County, a group that provides therapy for terminally ill patients and their families.

Then came June 7, 1981.

It was a Sunday, my sister Jan’s 29th birthday. She was coming over to celebrate and I looked forward to giving my mother at least some token help with making the cake. I remember thinking what a bright, clear birthday it was when my mother came into my room. “Ready to give the cake batter a few licks?” she asked. I nodded. With my mother helping, I began the struggle to hitch myself out of bed and into my wheelchair; my legs had begun drawing into a fetal position and it was impossible for me to put my feet flat on the floor. We transferred tubing on my tracheostomy to the oxygen supply mounted on my wheelchair, gathered my various receptacles around me and then I used my forearm to push down the starter lever on my wheelchair.

In the kitchen, I managed to stir the cake batter a couple of times despite the fact that my hands had turned inward to the point where my fingers almost touched my wrists. By now, even that small effort was enough to exhaust me and I asked my mother to help me get back into bed. She did, and went back to finish the cake for Jan’s birthday.

After a while, my Aunt Ruthie came to my room to read letters and cards from people who listened to a Chicago radio station, WMBI. A program called *Cup of Cold Water* had featured me as an invalid needing cheer. Most of the well-wishers mentioned that they were praying for me. My aunt left to help my mother and, shortly after noon, two friends, Joyce Jugan and Angela Crawford, popped in after the morning worship service at my church. Then, as the three of us visited, I heard a fourth voice. A firm, audible voice over my left shoulder.

“*My child, get up and walk!*” Startled, I looked at my friends. I could see that they had not heard the voice. But I was certain that I had heard it.

“Joyce! Angela!” I blurted, “God just spoke to me. He said to get up and walk. I *heard* Him.”

The two women stared at me. “I know, I know, it’s weird,” I said. “But God really did speak to me. Please, run and get my family. I want them!”

They flew out to the hallway, called my sisters and parents and rushed back into the room. I couldn’t wait any longer. I took the oxygen tube from my throat, removed the brace from my arm and actually jumped out of bed. And there I stood, on two legs that hadn’t held the weight of my body in over five years.

This wasn’t possible, of course – there were 1,001 medical reasons why this couldn’t be happening. Yet there I stood, firmly, solidly, feeling tingly all over, as if I had just stepped from an invigorating shower. I could breathe freely. And I could see – I could see *me*. A whole, healthy me. My hands were normal, not curled to my wrists. The muscles in my arms and legs were filled out and whole. My feet were flat to the ground, like a dancer’s. And oh, the step I danced as I headed toward the doorway. I met my mother in the hallway. She stopped short and then she lifted the hem of my nightgown. Her eyes widened, her arms flung wide. “Barbara,” she cried. “You have *calves* again!”

Dad was on the wheelchair ramp to the family room. Speechless, he wrapped me in his arms and waltzed me around and around. Then everyone – my parents, Aunt Ruthie, Jan, my teenage sister Amy – applauded wildly while I tried some ballet steps I hadn’t done in 16 years. Next I walked to the couch, sat down – and stood up again. Down. Up. Down up. Six times in a row.

Angela Crawford, an occupational therapist, hardly knew what she was saying: “B-but, Barb, you can’t...” She took my pulse and exclaimed, “Barb, you’ve just wrecked everything I learned in school! You’re absolutely normal; it’s really a miracle!”

We all started praising God right there. Then quickly I was going outside. Since my clothing was stored at my sister Jan’s house, I went out into the front yard in my robe, reveling in the fresh green lawn under my bare feet, the warm sun on my cheek, the good, sweet air that filled my lungs. I could not believe the beauty of the spring flowers. I held them to my face and worshiped God.

Everyone promised to keep the incredible news a secret, and we made plans to slip into the evening service at church that night, after Jan’s birthday dinner. It had been perhaps three years since I’d attended church. Pastor Bailie had visited me a week before, and, I learned later, was convinced he would never again see me alive.

When I walked up the stairs to the Wheaton Wesleyan sanctuary that night, Pastor Bailie was asking the congregation if anyone had any announcements to make. Then he saw me walking down the aisle and fell against the pulpit, stunned. “This is nice, this is very nice,” he kept repeating. When he composed himself, he invited me up to share the good news.

Next day I phoned my doctor’s office. His nurse was puzzled. “You say this is Barbara Cumiskey? But – ” When I walked into Dr. Thomas Marshall’s office later that day, he stared as if he were seeing an apparition. He had never seen me up and walking and dressed.

For the next three hours, with other doctors invited in, Dr. Marshall put me through a series of tests and X-rayed my lungs. The film showed normal lungs; before, one lung was collapsed and the other was functioning at only 50 percent of its capacity.

Finally, Dr. Marshall shook his head in amazement. He found no signs of MS. He removed the tube in my neck, took out the catheter, and told me to forget my medications.

One of my surgeons, Dr. Harold Adolph, summed up my case in a written report: “At the present time, the patient has no findings of multiple sclerosis, walks normally, speaks normally, and is very happy, as is her family, over the obvious answer to prayer and the good hand of God in her life.”

I don’t know why God healed me. I don’t believe I “earned” or “deserved” a healing any more than I “deserved” MS. I only know that on the morning of June 7, 1981, I felt good about myself – mentally, emotionally and spiritually well. Through my prayer life, I was a busy, active member of the human family – not running or jumping or even walking like most people, but not separated from them by bitterness, self-pity or despair. My mind and spirit were healthy and whole.

And then God made my body whole, too.

The **ENDOWMENT UPDATE**

August 1, 2006

Lyme Disease Report # 1 of a Series

The Endowment for Medical Research™

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Lyme Disease Misdiagnosed as Alzheimer's, Parkinson and

ADD/ADHD, Autism, Juvenile Arthritis, Rheumatoid Arthritis, Reactive Arthritis, Infectious Arthritis, Osteoarthritis, Fibromyalgia, Raynaud's Syndrome, Chronic Fatigue Syndrome, Interstitial Cystitis, Gastroesophageal Reflux Disease, Fifth Disease, Multiple Sclerosis, scleroderma, lupus, early ALS, early Alzheimer's, crohn's disease, ménières syndrome, sjogren's syndrome, irritable bowel syndrome, colitis, prostatitis, psychiatric disorders, bipolar, depression, encephalitis, sleep disorders, thyroid disease to mention a few of 350 diseases that could possibly be Lyme.

Report #1 on Lyme Disease A Series

by J. C. Spencer
with Charles Eachweiser and Wade Butler

If Lyme Disease is not diagnosed properly it can become chronic and cause neuralgic, psychiatric, cardiac and arthritic problems. Left untreated, it can lead to heart blockage, seizure disorder and brain destruction. In rare cases have people died from Lyme, most simply live a life of constant suffering.

A common thread with Lyme Disease is the number of systems affected which include the brain, central nervous system, autonomic nervous system, cardiovascular, digestive, and respiratory.

We are gathering evidence that seems to indicate that Lyme Disease may be a more dangerous epidemic than bird flu because it has been misdiagnosed as a wide variety of neurodegenerative diseases.

At the time of this writing, Wade Butler, Executive Director of The Endowment for Medical Research, reported that he has encountered twenty five (25) cases of Lymes Disease misdiagnosed as Alzheimer's, Dementia or Parkinson.

The CDC (Center for Disease Control) requires additional testing to confirm Lyme Disease. We are in the process of obtaining that information for each case.

Researchers at the National Institute of Health (NIH) submitted for publication a paper entitled "Lyme-Associated Parkinsonism, A Neuropathologic Case Study and Review of the Literature by David S. Cassarino, MD, PhD; Martha M. Quezado, MD; Nitya R. Ghatak, MD; and Paul H. Duray, MD. In that paper published by Arch Pathol Lab Med - Vol 127, September 2003, the doctors stated that "Neurological complications of Lyme disease include meningitis, encephalitis, dementia, and rarely, parkinsonism."

Before we get into the misdiagnosis of Lyme Disease and the fact that it may be far more infectious than ever suspected, let us go to Lyme, Connecticut and to the American Lyme Disease Foundation and other sources to get a better understanding of what is believed about Lyme Disease.

What is Lyme Disease?

Lyme disease (LD) is an infection caused by *Borrelia burgdorferi*, a type of bacterium called a spirochete (pronounced spy-ro-keet) which was believed to be carried only by deer ticks. Research now shows that the bacteria can be transferred by fleas, mosquitoes, animal bites, body fluids, and the placenta at birth. An infected carrier can transmit the spirochete to humans and animals it bites. Untreated, the bacterium travels through the bloodstream, establishes itself in various body tissues, and can cause a number of symptoms, some of which are severe.

LD manifests itself as a multisystem inflammatory disease that affects the skin in its early, localized stage, and spreads to the joints, nervous system and, to a lesser extent, other organ systems in its later, disseminated stages. If diagnosed and treated early with antibiotics, LD is almost always readily

cured. Generally, LD in its later stages can also be treated effectively, but because the rate of disease progression and individual response to treatment varies from one patient to the next, some patients may have symptoms that linger for months or even years following treatment. In rare instances, LD causes permanent damage.

Although LD is now the most common arthropod-borne illness in the U.S. (more than 150,000 cases have been reported to the Centers for Disease Control and Prevention [CDC] from 1982 through 2000), its diagnosis and treatment can be challenging for clinicians due to its diverse manifestations and the limitations of currently available serological (blood) tests. Current estimates of the spread of LD is now several million infected individuals in the United States with the number increasing in epidemic proportions.

The prevalence of LD originally was limited to the northeast and upper mid-west and now reported throughout the United States, Canada, Europe and the Mid-East.

Manifestations of what we now call Lyme disease were first reported in medical literature in Europe in 1883. Over the years, various clinical signs of this illness have been noted as separate medical conditions: acrodermatitis, chronica atrophicans (ACA), lymphadenitis benigna cutis (LABC), erythema migrans (EM), and lymphocytic meningoradiculitis (Bannwarth's syndrome). However, these diverse manifestations were not recognized as indicators of a single infectious illness until 1975, when LD was described following an outbreak of apparent juvenile arthritis, preceded by a rash, among residents of Lyme, Connecticut.

Symptoms

The Canadian Lyme Disease Foundation has discussed mis-diagnoses.

Lyme Disease (commonly misspelled as Lime or Lymes) symptoms may show up fast, with a bang, or very slowly and innocuously. There may be **The Lyme Rash**: initial flu-like symptoms with fever, headache, nausea, jaw pain, light sensitivity, red eyes, muscle ache and stiff neck. Many write this off as a flu and because the nymph stage of the tick is so tiny many do not recall a tick bite. The **classic rash** may only occur or have been seen in as few as 30% of cases (many rashes in body hair and indiscrete areas go undetected). **Treatment in this early stage is critical.**

If left untreated or treated insufficiently symptoms may creep into ones life over weeks, months or even years. They wax and wane and may even go into remission only to come out at a later date...even years later.

With symptoms present, a negative lab result means very little as they are very unreliable. **The diagnosis, with today's limitations in the lab, must be clinical.**

Many Lyme patients were firstly diagnosed with other illnesses such as Juvenile Arthritis, Rheumatoid Arthritis, Reactive Arthritis, Infectious Arthritis, Osteoarthritis, Fibromyalgia, Raynaud's Syndrome, Chronic Fatigue Syndrome, Interstitial Cystitis, Gastroesophageal Reflux Disease, Fifth Disease, Multiple Sclerosis, scleroderma, lupus, early ALS, early Alzheimers Disease, crohn's disease, ménières syndrome, reynaud's syndrome, sjogren's syndrome, irritable bowel syndrome, colitis, prostatitis, psychiatric disorders (bipolar, depression, etc.), encephalitis, sleep disorders, thyroid disease and various other illnesses.

The Canadian Lyme Disease Foundation published a diagnostic questionnaire that they say will help guide a person to see if they have LD. Twenty (20) YES answers out of the seventy five (75) questions gives a strong indication. Circle the ones that apply and count the YESs.

Symptoms of Lyme Disease

The Tick Bite

(fewer than 50% recall a tick bite or get/see the rash)

1. Rash at site of bite
2. Rashes on other parts of your body
3. Rash basically circular and spreading out (or generalized)
4. Raised rash, disappearing and recurring

Head, Face, Neck

5. Unexplained hair loss

6. Headache, mild or severe, Seizures
7. Pressure in Head, White Matter Lesions in Head (MRI)
8. Twitching of facial or other muscles
9. Facial paralysis (Bell's Palsy)
10. Tingling of nose, (tip of) tongue, cheek or facial flushing
11. Stiff or painful neck
12. Jaw pain or stiffness
13. Dental problems (unexplained)
14. Sore throat, clearing throat a lot, phlegm (flem), hoarseness, runny nose

Eyes/Vision

15. Double or blurry vision
16. Increased floating spots
17. Pain in eyes, or swelling around eyes
18. Over-sensitivity to light
19. Flashing lights/Peripheral waves/phantom images in corner of eyes

Ears/Hearing

20. Decreased hearing in one or both ears, plugged ears
21. Buzzing in ears
22. Pain in ears, over-sensitivity to sounds
23. Ringing in one or both ears

Digestive and Excretory Systems

24. Diarrhea
25. Constipation
26. Irritable bladder (trouble starting, stopping) or Interstitial cystitis
27. Upset stomach (nausea or pain) or GERD (gastroesophageal reflux disease)

Musculoskeletal System

28. Bone pain, joint pain or swelling
- carpal tunnel syndrome
29. Stiffness of joints, back, neck, tennis elbow
30. Muscle pain or cramps, (Fibromyalgia)

Respiratory and Circulatory Systems

31. Shortness of breath, can't get full/satisfying breath, cough
32. Chest pain or rib soreness
33. Night sweats or unexplained chills
34. Heart palpitations or extra beats
- Endocarditis, Heart blockage

Neurologic System

35. Tremors or unexplained shaking
36. Burning or stabbing sensations in the body
37. Fatigue, Chronic Fatigue Syndrome, Weakness, peripheral neuropathy or partial paralysis
38. Pressure in the head
39. Numbness in body, tingling, pinpricks
40. Poor balance, dizziness, difficulty walking
41. Increased motion sickness
42. Lightheadedness, wooziness
43. Psychological well-being

44. Mood swings, irritability, bi-polar disorder
45. Unusual depression
46. Disorientation (getting or feeling lost)
47. Feeling as if you are losing your mind
48. Over-emotional reactions, crying easily
49. Too much sleep, or insomnia
50. Difficulty falling or staying asleep
51. Narcolepsy, sleep apnea
52. Panic attacks, anxiety

Mental Capability

53. Memory loss (short or long term)
54. Confusion, difficulty in thinking
55. Difficulty with concentration or reading
56. Going to the wrong place
57. Speech difficulty (slurred or slow)
58. Stammering speech
59. Forgetting how to perform simple tasks

Reproduction and Sexuality

60. Loss of sex drive
61. Sexual dysfunction
62. Unexplained menstrual pain, irregularity
63. Unexplained breast pain, discharge
64. Testicular or pelvic pain

General Well-being

65. Unexplained weight gain, loss
 66. Extreme fatigue
 67. Swollen glands/lymph nodes
 68. Unexplained fevers (high or low grade)
 69. Continual infections (sinus, kidney, eye, etc.)
 70. Symptoms seem to change, come and go
 71. Pain migrates (moves) to different body parts
 72. Early on, experienced a "flu-like" illness, after which you have not since felt well.
 73. Low body temperature
 74. Allergies/Chemical sensitivities
 75. Increased affect from alcohol and possible worse hangover
- Count the number you have circled. You may wish to get a blood test for Lyme Disease.

Blood testing for Lyme Disease appears to be rather tricky with many false readings reported. The Endowment is in a study mode to determine the best means available. These findings will be reported in a NEWS Release on our website under Health NEWS - Lyme.

Steven Phillips, M.D. has reported that the bacteria, *Borrelia burgdorferi*, that causes Lyme Disease, result in the demyelination of nerves and the Bb flagella are made up of the same protein as the myelin sheath around our nerves.

For more information, also see Circulating File: "Bite: Animal"

HSI HEALTH SCIENCES INSTITUTE

MEMBERS ALERT FOR FEBRUARY 2001 Vol. 5, No. 8

*Private access to hidden cures...powerful discoveries...breakthrough treatments...
and urgent advances in modern underground medicine*

German enzyme therapy targets autoimmune disorders, reducing the need for side-effect laden drugs

In autoimmune diseases like rheumatoid arthritis, lupus, and MS, the immune system goes “haywire.” Instead of serving its normal protective function, it produces abnormally high levels of antibodies called circulating immune complexes (CICs). In a healthy person, the pancreas naturally produces enzymes that break down CICs so they can pass through the kidneys for excretion. But in people with compromised immune systems, CICs begin to accumulate in the body’s soft tissue and organs—causing serious inflammation and, in extreme cases, organ failure.

If you suffer from an autoimmune disorder, you can clear your system of excess CICs by supplementing your body’s stockpile of enzymes. This can lead to a *dramatic* reduction in inflammation and many of your most debilitating symptoms.

Enzymes initiate and support virtually all your body’s chemical processes

Enzymes are proteins that act as powerful catalysts throughout your body. Vital organs like your liver, kidneys, spleen, and pancreas depend on enzymes to function properly. They’ve also been found to be natural anti-inflammatories and to play a major role in regulating your immune and digestive systems.

The pancreas is the hub of your body’s enzyme activity. When not assisting in digestion, these enzymes are free to travel directly to the blood stream—seeking out the lurking CICs. They then attach to the CICs and are flushed out of the body through the kidneys. Researchers have found that enzyme supplementation can increase the number of excess CICs evacuated from the blood.¹

Germany—the birthplace of naturopathic medicine—has led the research on enzymes and autoimmune diseases. During the past two decades, they’ve focused on the oral supplement called *Wobenzyme* which contains several important pancreatic enzymes, such as Pancreatin, Trypsin, and Chymotrypsin. Produced by a German company called Mucos Pharma GmbH, Wobenzyme is actually the leading over-the-counter drug in Germany and is used primarily to treat injury and inflammation. Unfortunately, because the majority of the published research is in German, it hasn’t received the attention it deserves in the United States. And, while the research

¹ *Nature-und Ganzheitsmedizin* 1:108,1998

(continued on page 2)

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we've examined is limited due to the same challenge, we were able to find some very encouraging studies.

Wobenzyme reduces rheumatoid arthritis symptoms in 62 percent of patients tested

Rheumatoid arthritis (RA) is one of the most common autoimmune disorders in the U.S. Although few experts can agree on exactly what triggers RA, we *do* know that for some reason the immune system attacks the body—and begins to produce high levels of CICs that, in RA patients, cause debilitating joint inflammation and serious pain. Over time, the joint tissue is weakened and eventually destroyed.

All RA patients [receiving Wobenzyme] showed an improvement of morning stiffness and nearly a quarter of patients reduced their NSAID doses by 50 to 75 percent.

Many RA therapies such as non-steroidal anti-inflammatory drugs (NSAIDs) or corticosteroids reduce inflammation and pain, but are laden with serious side effects and do nothing to address the underlying problems with your immune system.

Studies have shown that Wobenzyme can prevent

² *Nature-und Ganzheitsmedizin* 1:108, 1998

³ *Zeitschr. F. Rheumatologie* 44:51, 1985

⁴ *Compendium of Results from Clinical Studies with Oral Enzyme Therapy*, presented at Second Russian Symposium, St. Petersburg, Russia, 1996

⁵ *Ibid.*

RA flare-ups and help to lower levels of CICs.² In one German study published in *Zeitschr. F. Rheumatologie* in which patients took eight Wobenzyme tablets four times daily, sixty-two percent of patients showed improvement in symptoms.³

In another study, researchers at the Ukrainian Rheumatology Center in Kiev tested Wobenzyme on 78 patients with severe RA who were using other traditional drugs. Patients showed a decrease in CIC concentrations of up to 42 percent. All RA patients showed an improvement of morning stiffness and nearly a quarter of patients reduced their NSAID doses by 50 to 75 percent.⁴

Lupus sufferers experience a marked decrease in crippling symptoms

Though a far less common condition, lupus is perhaps one of the most complex and difficult to treat autoimmune diseases. With symptoms that range from swollen limbs to hair loss to organ failure in serious cases, lupus is one of the great mysteries of modern medicine.

In one report presented at a 1996 Russian oral enzyme symposium, 18 lupus patients between the ages of 18 and 46 with kidney disease, severe inflammation, and immobility were given Wobenzyme. Compared to patients not given the supplement, Wobenzyme patients experienced a marked decrease in inflammation, tendency to hemorrhage, and circulation of CICs. More than 25 percent of patients were able to reduce their dose of voltaren or prednisolone, two common drugs used to treat lupus.⁵

Wobenzyme substantially improves MS symptoms in one third of patients tested

Enzyme therapy also provides new hope in treating multiple sclerosis (MS). MS is a disorder of the central nervous system that's manifested through inflammation of nervous tissue in the brain and along the spinal cord. And like other autoimmune diseases, MS is generally treated with high dosages of corticosteroids and prednisolone. Wobenzyme's widely accepted anti-inflammatory properties have led a number of doctors throughout eastern Europe to test it on their MS patients.

Dr. Ulf Baumhackl, chief of the Neurological Department at the hospital in St. Pölten, Austria, studied the effects of enzymes on his MS patients over a period of two years. In the study, Dr. Baumhackl reported that his patients demonstrated substantially better improvement in symptoms compared to those who had been treated with cortisone and/or cytostatics.⁶

German doctor Christina Neuhofer has looked at the effects of Wobenzyme on 150 of her MS patients.

Wobenzyme boosts the body's natural ability to fight disease and speed recovery

As the leading over-the-counter drug in Germany, Wobenzyme is used primarily to relieve achy bones and joints. But the benefits don't end there.

Because enzymes are involved in nearly every chemical process in the body and play a major role in fighting infection, Wobenzyme has also been purported to:

- Speed recovery from surgery and physical trauma
- Boost energy and resistance to flu and colds
- Enhance effectiveness of chemotherapy, antibiotics, and hormone replacement therapy
- Cleanse the body of harmful toxins and reduce free radical damage to your cells
- Improve symptoms associated with chronic ailments such as tinnitus, ulcerative colitis, Crohn's disease, prostatitis, bronchitis, urinary tract infections, pelvic inflammatory disease, sinusitis, herpes, chlamydia, and circulatory disorders⁷

Note: The Institute is continuing to investigate these other uses and will report on them in future updates.

She found that 30 percent of her patients with chronic MS experienced a substantial improvement in symptoms. When enzyme therapy began between episodic intervals, the patients either remained free of recurrences or the periods of remission lasted substantially longer.⁸

Restore your body's natural enzymatic defense against the damage of excess CICs

It should be noted that Wobenzyme, like most natural substances, works slowly to restore your natural defenses and heal your body from the inside out. It may be several weeks before you notice a sustained reduction in swelling and other symptoms.

Also, bear in mind that enzymes *do* effect digestion. Gas, bloating, diarrhea, and constipation are all possible when first starting enzyme supplementation. So, it's important to start slowly. After a few weeks, your body will adjust and any side effects should subside. And, as always, before considering a new therapy, it's important to consult with your doctor—especially if you suffer from any type of autoimmune disease.

Wobenzyme is available without a prescription. It's recommended you take three tablets, two times a day at least 45 minutes before meals or 2 hours after. During flare-ups of joint inflammation, take five tablets twice daily. **CAUTION:** Wobenzyme consists mainly of proteolytic enzymes, which are known to break down and dissolve particles in the blood. Therefore, if you're taking Warfarin or any other type of blood thinner, you should *not* try Wobenzyme.

If you suffer from an autoimmune disease, you know how few effective treatments there are in both mainstream *and* alternative medicine. Wobenzyme's success in improving these conditions makes it a promising new option for you to consider.

See your *Member Source Directory* for ordering information. **ISI**

⁶ Significant New Help for Multiple Sclerosis found at http://freedompressonline.com/top_articles/ms_wobenzyme.htm

⁷ Material published by Freedom Press available at www.freedompressonline.com/oralenzymes.htm

⁸ *Ecomed* 1997:113-124

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FOCUS: Gluten Intolerance

<http://www.restorativemedies.com/GlutenIntolerance.aspx>

The gastrointestinal (GI) system is the main thoroughfare through the human body, with food and foreign materials entering one end and feces and foreign materials exiting. At the same time, the GI system also provides a transitory route for an enormous mass of microorganisms which piggyback the food we eat and the air we breathe.

Food and microbial products are the main stimulants of the immune system and the main external regulators of various metabolic pathways in the human body. Accordingly, the composition of consumed food can influence the health of the musculoskeletal system and affect the body's inflammatory processes. Indeed, we are what we eat.

The typical Western diet includes large amounts of wheat and related grains such as rye and barley. We know that these same grains can trigger various diseases that affect not only the gastrointestinal tract but the entire body.

Gluten Intolerance: A Trigger for Many Health Problems

The troublemaker is gluten "a composite of the proteins gliadin and glutenin" which represents the dominant component of wheat grain endosperm.

Due to the lack of appropriate enzymes in the human body, gluten cannot be completely digested. This results in the creation of a large amount of protein fragments (called peptides) which then interact with immune cells of genetically susceptible individuals and start a chain of inflammatory reactions. It has been demonstrated that gluten fragments can penetrate from intestinal lumen into blood stream and even into breast milk, causing systemic effects.

The undesirable consequences of gluten consumption typically occur in genetically predisposed individuals. Several genes associated with gluten intolerance have been identified. The two main genes, HLA DQ2 and HLA DQ8, encode proteins which are localized on the surface of immune cells (macrophages, lymphocytes, etc.) and serve as specific receptors for gluten fragments. Biochemical reaction between the gluten fragments and the receptors is the key event in the initiation of gluten-mediated inflammatory reactions. Not all individuals carrying the HLA DQ2 and HLA DQ8 genes will eventually develop gluten intolerance. There are quite a few factors involved in this complex process including density of HLA DQ2 and 8 molecules on the membrane of immune cells, presence of particular subtypes of these molecules, activity of the enzymes modifying gluten fragments (transglutaminase is one of them) and presence of the modifying genes. One of the important modifying genes for gluten intolerance has been identified recently. This gene, called myosin IXB, is responsible for increased intestinal permeability (also known as "leaky gut syndrome") and has a strong association with inflammatory bowel disease, systemic lupus erythematosus and rheumatoid arthritis.

The vicious cycle of gluten intolerance is not limited to immunological and inflammatory disturbances, it also has a profound effect on various metabolic pathways and intestinal ecology.

The majority of individuals with gluten intolerance have problems with absorption of vitamins and minerals even in the absence of clinically visible inflammation in the intestinal wall. The most common problems include iron deficiency,

zinc and copper deficiency, malabsorption of vitamins D and A as well as folic acid deficiency.

Changes in intestinal microflora associated with gluten intolerance result in disbacteriosis and candida (yeast) overgrowth.

Other problems associated with gluten intolerance include pancreatic insufficiency, and intolerance toward dairy products, soy proteins and egg albumin.

Gluten intolerance is a diverse condition with manifestations that range from mild intestinal discomfort and irritable bowel syndrome to life-threatening celiac disease and lymphomas. Quite a few patients with gluten intolerance have no gastrointestinal involvement and their problems have systemic character.

Conditions Associated with Gluten Intolerance

The list of conditions associated with gluten intolerance include but are not limited to:

Gastrointestinal diseases:

- Celiac disease
- Irritable bowel syndrome
- Inflammatory bowel diseases
- Pancreatic insufficiency
- Autoimmune hepatitis
- Atrophic gastritis

Autoimmune and rheumatic diseases:

- Sjogren syndrome
- Systemic lupus erythematosus
- Sacroiliitis and inflammatory low back pain
- Rheumatoid Arthritis
- Dermatomyositis
- Fibromyalgia
- Aphthous stomatitis

Endocrine diseases:

- Diabetes type I
- Thyroiditis
- Osteoporosis

Hematologic diseases:

- Pernicious anemia
- Iron-deficient anemia
- Lymphomas

Skin diseases:

- Dermatitis herpetiformis
- Keratosis pilaris

Neurologic diseases:

- Seizures
- Peripheral neuropathy
- Multiple sclerosis

Other Health Issues Related to Gluten Intolerance

Gluten intolerance can also affect cognitive processes. It has been demonstrated that gluten-derived peptides (gluteomorphin or gliadomorphin) specifically interact with certain brain cell nuclei. Furthermore, consumption of gluten can affect blood flow in the brain's frontal lobe. The role of gluten intolerance has been hypothesized in the following cognitive and mental disorders:

- Autism
- Bipolar disorder
- Attention Deficit Disorder
- "Brain Fog"
- Schizophrenia

Obviously, not all patients with the aforementioned diseases have gluten intolerance. However, patients with these conditions should be aware that gluten may be a potential driving force behind their illness.