

Edgar Cayce and the Palma Christi

A study of the use of castor oil packs as suggested through the unconscious mind of Edgar Cayce, and as observed in cases followed in the practice of general medicine.

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Part I

Introduction to Part I

My most vivid memory of the 23rd Psalm has me standing with my portable tape recorder in the very center of the Greek theatre located just a stone's throw from the spot where Aesculapius is said to have had his temple of sleeping and dreaming, where legend says that those who suffered with a diversity of illness came, slept, dreamed, and in their sleeping and dreaming they were healed. I was standing there, surrounded by the ghosts of memories, listening to and recording the voice of Hugh Lynn Cayce as he stood in the highest row of seats in this acoustically near-perfect theatre, whispering the words of this favorite psalm.

Do you recall it? The latter portion seems especially significant here—"Thou preparest a table before me in the presence of mine enemies; thou anointest my head with oil; my cup runneth over. Surely goodness and mercy will follow me all the days of my life and I will dwell in the house of the Lord forever." Jesus was called the Christ, the Anointed One, for the Christ means anointed. The mind of man through the centuries, apparently, has known that oil is necessary for anointing, though one cannot easily say why. One type of union with God certainly, is symbolized by the anointing with oil. Is this perhaps a healing, of another portion of man?

As a physician, my life for twenty-three years has been centered in and devoted to the healing of the bodies of the sick, as they come to me with a multitude of complaints that all have their depth of poignancy. And I have found the reaches of the human body extending outward and inward in the questions that remain yet unanswered in this most amazing of mystery-shrouded creations.

Aesculapius, the 23rd Psalm, and my chosen profession in life all seem to be related, in that healing is not only of a body; anointing is not only for the spirit; and dreaming is not only for the health of the mind.

Perhaps it was somewhat this background which led me to begin investigation into the use of an oil which has its origins in antiquity; which, in turn, has almost been discarded by medical practice today; but which, in his psychic discourses for those who were ill. Edgar Cayce advocated for over fifty different conditions of illness in the human body, and to which he attributed some quite remarkable qualities.

Castor oil is still used, of course, in medicine, as a cathartic, but my use of it in the form of a pack came about because of my familiarity with the Cayce readings, and my study of them—and because I saw literally hundreds of instances wherein such packs were advised for conditions of the body that seemed to be not in any way related to each other. Yet they were given the same therapy.

It would be difficult to state at this point in what type of case I first recommended the use of the castor oil pack. As results came, however, its utilization became more and more frequent. After three or four years, this report was born as an idea. Its birth, development and completion undoubtedly would never have occurred had it not been for Hugh Lynn Cayce, Josephine Pomerance and my patient and lovely wife. These people I thank in a special way, and my appreciation also goes to the many others who have helped in their particular manner.

This portion of the report is intended to be a survey of the use of castor oil, and some of its history, drawing on many sources for the information. In it I purpose to show something of the unusual qualities of this remarkable substance, and the even more fascinating manner in which Edgar Cayce suggested its use, weaving into his instructions elements of theory and physiology, both of which will be dealt with as they relate to medical information, in the fields of anatomy and physiology.

Therapeutic History of Castor Oil

At first, in one's consideration of castor oil as a therapy, an almost universal inclination would be to dismiss it as an old-fashioned cathartic whose use in the armamentarium of medicine has been long outdated. This is certainly understand-able, since it is what we are given to believe in the short space of time allotted to it in medical school pharmacology. It is true that some physicians still recommend it, over the verbal protestations of the apprehensive patient; and more often a radiologist is found who prefers it over other types of evacuant therapy for preparation prior to x-rays of the bowel.

Yet, on investigation, it is found that castor oil is truly a remarkable substance, with a similarly remarkable history, and considered philosophically, it just doesn't make sense that a remarkable substance that has history, utility, versatility, flavor and romance all working in its favor should end up in the bottom of the therapeutic barrel, so to speak. On the contrary, these qualities should make it a potential therapeutic boon.

In seeking into the history of this oil of the castor bean, it is seen that there are records of qualities inherent in it that have made it of value. These references are infrequent, to be sure, but they need to be investigated and explored. Not too much has been written in the medical literature. Other areas of written information perhaps add more. The stories one hears are even more sparse, although they exist. The nearly fifteen thousand psychic readings, which are the life work of one man, Edgar Cayce of Virginia Beach, Virginia, represent the largest body of information from which a mass of written material that has to do with castor oil as therapy may be extracted and studied. This makes up the bulk of this investigation, when added to my own experience.

The oil, of course, is that which is extracted from the seed of the *Ricinus communis*¹, known also as the Palma Christi, or more commonly as the castor oil plant. And this is the oil which Edgar Cayce recommended for use so very, very frequently, in the form of a pack.

Probably even Cleopatra used castor oil as a base for her makeup, or to make even more lovely her eyes, just as this particular oil is found commonly in lipstick and makeup today, presumably because of its stable and soothing characteristics. In the Ebers Papyrus (ca. 1550 B.C.) castor oil was described as being used as eye drops to protect the eyes from irritation². So it is we see perhaps the beginning of the recorded use of this unusual oil as therapy in ancient Egypt, a land shrouded with many mysteries.

Over the centuries, the value of castor oil continued to be recognized, sometimes in new ways — but the real nature of its action as described in the Cayce readings remained unrecognized. An exhaustive search of medical literature going back 49 years produced only a few, but some very fascinating, references. Douglas W. Montgomery, M.D., wrote in 1918 of the oil which he described as coming from a beautiful plant with large palmate leaves, often called

¹ Encyclopedia Britannica, 1956, Vol 5:6b.

² Gaddum, J.H.: Pharmacology, ed 3, New York: Oxford University Press, 1949.

Palma Christi, the palm of Christ³. Somewhat facetiously, I suspect, he said, "If as a child, I had known this sonorous name, it might have mitigated the misery I often suffered in having to take the oil. A very determined and energetic Scotch auntie regarded 'a crumb o' oil' as she used to call it, as a universal remedy of exceeding potency in both moral and physical contingencies; and indeed, there is no doubt of its efficiency as a cleaner."

Montgomery did report in the same paper an observation which is undoubtedly of interest and importance today to physicians, as well as being an item which correlates very probably with some of the commentaries made in the Cayce readings about the use of castor oil. He observed that in diseases of the skin, the use of castor oil is of importance inasmuch as a clean alimentary canal is conducive to a clean cutaneous surface. "It would appear that the medicine acts particularly on the ascending colon, and this is interesting, as it is undoubtedly a fact that many of the more active skin reactions are caused by poisons generated in the caput coli, a favorable location for the anaerobic proteolytic bacteria." He further pointed out that in the work W.B. Cannon reported on in which castor oil was given to an animal with its food,⁴ there was a serial sectioning of the food in the ascending colon followed each time by antiperistalsis which swept the food back — a type of action well fitted to clear out the haustra of the colon, "those pockets which in colonic sluggishness must tend to become especially dirty."

This points up how important findings are often disregarded even in the most astute of our accepted text-books. For here is seen evidence of ascending colon activity directly as the result of the castor oil taken internally. Goodman and Gilman⁵ tell how the oil is hydrolyzed by the fat-splitting enzymes in the small intestine into glycerol and ricinoleic acid. It is the latter substance which is active in producing catharsis, through its marked irritant activity in stimulating the motor activity (parasympathetic) of the intestines to promote rapid propulsion of the contents of the small intestine. Then the text states that, "the colon is stimulated little, for in passage through the small intestine the ricinoleic acid is absorbed just as are other fatty acids."

Perhaps the activity which Cannon reported on is a reflex type of phenomenon which is called irradiation. In such event, it would be understandable how the castor oil would act as a stimulant to the entire small intestine and the ascending half of the transverse colon through the spread of impulses resulting from the irritant activity.

In the autonomic system, irradiation is a much more pronounced phenomenon than in the central nervous system.⁶ Indeed, as regards the sympathetic system, the effect of an afferent impulse is to set the whole sympathetic system into activity, and its structure is well suited for such widespread responses.

³ Montgomery, D.W.: Castor Oil, *J Cutaneous Disease* 36:446, 1918.

⁴ Cannon, W.B.: *The Mechanical Factors of Digestion*, New York: Longmans, Green & Co., 1911, p. 151

⁵ Goodman, L., and Gilman, A.: *The Pharmacological Basis of Therapeutics*, New York: The Macmillan Co., 1941, pp. 801-829.

⁶ Starling, E.H.: *Principles of Human Physiology*, ed 8, C.L. Evans (ed.), Philadelphia: Lea & Febiger, 1941, pp. 224, 332-378, 675-676.

Hence, for example, if the central end of the splanchnic nerve is stimulated, the effects reach even to the pupil, which dilates. In the parasympathetic system, there is less irradiation than in the sympathetic, but it still is well marked.

Thus, the effect of the castor oil probably is seen in the colon before it proceeds even a small distance through the small bowel, through this phenomenon which is called irradiation, an activity here of the vegetative nervous system. It becomes obvious then that there are many functions which come about within the body which are more delicate and more mysterious than we, at our present stage of knowledge, understand.

A very interesting correlation develops here between that information which Montgomery commented upon and a report made to the Southern Medical Association in 1937 by Arthur G. Schoch.⁷ This study reported ten cases of severe skin eruption treated with castor oil or sodium ricinoleate internally. Some rather dramatic responses were noted after the administration of often just a single dose of castor oil.

Discussion of this method of treatment revealed that another dermatologist had found that where the colon had become too alkaline—from a pH of 7.6 to 8.2—the gram-positive organisms were in a ratio of about one to every thirty to eighty gram-negative organisms. These people, whose large bowel had become thus disturbed, most often did not respond to diets which eliminated protein-residue foods unless this was accompanied by the use of castor oil.

Two cases would illustrate the results which were obtained with this therapy.

Case 1 — Miss C., a white woman, aged 30 years, a graduate nurse, presented herself with bath pruritis of four years' standing. Over a period of six months she failed to improve under generalized ultraviolet light, intravenous calcium gluconate and sodium iodide, elimination diets, autohemotherapy and local therapy. She had not risked a tub or shower bath in seven months. In desperation she was placed on kaolin and sodium ricinoleate by mouth, one half ounce three times daily. Four days later she reported that she was well, had bought a dollar's worth of soap, and was taking four baths a day. Six months later there was a recurrence which again responded to kaolin and sodium ricinoleate. There has been no recurrence in two and a half years.

Case 2 — Mr. D., a white man, aged 72 years, presented himself with a non-exudative urticarial dermatitis involving the back, arms and legs. The eruption was of two weeks' duration. A single dose of castor oil, all other therapy excluded, relieved the pruritis in twenty-four hours. One week later he was well. A recurrence three months later responded in the same manner.

In the field of pharmacology, oil from the Palma Christi is recognized by Goodman and Gilman, (see footnote #5, p.801) but with few benefits to its credit. They describe castor oil as a triglyceride which is composed mostly of ricinoleic

⁷ Schoch, A.G.: The Treatment of Dermatoses of Intestinal Origin with Castor Oil and Sodium Ricinoleate, *So Med J* 32:326-328 (No. 3) 1939.

acid, an unsaturated hydroxy fatty acid having the formula $\text{CH}_3(\text{CH}_2)_5\text{CHOHCH}_2\text{CH}:\text{CH}(\text{CH}_2)_7\text{COOH}$. The oil is a bland emollient and is employed locally on the skin for its soothing properties. Castor oil is also incorporated with alcohol and extensively used as a hair tonic, in the proportions of one part of oil to ten of alcohol. This textbook, familiar to all medical students, also describes castor oil as one of the few substances which will effectively remove phenol from the skin or mucosae.

Ormsby and Montgomery⁸ describe castor oil as one of the "nutritive and soothing oils" which may be used by direct application or through saturated compresses to the skin. These are frequently used for the removal of crusts and scales. Interestingly, the other "nutritive and soothing" oils which the author lists are cod-liver, olive, almond, linseed, and neat's foot, while the "stimulating" oils are those of tar, cade, white birch, cashew-nut and juniper.

⁸ Ormsby, O.S. and Montgomery, H.: Diseases of the Skin, Philadelphia: Lea & Febiger, 1954, p. 129.

Castor Oil in Industry

In searching for information about castor oil I learned much from a publication entitled "Castor Oil and Chemical Derivatives"⁹ which is more specific in the chemical description of castor oil than Goodman and Gilman. Chemically, castor oil is a triglyceride (ester) of fatty acids. It is unique in that approximately 90% of this fatty acid content is ricinoleic acid, an 18-carbon acid having a double bond in the 9-10 position and a hydroxyl group on the 12th carbon. *This relationship of hydroxyl group and unsaturation exists only in castor oil.* The typical composition of castor oil fatty acids is shown below. This composition is remarkably constant.

Ricinoleic Acid	89.5%
Dihydroxystearic Acid	0.7%
Palmitic Acid	1.0%
Stearic Acid	1.0%
Oleic Acid	3.0%
Linoleic Acid	4.2%
Linolenic Acid	0.3%
Eicosanoic Acid	0.3%

The hydroxyl groups in castor oil account for a unique combination of physical properties: relatively high viscosity and specific gravity; solubility in absolute alcohol in any proportions; limited solubility in aliphatic petroleum solvents. The uniformity and reliability of its physical properties are demonstrated by the long-time use of castor oil as an absolute standard for viscosity tests. It has excellent emollient and lubricating properties.

The history of this substance in industry is in itself a long and fascinating story, too long to tell here. Briefly, however, it can be stated that because of the hydroxyl groups, double bonds and ester linkages, which provide reaction sites, a number of chemical reactions in which castor oil is commercially used have been most thoroughly explored. These include acetylation, alkoxylation, amination, caustic fusion, chemical dehydration, distillation, epoxidation, esterification, hydrogenation, oxidative polymerization, pyrolysis and saponification. These reactions result in a multitude of oils, salts, glycerides, esters, amides, alcohols, halogens and hydroxy-stearates.

This remarkable history in industry speaks highly of castor oil's stability, versatility, dependability and general utility. One might be led to wonder if such characteristics might carry over into its use when applied to the human body, which is so deeply concerned with chemical reactions of all sorts.

⁹ Castor Oil and Chemical Derivatives, Baker Castor Oil Co., Bayonne, NJ, 1962.

Among the contributions of industry as it relates to the fields of medical inquiry and therapeutics is the work of A.F. Novak et. al.,^{10 11} in using ricinoleic and oleic acid derivatives (both found in castor oil). These were screened for their antimicrobial activity, under optimum growing conditions, against several species of bacteria, yeasts and molds. Several of the derivatives exhibited considerable inhibitory activity, comparable to sorbic and 10-undecenoic acid, known antimicrobial agents. Novak and his group stated that these substances warranted further study, since "the medicinal applications of some of these compounds might prove to be very important."

Industry played a large role in the work reported by Schwartz¹² in 1942, concerning the use of castor oil — among other constituents — in the makeup of protective ointments and cleansers. These were to be used where men in industry would be subjected to exposure of irritating substances on the skin. His was an extensive report on the subject, and castor oil was found rather commonly in ointments and cleansers recommended.

¹⁰ Novak, A.F., Clark, G.C., and Dupuy, N.P.: Antimicrobial Activity of Some Ricinoleic and Oleic Acid Derivatives, J Amer Oil Chemists' Soc, No. 37:323-325, 1961.

¹¹ Novak, A.F., et al: Antimycotic Activity of Some Fatty Acid Derivatives, J Amer Oil Chemists' Soc, No. 39:503-505, 1961.

¹² Schwartz, L.: Protective Ointments and Industrial Cleansers, Med Clinics of N Amer 26:1195-1210 (No. 4) 1942.

Castor Oil in Folk Medicine

Many of those habit patterns which we call our way of life come to us through the medium of teaching, person to person, verbally. We see constant use of this method in home, schools and church. Yet a mother caring for her child is called "instinctive" as she applies wisdom which she has not even been taught. As she kisses her child's finger where he has banged it on a board, she applies instinctive therapy. Throughout the history of mankind on the earth, I am sure, much information in treating and caring for the body has been passed on through word of mouth and through that which has been called the unconscious mind, active in one form or another.

Castor oil as a treatment for the body certainly has been a factor in the habit patterns of peoples throughout the past several thousand years that we know about, so it would not be surprising to find it in the legends and stories of people, and in folk medicine, so-called, wherever such exists in the world today. It would be interesting to delve into the herbal medicine of ancient China and Tibet, the stories of healing as they exist in various lands throughout the world, and find if castor oil is a part of the therapeutic history of those countries.

From personal communications I find two stories which are of interest in the folk history of castor oil. After I had suggested some castor oil applications in her instance, Mrs. Carrie Hulsman told me in September, 1965, that her old family doctor always told her in Shelbyville, Indiana, that "castor oil will leave the body in better condition than it found it."

In the Virginia mountains midwives still deliver babies and herb medicine still clears up conditions that the Pharmacopeia has left untouched. And the second story originates here. E.J. McCready told me in May, 1965, of his visit some years ago to a Virginia mountain town where his sister lived, and he had developed an intensely inflamed finger. A local physician advised him to go to a larger city to receive surgical care for it. He was about to leave immediately, because the finger hurt him so much, when his sister influenced him to show the finger to "Aunt Minnie" who lived up in the hills and who was a midwife. As soon as she saw it, she told him to wrap a flannel cloth soaked in castor oil around the finger and leave it there. He followed her advice and direction, and by morning most of the inflammation and all of the soreness were gone. By the morning of the second day, all the swelling and inflammation had gone and a grain of sand (acquired while he was bathing on the seashore one week earlier) was discovered under the edge of the fingernail. This came out and the finger was healed.

D.C. Jarvis,¹³ in his book concerning Folk Medicine in Vermont, listed many topical uses indeed for castor oil. Among the more interesting are: for warts anywhere on the body; for any type of body ulcer; to heal the slow-to-heal umbilicus of a new-born infant; applied locally to breasts to increase flow of milk; for irritation of the conjunctiva of the eye; for lack of proper growth of hair in little children; applied to eyelashes or eyebrows to stimulate growth; and for hunting dogs, when they develop irritation of the eyes from running through the grass, a few drops of castor oil will clear up the condition.

¹³ Jarvis, D.C.: Folk Medicine, New York: Henry Holt & Co. 1958, pp. 147-150.

Jarvis states that aching feet can be made to feel much better and perform their duties more perfectly if twice a week, or even more often, the feet are rubbed down at bedtime with castor oil. Then cotton socks should be slipped on and the oil left on overnight. In the morning, he states, the skin is like velvet, and generally all the tired, sore feeling will have disappeared. In the same way, castor oil can be used night and morning to soften corns and calluses and remove the soreness. Castor oil is considered a specific remedy for corns.

Dr. Jarvis drew on the reservoirs of folk medicine in Vermont for these varied uses of castor oil. He further describes how he utilized a fascinating degree of common sense in pursuing these ideas, particularly as they applied to warts, and found in his own experience that castor oil would and did clear up not only warts, but also those skin afflictions that are known as papillomas of the skin, pigmented moles and the more common "liver spots". The latter occurrence is a concomitant of the aging process, which, of course, we speak of so lightly and fluently but as yet do not really understand. These spots were not, according to the author, just improved, but actually were completely removed by some physiological process that left a clear skin in the procedure without a sign of a blemish.

His own account of two of these cases is certainly interesting enough to recount here.

"While adjusting the eyeglasses of a patient sixty-two years old, I noticed that she had a papilloma 3x3x3 mm. at the outer end of her left eyebrow. This had a smooth surface and appeared like a skin-colored miniature grape. I asked how long it had been there, and she said three months. I suggested that at each mealtime she apply castor oil to the papilloma and let me know the result. At the end of six weeks it had disappeared to the degree that I would have never known it had been there . . .

"A young married woman thirty years of age came to Vermont with her three children to spend the summer with her father, who had retired and returned to Vermont to live. While seeing her father I observed that she had a brown mole, in the middle of her right cheek, about the size of her little fingernail. It was so brown that it showed through her makeup. I told her I thought castor oil might influence the mole favorably, if she cared to try it. Telling me that it had been there ever since she could remember, she accepted my suggestion. Each evening when she removed her makeup she thoroughly rubbed in the castor oil, wiping off the excess with a tissue as she was about to get into bed. At the end of one week she noticed that the color of the mole had begun to fade. By the end of three weeks the brown had completely disappeared. I could see a smooth place where the mole had been, but its color was that of the surrounding skin."

Whether Vermont moved west (or perhaps it was a derivation from another source) but use of castor oil therapy here in Phoenix (personal oral communications with Palmar Dysart, M.D., April, 1966) has been advocated for a wart that was too large to remove with electro-coagulation without scarring. A young married man was instructed by his family doctor to apply a cloth soaked in castor oil to this wart on his right hand, taping the bandage in place and leaving it on all night. After this had been done for one week, the wart had completely

disappeared. The patient later, without his physician's knowledge, instructed his wife in treating a similar wart on her knee, which also with rapidity disappeared.

Folk medicine is not the usual area of information to draw from in medical literature and writing because it does not have the sanction of the scientific method and consequently lacks that work which has become known as scientific investigation and research. When these methods are applied to folk medicine and an item in the repertoire of that storehouse of information is found to be applicable in controlled circumstances, then this item is no longer a therapy found in folk medicine but is an accredited portion of the science of medicine. Witness the amazing story of the ornamental periwinkle and the saga of the Hindu snakeroot — used for centuries in India for maladies of the mind, but now a respected portion of the medical practitioner's art. The periwinkle plant is called, technically, the *Vinca rosea* L. and comes from the dogbane family which is rich in alkaloids. While it had been used in folk medicine for dysentery, menstrual disorders, toothache, etc., yet it was only through a strange coincidence that it was found to be usable in leukemia. Investigators in the Collip Medical Research Laboratory in London, Ontario,¹⁴ were using extracts in animal research, trying to run down the facts on a story that it had been used in Jamaica for diabetes. When some animals died of an overwhelming infection while under treatment with the *Vinca*, then it was that the white cells were found to be depressed, and the idea was born that it could be used in leukemia.

To quote the author, Margaret B. Krieg (see footnote #14), from the foreword in her book *Green Medicine*, best gives the story of the Hindu snakeroot: "One botanical success story had especially far-reaching consequences: in the early 1950's, western scientists began to examine the claims made for the ancient Hindu snakeroot, *Rauwolfia serpentina*, in the treatment of insanity. After the first modern tranquilizer, reserpine, was extracted from these roots, it was found particularly effective in easing high blood pressure. Currently, sales of finished reserpine products in this country amount to \$30,000,000.

Research in this particular area is taking giant strides in testing those plants which have already been found to be beneficial, and in seeking out new drugs from old plants that have no available history of having been used in therapy.

Thus we see that one might well draw information from any source that seems reasonable in approaching a concept of what might well be of benefit to the human body. When a therapy has been used for many years without ill effect, then it is time to take that therapy and find out no longer IF it will work, but instead WHY it works, and what perhaps happens in the body when it does its job.

¹⁴ Krieg, M.B.: *Green Medicine*, Chicago: Rand McNally & Co., 1964.

Castor Oil Packs as Therapy

The history of castor oil and its many uses has certainly expanded our concepts relative to the use of castor oil, from that of an ancient protective oil — which is in the present day commonly used as a cathartic and as a chemical (or psychic) encouragement toward the beginning of labor in the pregnant woman — to that of a versatile therapeutic tool whose capabilities are only beginning to be known and whose methods of action are completely unexplored.

Yet, nowhere in the medical or para-medical literature have I been able to find description of castor oil being used as a pack on the abdomen in the treatment of human illness, with but two exceptions. The first of these is a story told me by Catherine Young (personal oral communication, February, 1966). During the course of my suggesting to her the use of a castor oil pack, she stated that this was exactly what her mother had used on her many years ago. Her mother came to the U.S.A. from Yugoslavia in 1901. She told her daughter that they had used these packs for stomach and kidney troubles on people of every age "back in the old country", and especially for babies who were suffering from colic. She remembers how, at various times, people would walk around with castor oil packs on their abdomens with a hot water bottle tied in place. In Yugoslavia and subsequently in their home in the United States, they used the packs on stiff necks and sore throats, and various aching parts of the body — but mostly it was used on the abdomen.

The second exception is found in the records existing in the Edgar Cayce Foundation in which castor oil packs are discussed at length, and are suggested for a variety of illnesses of the body. This foundation is chartered in the state of Virginia and its primary function is the care of the 14,238 psychic readings given by Edgar Cayce over a period of approximately forty years. The Foundation is active in indexing and making these readings available for study and for research, and is sponsoring research of parapsychological and medical nature. These readings constitute the largest body of psychic information from a single source available in the world today, as information which is indexed and currently available for serious study.

From such a rich source of information that is coherent and related, one would expect to find a consistency of use and perhaps some understanding as to why castor oil packs were used at all. This we shall try to explore.

Before understanding the nature of the packs, pertinent to this paper, we should understand what are the Edgar Cayce readings, which advocated so widely the use of these packs. Much of Cayce's life was spent in giving these "readings" as they came to be called. The full story of his life is well told by Thomas Sugrue in his book, *There is a River*,¹⁵ which is biographical in nature. Cayce died in 1945, but while he lived he was able to lie down on a couch or bed, loosen his tie and collar, and after a few moments, be in a state that resembled trance or self-hypnosis. In this state he was able, upon suggestion by the conductor, to visualize, describe, and comment upon another individual who may have been thousands of

¹⁵ 15 Sugrue, T.: *There is a River*, ed 3, New York: Dell Publishing Co. Inc., 1964.

miles away at the moment and a complete stranger. He was able to, and did, diagnose physical conditions which existed at that time in that person's body; and he gave suggestions which, when they were followed, restored the body to a more normal condition of health. His clairvoyance while in this condition was substantiated time and again, and he subsequently became known nationally as "The Miracle Man of Virginia Beach",¹⁶ this being the place of his residence during the later year of his life. Each time he "went to sleep", and gave such information for an individual this, with the questions and answers, became a reading. During his adult life, and throughout a period of more than forty years, Cayce gave 14,238 such readings, currently on file and being indexed, plus, it is estimated, 200 to 500 readings of which no copy is available. Of those on file, there are 8,976 physical readings, the remainder having to do with various other subjects. All extracts from these readings will be identified by number and can be located as such in the records of the Edgar Cayce Foundation.

The first reading — thus far indexed — in which castor oil packs were suggested is Case No. 15-2. A woman applied for a reading because of a tumor of the upper bowel — diagnosed by x-ray as cancer, but stated in the reading to be an impaction. This reading was taken on 8-17-27, and thus originated a type of therapy which was continued throughout the lifespan of this psychic individual who, without a medical training or degree, found himself in the position of diagnosing illnesses and giving suggestions for therapy, without even seeing the patient or often even knowing anything about him.

A 62-year-old man, who became Case No. 1836, suffered apparently from epilepsy. His reading is interesting for a number of reasons, and is quoted here in its entirety:

This Psychic Reading given by Edgar Cayce at his home on Arctic Crescent, Virginia Beach, Va., this 2nd day of March, 1939, in accordance with request made by the wife — through the daughter, Mrs. [549] — Associate Member of the Ass'n for Research and Enlightenment, Inc., recommended by Miss [243].

Present

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, steno.

READING

Time of Reading

3:35 to 3:55 P.M. Eastern Standard

Bonded Cotton

Warehouse,
(R.F.D.) — Georgia

Mrs. C.: 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. You will answer the questions that may be submitted, as I ask them;

Mr. C: Yes, we have the body, [1836].

¹⁶ Millard, J.: Edgar Cayce, Man of Miracles, London: Neville Spearman, 1961.

As we find, unless there are measures taken the conditions here may become very serious. These are the conditions as we find them with this body, [1836].

There having been a disturbance in the lacteal ducts, there has been a disturbance that causes an adhesion in this portion of the body; and at times a drawing in the side (right) just below the liver and gall duct area.

This disassociation causes a breakage in the coordinating of the cerebrospinal and sympathetic nervous system, until there are the tendencies and impulses for an overflow of the nerve impulse through the cerebrospinal system.

And these, unless some measures are taken, may form a clot or a break on the brain.

As to the general conditions of the body, these are gradually giving away to these disturbances, - both from the physical reaction and from the anxiety in the self as well as those about the body.

Then, as we find:

We would apply, consistently, for at least ten such applications, the Castor Oil Packs — about every other evening, when the body is ready to retire, for an hour; the Packs changed about twice during the hour period. These would be applied over the caecum and the gall duct area, or the right side from the ribs to the point of the hip, extending lower over the abdomen in that area, see? Use about three thicknesses of flannel, wrung out of the hot Castor Oil and applied, then a pad put over same, and then the electric pad or dry heat put over same to keep it warm or as hot as the body can stand it, see? Do this every other evening for at least TEN such applications, making a period of twenty days, see?

Also, EACH evening, for at least twenty to thirty days, we would massage the spine — downward; beginning at the base of the brain; one day using OLIVE OIL, the next day using Cocoa Butter. Massage all the body will absorb. Let this extend on either side of the spinal column, from the base of the brain to the end of the spine; gently, in a rotary motion, massaged into the body, see? Rub AWAY FROM the head, always. Take about twenty to thirty minutes each evening to give this massage, see?

After the massage, as ALSO after the Castor Oil Packs, the body may be sponged off — the areas of the massage AND the Packs — with lukewarm soda water if desired.

In the diet, — keep away from fried foods and from any hog meat of ANY kind, — especially sausage or the like.

Do these and as we find we may aid in ELIMINATING these disturbances.

Then, at the end of the twenty to thirty days of following these directions, we would give further instructions.

Ready for questions.

Q-1 Is this the cause for the curious spells he has been having off and on for the last six years?

A-1. This causes the spells, — the losing of consciousness and the like.

We are through for the present.

(Let us know about ten days before the period of treatments is up, so we may make an appointment for the Check Reading to give further instructions.)

Technically, it will be seen that in this reading, as in all those which are filed and indexed, there is information present which may be used as background material for study, and information is recorded as to place, time, and names — those present and the individual for whom the reading is given. The latter, of course, is deleted for obvious reasons of courtesy and privacy, and a number is delegated to the individual for whom the reading is given. The number after the dash (as in 1836-1) means that this is the first reading given for this person. If it were the twentieth reading, it would be 1836-20. Paragraphs are numbered for purpose of reference, and pages for each reading are likewise numbered.

More interesting, and more pertinent to this study, are the comments which are recorded in association with 1836's physical condition as "seen" by the sleeping Edgar Cayce. These lend clues to why perhaps the castor oil — as prescribed - would be of benefit to the sick body. For it follows that therapy designed to treat any sickness must be that which, at least theoretically, would reverse the condition of disease and restore the body to health. (This is one of the fundamentals of the practice of medicine — surgery, however, goes one step beyond this, suggesting removal of the diseased portion *if* it cannot be corrected without surgical intervention.)

Thus, here, in paragraph 5 of the reading 1836-1, there is referred to a lack of proper association between the lacteal ducts, which are concerned mainly with assimilation of food, and some other part of the body related to them, which in turn brings about a break in the proper coordination of the cerebrospinal nervous system and the autonomic nervous system, often called the vegetative. (Cayce used the term sympathetic nervous system as meaning the vegetative nervous system, so when this occurs in the readings, it must be remembered that he meant by the term "sympathetic" both the so-called sympathetic and parasympathetic nervous systems. One reference to this is the following:

Hence we have had an infection arising, producing — through the toxic reactions in the alimentary canal, and through the nervous system — a breaking of coordination between the sympathetic or vegetative and cerebrospinal nerve systems.

1623-1, par. 5

This allusion to a function of the body not often considered as causing disease, this hint as to what may really be wrong, also gives us a lead as to what was psychically perceived as to the true action of the castor oil packs. In this instance, of course, the word "true" is used in relationship to understanding what this source of information may have indicated as being the case. Later in this discussion, various threads of information such as this will be picked up in an effort to construct a hypothesis of the action of the castor oil as applied locally in this manner.

In other readings it will be seen that the general suggestions for the use of the castor oil packs are about the same. In many instances the individual using the packs is told to take orally, varying amounts of olive oil following a series of packs. This is demonstrated in the following extracts:

Have at least three or four thicknesses of old flannel saturated thoroughly with castor oil. Then apply on this, an electric pad. Let this get just as warm as the body can stand, — cover with oil-cloth to prevent soiling linens. Keep this on every afternoon or evening for an hour. Then sponge off (the oil on the body) with a weak solution of soda water. Do this for at least seven days without skipping a day — one hour each day, the same hour each day. After and during those periods take small doses of olive oil, two or three times each day. These [small doses of olive oil] should not be so severe as to cause strain, but be careful after about the 3rd or 4th day to observe the stool and there should be indications of the gall ducts being emptied, there should be gravel, and there should be some stones.

5186-1, par. 4; Female 44, gallstones

In another reading given for what was called distention in the ascending colon associated with a skin rash, some further minor deviation is noted in the use of the packs:

First we would begin with the use of Castor Oil Packs for about an hour each day for at least three days a week. These would be applied especially across the abdomen in the caecum or in the right area of the body.

Following each three-day period of using the packs, we would take pure Olive Oil internally; not too great a quantity in the beginning, but as much as the body may assimilate.

2451-1, par. 17, 18

And in the following reading given for cholecystitis with resulting gastroduodenitis, creating a "lack of assimilation and digestion for the system", we find:

Castor Oil Packs: take these each evening for three days in succession, then the large dose of OLIVE OIL. Leave off three to four days, then take another series. Continue in this manner until the condition has entirely cleared. Leave off three to four weeks; then repeat — regularly — in series — even though there is not the severe pain.

294-199, par. 3, male 63

In perhaps the majority of the cases where castor oil packs were suggested for use on the abdomen, the three-day period of each week as described above was most frequently given. It was almost as if a period of activity in treatment needed to be followed by a rest period. Indeed, in his readings throughout the course of his life, Cayce seemed to see and sense a benefit to be derived from periodicity in the use of therapy, rather than continuing indefinitely with it the rest of one's life. This was not, I am sure, an ironclad rule, but in my review of a portion of the records which are available, this would seem to be the case with a great deal of consistency.

Physiology, the Liver, and Lymphatics

It is a fascinating adventure to sift through the ideas which have been given in the Cayce readings — titled once for lecture purposes by Hugh Lynn Cayce as "Ten Million Words from an Unconscious Mind" — and to sort out meaningful phrases and sentences which can lead one to a better understanding of the theory of the functioning of the body as Edgar Cayce saw it when he was asleep. He could not, apparently, offer a coherent theory while he was awake. Unfortunately, no one thought to ask him to give a consistent unconscious discourse on the subject during the years when he was still alive.

Therefore, it remains to be a detective and to approach the comments which were made in the course of the readings with an open mind, — realizing that we, at our present state of understanding in the field of the healing arts, may have approached things with a personal bias in this modern age just as easily and with as much facility as our predecessors did a hundred years or a thousand years ago. Just for the purpose of this paper, suppose we leave open and undecided the basic questions concerning the nature and function of the body. Then, having not made up our minds, we can look at the ideas Cayce gave with a certain amount of candor, granting that they could be right or wrong — but evaluating them in light of evidential material derived from various sources.

What would some of these questions be? Perhaps as . . . What is the quality or impulse that we call Life or Life-Force?... Where does it originate?... What is the intelligence that lets cells and organs function according to their "nature"? . . . What is the nature of "unconscious" direction of the vegetative functions of the body, and what part does the autonomic nervous system play in this?... What relationship is there between function of endocrine glands and human emotion?... This is the type of question which should be left open and undecided for the present, but certainly not even the partial scope of what could be asked. Then let's explore further.

Thus far, we have explored the type of unconscious readings which Edgar Cayce gave, we have seen a typical reading in its entirety, and we have seen several different ways in which he advised castor oil packs to be used. He suggested olive oil to follow the packs in a great number of his readings, so let's see perhaps why he used both olive oil and packs. It should be stated that fat and its products of digestion in the duodenum are known to cause the gall bladder and large bile ducts to contract through the action of a hormone known as cholecystokinin.¹⁷ Thus we would expect oil to produce an increase in the flow of bile both from the liver and the gall bladder, which in turn would act as a catharsis and stimulate even further increased flow of bile.

Following are two quotes which apparently indicate that this type of physiological activity was expected.

¹⁷ West, E.S., et al: Textbook of Biochemistry, New York: Macmillan Co., 1966, p. 1501.

Q-1. How long should the Castor Oil Pack be kept up and how often?

A-1. Keep up the Packs until the corrections and the lesions in the area are broken up. These should be taken by periods, three days at a time, an hour each day. Follow same with two teaspoonsful of Olive Oil. We wish to clear the alimentary canal and keep it clear. After the Packs have been given for three days, skip a week, and then give them again.

5379-1, F. 10

Apply Castor Oil Packs over the liver area about one hour each day for two days, then give internally two teaspoonsful of Olive Oil after the second day. Apply the Castor Oil Pack with at least three thicknesses of flannel, saturated with the Castor Oil, and then apply the electric pad over same. *This should stir the liver into activity.* These are what is needed to remove the tendency for strep.

2299-12, M. 4

A 63-year-old woman, 3683-1, was told in her reading that her difficulty was in large part caused by a malfunction of the liver. In Cayce's terminology, she was told that the right lobe of the liver was causing distresses to the pancreas and the spleen, while the liver as a whole was causing distresses to the kidneys and bladder, the lung, heart and assimilating system (this undoubtedly being the stomach and small intestines). In this particular reading, treatment advised consisted first of castor oil packs, before anything else was done. This would indicate that Cayce, in his unconscious state, "saw" the necessity of improving the condition of the liver before anything else would or perhaps could be done. And thus is seen implied one of the functions of the castor oil packs — an enhancement of the function of the liver, not only in its ability to be the great detoxifying organ of the body, but also in its beneficial effect to all the surrounding organs rather than being as a dross and a distress to them. In some way, Cayce implies, when the liver is not functioning normally, it can and often does act as an irritant to some or all of the organs which surround it in the abdominal and the chest cavity.

In the research done thus far, I have not seen in the readings any specific explanation of how the liver would act either in a beneficial manner or in an irritating capacity, depending on its condition. We do know, however, that the liver produces one third to one half of all the lymph produced in the human body, under resting conditions — this lymph along with the lymph from the intestines constitutes fully half of all that produced in the body.¹⁸ This might shed some light on the importance of the liver. The lymph from the liver contains 6 grams per cent protein concentration, which is just a bit less than that of normal plasma. From most areas of the body, lymph has a protein concentration of only 1.5 per cent. Thus, when these are mixed as they are in the thoracic lymph that is emptied into the thoracic duct and thence into the venous system of the body, the concentration of protein is about 3 to 4 grams per cent. It also has considerable fat in it that is absorbed by the villi of the small intestines into central lymphatic capillaries called central lacteals. After a fatty meal, thoracic duct lymph resembling milk in its appearance, sometimes contains as high as one to two per cent fat. The lymphatic system is

¹⁸ Guyton, A.C.: Textbook of Medical Physiology, ed 2, Philadelphia & London: W.B. Saunders Co., 1961, pp. 65-67, 969.

one of the major channels of absorption from the gastrointestinal tract, being responsible principally for the absorption of fats. This absorbed material then passes upward through the thoracic duct to enter the blood stream (see footnote #18, p. 65). Lymphatic vessels of the intestinal canal are called lacteals because of this appearance and function.

The lymphatics are indeed a unique portion of the circulation of the body. They not only drain the villi of the intestinal tract, but they have other beginnings in all distant parts of the body. Lymph flows in only one direction, gathering its sub-stance, like a mountain stream, in tiny rivulets. Instead of beginning in a wooded hill, however, the lymph has its origin in the intercellular spaces throughout the body, and in the central lacteals of the small intestine. As the lymph vessels grow larger and larger, they coalesce and finally empty into collecting vessels, the larger of which is called the thoracic duct, and into the right and left subclavian veins; thence into the largest vein of the body, the vena cava. From there the lymph becomes part of the blood as it is pumped by the heart through the lungs and then into the general circulation, as arterial, oxygen-carrying liquid. The lymph would seem from the foregoing to have at least two functions, one associated with the lacteals and the absorption and assimilation of foods, and the other as a cleansing or drainage system of the cells. The implications existent in the Edgar Cayce readings relative to the "lacteals" should be discussed first.

The lacteals as such were mentioned in the readings quite frequently, so it was inevitable that someone would ask the direct question about their identity as far as the readings were concerned. This was the answer:

That portion that makes for the ability of the system to take from the food values and prepare same in the manner in which same may be used to revivify, revitalize, recharge the system itself. *1055-1, M. 50*

It would seem from this explanation that the lacteals would be not only the villi of the small intestine, but also the single lymph nodules and the Peyer's patches found in the small intestinal wall, the collecting lymphatics, and the lymph nodes found along the way, through which the lymph passes. This would be contrary to the conventional concept of lacteals found in the field of physiology, which has been already mentioned.

Villi are highly vascular processes which project from the mucous membrane into the lumen of the small intestine throughout its entire length, and give to the surface of the intestine a velvety appearance. These villi are largest and most numerous in the duodenum, which is the first part of the small bowel, and in the jejunum, and become smaller and fewer in number in the ileum. There are none in the large bowel. They are placed remarkably close together, and are so numerous that the surface area of the small intestine — $\frac{1}{2}$ square meter -- is increased to about 10 square meters by means of these projections, covering nearly the entire surface.¹⁹ The villus is made up of a central lacteal, sometimes two, which is surrounded by retiform lymphoid tissue in which lie blood vessels and

¹⁹ Wiggers, C.J.: Physiology in Health and Disease, ed 2, Philadelphia: Lea & Febiger, 1937, pp. 263-275, 854.

the longitudinal and circular muscular fibers; then surrounding these is found the basement membrane on which are placed the columnar and globular epithelial cells. These latter come into direct contact with the food as it passes down the lumen of the small bowel, and all absorption must come here.

Peyer's patches come into consideration in the readings also, as will be noted within the next few pages, so some anatomical knowledge of these would be not out of line here. These were discovered and described by Johann Conrad Peyer, a Swiss naturalist and anatomist in 1677. It is interesting that three hundred years have produced so little information about their function that they can hardly be found in physiology textbooks. However, it can probably be assumed that these have the same reported function as the lymph nodes found along the pathway of the lymphatic vessels, which is to produce lymphocytes, to collect particles, and inactivate bacteria and toxins carried to them in the lymph stream.

These "patches" are more correctly called the aggregated lymphatic nodules;²⁰ also Peyer's glands, agminated follicles or tonsillae intestinales. They form circular or oval patches, varying in length from 2 to 10 centimeters, and the 20 to 30 patches which occur are found to be largest and most numerous in the ileum. While they are only occasionally seen in the duodenum, they are seen more frequently in the jejunum, but they are small and circular there. They are placed lengthwise in the intestine, and are situated in the portion of the tube which is most distant from the mesenteric attachment. Each patch is formed of a group of solitary lymphatic nodules covered with mucous membrane, but the patches do not, as a rule, possess villi on their free surfaces. Anatomical observation has shown that they are best marked in the young person, they become indistinct in middle age, and sometimes disappear altogether in advanced life. They are given an abundant supply of blood from the plexus which surrounds each follicle. Vessels give off fine branches which permeate the lymphoid tissue in the interior of the follicles. The lymphatic plexuses are especially abundant around these patches.

It can be seen from the above, and from searching further in descriptions of a technical nature, that the patches described and the villi and the lymphatic vessels have indeed much relationship to each other, and should give us much food for thought as we follow what Cayce has given in his readings that has to do with the lymph and with lacteals, and the patches "that are called by a man's name."

In the portion of a reading that follows, there is a reference to a function of these aggregated lymphatic nodules which has never been touched on, to my knowledge.

Now, in the physical forces of the body (as seen and understood, in the nervous systems of the body), there are those glands that secrete fluids which in the circulation sustain and maintain the reaction fluid in the nerve channels themselves.

271-5, M. 34

²⁰ Lewis, W.H.: Gray's Anatomy, ed 23, Philadelphia: Lea & Febiger, 1936, p. 1164.

This is talking about a substance which, as will be seen in a moment, apparently is produced in the Peyer's patches and becomes a part of the lymphocytes formed there — under normal circumstances — and is thence carried through the blood stream to the areas where electrical contact is made between the autonomic and the cerebrospinal nervous system. This relationship between these two systems will be discussed at length in a later section, but this function here, as Cayce sees it, should be clarified now. The following extract, taken from the last reading given by Edgar Cayce, enlarges on the concept of the function that these patches of Johann Peyer might be able to perform in the body.

For the excess use of salines to flush or to cleanse the colon has reduced in blood more of that which causes that plasm. Thus the inabilities of those centers, those patches through which there are the areas of the lymph circulation, are such as to cause oftentimes a state of disintegration. In these patches, then, there is a lack of sufficient globular forces to cause the coagulation in the flow of the lymph, or that portion of same which is the leucocyte, or the sticky portion in the blood is not sufficient to make perfect contact between sympathetic and cerebrospinal activities of the body.

Those congestions caused in the trachea, the conditions in the heart activity — the pressure is near normal at most times. When there is over-exercise physically, or especially the mental forces as of worry or anxiety, to be sure it calls on the necessity of these emunctory activities — or those patches that are called by a man's name. These are then lessened in their number and thus make a quickening, or an anxiety, causing the flow of blood in the heart, as an organ, to dilate....

In making administrations to supply those glandular centers which supply to these patches, or the emunctories, add those in the B complex or the Riboflavin — the necessary elements in each portion of the B vitamin forces.

294-212, M. 66

Perfect contact between the sympathetic and cerebrospinal nervous systems made possible through substances created in these small patches of lymphatic tissue in the mucosal surface of the small intestine — a concept which is indeed exciting. And, too, the comment that physical or mental stress puts a strain on these areas leads one to wonder if worry, loss of sleep and the rebuilding that comes with it couldn't bring on a nervous prostration of sorts through this particular mechanism. There is also a warning relative to the excessive use of saline enemata, which also seems to be significant.

In case 4595-1, Cayce describes a leakage occurring of lymph into the circulation of the blood, coming about at the fourth dorsal sympathetic ganglion, on the left side. This leakage comes into being because of a lack of the coagulating forces which he sees as being formed in the lymphatic system. This in turn causes the arterial vessel walls to produce a substance which is carried throughout the body, disturbing the function of all the organs. He suggested therapy for a period of 48 days, which he described as being a cycle of relationship between the sympathetic and the cerebro-spinal nervous systems.

These are strange new functions brought into the system of the lymphatics, and their relationship to the nervous system. One final extract in this particular regard leads us to think that in this case, the globular substance which the patches apparently manufacture has been increased and in bringing into being a repair in the nerve contacts by means of formation of a filamentous substance.

There is still at times incoordination in the sympathetics through the activities to the cerebrospinal and to the sensory reactions (we are speaking from the physical angle entirely in the present, you see), yet there has been created — by the activities of the properties in the system — more of a stimuli to the coordinating reactions, in the form of filaments of circulation through the activities of plasm, in the nerve forces themselves, as well as a better application of the blood supply about these portions through which the nerve plasm operates.

386-3, F. 20

These various ideas regarding the lymphatics and their functions which are not usually considered in approaching the body physiology, are perhaps worth pondering. Recent work has been showing much that is new in regard to the lymph. The role of the lymphatics in cardiovascular disease was one of the subjects discussed at a conference sponsored jointly by Tulane University and the Committee on Shock of the National Academy of Sciences-National Research Council.²¹ Some dramatic findings tend to disturb rather vigorously some of the concepts held in the past in relationship to the lymphatics, their function and their importance. Investigators noted that there had been almost as many studies of lymphatics during the past five years as during the entire time before the 20th century or during the period from 1900 to 1960. This rather strikingly accentuates the place of the study of the lymphatics in today's research picture.

The *Medical World News*, in reporting the conference, points out how cannulation of the thoracic duct can produce striking changes in patients with heart or liver disease. "The lymph vessels, which drain off excess fluid anywhere in the body, could be especially valuable in helping to dry the lungs of patients with pulmonary edema. Dr. John J. Sampson of the University of California's School of Medicine in San Francisco suggests that human lymph flow, normally about 12 oz. a day from both lungs, might be increased to as much as four to six liters in cases where patients are threatened by flooding of lung air spaces.

"When acute flooding starts, from any cause, he says, lung lymph vessels expand to about five times their normal size. This expansion is still insufficient to ward off serious trouble, but animal experiments have demonstrated that within only ten days after heart failure, lymph flow can increase gradually to as much as 40 times the normal rate.

"The value of this augmented lymph drainage is dramatized by a recent experiment involving animals with heart failure of ten to twelve days' duration. Despite their obviously poor cardiac efficiency, Dr. Sampson notes, these animals paradoxically survived much longer than normal animals when blood inflow from lungs to heart was suddenly blocked.

²¹ Lymphatics' Role Stressed in Cardiovascular Disease, *Med World News* 7, Jan 21, 1966, pp. 100- 101.

"Venting of the thoracic lymph duct can produce striking changes in patients with heart or liver disease, Dr. Allan E. Dumont of New York University reports. He studied the effect of venting in nine patients who were in the final stages of heart disease and had huge thoracic ducts distended with lymph under pressure. A cannula was kept in the duct for periods varying from three days to a week. During this time, the patients received maintenance doses of digitalis, and normal diets. Salt intake was encouraged, and diuretics discontinued.

"Within 24 hours, central venous pressures fell toward normal. Distended neck veins, peripheral edema, ascites, and liver tenderness all diminished or disappeared. Liver edges disappeared under costal margins.

"Dr. Dumont has also found that an enormous excess of lymph is formed in patients with Laennec's cirrhosis. Vessels designed to carry off this fluid become widely distended and incompetent. When the distended thoracic duct is vented, ascites disappears, portal vein pressure drops, and liver size decreases."

These recent findings suggest the tremendous versatility of the lymphatic system, and some other quite fascinating possibilities. If we are to consider the cannulation and its results, we see that this procedure is a removal of one substance only from the body — lymph — producing a marked improvement in the condition of the patient. The lymphatics certainly provide means by which individual cells through-out the body can get rid of their wastes. Substances which are the result of cellular metabolism and extruded from the cell must be removed through the lymph, since the higher concentration in the blood stream capillaries prevent these from re-entering the blood. Thus cannulation of the thoracic duct becomes, in reality, a cleansing of the cells of the body, through the medium of the interstitial spaces and the fluid found therein.

In this manner, then, the cells are cleansed and the waste products are taken *out of the body*, instead of being allowed to stay within the circulating blood stream, where they would have to be removed by the body's organs of excretion, which are the kidneys, the lungs, the liver and intestines, and the skin. Perhaps, then, if all these assumptions are tenable, one could hypothesize that the lymph is itself the inner excretory mechanism of the human body, draining off the wastes and the poisons of the end result of cellular metabolism, in much the same way that the intestines act as a cleanser of the whole body. Wherever wastes or end products are removed, that process of removal becomes a cleansing process, and thus of benefit to the whole body.

It can be seen, following the thought and hypothesis expressed above, that the liver, the most active organ in the body in the production of lymph, is truly the great detoxifier. Unanswered here, of course, is the question of what proportion of proteins found in the lymph from the liver are wastes and what part are food for the cells. Both, of course, end up in the circulating blood stream, and must be cared for in one way or another.

To return to the venting of the thoracic duct — if such a procedure brings about a return to normal of the central venous pressures in a patient with advanced heart failure, and if the distended neck veins disappear — if in reality the peripheral edema, the ascites, the liver tenderness and liver engorgement all disappear or regress markedly, then this would seem to indicate that this sick body needs one

thing in particular and that most definitely — proper elimination of the substances which are found in the lymphatic fluid, which in this case are being vented to the outside. If this fluid (or its contents) which represents in one sense a washing of the individual cells of the body, could be eliminated from the body any other way than by cannulation, then it is not only feasible, but understandable, that the body itself, under proper conditions, could return all these pathological findings to as normal a condition *without* the cannulation as has been done with the venting procedure.

Such a return to normal would be predicated on changing the functioning of the organs of elimination at their cellular level in such a way that the waste constituents of the lymphatics would be eliminated from the body rather than being retained.

This theory of elimination and its necessity would substantiate the importance of the many suggestions which Cayce gave relative to the health and better function of the liver. Consideration, of course, should be given to the manners in which these metabolic end-products are eliminated through the various organs as mentioned. It will be readily seen that these become cellular mechanism themselves, and a cell in the kidney for instance, which eliminates substances from the blood stream to the urinary tract must in its own metabolic processes produce waste which must be eliminated through the medium of the lymphatic system. For the lymph, as a fluid, comes into much more intimate relationship with metabolic processes in the tissues than does the blood.²²

The liver, basically, becomes the major organ in detoxifying and eliminating sub-stances no longer of use to the body, through the 500-800 c.c. of bile which is directed into the intestinal tract and through the large amount of lymph which is emptied into the blood stream and thence out of the body through one of the organs of excretion.

Without going further into the physiology of the lymph, (an excellent recent review of this is found in the Scientific American, authored by Dr. H.S. Mayerson, Professor of Physiology at Tulane University School of Medicine.²³) — we should return to Case 5379-1 and observe how, in a rather sweeping manner, Cayce indicated that 1) lacteal duct pathology of some nature, 2) epileptic seizures, and 3) liver function (see page 21-22) with its activity in cleansing the intestinal tract, all seem to be related in etiology and therapy.

Now, as we find, there are disturbances in the developments of this body. In some time back there was an injury to the end of the spine so that the coccyx end of the spine is turned in, to the side, and this causes the conditions which develop in the right side, especially in the area of the umbilical and lacteal duct, and these at certain periods will increase unless corrected because the spasmodic reaction is to the medulla oblongata, the larger nerve center in the base of the brain, which causes contractions and spasmodic reactions.

5379-1, F. 10

²² McDowall, R.S.: Handbook of Physiology, ed 43, Philadelphia: J.P. Lippincott Co., 1964, pp. 65-67, 130-131, 162-167, 969.

²³ Mayerson, H.S.: The Lymphatic System, Scient Amer 208:80-90, June, 1963.

Cayce suggests here that a reflex or a reaction from the lacteal duct to the medulla causes a CNS overflow with convulsive activity. One of the prime points in treatment (see page 21-22) seemed to be the "clearing" of the intestinal tract, which was done in this case with two teaspoonsful of olive oil after the series of castor oil packs.

It is also of interest at this point, while still involved in the discussion of the lymphatics and their function, to note the sometimes frequent use of the word "adhesion" as it is found in the Cayce readings and how it might be related by recent findings to inadequate lymphatic function. To quote from Case 1836-1:

There having been a disturbance in the lacteal ducts, there has been a disturbance that causes an adhesion in this portion of the body; and at times a drawing in the side (right) just below the liver and the gall duct area.

This extract from a reading becomes fascinating when it is read concurrently with the following report: ". . . a team of cardiologists at Michael Reese Hospital, Chicago . . . have found, for example, that fibrous and elastic tissue increases significantly in the ventricular endocardium when a dog's cardiac lymph flow is chronically impaired. Impairment of cardiac lymph flow may similarly cause endomyocardial fibrosis and endocardial fibroelastosis in human beings.

"Dr. Albert J. Miller and his colleagues noted that ventricular subendocardial hemorrhages frequently occurred soon after lymphatic flow was obstructed in dogs' hearts. The Chicago team reasoned that areas of hemorrhage might lead to fibrosis when cardiac lymph drainage was chronically inadequate."

These adhesions which Cayce mentioned thus might well find a counterpart in the lesions which these investigators found developing in a different part of the body when the lymph drainage was hindered. There are certainly similarities in the connotation of the word "adhesion" and the description of the lesions which Miller and his colleagues noted in the heart muscle tissue. Yet, much is left undescribed in the psychic readings which Cayce gave, and which seemed to imply certain knowledge already in hand. More information from this source and more analysis is needed in order to draw a conclusion.

Emotions, Functions and Eliminations

One could not go through the physical readings indexed and not come to the conclusion that attitudes of mind play a great part in illnesses that have to do with portions of the body treated with the Castor Oil Packs. The psyche and the soma seemed at times to be one as far as Cayce was concerned. A good example is the following gall bladder case:

Much might be said about the attitude that the body has held as being a contributing cause to the distresses [Cholecystitis] — especially these in the extremities which have grown to involve the tendons — as the body has held resentments. So that alleviating the gall bladder conditions will be only a partial alleviation of the seat of the trouble. *3196-1, F. 60 yrs.*

In his readings, Cayce seemed to sense the relationship of each part of the body to another portion, so that function then became a total working together, and a weakening of one produced trouble and distress throughout the entire body, often. Cayce warned one man in his use of the packs:

We would make these material applications. Don't do it until you have prayed very oft, or it'll be more harm than good. *3492-1*

This is stranger than psychosomatic direction — having spiritual overtones, which Cayce seemed to find necessary in his explanation of the nature of the body. From the same reading, comes the following:

Do this (the packs) for at least three series, after you have found yourself and your relationships to the Creator. Without finding that, apply it not. *3492-1*

In this same reading is found an unusual set of directions for application of the packs, for it implies that the packs when applied can send a radiation of cleansing activity throughout the body. The mechanism is not described — only the mention that this will happen:

. . . Apply the packs warm, sufficient to make for that radiation of activity to the body, and then apply the electric pad — that throughout the whole body there may be that radiation which brings the elimination of poisons from the body. *3492-1*

This, of course, brings one back to the theoretical considerations which have already been touched upon — those dealing with eliminations, even from the cells themselves. One could not conceive of any action of elimination throughout the body in the nature of a radiation that would not go primarily through the nervous system, especially the autonomic system. However, in looking at these readings and in trying to assess the hindrances and distresses that are mentioned so readily, it would be well to look at the following two readings:

Yes. As we find, there are disturbing conditions. There has been a gradual increasing in the lack of activity of the liver and gall duct area, with the accumulation not of stones but of gravel in the gall duct itself. This tends to produce activities that prevent a normal elimination and the normal flow of the gastric juices that keep certain elements out of the system by the poor assimilation; making then rather a complex reaction. For there have been those quantities of food and of medicinal properties that have caused an excess alkalinity. Thus the reaction existing between the circulation in liver and kidneys is gradually, through this alkalinity, causing irritation to the bladder and the tubes through which the urine passes. 5009-1

First, in the blood supply there are hindrances — which arise from those adhesions or lesions, and the disturbance with the assimilating system; thus indicating a disturbance in the liver and gall duct area, with the activities of same to the digestive forces through their action upon that to be assimilated.

This produces in the blood stream a lack of elements as make for the vital energies to be stored as it were in the system. Thus we find times when it appears as if only the nerve forces or energies would carry the body on; weak or tired from the distresses through the system itself.

In the new nervous system — here we find the sources of the disturbance, as well as the effects upon the system itself between the sympathetic and cerebrospinal nervous system.

As indicated, there have been lesions in the last dorsal and first lumbar, — these have been the sources of the disturbances with this body, combined with the inflammatory condition which existed at childbirth, causing — with those activities in the system — an adhesion in the right portion of the abdominal area.

This has caused and does cause at times a distress — either when there is too much acidity or when there are not the proper eliminations through the alimentary canal — that makes for pressures upon the nervous system.

Hence we have strained conditions that come — as in the right side, the WHOLE of the area from just below the liver to the groin or caecum area. All of these bring distress in the caecum as well as the gall duct area.

This then through the nerve system produces the strain upon the whole of the activity of the body. 1857-1

In these two extracts, we find several somewhat controversial subjects touched upon. Alkalinity is known to influence the vaginal tract adversely, but in the practice of medicine, the only other portion of the body which is *generally* considered to be sensitive to the degree of acidity or its opposite is the stomach, where hydrochloric acid is found, but where an excess of acid proves detrimental and conducive to the formation of an ulcer in the stomach or duodenum. All parts of the body differ somewhat in pH, but the blood helps to keep the pH within narrow physiological limits in the normal person. The urine varies markedly in its acidity or alkalinity, but this is not presently thought to contribute to or detract from the function of the kidneys or the bladder.

Thus the concept of an "excess alkalinity" being formed [5009-1] due to certain foods and medicines is somewhat foreign to modern-day medical thought — even more so the idea that the circulation in the liver reacts in some way with the circulation in the kidneys, through the adverse condition of alkalinity, to create an irritation to the bladder, ureters, and urethra, as was implied in the reading. Interestingly enough, Cayce traces all this activity back to a liver which is sluggish in its activity, this creating gravel in the gall bladder, then lack of proper elimination and assimilation which in turn causes the alkalinity. His tracing of a disease process is fascinating here, whether it is correct or not. It lays the etiology of the cystitis right at the doorstep of the liver, which probably would show up with normal liver function tests, and perhaps even a moderately-functioning gall bladder on X-ray. So once again the word "elimination" becomes important in disease, if we are to accept these readings as being meaningful. For constipation may have been the presenting complaint early in this disease process, before the renal complication came about.

Indeed, constipation of the body causing disease in this manner — if it does happen this way — may be likened to constipation of the cell itself as might occur if the lymphatic circulation were to be impaired, as was discussed a bit earlier. Some of the physiological concepts which are implied here have already been touched upon, with some of their ramifications. Further comment will be deferred till later.

The second extract, Case 1857-1, is again a liver-gall bladder dysfunction, with subsequent effect on the assimilating of food. In this case, however, the etiology is an adhesion, or lesion, and the effect of the assimilating dysfunction is to produce lack of energy generally, and, when the eliminations are poor or when there is produced too much acidity, there is produced in the body a distress or pressures on the nervous system, which I would interpret to be a nervous tension. So here we find acidity, instead of alkalinity, and the direction of disease manifestation is to the nervous system instead of toward the bladder.

To return to the idea of a lesion such as an adhesion, which Cayce mentions so often as being found in the abdomen, sometimes in association with the gall duct, sometimes near the caecum or the appendix, sometimes in the lacteal ducts — and sometimes he calls it interchangeably a lesion or an adhesion; these have been already discussed as being possibly caused by lack of lymphatic drainage in the proper amount to create the proper intercellular space homeostasis. The woman just discussed [1857] asked some questions concerning her physical condition after she was given her first reading. She asked why she could not sleep on her right side without there being a peculiar effect to her head (she had had headaches severely for many months). The answer was:

Just as indicated, here the lesions exist, you see. Lying upon the right side tends to make for a STRETCHING of that portion, and it makes those pressures upon the nervous system as well as upon those portions where the lesions exist. And the lesions exist in the area about the gall duct, as well as the caecum — or in the appendicial area.

1857-1

This comment would seem to indicate further that these are in actuality fibrous-type lesions that would be similar to adhesions found post-operatively in the abdominal cavity, or such as would be found in the pleural cavity after a particularly severe pleurisy or lung infection. Perhaps this will help to explain upon what basis Cayce was building his physiological concepts. For he indicates that there are afferent impulses from these lesions which have considerable effect on what he considers to be the balance between the autonomic and the cerebrospinal nervous systems; likewise on the balance within the vegetative nervous system itself. Thus, in Case 1836-1 (see page 17), we see the suggestion of the breakage in the coordination of the cerebrospinal and the sympathetic nervous system.

Coordination, however, and incoordination become rather common terms as one searches through these physical readings — even that portion of those which suggested castor oil packs as part of the therapy. This will be dealt with later more adequately. First we should look at some of the common and some of the uncommon conditions for which the packs were suggested as therapy.

Scope of Therapy

It has already been mentioned that there were over fifty different conditions of illness of the body that have been indexed thus far in which castor oil packs became a small or a major part of the therapy advocated. There are yet two thousand readings which have not been indexed, a procedure which is continuing at the present time. Thus there is strong possibility that there will be a greater number of conditions than we presently have available, which included the packs as part of the regime.

These illnesses, as we have seen, are often described with different terminology in the readings than one would use in the general practice of medicine. Thus the diagnoses seen in the index file in the A.R.E. library are often unfamiliar — we would not use many of these today in the medical field. Such conditions as "Assimilations; Eliminations; Incoordination, "Blood; Serum; Separation," "Glands," "Ovaries," — these of course indicate the lack of a proper method of nomenclature to facilitate study. However, if anyone were to go over one of these readings carefully, where there has been no substantiating correspondence, and one had only the reading to rely on, a great deal of difficulty might be experienced in arriving at a diagnosis for purposes of indexing.

From the Index, however, comes a list of conditions which do show some of the varied bodily illnesses in which Cayce "saw" the need for castor oil packs. It would be of interest here to list several: Aphonia, Appendicitis; Arthritis; Cancer; Cholecystitis; Cholecystalgia; Colitis; Constipation; Epilepsy; Gallstones; Gastritis; Migraine; Hepatitis; Hernias; Hodgkin's Disease; Hookworm; Intestinal impaction; Stenosis of Duodenum; Stricture of Duodenum; Strangulation of Kidneys; Cirrhosis of Liver; Sluggish Liver; Neuritis; Multiple Sclerosis; Lymphitis; Cerebral Palsy; Parkinson's Disease; Pelvic Cellulitis; Sterility; Ringworm; and Uremia. This leaves out a multitude of cases listed under "Lesions", "Incoordination", "Intestines", "Toxemia", "Eliminations", and "Adhesions".

Even among those terms found in the Index which seem to indicate a diagnosis there are evidences of semantic difficulty. An instance of this is Case 2493-1, a 41-year-old man, who had difficulties which Cayce described as uremic conditions. However, the condition known medically as Uremia does not coincide with the description in the reading, for it is a progressive and most often fatal condition involving shutdown of the kidneys, partially or completely. Cayce describes the condition here, however, as being liver and kidney pathology which were unbalancing the assimilating forces, and which did not appear to be of dire consequence at all. This case probably would not be readily diagnosed in a physician's office as anything except probably a vague gastro-intestinal disorder.

However, there is such a wide variety of disease present which is indisputable diagnostically, that it becomes evident that the castor oil packs apparently help to correct conditions of disorder that lie far beneath the surface of things. It is almost as if the entire autonomic nervous system is most often disturbed, creating in its abnormal activities a type of disturbed bodily function that we, in our present mode of observation and understanding call a disease. This would give more understanding to the observer who sees a variety of disease

processes respond to the same castor oil pack — and this is a therapy which, if it *does* affect the autonomic system, is not in itself understood relative to the mechanics of its action.

Constipation has already been discussed to some extent. However, there have been some individuals who have requested a reading with this as one of the main complaints. The following excerpt illustrates how Cayce handled this symptom:

We find that the castor oil packs over the abdomen and right side would be well occasionally for the lack of eliminations. When these ARE applied, and the general massage is given following same, give a quantity of Olive Oil — just so it is not sufficient to cause regurgitation or vomiting, we will find it will work well with the assimilating, and act as a food as well as an eliminant for the alimentary canal.

1553-7, F. 71

From the above, we are led to believe that Cayce would visualize a healthier gastrointestinal tract, upper and lower, as a result of the use of the packs and the subsequent olive oil. He was questioned at length by a young woman who wanted desperately to have a child, and who thought at the time of the reading that she was pregnant. This, of course, involves the genito-urinary tract, another major functional area of the abdomen and its total contents. If the packs, as suggested for use, would bring ease to the stomach and bowels, we would assume, then — especially if the action *were* through the mechanism of the autonomic nervous system — that the generative organs, as well as the entire condition of pregnancy, would benefit from the same therapeutic administration. Reasons for this can best be described briefly as "proper balance" between the two components of the vegetative nervous system, the sympathetic and the parasympathetic.

In the reading given for this woman who thought she was pregnant, much was disclosed along the way about the fears and anxieties which were entertained. However, the part that becomes important at this point is found in the following:

Q-12. Would the continuing of Castor Oil Packs for dissolving adhesions interfere with pregnancy - or tend to eliminate impregnation? Advise.

A-12. Rather it would be advisable to use same, that when there is pregnancy it would prevent a great deal of distress and anxiety. *1523-12, F. 32*

This reading tends to emphasize that the sum total effect on a pregnant woman would be similar to what we see today coming from the use of tranquilizers, although it would be expected that the side effects of the latter would not be encountered. Pregnancy, it would seem, would stand to benefit greatly from these. It becomes even more important to come to an understanding about just how the packs bring about their action.

In considering this question even further, we at the same time are directed in our thought back to the consideration of the lymphatics, and have our question answered with another question, as we look at the second answer given in Reading 2534-2:

Q-2. Condition of the lymphatic system?

A-2. This is greatly improved, but there are still tendencies for the pockets to form, even in the end of the lymph ducts through the intestinal system. But with the continued use of the Castor Oil Packs and the Violet Ray added, with the general treatment, it should be corrected.

We see here that Cayce indicated that the packs acted to prevent or correct, rather, the formation of pockets in the lymphatic system. It appears here, in fact, that it is in the very proximal portion of the lymphatics in the intestines, that these pockets, or this distention or pooling, occurs, which would be in the villi of the intestines themselves. This would be true of at least part of the "pockets", certainly. It is known that the motor nerve supply of the lymphatics — that portion which brings about the peristaltic action of the lymph vessels (see footnote # 22, p. 167) — is the parasympathetic nervous system. This, then, creates the question within the answer: do the packs act to stimulate the parasympathetic nervous system to function more perfectly? Or would it be in this case that the sympathetic nervous system is suppressed, so that its counterpart becomes more effective?

The wide variety of problems presented for solution through these psychic readings is probably well exemplified by Case 5146-1, a minister's wife who applied for help to relieve symptoms from an amazing series of traumatic events. She had been troubled by "bladder weakness" which was always aggravated by sexual intercourse.

Then, against the background of much worry in the church situation where her husband ministered, she found mice in her davenport, picked them up, wriggling, in her hand, and suffered extreme psychological trauma from this, which brought about a painful bladder distention. Then shortly afterward, she was bitten by a dog, she developed upset stomach, then a urinary frequency that necessitated her voiding every twenty-five minutes. Finally, she developed disturbance of her voice so that she became unable to sing. This was followed by such fear of voiding unconsciously that she found herself unable to attend any church service or social function. How would such a series of events be diagnosed? Certainly we would classify this as psychosomatic to the greater degree. But the psyche operates in the soma here through disturbances in function. Somewhere in the vegetative nervous system, certainly, would be located a variety of disturbed impulses.

In this case, Cayce suggested first a series of the castor oil packs associated with the administration of olive oil. He added in this instance another type of pack, suggested also osteopathic manipulations, and gave the woman considerable dietary advice relative to refraining from sweets and pastries. The comment found in A-1 after the body of the reading, however, contains information which is interesting in the light of comments above concerning the autonomic nervous system.

A-1. This treatment, as we find, will aid in the body's gaining better control of all activities of the sympathetic (vegetative) nervous system. For those taxations, through the poisons as well as the actual pain through the alimentary canal, have been the sources, and the acidity through the system. This will help in these directions.

This treatment, foremost in which is found the castor oil packs, seemed to be aimed at bringing about a relaxation of the tensions found in the autonomic nervous system, or perhaps a better balance between the two parts of it. Unfortunately, the woman did not follow through on any of the suggestions made, so no record is available of results from therapy.

Migraine headaches are always associated with severe tensions, create rather exquisite pain and disturbance, and have been, in medical history, chronically refractive to therapy. This condition is anatomically as far removed from the bladder as possible, yet Cayce finds a relationship in the etiology of the headaches and the formerly discussed bladder difficulty that is rather fascinating to contemplate.

Migraine headaches, severe, was the history given by Case 5052-1, a man of 30 years. He had found the headaches resistant to all types of therapy, and they had continued since the age of fourteen. To Cayce, the cause and the cure of this condition both were relatively simple. A more lengthy quotation from this reading would, I think, be interesting:

These as we find arise from a condition that exists through the alimentary canal, especially as part of the circulation in the colon. From the pressure there arises the periodic headaches that are the source of the general nervous disturbance in the body.

These as we find may be removed. They are the sources of those that are at times called the types of headaches which refuse to respond to any of the ordinary treatments, and will become constitutional unless there is something done about it.

As we find we would have the application once or twice a week of Castor Oil Packs. If these could be given regularly for several days, it might be more easily eliminated. But when it is practical, at least twice a week, apply over the abdomen, and especially the caecum and extending up the right side to the gall duct area; Castor Oil Packs. Keep them on for at least one hour or one and one-half hours at the time. Cover this with an electric pad when it has been covered so that it doesn't soil the linens from the oil. Make the pack with 2 or 3 thicknesses of flannel, preferably old flannel; saturate the flannel, not just pour on, but saturate the flannel with the Castor Oil.

The next day take internally at least 2 tablespoons of Olive Oil.

Each time following the application of the oil packs, massage the body along the spine, especially the areas from the lumbar axis to that area between the shoulders, with cocoa butter; massage this thoroughly for at least 15 to 20 minutes, and let all the cocoa butter that the body will absorb be rubbed into same.

This, as we find, if it is followed, will relieve the sources of this disturbance.

Q-1. Is this connected with the foot trouble which has recently developed, and what causes this?

A-1. This is, as has been indicated, a part of the condition. Massage from the lumbar axis. Foot trouble is a reflex pressure on the nerves that lead to the brain, through the nerves of the sympathetic system to the cerebrospinal center.

5052-1, M. 30

Of primary importance, I am sure, is that this man, following the suggestions which were given, rather rapidly improved, and later reported that he was completely free of the condition.

Also interesting here is the implied simplicity of what seems to be the typical migraine headache; the manner in which it is relieved; and the relationship of the relief to the mechanism that is described as the causation of the foot trouble; e.g., the autonomic reflex to the coordination center of the central and the autonomic reflex to the coordination center of the central and the autonomic nervous systems, perhaps. His inference is not clear, but, from other readings, it would seem that he means the medulla oblongata where he describes a relationship to exist at a coordinating level between these two systems. Again, here, is found autonomic function as a causative factor, according to these readings. In this case, perhaps, most accurately, it could be said that, from the information given, the autonomic supply to the circulation of the colon was most directly involved and disturbed. In the prior instance, with all the traumas which the minister's wife experienced, there was loss of control of the autonomic system. Certainly, it is difficult to discuss etiology and treatment as Cayce "saw" things, without considering the most basic physiological functionings of the various organs and systems of the body with their accompanying controlling vegetative nervous system. He refers to this, often discussing it at length, in most of the physical readings which were given.

The parents of a little 2½-year-old girl applied for a reading because their daughter was anemic and not growing as vigorously as she should. In the second reading she was given, it became apparent that she had vaginitis, and the question and answer dealing with this is worth quoting at this point:

Q-4. What causes the irritated condition, seemingly in the vaginal passage, and what should be done for it?

A-4. Use packs of Castor Oil across the lower portion of the abdomen and the lacteal duct, for about an hour twice a week for two to three weeks; and this then, with the rest of the rubs, should make for an alleviation. This tendency for irritation is from the *acidity* in the system.

785-2, F. 2½

There is an interesting note found here. The castor oil is suggested across the abdomen, over the "lacteal duct", to control a vaginal irritation in a child. Similar therapy has been suggested through the readings for uterine fibroids and pelvic conditions of all sorts, including what is listed as pelvic cellulitis.

This particular extract, because of its simplicity, tells us several things about the manner of action of the packs in pelvic conditions, as well as indicating something about the causation of at least some of these cases. Cayce saw an *acidity* in the body. It is known that vaginitis is in most cases associated with an excess local alkalinity. The blood and body cells tend to keep a constant pH or acidity in the body. Perhaps, if the internal portions of the body became more acid, excretions from the body, such as in the vaginal tract, would be made more alkaline in their reaction, as a balancing mechanism, this in some instances producing a vaginitis.

Then, in regard to the mode of action in at least some cases of pelvic pathology, we could assume that one of several things would come about to bring these areas into better health. The packs, when applied over the abdomen, could create an effect within the autonomic nerve supply to the pelvis, thus either changing the tissue reaction and bringing about a more acid pH to the secretions, or through the nerve impulses to the tissues, influencing the lymphatic drainage for the better in a direct manner or via the autonomic, the packs could bring about a more adequate drainage of the metabolic protein wastes of the cells from the intercellular spaces, thus leaving the cells more healthy. These theoretical considerations appear to be implications contained in these readings, as various seemingly unconnected comments are gradually brought into a focus of meaning.

In the first case [15-2] thus far indexed in which castor oil packs were advised, a 75-year-old woman was being treated by her physicians for what was diagnosed as a cancer of the abdominal cavity, causing obstruction which was almost complete. The woman was nauseated and vomited consistently despite all efforts to the contrary. Bowel contents were brought up every time. Cayce's reading stated that this was not a cancer, but fecal impaction and tissue swelling, perhaps, which could be alleviated. She was given three readings, but there is unfortunately no record of what happened subsequent to that. Thus we have no final diagnosis nor even an indication of how diligently the application of the various suggestions was carried out.

It becomes obvious that Cayce's internal "perception" of the human body led him to make observations while asleep that were at variance with accepted medical ideas of that day and this. The fascinating aspect of this fact, however, is the consistency of results obtained from his suggestions which were obviously based on his understanding of the pathology, and also the remarkable internal consistency of his comments regarding what was happening to the body physiology in such a wide variety of cases. There seems to be a continuing basic functioning according to certain (what he would consider) universal rules, and this appears to be what he describes time after time.

From the time when immunizations were first begun in recent medical history, there have been those individuals who have vigorously objected to the procedure for a variety of reasons. Even within the medical community itself, in the early years of the use of smallpox vaccination, the procedure was condemned by a gradually decreasing number of physicians. Today, there are still those who feel that these procedures, in spite of their preventive values, have a detrimental effect on the tissues of the body in certain instances.

It will be of interest here to follow the commentary in the first portion of the following reading, for here Cayce "saw" certain physical changes that came about as a result of immunizations given earlier. For obvious reasons, these psychic statements have led and will lead even more to a certain amount of disagreement and what might be called controversy. However, while asleep, Cayce's reading's seemed to cut across the boundaries of opinion in the wide field of healing of the physical body, drawing somewhat from many, and claiming that no single concept of healing today is wholly right nor sacrosanct. This is not a popular stand to take,

but this is what must be derived from what these readings state in their body and text.

This 13-year-old boy is described as having developed difficulty of the lacteals - those areas within the villi of the small intestine which initiate the absorption of fat from the intestinal tract, those portions of the body which are so closely associated with what we call the assimilation of foods.

Yes we have the body.

Now, as we find, there are very definite disturbances in the physical forces of this body.

As we find, these have arisen from properties as were injected for preventions in the physical reactions of the body. Hence those portions of the body have become involved from which assimilations produce those elements necessary for the replenishing of organs, of activities, of all forces of the body.

Thus the lacteal ducts are involved, or those portions where first the digestive forces draw from the digestion that influx of activity for the body.

So the whole of the left portion of the body is involved, but affectation arises from the right portion — or caecum area.

Not the affectation of the vermiform appendage but rather that from which such conditions may arise eventually, without correction; yet involving more the lacteal area and the gall duct and the glandular system.

From same then very poor digestion arises at times, also a low blood pressure, a very slow pulsation and a general anemia.

These as we find are those disturbing forces in this body.

As we find, then, in making applications of those things that may be helpful, we must take into consideration all portions of the system involved and build to that as will stimulate the activity for a more perfect balance; and allow the system through its coordination to adjust the conditions. 1123-2, M. 13

How would the lacteal ducts become involved? Would this lack of proper absorption bring about all the other changes described? These are questions that cannot be answered at this time. From this reading, however, is seen another facet of the philosophy which undergirds most of the information found here, and which will be dealt with at more length later.

Cayce instructs the individual, after balance is brought more perfectly to the body, to "allow the system through its coordination to adjust the condition". This implies that there is a force of life which flows through the body at all times that will be a healing force, if balance is such that it can flow adequately. Cayce apparently sees balance and coordination as being actual physical forces within the body which can be affected through administration of different types of healing instrumentalities. These he sees as being medications, massages, packs, exercises, inhalations, breathing, adjustments, cleansings (colonics, etc.), and attitudes of mind, emotion and spirit. We indeed become a lively problem, if Cayce had his mind attuned to factual information during this state of the giving of his readings.

Incoordination as Etiology in Body Sickness

Edgar Cayce, in looking at the sickness of the human bodies that were presented to him for clairvoyant commentary, seemed to find within these individuals a variety of incoordinations. He found this so consistently that we are forced to attempt an understanding of what he described so often as incoordination, and what we think of as being basically a lack of balance.

In medical neurology, coordination would be described as the combination of nervous impulses in motor centers to insure cooperation of the appropriate muscles in a reaction. The word itself comes from the Latin *cum*, meaning together with; and *ordinare*, meaning to regulate. In relation to the entire body and its function, the following definition seems not only adequate, but almost poetic: "The harmonious activity and proper sequence of those parts that cooperate in the performance of any function".²⁴

Cayce's readings would seem to agree in essence and in fact with this definition of coordination. For instance, in the following extract, Case 1523-7, one of the symptoms is nausea. This, certainly, is a reflection of the lack of harmonious activity of the stomach and the other related digestive organs, which usually function in cooperation with each other to produce a feeling of ease and well-being — rather than the tendency to regurgitate.

Q-12. What causes frequent periods of nausea and what can be done to overcome this condition?

A-12. This, as we have indicated, arises from the incoordination between the upper and lower hepatic circulation, owing to the disturbance in the pancreas with the kidneys. For, as will be indicated and found by the body, when such occurs, there is the more frequent activity of the kidneys AND the bladder; and becomes rather as a nervous reaction.

Hence the precautions in the directions as to diet, to change the activities of the circulatory forces in relation to these, will bring better conditions and a removal of the causes of the conditions....

Occasionally, — once a week or oftener — the Jerusalem artichoke would be a part of the diet. This will tend to correct those inclinations for the incoordination between the activities of the pancreas as related to the kidneys and bladder. These, as we find, even in this form, will make for better corrections.

1523-7, F. 30

Perhaps the most unfamiliar idea here is that coordination exists between the pancreas and the kidneys, for instance, or between the upper and the lower hepatic circulation. In this and other readings which will be quoted, a concept of relationship emerges which states that there is a working together, a cooperation, between various parts of the body and various activities of the body that seem on the surface to be completely unrelated. This concept apparently presupposes not only a communication between these parts or these activities, but also a consciousness in them that can be part of the communication. It is almost as if a

²⁴ Blakiston's New Gould Medical Dictionary, New York: The Blakiston Co. Inc., 1953, p. 243.

man were driving a buggy with a team of horses drawing it. The man really controls the direction and the activity, but only if the horses are aware that they are working together and want to follow direction instead of each going off in a separate direction.

In the A-12 of [1523-7] just quoted, there is higher direction that controls perfectly the relationship and coordination between the pancreas and the kidneys, *when conditions are proper*. But when there comes a lack of working together, this in turn causes a further complication, the imbalance or incoordination between the two parts of the hepatic circulation, and this produces the nausea.

Also fascinating is the indication that a dietary change can once again render conditions normal, at least in this level of bodily function. Jerusalem artichokes contain the sugar fructose in a polymeric starch-like form. Fructose may help spare the pancreas with respect to insulin secretion by substituting for blood glucose. This woman was directed to use the castor oil packs in other readings that she obtained, but not in this particular instance.

The packs, however, are suggested as the beginning therapy for the condition which is described partially in the following extract:

As we find, there are disturbing conditions as prevent the better physical functioning in the body. These as we find arise from specific disturbances that have upset the glandular system, as related to coordination between superficial and the deep circulation in the eliminating system. There is the involvement of the activity of the lymph and emunctory circulation — or what might be called lymphitis.

2643-1, F. 34

This is an extremely interesting case, for this woman was diagnosed by her physicians as having Hodgkin's Disease, a condition that Cayce describes as Lymphitis. He saw here also another type of incoordination, that between the superficial and deep circulation of the eliminating system. Emunctory means excretory, so apparently he associates that in some way with the eliminating system circulation - whether he means them to be one and the same or not is difficult to determine. Medical textbooks do not describe the body in the same manner — there is no eliminating system circulation that can be understood as such. Thus we have much difficulty in drawing parallels or relationships between medical sources of information and this source that is psychic in its nature.

In this case we see the lymph and the excretory circulation related closely, with incoordination, lack of cooperation and malfunction all being implied throughout these systems. Earlier, it was seen that elimination of wastes from the cells themselves is apparently brought about through the medium of the lymphatics. And here we have the disturbance of the system that eliminates wastes from the cells and the system of the body (the lower intestines?) that removes wastes from the body as a whole. That both of these, and the incoordination, have to do with elimination, cleansing of the body, is certainly interesting. But details of such a relationship remain clouded at least for the present.

As it applies to the study of the castor oil packs, however, the most commonly discussed incoordination in the Cayce readings is that between the autonomic and the cerebrospinal nervous systems. These are in turn related often to the lymphatics and to the circulation as mentioned above.

Keeping in mind the definition of coordination as being the harmonious activity and proper sequence of those parts that cooperate in the performance of any function, let us look at some of the comments in the readings about lymph, nervous systems, assimilating system and circulation, and observe for continuity of basic thought patterns or for errors.

Now as we find, there are disturbing conditions, and they arise from incoordination; as produced from the lack of that WITHIN the system during the period of pregnancy to carry the full flow of coordination between the lymph and the activity of the sympathetic and cerebrospinal system.

Hence in those areas about the assimilating system, without great precautions, we have that breaking of the connection between the active forces of [nerve] IMPULSE and the ABILITY to carry same out in physical reactions.

As we find, with CONSISTENCY, there may be help brought; but it will require patience AND persistence in the application of those influences and forces as may bring a better activity in the vibratory forces of the nerve IMPULSES of the body.

First we would apply the heavy Castor Oil Packs for at least three days, each time before the corrections are attempted. Apply these heavy Castor Oil Packs an hour each day, over the liver and caecum area, all along the right side; that we may break up those tendencies that cause this incoordination there.

1790-1, M. 7

Here we see a lack of food substances during the period of pregnancy bringing about in the child an incoordination between the activity of the lymph, especially as it is related to the assimilation of foods, and the coordinated activities of the autonomic and cerebrospinal nervous systems. There is not specific mention here of lacteal duct dysfunction and the formation of adhesions, so we could assume that such has not happened. Where this is the case, there apparently comes about a break in the coordination *between* the autonomic and cerebrospinal, (see 1836-1 quoted entirely, starting on page 17) with tendencies "for an overflow of the nerve impulse through the cerebrospinal system". In case [1790-1], however, the disturbance in lack of coordination apparently comes between the lymph and the *already coordinated* two nervous systems — this causing a weakening of nerve impulse in the whole body, not only to the muscles of conscious activity, but probably also to functions of organs, glands and unconscious smooth-muscle action throughout the body.

Cayce probably saw that the function of the packs was to eliminate "tendencies" toward incoordination by stimulating better lymphatic drainage, liver function and autonomic activity.

Coordination exists between the nervous systems and the activity of the blood in the body — the circulatory system. Wherever a blood vessel makes its way through the body, not only in the thoracic and abdominal cavities, but also throughout the arms and legs, and the somatic tissues of the trunk, it carries with

it the nerve supply which constricts the vessel or makes it dilate. These are the sympathetic and the parasympathetic nerve supply respectively, although it is known that some portions of the blood vessels receive their muscle dilators also through the sympathetic.

Interestingly, we find that the peripheral blood vessels, including those which supply the extremities and the somatic tissues of the trunk, are innervated through the sympathetic fibers derived from the sympathetic trunk ganglia. These fibers join the spinal nerves through their sympathetic roots and reach the blood vessels through branches which join them at intervals along their course.²⁵

We thus see the necessity of the autonomic supply and some of its function, and, by inference, the importance of the balance offered through the cerebrospinal nervous system in its relation to the autonomic. Cayce, of course, indicated that these two systems meet intimately in the spinal cord or the sympathetic trunk ganglia, and that there is created there a coordination with the blood supply. He indicated that when an incoordination exists here, the blood vessels do not perform their varied duties well, thus bringing about certain disease conditions of the body. This is rather well illustrated in the following extract of a reading taken on a 44-year-old woman, [5266].

There have been those operative forces which have allowed, or caused, adhesions and lesions to form in areas where the cerebrospinal and sympathetic nervous system and blood supply coordinate, in the brachial areas especially.

The results have been, and are incoordination and a form of anemia that will be hard to combat unless certain measures or precautions are taken.

These conditions, as we find, might be termed accidents, in that there were, in the healing of the body, conditions where nerve tissue or tendons became involved, and thus the circulation especially in the upper extremities is such that these have become useless, in a manner, in comparison to their normal activities.

This is by pressure, and through the adhesions and lesions formed there are those conditions producing the complications such that nerve and blood supply are not receiving their proper stimulation for the activity and circulation, from the adhesions.

Glands are involved in this. Thus, we have a progressive activity or incoordination, of poor circulation. *5266-1, F. 44*

So, as we saw earlier a lack of balance or coordination between the lymph and the nervous systems, we are shown here the same sort of bodily upset between the circulatory system and the nervous systems. I think it is necessary at some point to make it clear that Cayce understands the human body as having awareness even at a cellular level. Thus systems would be a collection of consciousnesses and would act together much like a city acts as a unit. Coordination in this light becomes more of an understandable activity. But at the same time it is seen to be even more necessary to be present and working.

²⁵ Netter, F.H.: Nervous System, Summit NJ: Ciba Pharmaceutical Co., 1962, pp. 80-100.

In the cases I reviewed where castor oil packs were used, the most striking incoordinations Cayce found were between the autonomic and cerebrospinal nervous systems. A relationship must exist within the body between these two systems — we see it in action today in the emotion-related diseases, although most of the discussion at an academic level of physiology deals with functioning of each system, rather than the way the two systems might work together in a coordinated effort. Cayce indicated, however, that lack of proper coordination at this level was deeply involved in the causation of diseases as widely diverse in their apparent etiology as multiple sclerosis, appendicitis, anemia, hemiplegia and grand mal epilepsy. It would seem worthwhile to look more closely at examples of these and attempt to reconstruct the underlying philosophical concepts which might be linking these disease entities together.

A 48-year-old man who was later diagnosed as having multiple sclerosis was given a series of readings. It wasn't until the second, interestingly, that he was given the suggestion to use castor oil packs. However, some detail of a physiologic nature is to be found in the first reading, which should be quoted in part.

We are speaking of the Blood Supply.

This indicates that there was first an unbalancing in the metabolism of the system, and congestion through the activities of the assimilating forces or system as related to liver, pancreas, spleen, and a lack of coordination with the excretory forces of the liver.

And for same, as we find, there have been misapplied conditions. Hence we have had an infection arising, producing — through the nervous system — a breaking of coordination between the sympathetic or vegetative and cerebrospinal nerve systems.

This accounts for the irritations to portions of the superficial circulation, as well as the inability for the body to rest, also for the impressions the body receives of disturbing influences and forces about the body.

It is not a mental condition wholly, yet its reaction to the sympathetic system, through the sensory reactions, gives that very reaction to the BODILY functioning in the system.

Hence the arthritic reaction at times, the conditions as effects to the sensory organisms — both the auditory as well as to the visual; for all become a part of the general disturbance.

1623-1, M. 48

Here we see an incoordination between the assimilating system and the excretory system, at least that part represented by the liver. This apparently caused a toxic condition which precipitated the incoordination between the autonomic and the cerebrospinal nervous systems. Cayce indicated that the autonomic ganglia which are found alongside the spinal cord, but outside the spinal canal, are "centers" — where there is localized most of the coordination between the two nervous systems. In Case 1623, these were unduly sensitive at times.

Apparently, to follow the inferences in the reading just quoted, this break in coordination must be found in the upper ganglia which supply sympathetics to the visual and auditory apparatus, as well as further down anatomically, where the organs of the body receive their nerve supply. Here also is seen — in one person — a rather amazing group of symptom complexes which Cayce states all come about as the direct result of this which he calls a break in the coordination between the autonomic and the cerebrospinal nervous systems; superficial circulatory disturbances; insomnia; probable psychoneuroses; arthritis; auditory disturbances;

Here is a group of conditions which nearly everyone has had to one degree or another. Also, we see symptoms which have nothing to do with the motor system of nerves, that nervous system which has to do with locomotion and conscious activity. But yet it is, according to these readings, a result of poorly coordinated systems of nerves which represent, in one sense, the means by which the conscious mind acts in the body on the one hand; and the system through which the unconscious mind acts, on the other. This idea has much to support it, not only in the Cayce readings, but in the already explored physiology of the body. This will be discussed more fully later.

Attitudes, Emotions and Incoordination

The field of psycho-somatic medicine has led our thinking in the present day more into the belief and understanding that emotions, attitudes and feelings are closely associated with disease processes, not only resultant from them but causative in many cases. Perhaps we will gradually accept more and more the fact that emotions cause physical changes through glandular outpourings of hormones and increased flow of energies especially over the sympathetic nervous system. In such an acceptance, the oneness of the body with the mind will be more completely seen and we will begin to associate our physical bodies more with the mind and the spirit within. Presently, however, this is too drastic a concept to tolerate. We are not ready to look at an appendicitis, a kidney infection or a thyroid disease and admit that attitudes of mind in relation to our friends or our family — an emotional flare up with a father or a sister — could possibly have anything to do with causing this physical disease. These, you see, are not yet today psychosomatic conditions. We do accept a stomach ulcer, among many other conditions, but the concept apparently must come just a bit at a time.

Cayce found that emotions were, in at least some cases, the primary causation of this incoordination between the autonomic and the cerebrospinal nervous systems that we have been discussing. The following case, [5240], is an example of this.

This 51-year-old woman, if her letters are to be understood correctly at a psychological level, was of a very critical nature, and she continued to be so even seven years after her reading was taken. This attitude is perhaps one of the most difficult to overcome, and at the same time causes perhaps more difficulty to the body through creating stresses and an easily upset nervous system. Cayce suggested here a simple regime to overcome the asthenia which the woman was experiencing, but he apparently also was aware, in his unconscious state, of the woman's resistance to changing the cause of the whole thing, her attitudes, so his most important recommendation was almost in an aside. This is an interesting reading.

Also, there has been, and exists in the present, incoordination between the nerve systems of the body. An over-anxiety, a fear, has caused over tension in the nervous system, especially as related to the areas in the upper dorsal or through the brachial centers, and has caused a great shock to the body, so that the ability of the nerves to coordinate in replenishing energies through the circulation has caused this great weakness which exists in the body.

These may be materially aided but it will require as much activity of the mental self as those administrations from any mechanical or medicinal natures.

5240-1, F. 51

Background on this particular individual was supplied in a letter seven years after the reading was taken. She stated that the shock (which Cayce described), was an "emotional upset, partly caused by a half-crazed principal with whom I was unfortunately working after my thyroidectomy when I was weak. In his mental weakness (he had suffered severe mental trouble and I had of necessity filled his office), he had the idea I wanted his position and was more than unjust and cruel."

[5240] had a thyroidectomy six years before the reading was taken. She also had experienced chronic appendicitis attacks, which were relieved, according to her letters, by castor oil packs suggested in the latter part of her reading. She did not follow the suggestions made for the relief of her tiredness in their entirety, but only partially.

This case perhaps adds somewhat to our understanding of what Cayce called incoordination of the nervous systems. It is one where we find not a severe disturbance of the locomotor system, as in epilepsy, but rather an underlying condition to be found within the body organs. It is almost as if Cayce were saying that when these systems become incoordinate, the energies may spill outward into the conscious-cerebrospinal system, causing an uncontrolled overflow of energy, as in Parkinsonism, for instance; or these same energies may deviate inward and spill over, so to speak, into the unconscious-autonomic area of nervous activity, creating dysfunctions of various types, such as in the case we have just discussed. These can be minor or very severe; partially or not at all controlled.

The importance of this incoordination in the causation of illness as seen by the sleeping Cayce cannot be overemphasized. He repeatedly involves it in his own peculiar type of physiological discussions in explaining how the sicknesses come about. He repeatedly sees the sympathetic trunk ganglia as being the major area of coordination between the autonomic and the cerebrospinal nervous systems. And he explains, time after time, the widespread ramifications of this incoordination as they are manifested throughout the body.

We can examine these rather minutely if we look again at Case 2643, Hodgkin's disease in a 34-year-old woman. This case is interesting also in that the woman requesting the reading followed the suggestions completely and was freed of all symptoms and signs of the disease. She subsequently, however, some four years later, had a relapse when she resumed quarreling with her husband. The marital situation disintegrated, the Hodgkin's recurred, and the woman, depressed, refused to return to use of the castor oil packs and other suggestions which cleared her up in the first place. She passed away from the illness. Following is a partial extract of this case, which is quite complex and lengthy, but which adds much to the present subject under discussion:

There are areas in the spinal system where pressures on those centers of coordination between the cerebrospinal and sympathetic nerves leave the ganglia so relaxed as to at times fill the superficial areas with the fluids that should be circulated through the system by the very impulse of activity of the circulating system itself. Thus the variation in pressure. Hence, the heart, liver and kidneys become involved. These vary as to their activity under varied pressures produced....

As there has gradually grown to be a variation as to the areas affected through the cycle of activity the organs, by pressures in various portions of the body, we find that the impulse of this fluid reacts either to the feet, knees, hips, abdomen, lung, extremities — arms, face and neck — any of these, or all of these may be involved at once, with some particular area outstanding, as there is the pressure being carried along the reflex impulse in the areas of the colon

and the activity in the coccyx end of the spine, as well as that indicated in the 6th and 7th dorsal in the body.

THAT (the 6th and 7th dorsal) was the fast area involved, from an injury some four years ago — a wrench or a pressure produced in that area; combined with an injury to the end of the spine.

These have been, and are, as we find, the sources of the disturbance. That there has not been greater involvement to the functioning of the organs of the body is an indication of rather the nature or character of the sources of the disturbances to this glandular force as related to the supply of lymph produced in the body.

Thus there is indicated a cold area over portions of the abdomen, through the glandular activity of the lymph ducts and glands through digestion. While there is apparently little association of the activity of the nervous system in digestion and the lymph activity in assimilation, we find that these are the sources — and pockets of lymph through the intestines. Thus those times when there is such soreness through portions of the abdomen and the jejunum, as well as the colon itself, in those areas of the caecum, the ascending and transverse area of the colon. All of these at times give disturbance or distress, either at, before or following those changes that are wrought by this accumulation of lymph in any of the areas of the body. *2643-1, F. 34*

Etiology — the original source of disease — becomes a sometimes unique thing in these readings, as we see above. Apparently the injury to the spine, at the 6-7 dorsal area, combined with that to the coccyx (the end of the spine) was the basic cause of this process which is called Hodgkin's disease, if we are to accept this reading at face value. Then we find pressures thus produced on what Cayce calls those centers of coordination between the cerebrospinal and the sympathetic nerves. Anatomically, this would seem to mean either the anterior and posterior roots of the spinal nerve as it leaves the spinal canal (this including probably the dorsal root ganglion, or the spinal ganglion, as it is often called), or the white and gray rami communicantes, as they leave the spinal nerve and join the sympathetic ganglia. These latter are the connecting links between the sympathetic and the spinal cord, but anatomically would seem to lie out of the way of pressures which might come about from vertebrae which might be mal-aligned with each other, a condition which is termed subluxation: incomplete dislocation. Thus it would seem rather logical, to follow through on the thoughts above, to understand Cayce as stating that the pressures thus evolved caused the sympathetic ganglia to be "relaxed"; that impulses for proper function and tone of the arterial, venous and lymphatic systems were not present. The incoordination, then, might be understood to derive from pressure on the anterior and posterior spinal nerves and the dorsal root ganglia, these being the centers of coordination referred to.

This whole concept, stated here in such incomplete and undoubtedly obscure manner, is not found anywhere in the textbooks of neurology, anatomy or physiology as they exist today in the field of Allopathic Medicine. The theories of Osteopathy and Chiropractic are not within the scope of this discussion, although it can be said that both of these schools of healing have as a primary thesis that subluxation of vertebrae, one upon the other, is causative of disease, and

correction of such misalignment will aid in or bring about directly the cure of the abnormal body process. To further clarify the situation, it can be said that Cayce had no training in any school of healing, and no more background in one than in the other theory. He was unschooled in healing. In his recommendations, he used all types of therapies apparently without discrimination as to source but with considerable discrimination as to result.

Returning to Case 2643, we see the disturbed function of the autonomic system reflected in the circulation, the heart, liver and kidneys; and the fluid imbalance (probably through the lymphatic system) having its effect in the face and neck, the arms, lungs, abdomen, hips, knees and feet. Also, we see mentioned the resultant lack of coordination between the autonomic nervous system in its digestive capacity and the lymphatic system in its role in assimilation of foodstuffs. The distresses and sorenesses coming about through an accumulation of lymph in pockets throughout the intestines is part of the picture that Cayce sees within the body of this particular person afflicted with what we call Hodgkin's disease.

It is not difficult to begin to comprehend that Cayce's understanding of the body and its diseases had much to do with relationships and with the functioning of the system of nerves that we call autonomic — the system that works according to the makeup of our unconscious minds; our fears, greeds, desires, hates, jealousies, contentions — and our hopes, beliefs, loves, and faiths.

A Professor of Anatomy and an Unconscious Mind

We all like a challenge, especially if it is in an area of endeavor with which we are very familiar. Cayce was given such a challenge in June of 1943, when he was asked for a reading by a medical school professor of anatomy who became Case 3056. This physician was 68 years old at the time, and he had suffered a paralysis which caused him to give up his teaching. His attending physician's statement was as follows:

May 20, 1943

To Whom It May Concern -

This is to state that I have attended Dr. [3056] for the past year.

He has had mitral insufficiency on a rheumatic basis since youth. For the past 10 years or so he has had auricular fibrillation for which he has taken digitalis with good results. Occasionally a mild degree of anasarca sets in, easily controllable with increased digitalis and salyrgan.

Four years ago he suffered a sudden left hemiplegia, probably on an embolic basis, which has persisted.

Recently he has had neuralgia involving the right shoulder and arm.

Blood pressure 130/80, pulse around 80, totally irregular. Loud systolic murmur over apex, lungs clear, no edema at present.

Sincerely,

(signed)

John Cannon. M.D.

JC/ew

Here was a man whose life was spent in institutional medical instruction at a high level, with knowledge of the human body far superior to all but a few people active at the time. Would the reading which Cayce was to give — would it change in its nature and become more orthodox in its language, would it use more conventional terms, would it deviate from its preoccupation with coordination, nervous systems, assimilations, etc.? This was indeed a challenge, for the statement quoted above came with the letter from the professor and was undoubtedly seen by Mr. Cayce before the reading was given.

This is indeed a fascinating reading, and I include most of that given which lends itself to diagnosis as Cayce would understand it. The therapy includes, of course, castor oil packs, but there are numerous other suggestions which are not pertinent here. This is a monologue between an unconscious mind and a professor of anatomy.

As we find, there are disturbances that prevent the body from its better physical functioning. These have to do primarily, we find, with that coordination between the sympathetic (or vegetative) nerve system and the cerebrospinal nerve system.

Thus the bursa are involved that are in those areas dealing with locomotion, or controlling of the locomotory centers, almost crosswise of the body.

While the effects produced are much like those from a leakage, hemorrhage, or the like, we find that these have NOT been caused by what is commonly called a stroke. While many of the organs are primarily involved, we find that the greater part of the distress arises from other sources than that ordinarily involved in such conditions.

These then, are conditions as we find with this body, [30561, we are speaking of, present in this room:

While the activities in the blood supply, the elements as related to the hormones of the blood force itself, indicate disturbances in activity, and the slowing of circulation through portions of the extremities of the body, these are NOT the effects as of the body of the circulation itself being involved.

As we find, then, more of the involvement is in the nervous systems, the energies of the body, the activities of the body having been such as to break down that proper coordination between the nervous systems; that is, the cerebrospinal AND the sympathetic (or vegetative) systems, as indicated.

Because there have been those disturbances that weakened the centers or ganglia along spinal areas, where the activities between the superficial and deeper circulation were involved, the effects produced are in the locomotories that were and are controlled by the energies that are controlling from the central nervous system, the central blood supply, and the superficial blood supply.

Thus we find these conditions existing through this body:

The brain forces and their reflexes are active. These are near normal, save as they are disturbed by pressures that exist in the areas of the 5th and 6th dorsal, as through the sympathetic control, the activities in the locomotion to the left upper portion of the body. And there we have an inflammatory condition that causes pressures which prevent nerve impulse that flows with the blood supply through that portion of the arm, as to cause the lack of the activity of coordinating usage of same.

We have in the 2nd lumbar that which prevents coordination of that flow to the right side in the lower extremities. These are not so inflamed, but are of the nature that causes the lack of the reflexes in the use of the nerve and muscular forces of this limb.

By the activities of the body that brought about these conditions, there has been the lack of that assimilated from that digested, through the activity of glands, to supply sufficient of the elements for producing the stamina — or the impulse in the nerve body itself, the impulse for the retraction, or reaction, or reflex from the brain; the gray and the white matter in nerve itself.

As indicated, these do not extend to the spinal cord nor into those areas that would direct the impulses to activity of the organs — either the kidneys or the liver. While both come into reflex reaction, and at times become involved, these are not cut off. Neither is there caused that which would bring about atrophy; indicating then that this involvement is more to the sympathetic connections with the cerebrospinal system, at centers or ganglia indicated in the body.

The lack of this element, with the overuse of the energies of the body, both as to locomotion in the lower and upper portion, causes these areas to suffer under this stress and strain.

To be sure, there are involvements — from the long period of inactivity — to the heart, the lungs, the liver and the kidneys. But these as yet are secondary to the disturbance in the superficial, the lymph and the emunctory circulation, that is involved through the activity of the sympathetic nerve reflexes; which control not only secondarily the organic activity but that as related to the imagination, the sensory reaction, and the impressions that go to make up those reflexes in the responses to impulses from activity of the sensory centers.

These, as we find, may be materially aided — if those elements are added to the system that are the basic effect of activity of nerve, muscle AND impulses that go to supply sufficient activity in the vibrations of the body force itself.

For, all activity is of an electrical nature.

3056-1, M. 68

Cayce indeed gave an anatomical-physiological monologue worthy of a professor of anatomy. He met the challenge by using the same method of approach we have seen already used. His diagnoses seem to be a lack of proper assimilation of elements needed for nervous tissue regeneration; incoordination between the cerebrospinal and vegetative nervous systems; improper function and "weakening" of the sympathetic ganglia; and a vague glandular imbalance which affected the assimilation of foodstuffs. One might add to this a neuritis, if the inflammation he mentions is to be understood as involving sympathetic connections to the spinal nerves.

Apparently, whether this has basis in fact or not, Cayce saw these conditions as being the underlying causes of what the professor's attending physician called mitral insufficiency and auricular fibrillation from rheumatic fever; anasarca (severe edema or swelling of dependent portions of the body due to accumulation of fluid in the intercellular spaces — lymph); left hemiplegia (or paralysis); and a neuralgia of the right shoulder and arm.

It is certainly difficult to draw conclusions from this reading which would carry any note of finality. However, certain comments are worthy of consideration at this point.

Let's try to analyze it in a language which is a bit more comprehensible to the professional and to the lay mind. For there seems to be a continuity here of concepts which have already been discussed and which persist in designing a physiology of the human body which has all the earmarks of being different in philosophy as well as function from that which is presently held as being valid. And yet it is only in subtle ways that there appears a divergence of ideas.

To review Cayce's "diagnosis" of this man's illness, we find that there is first mentioned that incoordination between the cerebrospinal and the vegetative nervous systems and this is the *primary* disturbance. Then Cayce describes an inflammation of the sympathetic ganglia which correspond to the 5th and 6th dorsal spinal nerves. His description leads one to believe that the inflammation perhaps involves not only the ganglia, but the rami communicantes — these on the left side of the spine in the thoracic cage. He indicates that this inflammatory process prevents the normal flow of impulses through the vegetative nerve supply to the

blood vessels, and that which goes with the blood vessels to the entire left arm. Starling has shown that all the vasoconstrictor fibers of the body have their connection with the cerebrospinal nervous system through the ventral roots of the spinal nerves from the first dorsal to the third or fourth lumbar inclusive. These centrally derived nerves connect with the sympathetic system in the ganglia of the sympathetic trunk. He has shown likewise that in dogs the central vasoconstrictor nerves to the forelimbs leave the spinal cord and enter the ganglia by the fourth to the tenth thoracic nerves. There are fibers which also cause dilation of the vessels, these being parasympathetic, sympathetic and antidromic in origin. Thus, in many parts of the body, the sympathetic nerve supply produces both actions usually attributed to the sympathetic on one hand and the parasympathetic on the other.

Cayce implies that the inflammation in the 5th and 6th dorsal sympathetic area brings about a lack of sympathetic nerve impulse through this just-described vasomotor system to the left arm, and that this lack produces in some strange way an inability to coordinate the use of the arm musculature. This type of end result is not described — to my knowledge — in the medical textbooks, although it can be seen from what has been discussed in the past few paragraphs that the sympathetic disturbance which Cayce describes could have a basis in anatomic and physiologic fact. What is not understood is that such a disturbance could bring about any sort of incoordination between the autonomic and the cerebrospinal nervous systems, or that it could bring about an inability to coordinate the muscles of an arm into coherent activity.

Related to the above is Cayce's next diagnosis — that which points out similar difficulty (although not strictly the same) in the right leg. Trouble in the 2nd lumbar sympathetic ganglion causes difficulty in the use of the right leg as it deals with the nervous control and the muscular activity. No inflammation here, however.

Cayce's next comment relative to the professor's physical ailments points out that there has been faulty assimilation of the foodstuffs due to improper endocrine function. This deficiency thus produced brings a weakness of the impulse in the nerve pathways between the brain and the body areas. This occurs, however, not in the spinal cord, but instead in the autonomic system, which again brings us back to the sympathetic ganglia and the rami communicantes. For this is the anatomical location of what we might call the "sympathetic connections with the cerebrospinal system". He points out that since this is not in the spinal system itself, there will not be atrophy in the tissues; likewise that the liver and the kidneys will not be involved because the sympathetic supply to these organs is not cut off or severely disturbed. Rather they are only occasionally involved in the patient's symptoms and bodily dysfunction.

Cayce's insight relative to the professor's body indicates next that there is involvement of the heart, the liver, lungs and kidneys of a strictly functional nature, secondary to inactivity and not really of importance yet. Rather, he points out that the disturbance in the ganglia with their associated (disturbed) sympathetic nerve reflexes have produced 1) a faulty superficial circulation to the muscles of locomotion in the trunk and extremities; 2) a lymphatic circulation that is not functioning properly; and 3) an upset "emunctory circulation", or blood supply to the organs of elimination, perhaps (for this reference is extremely unclear).

However, the more important point in this particular paragraph is that, although the sympathetic supply of nerve impulses and reflexes controls the activity of the organs themselves and is thus quite important, the real, primary control which is exercised here is that over the function related to the imagination of the mind itself and the "sensory reaction"; and related thus to the impressions of the mind which formulate the reflexes brought about from sensory receptors (afferent sensory impulses). An example of this would be the drawing away suddenly when a finger touches a hot object.

Obviously, there are statements and references here that dangle, like an undesirable participle, when one begins to put together the statements in this reading into a semi-understandable form. Yet there are here a whole group of challenging ideas which seem to continue to relate the whole body and its mental faculties, conscious and subconscious, into a coherent unity.

We cannot leave discussion of this case without pointing out the rather obvious fact that Cayce did not mention in his discussion of the case the mitral insufficiency and fibrillation which had apparently resulted from rheumatic fever at some earlier time. Nor can we easily understand his discussion of the abnormal function of the right leg in the absence of mention of same in the attending physician's statement. However, the other references are consistent with the medical diagnoses submitted, if we allow for different modes of approach to understanding what has gone on within a human body that has not been explored surgically.

Our Bodily Functions "Uncontrolled"

Castor oil packs have taken me in my therapeutic efforts all the way from the misery of a sprained ankle through the agonies of an inflamed perineum to the discomfort of a stiff neck. At this point we are confronted with the necessity of understanding the nervous system to some degree. We will see a parallel here between anatomy and physiology of medical science and that found in the readings.

The nervous system as a whole should first be visualized as having its central and dominant control located in the brain, but with other, sub-cortical, areas of control elsewhere in the body, and from all these arise nerves in a vast network penetrating to all parts of the body, having control over movement and function in a tremendously complicated outflow of energy or impulse which is called efferent; and bringing back to various ganglia, other centers and to the brain similar energy impulses which, when received, produce awareness and what we call consciousness in the human organism. This is termed afferent nervous activity.

While nothing in the entire nervous system is really simple in its construction or in its activity, I shall try to simplify this discussion, realizing that such a procedure opens the door for error in statement and in communication. Since error is a part of human activity, I shall proceed.

Since it is my object to discuss the autonomic functions of the nervous system primarily, I shall not dwell long on the central nervous system as such, leaving this for study outside the scope of this writing. We know that the cerebral cortex is the seat of all of the higher activities of the mind — of our thought or our consciousness processes. The frontal areas particularly are related to these associative functions. Consciousness as we know it seems to be brought into being physiologically through or accompanying the passing-over of impulses from the afferent to the efferent side of the cerebral arc. Starlings (see footnote #6, p. 332) describes in terms almost poetic the mind function in the cortex as it deals with consciousness, sense and memory:

"The states of consciousness glide continually from moment to moment in an unbroken stream of experience, consisting of a sharper focal content with a fringe of slighter definition, and leaving behind it a trace which we know as memory. By a process of attention we can single out parts of the stream of consciousness for closer focusing.

"There seems but little doubt that our conscious experiences are the result of complex integrations of sensory impressions, which are assessed by being checked and compared with traces of previous experiences."

We are also aware that the brain directs all our conscious physical activities, and that it has an influence over — although not directing — the so-called vegetative functions of the body, or those parts of the body that work under an autonomy of their own.

The nervous system may be divided into different parts and has been in the past. Anatomically, it might be divided into the central nervous system consisting of

the brain and the spinal cord, and the peripheral nervous system including the cranial and spinal nerves with their respective ganglia and the peripheral portions of the autonomic nervous system.²⁶

While the above definition with its divisions might prove helpful anatomically, the functional or physiological understanding is better arrived at through the use of a functional classification which would then give us a clear distinction between the autonomic nervous system which controls the so-called vegetative functions which are beyond or beneath the level of the conscious mind,²⁷ and the cerebrospinal nervous system, which would include the brain, spinal cord, and all the efferent nerves that are associated with consciousness and control conscious activity. This would leave still a large portion of the nervous system to be accounted for — the afferent flow, without which there can be no cerebral arc, no phenomenon we call consciousness. This might be called the sensory nervous system, since its function sub serves the senses, all five of them.

These afferent impulses, of course, do not all reach the cerebral cortex, but some are instead intercepted at a lower center or ganglion where some type of integration or association occurs producing again a function through the efferent system. In this manner the functions of the organs and tissues of the body are controlled.

This efferent division which we now call the autonomic — which controls the functions of all tissues except the contractile states of the striated skeletal muscles through the ganglia which are distributed throughout the body — has been called by many names.¹⁹ (see footnote #19, p. 263)

Because he believed it to control the sympathies of the body, Winslow in 1732 introduced the term *sympathetic*. Bichat came along in 1800 to call it *vegetative*, to designate its control over essentially nutritive as opposed to "animalic" life processes. Gaskell in 1916 introduced the adjective *involuntary*, contrasting its activity with the voluntary system governing the body musculature. These terms were not satisfactory to Langley who in 1921 suggested the phrase which we now use widely, autonomic nervous system, to designate the entire craniospinal innervation of visceral as well as somatic vegetative functions, to stress the fact that outlying ganglia, while dominated by the central nervous system, nevertheless maintain a measure of independence or autonomy. This system, then, was subdivided into two portions, (1) the sympathetic in a restricted sense including the fibers arising from the eighth cervical to the third or fifth lumbar segments of the cord and ganglia; and (2) the parasympathetic embracing (a) the tectobulbar fibers leaving the brain stem with the third, seventh, ninth and tenth cranial nerves and (b) the fibers emerging from the second to fourth sacral regions of the cord. These two systems have in common the possession of synaptic connections situated in pools called ganglia which lie outside the central nervous system. The important bodily functions which are mediated through this system of nerves and ganglia are of

²⁶ Strong, O.S., and Elwyn, A.: Human Neuroanatomy, ed 5, Truex & Carpenter, Baltimore: Williams & Wilkins, 1964, pp. 1, 131-145.

²⁷ Chusid, J.G., and McDonald, J.J.: Correlative Neuroanatomy and Functional Neurology, ed 8, Los Altos, Calif. Lang Medical Publications, 1956, p. 154.

much greater physiological significance than its modest anatomical build would lead us to expect. (see footnote #6, p.224)

Thus we see a tentative framework of the nervous system as a whole, divided for functional purposes and for reference in this study, into (1) a cerebrospinal, (2) an autonomic or vegetative, and (3) a sensory nervous system. This arbitrary division, while not completely, perhaps, without errors of omission, gives us a starting place from which to evaluate those functions in the body with which we are concerned in dealing with sickness and health, and to look at the relationship between these systems as they pertain to organic function, its breakdown and its restoration.

When relating our minds to our bodies, we first observe that we think we are in control of everything we do, in a sense: we get up out of bed in the morning when we want to, alarm clock or no alarm clock, we comb our hair, we eat food, we use the telephone, we drive a car, we do our daily work, we are businesslike or friendly - all these things we do by choice, and can do them consciously, when we want to. And, of course, all this is so. However, a closer observation shows us that there is something quite unique about these bodies we have, that we think we control. There are portions of our bodies that are *uncontrolled*, that function without our thinking about them or how they work. And these functionings, such as digestion, heart-beat, kidney, liver or pancreatic activity, to mention just a few, may act up in such a manner at times that the controlled body is incapacitated by that which we call uncontrolled. It is this latter which I shall endeavor to explore further now — the uncontrolled body, or more accurately, the nervous system which mediates this "lack of control" which the conscious mind recognizes. This nervous system, of course, is the autonomic. We shall try to understand better its activity in the body, and primarily how it relates to the other two systems we have already enumerated, the cerebrospinal and the sensory.

The term "uncontrolled", of course, is inaccurate when it is applied to the bodily functions that are under the control of the autonomic nervous system. It should be dealt with here, however, as a term since it is important that we realize that these functions in reality *are* controlled within ourselves. They are not under the direction of the conscious mind, thus, by definition, they must be under the rule of the unconscious mind. The emotions of the body interfere with autonomic function to a minor degree at times and in a drastic manner at other times. Thus, again by definition, the emotions must be classified with the unconscious mind. Our conscious thinking mind, on the other hand, with its choice, rarely interferes with bodily function. Only occasionally is conscious thought of such a nature and direction that it breaks down the barrier between the conscious and unconscious and stirs the emotions.

And yet, emotional interference with various functions of the body implies that there is yet other direction of an integrative nature that regulates life activities within the body and maintains, hopefully, a state of health most of the time.

This direction, this control, this mind could well be located anatomically in the various nerve plexuses and ganglia which make up a portion of the autonomic nervous system — just as the brain is considered to be the anatomical location of the conscious regulating mind of the "controlled" activities of the body. And such a

mind is called, in our present state of understanding of the body, the unconscious mind, which undoubtedly contains not only the emotions, desires, drives and instincts which are considered to be basic to man's nature, but also the inherited tendencies which we see as racial and familiar characteristics. In addition, the unconscious would, of necessity, contain the ideals and high purposes which seem to be inherent within so many humans who have striven to great heights of accomplishment and service to their fellow man. All these, and undoubtedly more, would then be contained in our unconscious mind and would be that which in reality, rules the portion of the body which we have just called the "uncontrolled".

This act of grouping body, mind, emotion and aspiration together like this certainly gives a more comprehensive picture of what might be going on within our bodies at an unconscious, autonomic level, and certainly gives us a more comprehensive picture of this particular nervous system as we investigate it and try to understand it further.

Reede,²⁸ in 1918 published a fascinating discussion of the autonomic nervous system as it relates to dermatology. His opening statement is worthy of full quotation.

"The archetype of the vegetative or autonomic nervous system is found in the ganglionated or metameric nervous systems of the lower vertebrates, in which in the absence of a forebrain and prior to the development of intelligence or consciousness the necessary functions of life are carried out through a few simple ganglions and nerve fibers. In man this primitive nervous system has been long disregarded because lost sight of in the study of the evolutionarily superimposed forebrain or cortex, with its highly organized association systems and central nervous system extensions. The activity of the vegetative nervous system still takes place below the level of consciousness and independent of intelligence, but it none the less sways the very foundations of life."

It can be seen from the above how man in his evolutionary relationship to the lower vertebrates, has developed the forebrain which becomes the means by which consciousness or choice can be experienced, or whatever factor it is that allows man to be dominant over all the other animals of the earth. It also reminds us that many of the functions of life, learning, aspiration and direction which we find in ourselves can be demonstrated without the higher consciousness symbolized by the forebrain. For these same lower vertebrates lived, functioned, caught their prey, escaped from enemies, all without the higher integrative centers.

The endocrine glands are directly involved with autonomic function, as they are also deeply related to emotional expression. In performing its function to regulate and coordinate metabolic activities in the body, the autonomic nervous system acts not only through direct nervous impulses of its own, but also through its association with the endocrines. These ductless glands possess themselves a certain degree of autonomy, but the larger part of their activity is in direct response to the call of the vegetative nerves.(see footnote #28, p.508) Not only does a ductless gland respond to the stimulus of the nerve, but its secretion in turn reacts on the nerve making it still more sensitive in function.

²⁸ Reede, E.H.: Vegetative Nervous System, J Cut Dis 36: 505-514, 1918.

It is interesting, in this connection, that the medulla of the adrenal gland, which is the gland of "flight or fight" of the sympathetic division of the autonomic, morphologically corresponds to a sympathetic ganglion (see footnote #6, p. 368). The medullary hormone produced here is known as adrenalin, which is a trade name for epinephrine. This substance is also found mediating the discharge of sympathetic nerves, along with a closely allied substance, norepinephrine (demethylated epinephrine), in varying proportions throughout the body.²⁹

Functionally, much could be said about the relationship of the sympathetic and the parasympathetic. To summarize it or condense it leaves many questions unanswered, in addition to those which research physiology has not yet solved. However, much information must be brought together into an understandable form to meet our present needs, so I shall proceed on that basis.

Present-day physiology and pharmacology perhaps sees these two portions of the autonomic nervous system as basically antagonistic functional units, but working together all the time, while we are awake or asleep, to keep a physiological balance in the body organism.

The sympathetic equips the body, in its full action, and through the phenomenon known as irradiation, for the intense muscular action required in offense or defense. It is a mechanism of war which mobilizes all of the existing reserves of the body (see footnote #26, p. 142). It accelerates or heightens function and prepares one for emergencies or emotional crises of any sort, and becomes in this manner an exploiter of energy. However, it is not always intensely active, but rather most of the time is controlled in its activity, creating a constructive activity throughout the body, in a balance with its counterpart, the parasympathetic. It can be seen that during the hours of sleep the sympathetic activity is most certainly at a low ebb. This can be ascertained by looking at the absence — while asleep — of the results physiologically which can be seen in the body when the sympathetic mobilizes for action. In sympathetic stimulation, the eyes dilate and the rate and force of the heart is increased. The muscles, heart, lungs and brain receive a markedly increased flow of blood as the blood pressure is increased; but the blood vessels are constricted and the blood supply to the other internal organs of the body is markedly decreased; the hair stands on end and sweat pours from the sweat glands of the skin; and body temperature usually increases. The sphincters are contracted and the intestinal peristalsis is inhibited.

These changes in the body are obviously absent when a person is resting, at peace with his environment or asleep. And this points up the rather interesting functions of the parasympathetic nervous system. When the sympathetic is relatively dormant, then its counterpart, the parasympathetic has to be relatively dominant. Thus we find the heart rate slowed, the body temperature decreased, the blood pressure lowered, the pupil constricted, the blood supply shifted from the muscles, heart, lung and brains to the organs of digestion, assimilation and excretion, and the motor activity to these structures increased. This allows for proper elimination of wastes, proper utilization of the saliva and digestive juices and

²⁹ Goodman, L. and Gilman, A.: *The Pharmacological Basis of Therapeutics*, ed 2, New York: The Macmillan Co., 1955, p. 1053.

the activities of digestion, and the further proper absorption or assimilation of digested material into the blood stream and lymphatics of the body.

The foregoing activity comes about through the functioning of both the cranial and the sacral portions of the parasympathetic. The sacral gives innervation to the large intestine from the splenic flexure distally, and to the generative organs, the sphincters and the lower urinary tract. Generally speaking, the cranial division supplies nerve energy to the remainder of the functioning organs above that. Thus it can be seen why it has been said that the cranial division of the parasympathetic performs the tremendous service of building up body reserves and fortifying the body against times of stress and need; while the sacral division supplements the cranial by cleansing the body through ridding it of its urinary and intestinal wastes.

The rather intricate functional makeup of the two parts of the autonomic nervous system tends to influence us to group them as separate entities, so to speak. We should probably hesitate, however, to do this simply because the source of the neurons is different and the function is apparently antagonistic. We note, for instance, that they are not really so antagonistic as one would think on first consideration. Rather they augment each other by their reciprocity (see footnote #22, pp. 130-1 31). Perhaps like a good husband and wife working together. Likewise we see that there are areas of the body which receive both adrenergic and cholinergic (as parasympathetic stimulation is called) supply through the medium of the sympathetic nerves (see footnote #25, p. 81). Functionally, we see a difference in the nature of the two, but it is well known that an individual animal in the laboratory can live and procreate with all of the sympathetic nervous system plus the adrenal removed (see footnote #29, p. 394). That there is higher cortical influence to this entire system, of course, must be recognized in evaluating the autonomic. We are probably safe in assuming that much still remains to be learned about the functioning of the nervous system — this portion of it in particular.

One quite fascinating fact can be pondered here for a moment in considering the autonomic nervous system. It is known, of course, that all pre-ganglionic nerve fibers of both parts of the system arise in the spinal cord or in the brain stem. The sympathetic pre-ganglionic fibers synapse with ganglion cells in either one of the sympathetic trunk ganglia, or ganglia located in close proximity to abdominal or pelvic viscera. The parasympathetic pre-ganglionic fibers, however, proceed as such until they near their final destination, often in the wall of the organ or structure, before they synapse with a ganglion cell. From these ganglion cells proceed other fibers which are known as post-ganglionic fibers, and these are more numerous, at a ratio of 32-1, than the pre-ganglionics (see footnote #29, p. 154). The interesting fact here is that acetylcholine is the chemical substance which mediates *all* of the pre-ganglionic connections of the autonomic nervous system as well as being the substance that is released at the post-ganglionic nerve ending. And, strangely, acetylcholine is found in all the sympathetic ganglia and in the medulla of the suprarenal gland.

The significance of this may be obscure at first glance, but I should like to point out some relationships here to concepts which have already shown up in the Cayce readings which we have been considering. He has treated the autonomic system as a unit, not bringing out any division in functions. And he has spoken of

those connections to the cerebrospinal nervous system. We see above that the cerebrospinal nervous system is connected to the autonomic through the pre-ganglionic nerves in both sympathetic and parasympathetic. Assuming that these pre-ganglionic fibers do actually belong to the autonomic nervous system, we would see a relationship between the cerebrospinal and autonomic nervous systems being effected with one type of nerve only, which releases acetylcholine at its nerve ending, and which acts as the mediator, then, between the conscious and unconscious minds at a physical level. The autonomic afferent nerves, of course, are those which are part and parcel of the sensory nervous system, and are distributed not only to the ganglia but also to the spinal cord and thence to the brain.

Here I shall endeavor to leave the physiological and theoretical discussion to the nervous system with its perplexing ramifications and complexities, and try to relate this knowledge to some of the information given in the readings.

"Under the Impulse of These Ganglia"

Stress occupies a prominent position in today's society, with all people feeling its effects in everyday life, and with those individuals in positions of responsibility suffering sometimes extremely from its wear and tear on the human frame. Laboratories are designed to search into mechanisms of stress and to seek out means of alleviation or prevention. The Christian church offers as its antidote the application in one's life of a simple concept called faith. Cayce in his readings made infrequent use of the word stress, but commented constantly on this activity in people's lives as he described their physical bodies and what was going on inside.

In the course of this "inside" description, the autonomic nervous system was referred to in nearly every instance as it related to other functions within the body. As in the reading he gave for a 43-year-old man who was exceedingly tense, he described functions of organs as being under the direction or impulse of ganglia, especially those found in the sympathetic trunk alongside the spinal cord.

IN THE NERVOUS SYSTEM — That the body from the mental portion has been under strain is evidenced by the characterization in many of the centers along the cerebrospinal nervous system, especially in those ganglia along the 3rd, 4th and 5th dorsal centers. *With* the unbalanced condition in the elements of the system, the organs that function UNDER THE IMPULSE OF THESE GANGLIA [Ed. - my caps] or centers show that there is a congestion at times in the *functioning* of digestion and assimilation. This within itself shows, or indicates, how that the disorders of this physical body become, then, as complications that *could* arise, were there not the equal balance brought in the mental, the physical, the imaginative body.

4393-1 M. 43

In the functioning of the body and especially the autonomic nervous system, Cayce indicates through several other readings that these centers or ganglia play a much more important part than just directing the organs and their workings. He in his unconscious state believes that these are in fact the brain where mental processes take place, where sometimes the physical activities of the body itself can be controlled through mental ability, and he poses an idea which is fascinating and far-reaching in its implications — that the sensory system, as he calls it and as we have understood it, has a closer association and more potent effect on the autonomic nervous system than it does on the cerebrospinal. This means, of course, that all of the sensations which come into our bodies, no matter from what source, affect primarily our unconscious minds, our autonomic nervous systems and subsequently the whole of the physical body which is supplied by the autonomic. These portions of our being are more sensitively affected than our conscious mind and our physically activated body. We indeed, then, become more complicated, for these afferent impulses which we call sensory include voices that we hear, stories that we read, television shows which we watch, odors that we smell, even food that we taste. This is not even to mention the variety of impulses that arise from the manners in which we are touched physically, nor the various organ and internal sensations that arise from disturbance within, or the sense of well-being.

Is it any wonder, then, that the hypnotic voice can bring about changes in secretions of the stomach, just as in the dogs with which Pavlov worked? Or is it strange that a summer breeze caressing one's skin brings an uplift in spirits inside; or the odor of a haunting perfume causes excitement within of a nature difficult to describe? These are part of the workings of this body we live with daily. Cayce described these things in their abnormal workings which were causative in the bodily illnesses which brought the individuals to him.

A man who was under mental hospital treatment for schizophrenia was given a series of readings. In the fifth, a lengthy dissertation was given describing what was going on within his body. This should not be condensed, for it tells a rather comprehensive story that touches not only on the bodily conditions but the effects of the special type of low electrical vibration which had been described earlier for his use. (I would call attention to paragraphs 6, 7 and 8, which have to do with the sensory-sympathetic relationship.)

That there may be understood just what is taking place in the mental and the physical reactions, and their coordinations in the system, it would be well to review these reactions; that those who care for the body, and those about the body, may know that with which they have to deal — and that to be met.

As we have given, there is a very good mental reaction — as far as the mental being is concerned. There is very good reaction in the physical body. The trouble is in the *coordination* of these through the various centers. Nerve exhaustion, through conditions that were of the nature as we described, prevents the coordinating much in the same way and manner as where an electrical connection is made with a system and is only partially, or spasmodically, *made* — as it were — to make connection; by mental reaction or mental suggestions, or by physical reactions. Then, they are only partially connected, so that the reactions are very much in the same way and manner.

Now, in the physical forces of the body (as seen and understood, in the nervous systems of the body), there are those glands that secrete fluids which in the circulation sustain and maintain the reaction fluid in the nerve channels themselves.

There is the cerebrospinal system, which in this body is *very good*.

There is the sympathetic nervous system, which makes for the impulses and the reactions that are received in the system by suggestive forces, by reactions that make for stimuli to nerve centers and plexuses through the system that make for connecting with the cerebrospinal to the brain centers themselves. For, all impulses for reaction must have their centers, or reacting centers, in the brain centers themselves.

Now, in the sympathetic system there are centers, or ganglia, where there are those connections with the cerebrospinal that go more directly to the brain. And we find that all the sensory system is more sympathetic with the activities of the sympathetic, or the sensory and sympathetic system — see?

Hence by speech, by vision, by odor, by feeling, *all* make a sensitive reaction on a body where there is being electrical stimulation to ganglia to make for connections in their various activities over the system.

Hence it may be easily seen how *careful* all should be, how much precaution, patience and persistence must be had, in making every suggestion;

by speech, by sight, by feeling, by vision, by eating, by sleeping, by all senses of the body; to coordinate with the proper balance being made in the system. See?

Hence, with the low form of electrical vibration that is set up in the system, there is being sent out from these ganglia those infinitesimal feelers, as it were, that will gradually make connections with those ganglia and centers in the system that have been destroyed by the reactions in the system which destroyed gland functioning for the creating of these fluids, by these activities that have been seen.

271-5, M. 34

In the following reading which was given for Case 3990, the first for this individual, Cayce elaborates a bit on how he sees this sensory system relating to the autonomic.

The cause lies here to the sense of hearing and to the eye. The sensation to the system, on the sensory system, on to the nervous portion of the body, is through the sympathetic system. The nervousness in the system or in any body, produced by the sensory system, of course, is stronger and more tiring to the whole physical body than that of a nervous force produced from the cerebrospinal system, because that acts on the organism of the make of the man. That is, through the sympathetic or abnormal mind, than through the mind of the body itself.

And, in the following reading, the tables are turned, and the sensory system is affected by the improper functioning of the sympathetic.

The functioning of the organs of the sensory system we find very good, save the strain as is put on the system when the sympathetic nerve system becomes overtaxing from the condition in the pelvis. The effect is more noticeable to throat and eyes, for the higher vibration of nerve force from sympathetic is affected by the overtaxing.

3712-1, F. adult

The causes of disease, of course, are multitudinous, and we are all well aware of this.

We often blame bacteria, viruses, weather changes, air conditioning, and our heredity, to mention a few; but we avoid like the plague (which we respect) attributing any causation to our emotions. The idea that anger, for instance, could cause disturbance and perhaps disease in another we probably could admit, but in me? The conscious quirks and makeup of all human beings — and of me - permits me to overlook it in myself, while seeing it full-fledged in my neighbor. The presence of anger, yes, we see and admit, but causing trouble? That's another question. Cayce sees in the following reading a group of conditions that were brought into being when "during such times there was much anger in the body (this she understands better than others.)" It apparently precipitated conditions wherein there was sensory-sympathetic communication at times when this should not happen. Perhaps this might explain some of the symptoms patients bring to their physicians which are usually explained away as being imagination or psycho-somatic. This reading is a bit difficult to follow, but informative.

THE NERVE SYSTEM — In this we find the greater trouble physically, in the sympathetic nerve system, for the refractory nerve centers in the system show how this system is magnified in its action in the body; that is, in those centers where organs function through the physical action, and become the involuntary action, such as digestion, sight pulsation, heart's action, the body unconsciously has reached the condition where it must, with its voluntary forces, keep all functioning. That is, occasionally, and often at times, keep on its mind that all must function rather than being the condition of a normal body, functioning normal, for the organs are organs nominally.... Then the force of the sympathetic act, as it were, to control of the body. It is through such reaction from sympathetic system that the sensory organism often gathers the reaction through the abnormal functioning of all of the sensory system; that is, often the body sees, feels, hears, recognizes conditions not perceptible to the ordinary functioning of the normal sensory system....

The organs of the sensory system abnormal in the conditions as given, through the action of sensory and sympathetic nerve system, coordinating when they should not.

42-1, F. adult

The sensory system, as we see it formulated in the readings, then, assumes prime importance in the daily living process. For those who are seriously ill, certainly it is more important than it is for healthy persons to be certain that sensory impulses of ALL natures are soothing, rather than disturbing as they are channeled into the consciousness of the individual concerned; sounds of nature rather than sounds of the city; pleasing and uplifting colors rather than those that are dull or discordant; music that inspires or makes happy rather than music of warlike or emotional concept; absence of sharp sounds or traumatic emotional happenings; applications to the skin which would bring a more resting and receptive state; food that is prepared well and is simple, not exotic, and appeals to the taste normally rather than being of a gourmet nature. These perhaps are a few of the choices that must be made in relationship to sensory input surrounding a sick person. The spoken word, of course, assumes primary importance, since it is through this mechanism that man achieves his greatest degree of communication between one individual (or center of consciousness) and another. Man, you will remember, is the only being on this planet who can carry on a verbal relationship with another at a creative level, using words in all manner of ways. This is his prime difference. Thus words as received through the senses are critically important, for they convey ideas, concepts, motivations and so often emotional content to the hearer.

It is not surprising to see instructions like the following, then, for a schizophrenic:

All suggestions about the body should be of a *constructive* nature; the love influence that comes from within every heart, mind and soul, that would build for *creative* forces without selfish motives in same.

271-5, M. 34

Among the extracts from the readings which should be quoted are those which give us bits and pieces of understanding of the true physiological concept of the nervous systems as it exists here, for study reveals that there is a consistency and continuity of thought and idea throughout the readings as it relates just to this

question. The following two extracts point up some of the characteristics of the sympathetic system, with its ganglia as pertains to their role of governing functions or being as a brain. Also, however, will be seen a more vague reference to the cerebrospinal which is not easily understood at this point. As in other selections, there are, of course, further references as to function and malfunction which cannot be followed through reasonably here.

As indicated, this deterioration is not in the cerebrospinal system, else we would have mental deficiency, but is in the secondary brain, as it is ordinarily called, or the brain — as it were — of mental processes. Then, those centers along the cerebrospinal system that are called the sympathetic or vegetative nerve forces have been, and are, deficient . . . of those elements or vitamins . . . needed.

294-212, M. 66

We find that these have at various times suffered under various ways and manners. Sometimes these have taken on the form of a disturbance between the cerebrospinal and the sympathetic system in such measures until the body would almost break out in a cold sweat, but from what — the entity could not determine within itself. At others it became cold and clammy and shaky in various portions of the system.

This is a reaction to not only the sympathetic or vegetative nerve system (which is the double system that runs along the cerebrospinal and functions for the coordinating or the governing between the mental body and the physical body), but to the cerebrospinal system (which is rather the deeper nerve forces that supply energies to the various portions of the body, the organs and the locomotory centers, for responses).

Hence we passed through a period when as much disturbance to the body was the inability to recall or remember or to know just what the reactions or things were that were going on about the body; forgetting as it were, very easily, and at other times when he wanted to forget he couldn't. These were not mental aberrations; they were the effect of the two nerve systems, as it were, warring one with another owing to the poisons that have been allowed to accumulate....

1055-1, M. 50

Mental illnesses — psychoses — should give us a good opportunity to study the relationship between cerebrospinal and the sympathetic or vegetative nervous system, if indeed these are the areas where the conscious and the unconscious minds reside, so to speak. For the psychotic individual shows a splitting of personality, a drawing away from what we call reality, and a complete lack of what psychiatry calls "insight". This is an inability to comprehend what is wrong, or better, *that* there is anything wrong, with himself or herself. In true psychosis, there should be a relatively complete break in the communication between the sympathetic and the cerebrospinal nervous system, if what has been discussed thus far has any validity whatsoever. A case in point might be helpful here.

This girl, a 32-year-old artist, was apparently sexually attacked by a man who invited her to his apartment on the ruse that he wanted to buy some of her paintings. She may have been given very strong suggestions afterwards by the same man to repress the entire incident, which was an exceedingly traumatic affair.

She broke down and was institutionalized with a diagnosis reported by her family to be insanity, — a more accurate diagnosis would probably be an acute depressive psychosis.

There being in this body, with this entity, a high nervous temperament, with ideals as high, as keen as may be found in many a day, the activities through which the entity passed have shattered its hopes, its aspirations — by the advances that were unspeakable to the entity, the MENTAL self, the higher self.

And in the attempt to escape, and finding self trapped as it were, the physical exercise and activity in the attempt shattered the connection between the cerebrospinal and sympathetic system; especially in the coccyx and the lumbar areas.

Losing consciousness the entity became a prey to those suggestive forces as were acted upon, and by the injection of outside forces to keep that hidden as attempted upon the body.

Then, in its present environs, there have been only moments of rationality; and then no one to respond brought greater and still greater depression to the better self.

The impulse of the imaginative system must be quieted through gentleness and kindness, yet positiveness. 1789-1, F. 32

This becomes a very understandable concept, gradually — the idea of this suddenly-brought-on psychotic state being *a shattering* of a physical electrical connection as well as of a mental state of being. And the etiology, trauma of a physical and psychogenic nature, brought into being a coccygo-lumbar area physical condition of a breaking apart of nerve connections. This is certainly a fascinating manner of looking at this type of illness. I've found that Cayce does not see this as an unusual cause, however, in my limited survey of his work. The following case seems to be quite similar in nature. This man had been treated in an institution and was apparently either ready to be released, or just released when the reading was given. Prior to his illness he had a post office job, but apparently his family had been advised that he had been turned down for re-employment because of his mental condition (called in the correspondence a nervous breakdown). Since his partial recovery, however, he had not been advised by his family that he would not be re-employed.

Yes, we have the body [1513]. Now, while we find there is a better coordination between the mental and physical reaction in this body, unless there are other applications to keep this coordination, or to supply the activities to the nerve energies of the system, we find that with the realization that there is an improbability of being restored to active service [Ed. - in his job] the condition would become very much disturbed again.

For through pressures upon nerve energies in the coccyx area and the ilium plexus, as well as that pressure upon the lumbar axis, there has been a deflection of coordination between the sympathetic and the cerebrospinal system. 1513-1, M. 47

This shows a "deflection" rather than a "shattering" as in the prior case. Apparently this person was not as ill as the woman artist. But it is interesting and probably significant that in both individuals there came about a coccygo-lumbar area injury to the connections between these two nervous systems. Apparently, as the readings pose the information, this area is a common one for localization of etiology for mental derangement.

That the coccyx is involved actively was not left in any way questionable in this reading, and this Q-A which follows shows us some of the fineness of adjustment which must come within the body at times to bring about a state of balance and health again.

Q-1 Is this coccyx misplacement the direct cause of the condition?

A-I As indicated, this was the direct cause of the condition — as combined with the general deflection produced in the system by same, see? Hence the necessity, with the correcting of same, that there be the vibratory forces to re-enliven, or to enliven nerve ends where coordination comes BETWEEN the sympathetic and the cerebrospinal systems.

Hence the necessity of the inspection occasionally, as indicated. 1513-1

At this point we shall leave the gross malfunctions of the nervous systems, and consider, as we bring this section to a close, what Cayce seems to see as some of the normal function and content of the autonomic nervous system as a whole.

We know some of these from other fields of study. For instance, the study of dreams in recent years has shown that there is a marked increase in the physiological activity of the body concomitant with the activity of the unconscious mind in dreaming. Heart attacks, peptic ulcer reactivations, asthma — all these diseases which are known to be related to emotion and stress are seen to occur more often during the dream state and wakefulness are all variations of consciousness that we can allocate to conscious or unconscious conditions of the body and mind. Likewise, the autonomic functions are different in these different conditions. For instance, there is a great upsurge of activity in the sensory system as it derives from the organs of the body during the dream state which does not exist during other sleep states. We are undoubtedly justified in observing, also, that those rare individuals who experience what we call visions are seemingly in an altered state of consciousness when this occurs. Although, to my knowledge, there has not been reported study on whether these individuals have an altered physiological state during these periods, we would be inclined to believe that they would, if we were to find any rationality in the information we have studied thus far.

The conscious mind and the will of an individual, through self-suggestion, self-hypnosis and positive thinking certainly gets into the unconscious in ways that control bodily functions; this happens with many people who are not even aware of it. Cayce describes this sort of thing in the two readings that follow:

With, by and through the *mental* ability of the entity, or body, to *control* self, the sympathetic system has often controlled the physical forces of the body, for the body often finds self in this position; if it would allow itself it could fly all to pieces in a moment, but keeps itself much under control of the mental forces, through the sympathetic system — yet at times this reaches the point where almost nerve exhaustion exists. Hence — rest — quiet — these have often been that factor in the recuperating forces of the body, yet has never corrected that as produces the condition. *943-1, M. 35*

In the blood supply we find this in very good condition, considering the effect the assimilation has on the system and functioning organs, for the will and mental forces of the body gauge the effect that this has through the sympathetic nerve system to a great extent , and diverts much of the condition that might be created in the system.

. . . In the connection between the sympathetic and cerebrospinal nerve system, we find the sympathetic above that of the ordinary, or above normal. Hence, we find this body discreet in its manifestations of conditions that affect the body in any manner, and through this controls the body much to the betterment of conditions....

The body is exceptional in the functioning of sympathetic, that especial center of the soul and mental forces. *4359-1, F. adult*

Here, of course, Cayce indicates that the sympathetic nervous system is the center of the soul and what he calls the mental forces. Earlier we saw that he described it as the center of mental processes. He certainly ascribes to these structures of the body a specific, a dynamic, a dramatically important function, which is probably more clearly shown in the next two selections.

The whole system becomes below the normal action of all its functioning powers, yet no organ itself becomes particularly involved save in the slowing of the action of the whole system, everything becoming, as it were, drugged into its dormant condition of bringing about the separation of the action of the cerebrospinal forces as is the seat of the physical and the action of the sympathetic forces which is the seat of all of the soul and spirit forces, see? *4595-1, M. adult*

In the mental forces of the body, we find as in these. The activity of the mental or soul force of the body may control entirely the whole physical through the action of the balance in the sympathetic system, for the sympathetic nerve system is to the soul and spirit forces as the cerebrospinal is to the physical forces of an entity.... *5717-3, M. adult*

What is the soul and spirit force or forces? Perhaps a definition is not to be found in the realm of neurology, but one senses that he understands better how the soul and the spirit, perhaps, may be operative within the body when he begins to put these tag-ends of psychic readings together into a comprehensible whole (as each should do for himself), and sees the wide vistas of understanding that begin to grow within. Where within? Perhaps as an impulse passes an associative center, crosses over from the conscious-cerebrospinal by means of a preganglionic fiber, and rests in some cells of the third or fourth ganglion of the sympathetic trunk. Perhaps.

Introduction to Part II

In the study that we have pursued thus far, it can be rather readily seen that the castor oil packs and their use on the human body occupy the central position. We can see their use extending backwards in time even toward ancient Egypt, where castor oil was used therapeutically, but we have related these packs primarily with the field of what might be called parapsychology, in studying their use as suggested by a man, Edgar Cayce, who could lie down, and, after a while, voluntarily enter a state of mind and body wherein his conscious mind was apparently not involved with what he was saying.

He has indicated that his entire autonomic nervous system was vitally active during this state, and that the unconscious mind was that portion which was seeking out and reporting the information found. Often this information came from the unconscious mind of the other person involved — and this would seem to direct us to the haunting thought that we know already what is wrong with our bodies. We just can't reach down into that unconscious mind, (or is it the autonomic nervous system?) and obtain the knowledge that we would like to have.

Thus the seeking into the nervous system of man became proper here, since, in bringing together all portions of this study, the inferences in the Cayce readings cannot be ignored. And these state that castor oil packs seemingly have a relationship with the nervous system as well as most of the other systems of the body in their role of helping bring the body back to health.

This brings us then, to the study of their use in the general practice of medicine, and the analysis, for whatever value may proceed from it, of eighty-one cases in my practice where individuals who had varying conditions of illness were treated through the use of these packs.

These eighty-one cases are a random selection and represent only a small fraction of the instances where we have used castor oil packs as the only, or as a coordinate therapy for one condition or another of illness. Some of the cases where I have been most impressed by the therapeutic efficiency of this tool are not included. A continuing effort is being made, however, to collect more data which hopefully will provide statistically significant information, which is not to be found in this preliminary report.

My object in presenting these cases in conjunction with the other information that has been presented, is perhaps fivefold in its scope. It is not, certainly, a conventional research paper, nor is it a conventional research project. Many factors which are necessary for good, scientific research are not to be found here for a variety of reasons, not necessary to be explained. There is to be found here, however, information which is significant, and case histories which are relevant to the purposes and objectives underlying this presentation.

My objectives, then, are as follows: 1) To stimulate interest in this therapeutic regime; 2) To show the exceptionally wide latitude of use that is possible with the castor oil packs; 3) To present and coordinate evidence that there is actual beneficial response in the human body to the application of these packs; 4) to discuss theoretical considerations relative to the action of the packs on the body; and 5) to begin to explore the validity of a unique understanding of physiological functioning of the human body, which is found in the Edgar Cayce readings. Some of the questions thus far that have been only partially discussed or not at all will perhaps be touched on in this section, but primarily will be left for the commentary after the case histories have been dealt with.

Edgar Cayce and the Palma Christi

Part II

Castor Oil Packs in Application Today

One reason the afternoon of October 15, 1965 was eventful in our office became evident when a nine-year-old boy complaining of a tummy ache, was brought in by his parents. For events involving his health led to the use of the packs on his abdomen, and he thus became case No. 27 in this project to research castor oil packs. A reference was noted at the time the treatment was instituted, and his chart then became a portion of this study.

This boy had had the usual childhood diseases, plus pharyngitis, otitis media and bronchitis at various times. He had also been treated for minor lacerations. His present complaints, however, were only about 24-30 hours in duration, having started the previous morning. He had developed abdominal pain, rather generalized, nausea which continued and then had vomited once on the 14th of October. Overnight and during the morning, the pain gradually increased, and the boy wouldn't eat. Physical examination revealed that there was marked tenderness over the right lower quadrant of the abdomen in addition to a mild generalized abdominal tenderness. There was no rebound tenderness, and no spasm or rigidity of the abdomen, and there was a moderate amount of hyperperistalsis. The diagnosis of appendicitis was made on the basis of this history and physical examination. In accord with the parents' wishes and in the light of my decision to watch the case closely, I elected to adopt a watchful, waiting course, rather than advise immediate surgery.

The parents were instructed to use a castor oil pack on his abdomen (see Appendix III, for directions), but were told not to use the heating pad, which is usually a portion of the treatment. They were instructed to keep it on constantly during the night, and to give the boy only ice chips and sips of water during the night.

Evaluation after the first night of treatment showed that the boy had slept well all night; had no pain in his abdomen when he awoke; and as the day wore on, he became alert, hungry and had no complaints. Examination showed a very mild degree of right lower quadrant tenderness remaining. During the next 24 hours, this disappeared, and recovery was rapid, normal eating habits were resumed, and the boy went back to school on the third day. The packs were used 48 hours continuously, then each night, all night long, for three days, then all night three times a week for two weeks. The continuation of the use of the packs was to give the child an extended period of treatment in an effort to prevent future attacks.

This case illustrates well the manner in which cases were added to the survey, this being done always before the outcome of the case could be seen, in order to eliminate bias as nearly as possible in going back and choosing cases that had already been determined relative to results. Technical difficulties entered into the selection of cases, since time is an evanescent substance in a general practitioner's office, and adequate time cannot always be taken and devoted to a research project, when people are waiting, patiently and impatiently, to be cared for. In view of the above, it can be understood why these eighty-one cases represent a "random" selection, as already pointed out.

Case No. 27 was given a response rating of excellent, for his recovery was prompt and complete without residual signs or symptoms of his presenting complaint (see Table I, Appendix I).

Would this case of appendicitis (for the diagnosis of the illness does not seem to be in doubt) have cleared up as rapidly without the packs as with this specific treatment? Experience would tend to say that it would not. The rapidity with which the symptoms and the signs changed for the better after onset of therapy would probably indicate to us that we must here consider that this therapy changed the course of the disease process. Later, four other cases of appendicitis will be discussed, to give us further background on information which may be helpful in evaluating and comparing concepts of physiological function in healing during the use of castor oil packs.

The various tables which are presented in the Appendix serve a variety of purposes. Table I, Appendix I provides general information in regard to the evaluation of therapeutic response, when packs were used alone or in combination with other, specific therapy. For instance, if a pack were used on a tenosynovitis at the same time cortisone were injected locally, or salicylates administered orally or parenterally, this would qualify as combined therapy. It is interesting to note that castor oil pack therapy alone produced 82 per cent excellent results as contrasted with 61 per cent excellent results where other therapy was used in combination with the packs. The method of classifying results is also found in this table. Appendix III shows the printed instruction sheet which I issued to each person using the packs.

Table II, Appendix I is a compilation of all the diagnoses which were arrived at in the 81 cases which are being presented. Table III, Appendix I, gives a breakdown of the types of illness treated and their response as a group. These are grouped together as they seem to be relevant to this study, rather than according to systems specifically or otherwise. In Table IV, Appendix I, are to be found the most common conditions which were treated and how they responded. Table V, Appendix I, is a listing of all 81 cases showing identification, age, sex, diagnosis and response to therapy. Appendix II is, rather than a table, a group of narrative summaries of a selected group of cases that would be of most interest, in my opinion, to the reader. These are in addition to those cases that have already been used and will be used in the text of this section.

From the information in the Appendix, it is seen that, of the one-hundred-one total conditions treated, seventy-four of these responded in such a manner that they were rated in response as "excellent". This, of course, gives a healthy flavor to the results. It is fortunate, indeed, that the human body takes even the least assistance at times and responds in a noble fashion. Even taking this assist of the unconscious vital forces of the body into consideration, however, the responses noted here, especially in the group treated only with the packs, are highly gratifying.

When analyzing the information, one soon notes that there are no cardiac conditions which were treated; no respiratory illnesses; no basic neurological diseases (in spite of the important part this system plays in health and disease); and no true endocrine difficulties except those associated with the ovary and its function as seen in the many diseases of the female generative system listed.

There are muscular conditions present; arthritic disturbances; gastro-intestinal; genito-urinary; circulatory as it involves hypertension; neurological as it involves headaches and tension syndromes; and trauma.

By far, the commonest area treated anatomically is the abdomen and that which lies within the abdominal and pelvic cavities, the gastrointestinal and the genito-urinary systems. These make up well over fifty percent of the conditions treated. It would be well to recall at this point that Cayce talks of the importance of the assimilation of foodstuffs into our bodies and the elimination of body wastes, and there is reference to the castor oil packs being of benefit to both these systems. The stomach, intestines and their associated organs, and the kidneys are the major areas of assimilation and elimination in the body. Thus, we would expect these areas to show beneficial response to the packs, if information from the readings were to have significance in clinical trial.

From Table III, Appendix I, we see that there were a total of 30 conditions treated which have their site of pathology in the abdominal cavity or pelvis and which were treated with castor oil packs only. Results obtained were 25 excellent, or 83 per cent, two good and three poor. This is slightly better than the percentage found in the entire series when this mode of therapy was used by itself. Diseases of the large bowel produced the highest percentage of excellent response — 92 per cent, these including such conditions as constipation, intestinal obstruction due to fecal impaction, colitis, diarrhea, hemorrhoids and rectal fissures.

Interestingly, the two conditions which were most refractive to treatment in this series were essential hypertension and peptic ulcer (see Table IV, Appendix I). The two which produced the most consistently excellent results were those conditions found under traumatically induced conditions and post-surgical care of wounds. All twelve of these responded promptly and were rated as excellent. Only two of the twelve were given other therapy than the packs.

Some Interesting Case Histories

Much information can be derived from tables and statistics. However, study of statistics removes us from the realm of human endeavor too often, even if the "very hairs of your head are all numbered" (Luke 12:7), as Jesus puts it. We find more relationship to the lives we are leading, the work we are engaging in, and the aims and purposes we hold dear, when we can see something working in the life of another person and changing it for the better. For this reason, I have endeavored to narrate in a brief form which holds hopefully to an essential accuracy, a selected number of those cases which are listed in a chronological and skeletal fashion in Table V, Appendix I.

Case No. 12, a 25-year-old housewife, 2½ months pregnant, was seen in our office on 10/30/62, just 24 hours after she noted the onset of vaginal bleeding. The bleeding had stopped during the night, but a deep ache in the pelvic region persisted. She had just recovered two weeks prior from an acute upper respiratory infection. Examination, the first since the beginning of her pregnancy, showed a normal blood pressure of 100/60, temperature of 99 degrees, and pelvic findings of early pregnancy, including an enlarged uterus, and a cervix which was soft and bluish. Her last menstrual period was 7/25/62. Diagnosis was early pregnancy with threatened abortion.

As treatment, the patient was instructed to stay at bed rest for the next three days; to use castor oil packs on the low abdomen 1 hour three times a day for one week; then three times a week for four weeks after that. Follow up revealed disappearance of the ache in the pelvic region within the next three days and no recurrence of the bleeding throughout the pregnancy, which terminated normally at nine months.

Response was rated as excellent to single therapy.

Case No. 33, an 89-year-old retired teacher with a delightful sense of humor developed severe abdominal distention which prompted my being called to see her. This distention began two weeks prior to that time, and was shortly followed by nausea and vomiting. The latter became more severe and gradually more foul-smelling. There was no fever, but discomfort developed into pain in the abdomen. She had a past of two other episodes of this nature, one four years prior to the present illness, wherein she was hospitalized and decompressed with a Miller-Abbott tube, saline enemas and cathartics; the second being part of this series as Case No. 32. She responded well to use of castor oil packs on this occasion, 2 years before. Physical findings on examination revealed a plus-3 ankle edema, marked abdominal distention with drum-like stretching of the skin of the abdomen, and active peristalsis with frequent peristaltic rushes. She had not had a good bowel movement in "a long time". She had taken a mild laxative several times before calling me to her home. Diagnosis was intestinal obstruction due to fecal impaction.

Therapy consisted of diet and castor oil packs. She was placed on nothing by mouth except ice chips for 48 hours. The packs were begun immediately, not

using the heating pad as normally instructed, and they were continued without interruption for six full days. As soon as the packs were started, all the symptoms eased up and the emesis slowed down. An evacuant rectal suppository was used after 48 hours, with good returns, and the vomiting stopped. Distention rapidly disappeared, and at the end of the six days, the belly was flat, the ankle edema had been completely relieved, the patient was having normal bowel movements, telling jokes and watching TV again. The family reported her in "remarkable" condition. Her diet by this time, of course, was back to normal.

Response was rated as excellent to single therapy.

Case No. 42, a 65-year-old housewife, was seen initially within several hours of the onset of severe right upper quadrant pain, nausea and vomiting, following the ingestion of a heavy meal the prior evening. She gave the history of having had hypertension for some time, and of being overweight, but no past history of gall bladder disease. Examination revealed tenderness over the area of the gall bladder. There was no mass palpable but there was question of increased dullness to percussion in the area where the gall bladder lies. Blood pressure was 142/86. Temperature was normal. Body weight 166 pounds. The diagnosis was acute cholecystitis.

Food was withheld until nausea left. Only therapy used was castor oil packs, applied all night long each night for six nights. The vomiting stopped the first night. Pain was "50 per cent less" the following morning, then gradually subsided. Examination on the sixth day showed absence of any tenderness. Two pain pills were used during the first day of therapy. On the evening of the 4th, 5th, and 6th day of therapy, the patient was instructed to take one ounce of olive oil by mouth.

Response was rated as excellent to single therapy.

Case No. 44, a 62-year-old retired carpenter, injured his right index finger 24 hours before presenting himself at our office. He had run a splinter into the tissues of the dorsum of the finger near the nail, and thought he got it all out. However, the next day, the finger was inflamed and very tender and he sought help. Examination showed a puncture wound of the dorso-medial aspect of the finger, and surrounding the puncture site the tissues were acutely inflamed, causing moderate swelling of the entire distal end of the finger. A small incision was made, enlarging the wound, and a 5/8" intact wood splinter was removed, releasing ½ to 1½ cc. of pus which had formed in the irritated area. Diagnosis of course, was infected puncture wound of the right index finger.

A dressing was fashioned for the finger made of soft flannel cloth soaked in castor oil, around which was wrapped plastic, then a simple gauze dressing. This was allowed to remain in place 48 hours. On examination at that point, all swelling, inflammation and tenderness were absent and the incision healed. It should be noted here that usual response to removal of a foreign body that has caused a local cellulitis is rapid repair and healing, but it seldom is seen to respond this quickly with usual post-operative care.

Response thus was rated excellent to single therapy.

Case No. 58, a 39-year-old music teacher, presented himself with the complaint of having had a right-sided headache for the past thirteen days. He had no prior history of such difficulty, and all measures he had taken had not produced any significant results. Examination revealed a normal blood pressure of 120/90. There was rather marked tenderness of the right posterior cervical muscular group on palpation, but all other findings were well within normal limits. He had used salicylates and spasmolytics and had been given manipulative therapy to the upper spine and neck, but the headaches had persisted. Diagnosis was right-sided headache associated with right cervical muscular spasm.

The patient was instructed to use castor oil packs as a type of muffler around his neck, overlapping them onto his upper back toward the shoulders, and using the heating pad around this doubled up and adjusted so that it would be moderately hot. This, applied when he went to bed, was to be used most of the night each night. After two nights of treatment, the headache disappeared, and the patient discontinued the treatment. Examination on the seventh day showed absence of any tenderness in the previously described areas.

Response was rated excellent to single therapy.

Case No. 73, a 21-year-old housewife who had wrestled with the problem of obesity (220 pounds) for several years, presented herself in our office with the complaints of a sensation of pressure and gas in the lower abdomen when walking or being physically active in any way, which had persisted for a period of two to three weeks. She had had no serious illnesses in the past, and had experienced no symptoms like this before this time. Examination revealed a normal blood pressure of 130/75 and the obesity described, and examination of the pelvis showed an ill-defined mass in the area of the right tube and ovary which was quite tender on palpation. Vagina and uterus were normal. There was no fever. Diagnosis was probably ovarian cyst, although it was difficult to rule out tubal pathology.

No therapy was used except castor oil packs which were applied for one hour daily over the lower abdomen for a period of seven days.

Examination after the seven days of therapy revealed that the sensation of a mass was still present but considerably smaller, and the tenderness was lessened to a similar degree. The patient stated that all pain in the lower abdomen had disappeared with therapy continuing. Still later examination revealed that all signs of the mass had disappeared.

Response was rated excellent to single therapy.

(A postscript to this case history is in order. This same woman returned still later for care for pregnancy, and it was determined that she must have been about two weeks pregnant when she was seen with the pain in the lower abdomen. What this means in reference to the signs and symptoms observed has not been determined at this writing.)

Perhaps the procedure of presenting seven cases (including the appendicitis) that were rated excellent in their response when no other therapy than the packs was utilized might be classified as putting one's right foot forward. Non-responsive cases can be found in the Appendix without difficulty, however,

and I plan to comment on some of them as we proceed in the discussion. There is another reason, nevertheless, which prompted the use of these particular case reports. They represent a good cross-section of how the packs are used most of the time, and the general areas of the body that receive most attention from this oil from the Palma Christi.

There is also something of the mysterious in the manner in which these applications of hot castor oil soaked in flannel cloth and applied to the skin bring about a sometimes startling change in the way the body is functioning. Even yet it has caused me, at times, while I watch what is going on with unbelieving eyes, to ask myself - What happened? What really goes on within the body that restores a disturbed gravid uterus to normal; that cures a muscular spasm and dissipates a headache; that allows an inflamed gall bladder to regain its health; that heals an infected wound; that gets rid of a threatening appendicitis as if it were no more than a mild cough; that mobilizes a fecal impaction which hours earlier had threatened a life; that rids the body of a disturbance in the reproductive system that might have dislodged a pregnancy before the mother even knew she was carrying it? What happens when castor oil is applied, many times without any heat whatsoever, that can have such an effect? How is it absorbed? Why does it work? HOW does it work?

These indeed are questions whose answers are hard to come by. There are those who will say that they do not need answers because it has not been proved that the packs work, statistically. The case reports, however, speak for themselves, for each tells a story. Almost routinely, the individual who uses a pack for the first time will change from a questioning, hesitant user to a happily-surprised enthusiast. Thus it becomes my personal opinion that the questions expressed above do need an answer, for we see something here that is working in the life of another person, and changing it for the better.

Before we look more closely at some of these cases to seek out, perhaps, some of the mechanisms which might be involved, it would be well to investigate a bit and comment on some different, more general aspects of the study.

Appendicitis assumes some degree of importance here since five cases are included among the eighty-one total forming the basis of the study. In looking at the ages, it is observed that they were 10, 11, 9, 46, and 10 years of age in that order. All the youngsters responded with exceeding promptness to therapy. One, Case No. 55, was given an antibiotic injection and a tranquilizer-antinausea suppository when seen, but overnight his nausea, lower abdominal cramping and pain and his vomiting (all of three days duration) — these were gone when he was examined the next morning, after using the packs all night. His abnormal tenderness was also absent and all findings were normal. Two of the cases are reported at length elsewhere in the text or Appendix, but the fourth child, Case No. 9, is not. He noted onset of abdominal pain two days prior to his visit to my office, he vomited once and had some cramping pains in his belly. This eased up the next day somewhat, but recurred the following morning. There was no diarrhea, but some nausea. Examination showed a subnormal temperature of 97.8 degrees and well localized tenderness over the right lower quadrant, and a slightly inflamed pharynx was noted. The packs without heat were used three times a day for two

days, when re-examination showed only minimal tenderness at the umbilicus (which subsequently cleared), and absence of the abdominal discomfort which the body had noted.

The question of the appendicitis as it occurred in the adult, however, was another story. There was nausea and lower abdominal pain which had its onset at 2:30 p.m. and was thought to be due to food ingestion. The castor oil packs were kept on for about 12 hours, brought no relief, and the patient was hospitalized; a complicating renal infection was suspected but ruled out by intravenous pyelogram, but surgery for the appendix was decided upon when the tenderness became more localized and diagnostic. Thus we see in Case No. 37, the response to this type of treatment was not adequate. The fact that there was a renal irritation complicated the picture, however, in this instance.

We find four excellent results, then, the only failure being in a middle-aged woman. If any inference were to be drawn from such a picture, it would be that the young people were much more able to muster the forces of resistance to disease on stimulation, or to respond to a therapeutic measure with greater speed and efficiency. There was no heat other than accumulated body heat involved in these particular cases. The oil was applied and certainly was absorbed to a certain extent. Perhaps these five cases point toward the concept that the castor oil when absorbed, stimulates the bodily function that will remove the products of inflammation, as they exist in the appendix, from the appendix itself, leaving it freer to function normally. Under normal conditions the appendix, as all portions of the body, can handle irritations easily and maintain a condition of health. This is what is called natural body immunity, and we see the story of the thymus and the lymphatic system and natural immunity unfolding before us every day in these areas of research.

As has already been discussed in this study, the functioning of the lymphatic system is closely allied with the normal function of the autonomic nervous system. The parasympathetic is motor innervation to the lymphatics, wherever it has been shown to exist. The parasympathetic is also termed the system which brings rebuilding and healing to the body. Earlier it was hypothesized that the lymphatics drain wastes from the individual cells much as the intestines remove wastes from the body as a unit. Thus we see the framework for a mechanism which could be effective in these four cases of appendicitis, and which would even explain why one did not respond. Castor oil, absorbed into the tissues, may, in its vibratory activity (for all things are in essence vibratory in nature) act to stimulate that parasympathetic nerve supply which is anatomically located in the area treated, which then would stimulate the lymphatics to drain more adequately the tissues which are under duress, perhaps at the same time acting directly on the lymphatics to perform the function just stated. Any organ or portion of the body which is clogged with waste products which the lymphatics have not removed would theoretically respond in a beneficial way to any procedure which would bring about an alleviation of that condition.

With such a mechanism in operation, it can be readily seen that anyone who has gone downhill relative to resistance, endurance, response to injury or general body health would not have a top-notch thymus-lymphatic system which is the

basic regulator of health and disease. Such a person would have a slower response or perhaps little response at all to stimulation toward healing.

Or, looking at the other portion of such a healing mechanism, one can understand how healing would be a less dramatic process if the parasympathetic nervous system were under sufficient stress or tension that it would refuse to respond to the vibratory activity of the castor oil as it is absorbed into the tissues. The heat, when used, may just accentuate the basic reaction to the castor oil of the tissues involved. When heat could cause an adverse response within the body, of course, the benefits of this therapeutic measure are far outweighed by its detrimental effects. Appendicitis, obstructions, and other similar conditions are among those in which heat is specifically contraindicated because of the complications which might be brought about by the increased vascularity and metabolic activity. In these, the only benefits obtained from use of the packs must come from the castor oil itself. How the oil brings about changes within the body is, at this point, not at all explored or understood.

In Case No. 33, different factors are at work, certainly, than one would find in appendicitis. In this particular instance, there had been a large bowel impaction with fecal material that produced actual intestinal obstruction to the degree that serious consequences were already being experienced. The large bowel was probably nearing a point of complete inactivity insofar as its proper duties of evacuation were concerned, and the small bowel was so at war with events as they were transpiring that reverse peristalsis was bringing fecal material up to the stomach to be expelled through persistent episodes of emesis. Gas throughout the system producing serious distention completed the picture of an intestinal tract that had moved a long way from its original state of health which provided peristalsis and moisture sufficient to move the bowels regularly and without difficulty.

It should be recalled that the organs and structures of elimination — both the large bowel from the mid-point of the transverse colon on, and the urinary system - receive their motor innervation from the parasympathetic portion of the autonomic nervous system which has its source in the sacral nerves of the body. This 89-year-old woman spent a lot of her time sitting, and with little padding on her buttocks, undoubtedly produced many pressures on the sacral portion of her anatomy which could easily and probably did cause embarrassment to the sacral nerve supply. Reinforced by poor bowel habits and a diet that was not perfect, and enhanced by practically no exercise, the entire motor system of nerves to the large bowel undoubtedly became sluggish to the point of nearly complete inactivity.

Then packs were applied to the abdomen. Nausea ceased, emesis slowed down and stopped, peristalsis began in the large bowel, enough fluid was produced by the cells of the large bowel to soften the fecal mass, and the health of the cells throughout the intestinal cavity improved. After forty-eight hours, when an evacuant suppository was used, the intestine was in good enough health to respond normally and the contents were expelled. It is interesting to note also that the edema which had persisted then disappeared, undoubtedly due to the more efficient functioning of the other portion of the eliminating system, the kidneys.

Was the action here brought about through nerve tissue stimulation, or was it perhaps another instance where cells were cleansed and thus worked more

normally? The answer, of course, remains hypothetical. The fact that she improved is evident. That she made a remarkable change physiologically cannot be denied. That she had no medication with which to do this other than castor oil packs is also factual. Still the method of restoring her health is not yet clear.

One factor which has not been discussed relative to this particular patient is her sense of humor. She even experienced pain with a joke and a smile. Her ability to keep all those taking care of her in good humor made the job easier for all concerned. The part that this attitude of joy and happiness plays in the continuance of good health has not yet been adequately evaluated, but it has to be a major factor wherever it exists. It is well known that ire at the dinner table brings about indigestion, while a happy meal is a beneficial one. Humor, then, must help the gastrointestinal tract, perhaps far more than we know or realize. And, in similar manner, it may be that this little old lady with her happy disposition is alive only because of it. Whatever is true, she remains a favorite of mine.

The diagnosis of cholecystitis brings a different group of organs into consideration. It would be of interest and of value to our understanding to visualize, if possible, what must take place while an inflamed gall bladder is being restored to normal function. Cholecystitis may vary in severity from an acute catarrhal condition with congestion and edema to a condition of acute suppuration, wherein the walls of the gall bladder exude frank pus, and the peritoneal surface is covered by an acute exudate. In Case No. 42, events had undoubtedly not progressed far enough to bring about the latter condition. In all likelihood, the walls of the gall bladder were slightly inflamed and thickened with the congestion of blood and lymphatic vessels and with edema; the bile was probably thickened; the cystic duct leading out of the gall bladder toward the common duct was probably swollen shut with the same processes; and the gall bladder was probably distended with bile. There may have been a stone — or many small stones — obstructing the lumen of the cystic duct, but this can sometimes only be determined at surgery if x-rays do not demonstrate such calculi. Most likely there were conditions present as described, without the stones, and these conditions must be returned to normal by body processes in order to avoid the necessity of surgical intervention. The only factor physically which can bring about the alleviation of the edema and congestion in the common duct and the wall of the gall bladder is an increase in the blood supply associated with an increased drainage from these areas via the lymphatics and veins.

And it doesn't particularly matter whether this comes about through improved parasympathetic nerve function; or through lessening of the sympathetic supply, which could theoretically achieve the same result; or through direct relaxation of the lymphatic and venous vessel walls, allowing thus freer flow into the general circulation. What part does infection play in all this? It is well known that a marked increase in blood flow through a part of the body — and that means increased flow *from* such a part as well as to it — will overcome infection most of the time without any assistance.

As the cells involved in this process just described are allowed to function more normally, then a condition of health will gradually be restored to the tissue of the gall bladder and the cystic duct. To what level of health they are restored

probably depends on many factors already established by habits of diet, levels of hormones, and balances established between the functioning of the systems which are involved. It is certainly a hazardous undertaking to try to understand at a different level how the body may function, when there are so many unknowns to deal with and the probability of error in thought and in deduction creates so many potential pitfalls. In an effort to understand the working of this therapy used in this and other cases, however, it becomes a considered risk.

One woman, Case No. 42, had a rather typical history of gall bladder disease, and her physical findings substantiated the history. Her response to use of the castor oil packs throughout the night was dramatic, although simple hot packs have been recommended for this condition for years, and this, plus liquid diet, bed rest and simple sedatives usually results in rapid disappearance of symptoms. It would be difficult to estimate here with any degree of accuracy whether the castor oil contributed more than the heat to the response which was noted. Following the indications and inferences of the information we have thus far accumulated, however, we would assume that it had an effect. The degree would have to be left in question. Further work with this medium of therapy obviously is needed to demonstrate the level of effectiveness which might be achieved. Further comments on cholecystitis will not be attempted, although the reader should refer to the earlier portion of this paper, where several of the Cayce readings touched on the same disease process.

Looking again at the case histories just presented, we see that these two young ladies who became cases No. 12 and 73 had one thing in common in that both were pregnant at the time they were treated with the packs. One was threatening to abort while the other had a pelvic mass, and did not know she was pregnant. The packs, used conservatively — not all night long as in several other cases - produced clinical evidence of improved function of the generative organs and their associated structures. At the same time, it became evident that through this medium of therapy, the body as a unit became more able to muster its defense mechanisms and reverse the conditions of ill health which were found to be present on initial examination. This area of the body where woman becomes creative at least in the physical sense is also the area where cleansing of the body takes place, through excretion, as has been already noted earlier in this paper. The parasympathetic supply to both functions arises in the sacral nerves. So we wonder if these two functions — creativity and cleansing — don't have a closer association than we usually suspect. Would it be unrealistic to propose that any striving of mankind, when it is done with true creativity, is cleansing to the consciousness of the individual? Or would it be more proper to state that any work or daily activity that a person might be faced with doing is done creatively in the truest sense if he feels a cleansing or a purification in his consciousness? Bodily functions running parallel with so-called mental or spiritual values — if these cannot be related to each other in the human body, then any philosophic, psychological, religious or theological concept of the oneness of all things holds little validity. But this is perhaps philosophy in itself.

To return to the gynecological conditions under consideration, we may be seeing here the acceleration of cleansing as it occurs in the body, added to the

stimulation of the creative or generative organs through the mechanism of the improved functioning of the sacral parasympathetic and its ramifications throughout the lower portion of the body. For this one source of activity — the sacral para-sympathetic — would, at least to some degree, control the rebuilding forces within these organs and structures, the general eliminative activity and health of the body, and the lymphatic activity as it pertains to drainage from cellular components within the area. These concepts have been more fully discussed elsewhere, but they are seen acting here within the human body, to bring about health and its more desirable state of the body.

In considering that both these young women were pregnant, and that the effect on both pregnancies must certainly have been beneficial, one wonders how many birth abnormalities and anomalies might be prevented through use of a series of packs during early pregnancy as a preventative routine. If the activity of the packs is such as to improve function, as seems apparent, then it would follow rather naturally that less abnormal function would be found in the presence of more normal function. But then perhaps it is not advisable nor permissible to be so direct in one's logic (a right use of thought or the rational powers). Or, perhaps more correctly, logic applied to an assumption remains an assumption. Whatever the case may be in regard to absolutely accurate use of the mind through steps which must be proved, it would still seem reasonable that one could, through the use of the castor oil packs, used preventively, bring healthier babies into the world. This would be an interesting area in which to work, and would provide most helpful information.

The two remaining cases among those I selected to comment upon specifically both have to do with use of the packs locally, and in areas removed from the body cavities. The music teacher, Case No. 58, used heat with the pack he applied to his neck and upper back, and within two days, the pain and headache of thirteen days duration had disappeared. The mechanism here of relaxation of muscular cramping and spasm is certainly well understood at the present time. Other modes of therapy — including physiotherapy — might well have brought just as good results, but it is interesting that he had already used many other means of treatment with poor results when this method was begun. My experience with other similar cases outside the present series (including myself as one of the prime examples), leads me to my present firm opinion and clinical position that this method of treatment becomes the treatment of choice in this particular group of conditions where muscular spasm is the primary pathology.

The heat is not the answer to the relaxation, else heat would bring by itself just as much response. It doesn't. But it is also questionable that the pack without the heat would do as well. The combination of the castor oil and the heat seems to bring about a more substantial therapeutic effect. As will be seen in the next case, that of the injured finger, the castor oil apparently there brings about a specific response without the use of heat, and this is in body tissues where organs are not concerned. Here we find only skin, subcutaneous tissue, muscle, fascia, fat, interstitial tissue, blood vessels, nerves, lymphatics and bone. There are no organs, no glands, no tubular structures, no lymph centers, and no ganglia or other nerve centers. We are led, then, again, to the conclusion that the castor oil, when

absorbed, directs its activities in some manner to the tissues it contacts, in an exquisitely minute relationship, and stimulates those tissues afflicted toward a healthier function. It becomes difficult to deviate far from a concept that the cleansing or purifying of the individual cells affected is brought about through the medium of the lymphatics as related — at least in part — to the autonomic nerve supply to the area.

Case No. 44, the 62-year-old man already referred to in the previous paragraph, presents really a rather remarkable story. Fingers which have been infected such as his finger was, and which have developed a pustular reaction so severe as to cause a rather diffuse cellulitis, just simply do not clear up entirely in two days very often, under the very best of therapeutic circumstances. This case however, is somewhat representative of others which needed care in a post-operative, or post-injury situation, such as cases No. 13, 14, 54, 65, 71, 74, and 76 in Appendix II. These all show how local tissues respond to the packs when injury or infection is present. The results are interesting and follow a certain pattern that has already been discussed.

Thus, we find the various areas where the packs can be used to benefit fairly well represented in the discussion to this point; and the manner in which they may be used and the type of response which may be seen.

Failures, Successes and Ideas

Failures in therapy are a rather comforting phenomenon in the practice of medicine; for they assure the physician, no matter how large his ego, that he is really normal after all. With that thought in mind, I am happy to report some of the cases that have not responded to the therapy of the castor oil packs. There is no single medication or therapeutic regime that has ever come to my attention that is successful 100% of the time. This rather unique situation is better accepted than it is understood, for it appears that that quality is at work here that makes one person different from another. Since we really don't understand what that is, we then are hard put to explain why in one person a therapy fails which was highly successful in nine others. It might be called a quality of differentness that lacks a simple and reasonable explanation.

Sometimes, however, failure in therapy comes about because a specific therapeutic tool is misapplied. Penicillin, for instance, will not touch a peptic ulcer, either theoretically or in practice. Thus it should not be used. This sort of misapplication, hopefully, is missing from this series of cases presented here. A word of explanation might be in order.

All cases used here were involved with the use of castor oil packs because it was felt that the condition of ill health present warranted such. Why was this use indicated? Because the physiologic functionings in each case that needed to be corrected met the criteria of that which the castor oil packs are theoretically able to correct within the body. This theory of function has been gradually explored and illustrated and should be considerably more understandable at this point.

It can be understood, then, that something which is apparently as far removed from local or regional lymphatic or parasympathetic nervous activity as hypertension - the common variety — might be included in the survey if it can fit within the criteria used. Hypertension is a part of this study, and became so when it was realized that one aspect of this vascular condition of the body is a chronic sympathetic-parasympathetic imbalance, with the sympathetic nervous system being dominant in the relationship. Much of the autonomic areas of control and balance lie in the abdominal cavity. If these nerves can be brought more toward a perfect activity in the body and toward a better balance in their combined relationship, then there is a physiologic reason why one would suspect that the blood pressure might fall toward normal.

Hypertension was evaluated in five of the cases surveyed, and showed perhaps the poorest response of any condition that could be considered as having a real representation in the group of 81 cases. (Tenosynovitis will be commented on later.) Out of these five cases, only one responded in a way that might be considered an improvement. This was case No. 4, and from Table V, Appendix I, some of this woman's story can be deduced. She was not among those whose histories I summarized for Appendix II. She was hospitalized and she continued on a tranquilizer which she had used prior to hospitalization. Twice daily she was given 1½ hours of a hot castor oil pack to her abdomen. Under this regime all of her symptoms remarkably improved (they are probably all related — gastritis, tension syndrome, menopause and hypertension). Her blood pressure went from 150/95 on

admission to 130/70. It can be seen that, while this is an improvement and the pressure did go to normal, probably the woman did not present a full-fledged picture of essential hypertension. Cases No. 36, 41 and 50 tell their story in a narrative manner, and show little response. Case No. 60 was treated only for the blood pressure elevation for a period of four weeks, but there was no change noted in her pressure readings, which continued an up and down course, as most do.

The fact that no concrete results came from the packs in this instance probably leaves us somewhat where we are with the other conditions. We need more work and more cases and more extensive and lengthy evaluation before final conclusions can be drawn. Many of Cayce's suggested treatments were certainly of long duration. Long standing illnesses can take equally long times to reverse themselves, if at all.

Localized tenosynovitis in the foot was diagnosed in two of the cases presented. Neither responded to the single therapy used. One responded afterwards to cortisone taken orally.

Ulcers, as seen in Appendix II in Cases 3 and 47, responded poorly. One ended up in surgery with a sub-total gastric resection and the other experienced bleeding such as had happened to him before. Case 10, a 43-year-old man, responded well to the packs, but his ulcer was diagnosed clinically, not confirmed by x-ray, so may have been either very small or could have been a gastritis.

Abdominal adhesions were causative in bringing about four operations for Case No. 56, over a period of years. This woman had had a hysterectomy and an appendectomy prior to that, and, although she was just 45 years of age she gave a history of diabetes, hypertension, hyperthyroidism, chronic constipation and menopausal syndrome. In addition to this, she stated she was allergic to many foods and drugs. Because of the nature of the action of castor oil packs in improving lymphatic drainage, this was felt to be an excellent case in which to use the packs over an extended period of time to alleviate the adhesions. She was instructed to use them three times a week for 1 hour over a two month period. In two weeks however, she reported that she could not tolerate them and had cut them down to 15 minutes. She was irregular with them after that. On questioning, she said she "felt better" after taking the packs, but there was no way, of course, to evaluate the adhesions.

Cayce often mentioned adhesions that he "saw" in the abdominal cavity. It is not felt here that they were what we know is to be found in the abdomen of this woman. But there may be a relationship. Recent work in the field of lymph research has shown — as has already been pointed out — that chronically decreased lymphatic drainage in the heart tissue of animals can bring about the formation of a fibrous lesion. So the lymphatics are at work here, and probably have a major part to play in the formation of abdominal adhesions after surgery.

Hemorrhoids become a disturbing condition especially when thrombosis occurs. Case No. 79 would agree heartily with this statement. He had several hemorrhoids for about three weeks before consulting us, and three days prior they started bleeding and became hard. Examination revealed several large thrombosed hemorrhoids, quite tender, and extruding from the anal orifice. He was instructed to use packs for two hours, then remove them for two hours, and to alternate like this

during the daytime hours for the next four days. His bleeding stopped, the pain disappeared, and when he was examined at the end of the four-day period, only small hemorrhoidal tags remained — no thrombi or sign of such. No residual tenderness remained.

This basically was the story with all those with this condition who were included in the survey, except for No. 45. Varied therapies did not work for him, including two weeks of the packs, and he was finally treated surgically.

A practical point in treating hemorrhoids became of value in any perineal disturbance. A pack (without the heating pad) can be kept in place while the patient remains ambulatory by utilizing the same mechanism that keeps a diaper in place or that is used for a sanitary napkin. In this instance, the flannel is folded after being soaked in the castor oil, and applied to the hemorrhoids directly. Then a protective plastic sheet is placed over that, and then a pad made out of any sort of cloth, washcloth, towel or the like, applied over that and held up with a sanitary napkin belt. This provides excellent contact between the afflicted area and the castor oil, and promotes the accumulation of body heat at that point.

Only two cases of uterine fibroids became part of this study, although it was use of the packs in such a case with dramatically good results that encouraged the support of this entire research project. These two cases were not typical cases. One, Case No. 51, was a 38-year-old woman who had four children and who was under treatment for hypothyroidism. She developed a menorrhagia of three weeks' duration, and was treated with castor oil packs for one week. Examination had shown the presence of a walnut-sized fibroid. The menorrhagia did not respond to the packs, clearing only when oral and intramuscular female hormones were administered. The patient stopped the therapy with the packs after only one week, and no change, of course, came about in the fibroid. She was not interested in continuing. Case No. 17, on the other hand, was a 32-year-old woman who had had asthma since age 9; a tender coccyx since age 12; a frequent post-menstrual discharge and history of osteoarthritis. Her examination showed a cervical erosion in addition to what was felt to be a uterine myoma, a coccyx which was quite tender to palpation and tenderness in the right lower quadrant, not thought to be of any great significance. She used three packs a week for a period of nearly three months with fair consistency. Her abdominal tenderness disappeared, indigestion which she had complained of left after two months' treatment, and the soreness which she had noted in her pelvis associated with the periods abated. The cervical erosion was cleared up, but there was no change noted in the fibroid.

It is interesting to consider whether there might have been a relationship between the tender coccyx and the development of the fibroid. In his readings, Cayce frequently saw relationships such as this existing. This woman had several rather major bodily functional derangements. There must have been some deep-seated changes in her body that would make her probably more resistant to therapeutic measures than many women would be.

There are several other interesting items to take note of among these cases that are recorded. I should point out the "Case of the Curly Hair", which is recorded in Appendix II, Case No. 36. The strange symptoms that came about within a woman's body after she started using oral contraceptive tablets marked a turbulent

time of life for her. The restoration of the curliness of her hair and the ability to make her hair suds when she took a shampoo creates one of the strangest stories I have come up against. This restoration of these qualities came about — after an absence of nearly ten months — just one week after starting on castor oil packs. The relationship was indisputable and there was no other change of therapy of any nature. How could such be? The packs were taken to the abdomen, not to the hair, to be sure this point is clarified. If the packs did bring about the change, the only medium through which this could happen would be the autonomic nervous system, from which nerves innervate the hair follicles which control the health of the hair. The coeliac plexus (solar plexus) lies directly under the epigastric area and would be the most likely origin for the extension of a cleansing, health-promoting nerve impulse throughout the autonomic nervous system. This is a fascinating story, without question, with fascinating implications.

Further implications relative to method of action might be discovered in Case No. 15, seen in narrative form in Appendix II. Therapy here was over the flanks and low back, which would be in effect putting the packs around the kidneys anatomically. The response was excellent as compared to the manner in which the body reacted to medication alone. The infection cleared up in a matter of a few days. Here the action again seemed to be a direct stimulation toward normal function of the tissue which underlies the packs. The patient in question did not know how it came about, but he stated that "It really made a difference". This type of comment frequently came about as a voluntary thing most often, I thought, as a means of satisfying the speaker at a verbal level that he no longer thought I was so strange for suggesting a treatment such as this.

The peacefulness which several of the group noticed when they applied the packs to the abdomen, particularly the first time, may point up a relationship between emotion and body that needs comment here. Case No. 16 is relevant. This 51-year-old woman was nearly overwhelmed by the stress of her marital break-up and it was mirrored in her body by the depression, nervousness, numbness, anorexia, nausea, abdominal cramps, distention, mucus and diarrhea which she was experiencing. The treatment with the packs over a four week period brought the physical body a long way back toward normal. The pressures at a mental-emotional level, however, were not solved, so a recurrence came about some time later on. These observations are saying, in effect, two things: first, that turmoil in the emotions will produce a turmoil in the body, as physical disease; and second, that the packs in cases like this, bring into being a peace throughout the nervous system that reverses the emotional impact on the body for a period of time, but unless they are continued, the effect will not last.

Here once again, we see the nervous system — the autonomic — affected in an overall beneficial manner through application of these packs on the abdomen, where so much of the functioning apparatus of the autonomic is located. The implications are certainly strong.

Ideas in reference to the body and its functioning, of course, have occurred to me, during the years that have passed in my working with these people that have been using castor oil packs. These ideas have been worked over and reformed. Some of them have undoubtedly crept into my report (or perhaps strutted in

unabashed). My own mental-emotional-physical makeup renders it difficult for me to be even 90 per cent objective, which I assume is a good objectivity rating. But, leaving those "flavored" observations aside, I would still like to add at this point, a few ideas which are, as I mentioned, resultant from my mental workings while watching castor oil heal, and which have perhaps only partial foundation in observed fact. But they are ideas which I believe to be true, and worthwhile passing on.

It seems to me that turmoil in one's life situation which needs desperately to be cleaned up may often result in turmoil in one's body where cleaning out should be going on, or in the lower bowel. I think we experience things more with symbolic portions of our bodies that we do with our so-called minds, for the real consciousness or awareness that we become involved with is most likely located in a specific area of the body. So our cleansing of our lives might start with cleansing of the body, and this might be the only creative thing we can do.

When there is a healing mechanism such as the castor oil packs available, those who find real value to the desire-part of themselves in holding on to an illness (which often happens) will unconsciously avoid this therapy as long as they do not know what they are doing.

Those individuals who are set in their ways will not respond well to the packs. Why? To those who will allow it, the oil brings peace to the body, to the consciousness, and this is a measure of grace. Those who are set in their way cannot let go of their own wills long enough to sense that it is the will of God that they be healed through grace.

Those who are receptive in their nature will benefit most from the packs. Why is this? Because being receptive is being as the little child. He has faith without even knowing why, and so accepts all things as being the will and the graciousness of God acting in his life. And the peace comes to him, throughout the whole of the earth — his earth.

Impatience destroys good results in this therapy, for it unleashes the destructive activity of the energies of the adrenergic-sympathetic nervous system, overpowering the healing effect of the parasympathetic, as we know it.

Early conditions respond to this mode of therapy best, because the disturbed emotional patterns have not yet become solidified in the flesh. They have just left their fingerprints.

Illnesses which require body change of a major degree, such as a fibroid, or an ulcer, or colitis of long-standing — to complete a recovery process here requires patience and perseverance. For the body has been affected seriously by those elements of consciousness which for a long time have acted detrimentally as a "normal" factor in the life pattern. These elements are not easily recognized, and when found, not easily moved out of one's pattern of awareness.

Healing may really be peace — a peace that comes to rest in the body, that is a reflection of the "peace that passeth understanding". We see it come to the body much as peace is allowed to come to the earth: a nation here and a nation there. When we find real peace in the earth, we may see a state of health having come to all bodies.

Physiological Conclusions

In this summary statement, I shall attempt to accomplish several ends, while effecting a comprehensible relationship between a number of physiological concepts which have been dealt with in this study. We should deal more concretely with the theory of the manner in which castor oil packs work. We should try to bring a relationship between the use of this mode of therapy as advised by Edgar Cayce, and the manner in which it became effective as a tool in the practice of medicine.

Cayce seemingly approached the human body from within, looking at it intimately, seeing it function, even to the manner in which one nerve cell bridges the gap to its synaptic partner, and seeing the substance which allows this to happen. He was able to see the symptoms in a body, and what we might call a disease process coming into being from a single source, which may be very distant and difficult to pin down as a cause, as far as we are concerned.

In the eighty-one cases which have been presented in which the castor oil packs were used as a principal method of treatment, we have approached an understanding of the body more from the outside, so to speak. This outside approach is what derives from an acquired understanding using the findings of this physical world as guideposts. It might be termed a conventional approach — at least more conventional than found in the readings.

If we can perhaps correlate these two groups of data, these two sources of information which have been presented here, it may well lead us into a better understanding of the human body as a whole, a goal truly worth striving for.

In this summary process, we will only touch on certain physiological concepts contained in the readings and in the presented material, we will elaborate on others, and leave untouched still more, for some are less applicable to the theme of this paper than others.

This study is being concluded with the hope that it will invite more research of a nature which will produce more acceptable evidence, answer more of those as-yet-unanswered questions, and do it in a manner that will bring closer together the understanding of the various natures of man, whose makeup at this point seems to be body, mind and spirit — three elements whose manifestation is as a unit and whose three parts are equally valid, important and whole.

How does castor oil as a pack act in the human body? How does it bring into being a beneficial effect in body tissues? Among other things, we observed that the packs, when used in the 81 cases, produced the following results: brought a peaceful sensation to the abdomen; affected beneficially the autonomic; induced changes in the lymphatics; relieved bodily stress; restored curly hair (!); apparently affected ganglia and plexuses; cleared up infections; aided pregnancy; benefitted systems (e.g., genito-urinary); and affected beneficially areas of the body such as the pelvic organs in toto.

Cayce, in his readings, gives us ideas relative to the effects that castor oil has in the body when applied in such a manner, but the understanding is not easy to come by. I would like to use two references first, then comment on them. The first was an answer to a question about a psychic experience the woman had, and Cayce brings the castor oil into this discussion, relating it significantly, I think. The

second extract is from an earlier reading given the same woman, who had been applying psychic information from Cayce for two years, and was highly desirous of becoming pregnant.

This was an inter-between emotion, or as indicated — a partial psychic experience. Consider that which takes place from the use of the oil pack and its influence upon the body, and something of the emotion experienced may be partially understood.

Oil is that which constitutes, in a form, the nature of activity between the functionings of the organs of the system as related to activity. Much in the same manner as oil would act upon an inanimate object — it acts as a limbering agent, allowing movement, motion, as may be had by the attempt to move a hinge, a wrench, a center, or that movement of an inanimate machinery motion. This is the same effect had upon that which is now animated by spirit. This movement, then, was the reflection of the abilities of the spirit of ANIMATE activity as controlled through the emotions of mind, or the activity of mind between spirit AND matter. This was a vision, see? 1523-14, F. 34

Then, for the betterment of the general conditions as a whole, it would be well that much of an analysis be given; that the conditions which are existent be thoroughly understood from a psychological, pathological and physiological standpoint.

These are not meant to be mere terms, but indicate rather the boundaries of the various changes which have taken place, and are taking place, in this body.

In other words, then:

The body, as an entity, is experiencing the result of the mental attitudes of the body through a given period. Thus, psychological conditions have brought, do bring, their effect upon the general systems of the body.

Hence, these are — as the name indicates — a creative, an activative force through the mental and the physical conditions of the body.

Thus there should be, then, the realization that organs and their functionings have become aware, or conscious, of their activity, their function within the system.

While as yet this is not a true or full conception, there is the awareness and the awakening of those influences within the system.... 1523-8, F. 30

In the first selection, Cayce is saying that the castor oil when applied is active as that which allows the acting together or coordination between the *functioning* of organs in the system. He indicates elsewhere that in his terminology any acting part of the body is an organ, so the nervous system, muscles, etc., would all qualify as organs. The oil assumes this relationship of being the *means*, perhaps, by which the organs function together only when the activity of the body as a whole is considered, it being directed by higher intelligence. Thus, when one performs an action, oil allows the body to coordinate and act. (Oil, of course, is found within the body, and in a condition of health, the packs would not be needed anyway.) This extract seems to be saying that the oil acts upon the mind forces, or acts to allow the mind forces in the body to become active in producing better

coordination between parts of the body *and* in bringing the spirit into closer communication with the body through these mind forces. Somewhat like putting oil on a wheelbarrow's rusty axle. The wheel will then work in better coordination with the barrow, but it takes the one directing to move it and let the two parts of the wheelbarrow perform their individual functions better than before. The spirit, then, is enhanced in its motivation of the body, through the improved coordination brought about within the parts of that body by the castor oil in its application and action.

The second extract, of course, shows that Cayce believes that consciousness, mind quality, awareness of a particular sort, exists within the very tissues, cells and organs of the body. Thus he sees the castor oil as bringing to the body a closer working together and cooperation between the minds of these tissues or organs, as the body relates to the spirit which motivates it and gives it life.

He does not say in what physical way the oil brings this about, but we can see how such a concept would explain the results which have been attained in practice. Perhaps the autonomic nervous system provides the physical counterpart of the "activity" that Cayce mentions as occurring between the functionings of the organs, and oil, in its vibratory essence becomes the "nature" of that activity, bringing about a better coordination and a resultant bodily function that spells healing to the individual. How can such a concept be simply explained? Cayce involves us with the spirit of life, so we become even more than just body and mind, if he is correct. In any event, this is a credible idea which does give understanding to results obtained, and perhaps gives us a better idea of what sort of conditions might be benefitted by such therapy.

What part is played here, then, by the lymph, which has occasioned so much comment thus far? This must be discussed in a summary form, as it relates particularly to the function of the autonomic nervous system, for these are closely related and important one to the other. It would be well for the reader to review what has already been given relative to lymph, lymphatics, lacteals, Peyer's patches, the autonomic nervous system and its relation to the cerebrospinal nervous system. This would supply adequate background.

Cayce sees the lacteals as that anatomical portion of the body which makes it possible for the body to take values from the food and to prepare these values in such a manner that they can be used to revitalize and bring back to life, so to speak, all the tissues — the entire system — of this same body. Moreover, he sees the Peyer's patches as creating a "globular" substance which is carried by the lymphocytes to the contact points between the "sympathetic" and the cerebrospinal nervous systems, which occur in the spinal cord or the sympathetic ganglia which lie anterior to the spinal column. This substance is necessary to form a contact between these two systems, and lack of proper contact brings sometimes physical disorders, sometimes mental derangement that varies from very mild to critically serious in its degree. He infers that this lack of contact is a true lack of relationship (in one cell or millions of them) between the physical consciousness and the "soul and spirit forces" — what we may perhaps call the unconscious mind. The implications of this, of course, are rather widespread and drastic, and leave much suggested which cannot be elaborated upon here.

This same area just mentioned — the spinal cord relationship or connection to the sympathetic ganglia — is often the site of difficulty, which Cayce explains as a "lesion" which forms, due to injury or depletion of the system in certain foodstuffs or nutritional needs, or perhaps through stress situations in life. The following selection demonstrates one manner in which the readings see this lesion coming into being, and indicates that it in turn causes trouble to the system.

In the beginning, then, the cause, or seat of the trouble, we find that there was that in the system that produced a depletion to the physical resistance. During this period there was an injury, or a subluxation, to the 9th and 10th dorsal vertebrae. In the recuperation, in ease, the body formed a lesion to meet the needs of the condition.

943-1, M. 35

This philosophy of function in the human body, as becomes gradually apparent in study, would have us understand that these lesions which are formed then become the etiology of other troubles throughout the body, through imperfect transmission of impulses from the higher brain centers to the general areas of the internal workings of the body which are controlled autonomically by the ganglia which are thus affected. We have seen this in numerous selections already quoted. Then a function such as the liver performs is affected, and coordination between the liver and perhaps the kidneys as a portion of the elimination of the body becomes a problem. The patient may then develop a frequency or irritation without evidence of infection. Through the disturbance to the liver, the digestion may be affected, and then, in quick order, the assimilation of needed food qualities is limited, the energies of the body suffer, and the nervous system is affected through the lack of substances given to the lymphatic system and subsequent inadequate lymphocytes and again the "globular" substance. So one can see that, in the same manner that "man is not an island", the organs of the body do not stand alone. They are units only in being parts of a larger unit.

Even those many qualities of the world outside of oneself are sensed in such a manner that it becomes effective as an influence of the functioning of the body as a whole. Sounds, colors, tastes, odors, the "feel" of something — all these are shunted through the autonomic nervous system in which manner they become as influences to the organs and tissues of the body as part of their individual consciousness, as these same sensations make their way to consciousness of the whole individual. Even the lesions which occur in the body, as Cayce describes them, become associated with the energies of perception and sensing. In this instance that follows, the lesion is not apparently associated with the spinal cord-ganglion relationship, but rather is one of those created in the abdominal cavity, which may be the type conceivably created by lymphatic disturbance and inadequate lymphatic drainage from a given site. (This does not seem to be quite clear, yet — at least in my studies of the readings.)

Q. What happened, a few months ago during the headache, when something seemed to pop in my head, — since which time the attacks haven't seemed to be as severe?

A. There is the coordination between the nerve systems, as we have indicated, at the area where the medulla oblongata enters the lower portion of the brain, see? At that period when there was such a severe attack, there was the breaking of a lesion in the ABDOMINAL area. This SOUNDED through the sympathetic nerve system, PRODUCING the condition in the head itself. For, as was indicated, it appeared to go THROUGH AND OUT the head. 1857-1, F. 38

The emotions, responses within the individual to conditions outside the body in relationship to other people, self's evaluation of self, all bring about within the body a disturbance that often sees certain areas affected according to the emotions experienced. But the balance within the body organs and body systems becomes disturbed, elimination is hindered, intake of food is associated with turmoil, and the beginnings are seen of body sickness through just the mechanisms which have been here only lightly touched upon.

The circulatory system to various parts of the body as it is related to the autonomic is a site of disturbance frequently mentioned. These relationships were not made clear in the study just completed, nor were those which bring together the efficacy of the castor oil packs in pelvic diseases and the sacral parasympathetic supply to these organs.

Much in the way of psychological function as seen by these readings which Cayce gave for over forty years becomes shifted into the first levels of understandability as serious study is given portions of the readings. The rationale of castor oil pack therapy begins to become apparent. And few, if any, contradictions show up in the rather startling number of words which flowed in such a strange manner from the lips of a dedicated man and the reaches of an unconscious mind.

A rather humorous sidelight on the castor oil pack therapy is the story of a member of the Association for Research and Enlightenment whose wife was developing more and more cervical cysts at the opening of the uterus. He wrote enthusiastically some time later of the wonderful results obtained in clearing up the cysts (as reported by their physician) when they used a "Circulating File" (selections from the readings on a specific condition) and applied the recommendations found there in readings given for various people over the years. The humor lay in the treatment of cervical cysts from the file on cystitis! But *it* worked — the treatment was castor oil packs as principal therapy.

We begin, perhaps, to see that it is not so strange that a castor oil pack can be applied to the abdomen, and in one person a vaginitis is cleared up; in a second case a fecal impaction causing intestinal obstruction is relieved; in a third a threatened abortion is rendered into a normal pregnancy; in a fourth a cholecystitis is cured; and in a fifth, after ten long months, the hair is made to suds and curl once more. Unless physiologic factors were at work that we do not wholly understand, these things could not be.

Cayce, whose work on these readings ceased nearly twenty years ago with his death, would undoubtedly agree that this last extract would speak to these strange results from a strange therapy.

For, what is the source of all healing for human ills? From whence doth the body receive life, light or immortality? That the body as an active force is the result of spirit and mind, these coordinating and cooperating, enables the entity to bring forth in the experience that which may be used — or the using of the abilities of whatever nature. Each soul has within its power that to use which may make it at one with Creative Forces or God. These are the sources from which life, light, and the activity of the body, mind and soul may manifest in whatever may be the active source or principle in the mind of the individual entity....

There are then, as given, those influences in the nature of man that may supply that needed. For, man in his nature — physical, mental and spiritual — is a replica, is a part of whole universal reaction in materiality.

Hence there are those elements which if applied in a material way, if there is the activity with same of the spirit and mind, may bring into the experience of each atom of the body force or cell itself the awareness of the Creative Force of God. It may rise only as high as the ideal held by the body-mind.

Hence there is the one way, the source. For in Him is all life, all health, all mind, all knowledge and immortality to the soul-mind itself. 3492-1, M. 47

APPENDIX I

TABLE I

Number of Cases Surveyed	81
Number of Different Diagnoses	52
Total Conditions Treated	101
Treated with Castor Oil Packs Only	57
Excellent Results	47 — 82%
Good Results	4 — 7%
Poor Results	6 — 11%
Treated with Combined Therapy*	44
Excellent Results	27 — 61%
Good Results	3 — 7%
Poor Results	14 — 32%

*Combined therapy is the use of castor oil packs associated with other therapy that may have influenced the outcome of the condition.

Classification of Results:

Excellent — Those cases whose response was prompt, as evaluated clinically; and complete — that is, progressing to expected end-point — and having no residual signs or symptoms of presenting condition.

Good — Those cases whose response was slower than expected; and/or whose presenting signs and symptoms did not completely disappear at the end-point of therapy.

Poor — Those cases who showed no response to therapy, or who worsened under treatment given; or, whose signs and symptoms did not materially change.

TABLE II

List of Diagnoses

Abscess	Infectious hepatitis
Trichomoniasis	Furuncle
Peptic ulcers	Verruca vulgaris
Tension Syndrome	Intestinal obstruction
Menopausal Syndrome	Tinea Corporis-perineum
Essential Hypertension	Osteoarthritis
Mastitis (in male) 1. breast	Fibrohematoma
Sub-patellar Bursitis	Headache
Constipation	Menorrhagia
Appendicitis	Rectal fissure
Gastritis	Abdominal tenderness, etiology?
Endometritis	Hemoperitoneum
Cholecystitis	Peritoneal adhesions
Acute Cervical Sprain	Cellulitis of axilla
Sprain of 1. biceps	Hemorrhoids
Threatened abortion	Sebaceous cyst
Salpingitis	Vaginitis
Abrasions and lacerations	Tenosynovitis
Infected puncture wound	Purpura, traumatic
Diarrhea	Myositis
Cystitis	Bursitis of shoulder
Cervicitis	Hematoma, subungual
Pyelonephritis	Oophoritis
Colitis	Uterine fibroid
Low back pain	Oral contraceptive reaction
Uterine inertia	Ovarian cyst

TABLE III TYPES AND NUMBER OF CONDITIONS TREATED AND RESPONSES		Packs only			Combined		
		Excellent	Good	Poor	Excellent	Good	Poor
Diseases of the Female Generative System	22	7	0	1	12	0	2
Diseases of the lower bowel	15	11	0	1	1	1	1
Diseases of the upper digestive tract, liver and gall bladder	11	2	1	0	3	0	5
Appendicitis	5	3	0	1	1	0	0
Abdominal tenderness, undiagnosed	2	2	0	0	0	0	0
Post-operative peritoneal adhesions	1	0	1	0	0	0	0
Diseases of the Urinary tract	4	0	0	0	4	0	0
Headaches and tension syndromes	5	2	0	0	2	1	0
Essential hypertension	5	0	0	0	1	0	4
Local infections	11	6	1	0	1	1	2
Traumatically induced conditions	7	6	0	0	1	0	0
Post-surgical care	5	4	0	0	1	0	0
Sebaceous cysts	2	1	0	1	0	0	0
Arthritic conditions	6	3	1	2	0	0	0
Total:	101	47	4	6	27	3	14

TABLE IV MOST COMMON CONDITIONS TREATED AND RESPONSE		Packs only			Combined		
		Excellent	Good	Poor	Excellent	Good	Poor
Abscess	6	4	1	0	1	0	0
Hypertension	5	0	0	0	1	0	4
Hemorrhoids	6	5	0	1	0	0	0
Appendicitis	5	3	0	1	1	0	0
Infected Puncture Wounds	4	3	0	0	1	0	0
Duodenal Ulcer – Peptic Ulcer	4	0	0	0	1	0	3
Total:	30	15	1	2	5	0	7
Number of conditions treated with abdominal packs	61						
Number of conditions treated with localized packs	50						

TABLE V

RESPONSE TO THERAPY

Case No.	Case-Diagnosis	Castor Oil Packs Only			Combined Rx		
		Excellent	Good	Poor	Excellent	Good	Poor
1	M. 53 Yrs. Abscess of buttocks	x					
2	F. 46 Yrs. Trichomoniases				x		
3	M. 44 Yrs. Duodenal Ulcer						x
4	F. 47 Yrs. Gastritis Tension Syndrome Menopausal Syndrome Slight vascular hypertension				x x x x		
5	M. 24 Yrs. Mastitis, l. breast						x
6	F. 39 Yrs. Cervicitis Rt. Oophoritis Endometritis, chronic, mild				x x x		
7	F. 13 Yrs. L. Subpatellar bursitis	x					
8	M. 33 Yrs. Constipation, chronic Cholecystitis, chron.	x x					
9	M. 10 Yrs. Appendicitis	x					
10	M. 43 Yrs. Duodenal Ulcer				x		

RESPONSE TO THERAPY

Case No.	Case-Diagnosis	Castor Oil Packs Only			Combined Rx		
		Excellent	Good	Poor	Excellent	Good	Poor
11	F. 58 Yrs. Diarrhea				x		
12	F. 25 Yrs. Threatened Abortion	x					
13	F. 75 Yrs. Abscess, l. axilla	x					
14	M. 11 Yrs. Fibrohematoma of subcutaneous tiss.	x					
15	M. 37 Yrs. Cystitis Pyelonephritis				x x		
16	F. 51 Yrs. Colitis, mucus					x	
17	F. 32 Yrs. Cervical Erosion (Cervicitis) Uterine Fibroid?	x					x
18	M. 11 Yrs. Appendicitis	x					
19	F. 29 Yrs. Cervicitis Salpingitis				x x		
20	M. 66 Yrs. Gastritis						x
21	F. 51 Yrs. Constipation Headache, chronic Vaginitis	x				x	
22	F. 16 Yrs. Low back pain	x					

		RESPONSE TO THERAPY					
Case No.	Case-Diagnosis	Castor Oil Packs Only			Combined Rx		
		Excellent	Good	Poor	Excellent	Good	Poor
23	F. 32 Yrs. Uterine Inertia, post-partum				x		
24	F. 42 Yrs. Hemorrhoids	x					
25	M. 32 Yrs. Abscess, Peri-rectal tissues	x					
27	M. 9 Yrs. Appendicitis	x					
28	M. 11 Yrs. Hepatitis, in- fectious			x			
29	M. 69 Yrs. Furuncle, (post- I & D)	x					
30	F. 40 Yrs. Verruca Vulgaris	x					
31	F. 19 Yrs. Hemoperitoneum	x					
32	F. 86 Yrs. Intestinal Obstruction (fecal)	x					
33	F. 89 Yrs. Intestinal Obstruction (fecal)	x					
34	F. 54 Yrs. Tinea Corporis, perineum						x

Case No.	Case-Diagnosis	RESPONSE TO THERAPY				
		Castor Oil Packs Only			Combined Rx	
		Excellent	Good	Poor	Excellent	Good
35	F. 20 Yrs. Pyelonephritis Threatened Abortion			x	x	x
36	F. 42 Yrs. Oral Contraceptive Reaction Hypertension	x				
37	F. 46 Yrs. Appendicitis			x		
38	M. 33 Yrs. Rectal Fissures	x				
39	F. 70 Yrs. Abdominal Tenderness (no Dx.)	x				
40	F. 58 Yrs. Multiple small lacerations with swelling of tissues, l. knee	x				
41	F. 72 Yrs. Colitis Tension Syndrome Hypertension	x		x	x	
42	F. 65 Yrs. Cholecystitis	x				
43	F. 62 Yrs. Abdominal Tenderness (Etiology?)	x				
44	M. 62 Yrs. Infected Puncture Wound, left index finger	x				
45	M. 50 Yrs. Hemorrhoids			x		

Case No.	Case-Diagnosis	RESPONSE TO THERAPY					
		Castor Oil Packs Only			Combined Rx		
		Excellent	Good	Poor	Excellent	Good	Poor
46	F. 47 Yrs. Cellulitis, l. axilla	x					
47	M. 64 Yrs. Ulcer, gastro duodenal penetrating with pyloric stenosis Ulcer, anterior Cholecystitis, chronic						x x x
48	F. 45 Yrs. Sebaceous Cyst			x			
49	F. 40 Yrs. Gastritis & Duodenitis				x		
50	F. 67 Yrs. Hypertension						x
51	F. 38 Yrs. Menorrhagia Uterine Fibroid						x x
52	F. 53 Yrs. Tension Syndrome Vaginitis	x			x		
53	M. 10 Yrs. Infected puncture wound (l.foot)				x		
54	F. 54 Yrs. Purpura, traumatic in origin	x					
55	M. 10 Yrs. Appendicitis				x		
56	F. 45 Yrs. Peritoneal Adhesions, non-symptomatic			x (?)			

RESPONSE TO THERAPY

Case No.	Case-Diagnosis	Castor Oil Packs Only			Combined Rx		
		Excellent	Good	Poor	Excellent	Good	I
57	M. 37 Yrs. Tenosynovitis, rt. foot			x			
58	M. 39 Yrs. Headache Myositis, rt. cervical	x x					
59	M. 17 Yrs. Abscess, l. calf		x				
60	F. 59 Yrs. Hypertension, essential						
61	F. 51 Yrs. Menopausal Syndrome	x					
62	F. 17 Yrs. Cellulitis, l. axilla						
63	F. 41 Yrs. Endometritis, chronic, lo-grade				x		
64	F. 56 Yrs. Hemorrhoids	x					
65	M. 25 Yrs. Infected puncture wound	x					
66	F. 25 Yrs. Myositis, l. Trapezius group	x					
67	F. 52 Yrs. Bursitis, rt. shoulder	x					

		RESPONSE TO THERAPY					
Case No.	Case-Diagnosis	Castor Oil Packs Only			Combined Rx		
		Excellent	Good	Poor	Excellent	Good	Poor
68	M. 64 Yrs. Sebaceous cyst, draining	x					
69	M. 53 Yrs. Hemorrhoids	x					
70	F. 40 Yrs. Colitis, chr. mucus						x
71	M. 5 Yrs. Contaminated puncture wound	x					
72	M. 60 Yrs. Abscess rt. chest wall				x		
73	F. 21 Yrs. Rt. ovarian cyst	x					
74	M. 64 Yrs. Hematoma, Subungual, secondary to fracture	x					
75	F. 62 Yrs. Cervical sprain, acute trauma				x		
76	F. 17 Yrs. Sprain of l. biceps, radial insertion	x					
77	F. 58 Yrs. Osteoarthritis, cervical & rt. deltoid area			x			
78	M. 49 Yrs. Hemorrhoids	x					

Case No.	Case-Diagnosis	RESPONSE TO THERAPY					
		Castor Oil Packs Only			Combined Rx		
		Excellent	Good	Poor	Excellent	Good	Poor
79	M. 62 Yrs. Hemorrhoids	x					
80	F. 43 Yrs. Pyelonephritis, acute				x		
81	F. 54 Yrs. Tenosynovitis, 1. foot						x

APPENDIX II

Case No. 2. A 46-year-old housewife was seen with symptoms of pelvic discharge, urinary irritation and low abdominal pain, which had persisted chronically for a period of at least three years. She was constantly under much strain as the result of marital tension. Examination showed tenderness over the uterus and in the area of the adnexae, and a heavy, yellowish vagina] discharge. She had been given a course of 10 days treatment using specific trichomonocidal tablets orally and suppositories vaginally, with no adequate clearing of the condition. Her diagnosis was trichomoniasis.

She was instructed to use the tablets again but no suppositories. She was started on castor oil packs to be placed on her lower abdomen for a one hour period three times a week. She used the tablets for ten days and the packs for about two weeks and her symptoms disappeared. She did not return for examination. Eight months later, the symptoms recurred. She medicated herself and took the packs once again. Her symptoms again subsided. The discharge did not recur at all, and when she was examined eight months after that the cervix was clean, there was no tenderness of the uterus which was normal in size, and no discharge was found. She stated that at that time that she had had occasional recurrence of mild lower abdominal soreness, for which she each time used the packs, these relieving the soreness.

This case was evaluated as excellent response to combined therapy.

Case No. 3. A 44-year-old mechanical engineer was first seen with a two-week history of epigastric distress. He had a four year history of peptic ulcer, bleeding, but last episode was treated with no bleeding being experienced. He had been medicating himself with an antacid. His examination showed a blood pressure of 135/80, tenderness over the epigastric region and transverse colon area, with other findings being normal. His diagnosis was recurrent acute peptic ulcer.

He was started on specific antispasmodic and antacid therapy concurrently with the use of castor oil packs, which were given daily for one hour. Within 24 hours after being seen the first time, and after one application of the packs, he started bleeding severely from the ulcer and was hospitalized. Bleeding was controlled in the hospital, diagnosis was confirmed by x-ray, and after discharge, he was given a course of packs at home. These produced no appreciable response objectively or subjectively, so were discontinued.

Rating in this case was poor, combined therapy.

Case No. 7. A 13-year-old schoolgirl had fallen and injured her left knee the day before being seen in our office. The patella had been dislocated laterally but had been reduced later. Examination showed much tenderness, and sub-patellar swelling. There were no fractures. Diagnosis was left sub-patellar traumatic bursitis.

Treatment consisted only of castor oil packs, administered for a half hour four times daily for the next five days. The cooperation was excellent, the pain and swelling subsided rapidly, ambulation was encouraged from the beginning, and

when the patient was seen five days after beginning of therapy, the swelling and tenderness were gone, and the patient asymptomatic.

Response rated excellent, using packs only.

Case No. 8. A 33-year-old male accountant presented himself with the chief complaint of severe constipation for one month associated with generalized abdominal distention. He gave a history of having had some degree of chronic constipation since childhood, with distention. During the month just past, he noted that laxatives only caused cramping, but gave him no real relief. Examination showed all findings to be within normal limits except for abdominal tenderness, most marked over both lower quadrants. There was not any tenderness noted over the gall bladder area, or over the pancreas. He had been treated in the past with contact evacuants, peristaltic stimulants, and cholagogue-pancreatic enzyme mixture. The diagnosis used here is constipation. The history is suspicious of pancreatic or liver-gall bladder malfunction. Full workup with x-ray and laboratory tests were not performed.

Treatment consisted only of castor oil packs in association with a low-fat diet. The patient cooperated well in applying the packs three days in a row each week, for one hour each time for a total of seven weeks. Results were very satisfactory. The bowel movements became regular, once daily. The cramps disappeared, and the abdominal pain ceased. Examination showed a normal abdomen with no tenderness elicited.

Response rated as excellent to single therapy.

Case No. 13. 75 years. This elderly widow was a resident of a rest home, and was seen because of a furuncle which had developed in the left axilla. She complained of much pain associated with the furuncle, which was not draining. She had been hospitalized many times, once within the year earlier for surgical drainage of a furuncle in the right axilla. General health was poor and she had been an arthritic for many years. Examination of the local area showed much rubor and swelling in the tissues of the furuncle and surrounding it. Patient complained bitterly of the pain and was unable to move arm without much difficulty. No fluctuation could be found at that point. Diagnosis was, of course, furuncle of the left axilla.

No treatment was used with the exception of the castor oil packs which were used twice daily for 1½ hours for a period of 17 days. The tenderness and pain subsided within the next 2 - 3 days, and then the furuncle gradually cleared until it disappeared completely. There was no evidence of fluctuation having occurred at any time, although the degree of tissue inflammation may have masked some of the signs which might otherwise have been observed. Thus there was no external drainage of material from this lesion at any time.

Response was rated as excellent to single therapy.

Case No. 14. This was an 11-year-old boy who liked to play baseball. He was struck by a batted ball over the right maxilla two weeks before being seen first in my office. The lump which developed in that area persisted and was growing

gradually larger. Examination revealed an 8 mm. fibrous tumor of the subcutaneous tissue overlying the right maxillary prominence, which was tender to palpation. X-rays were negative for fracture. Diagnosis was fibrohematoma of the subcutaneous tissues.

Treatment suggested was use of a castor oil pack to that area for 45 minutes daily, to be used for a period of two weeks. The family cooperated very well, and reported that the tenderness subsided in the first few days, and the size of the nodule gradually became less. When he was examined in two weeks, the tumor was difficult to find because of its size, which was then perhaps two mm. in diameter, and the consistency was softer. Treatment was stopped, and the nodule then disappeared over a period of time.

Response was rated as excellent to single therapy.

Case No. 15. A 37-year-old male, married grocer developed a urinary infection three days before being seen in our office on 7/1/65. Symptoms were low back pain and dysuria. His past history revealed two episodes of renal calculus, in 1959 and again in 1963, and occasional upper respiratory infections. Examination showed tenderness over both costovertebral angles, and urinalysis performed on that date showed albumen and the centrifuged specimen to be loaded with white blood cells. The patient was given a sulfa-azo dye medication and the infection cleared within a week, when the medication was stopped. Infection recurred two days later, but ten days' treatment did not now do the job, and the patient was seen on 7/19/65 with original presenting symptoms. Diagnosis was cystitis and pyelo-nephritis.

Treatment with castor oil packs was begun on 7/19/65 while continuing the other therapy. They were used over the renal areas of the low back all night long for five days. The aching subsided after the first night, recurred briefly on the third day and then disappeared again. Examination on the fifth day showed absence of tenderness over the left C.V.A., and only minimal tenderness over the right. The medication was cut to half dosage, the packs were continued to complete clearing of signs, symptoms and laboratory evidence of infection.

Response was rated as excellent to combined therapy.

Case No. 16. A 51-year-old housewife was in the midst of marital difficulties which had progressed to divorce proceedings when she was seen in our office with specific complaints of depression, nervousness, episodes of numbness, anorexia, nausea, abdominal cramps and distention, associated with much mucus in her stools which were loose in character. These had all existed over a period of about two months, although she gave the history of having had symptoms of colitis over the past five year period. Her physical examination showed a normal blood pressure of 100/70, and local findings of generalized abdominal tenderness, most marked in the epigastrium. There was hyperperistalsis present. Diagnosis for this survey purpose was mucous colitis. (It is evident that there was a great deal of stress present here and tension, depression, etc., but this was not evaluated as was the colitis, so was not used as a diagnosis).

Treatment was already being used: a colitis diet and two types of ataraxics plus an anti-spasmodic for smooth muscles. These were continued, and castor oil packs were added to the regime, being used three times a week for 1½ hours daily over a period of four weeks. During this period of time, the cramps subsided, mucus no longer appeared in her stools and the bowel movements became more normal. Peristalsis decreased. The packs were discontinued, and sometime later most of the symptoms recurred.

Response was rated as good to combined therapy.

Case No. 18. 11-year-old schoolboy. This boy experienced onset of abdominal pain with low grade fever and vomiting while visiting relatives in California. The physician consulted stated that he had symptoms of appendicitis, gave him an injection of penicillin and advised the parents to go home immediately to seek further care. He was brought to my office the next day with the history that he had continued to have nausea, anorexia and abdominal pain. His temperature at that point was 98.6 degrees, and examination revealed tenderness in the right lower quadrant with positive rebound tenderness. There was no rigidity, no masses palpable and peristalsis was present. Diagnosis was acute appendicitis.

The mother did not want surgery unless necessary. Since a critical point requiring surgical intervention had not arrived, I elected to watch and wait, instituting the use of castor oil packs again without the use of the heating pad. The patient was put at bed rest, given only ice chips by mouth, and, with the pack on continuously, he remained comfortable the remainder of that day. He spent a good night, feeling much better in the morning. At that point, his nausea disappeared. On examination, his tenderness was only minimal, and the rebound phenomenon was gone. He was given a full liquid diet, bed rest was continued, and the packs were kept on continuously. On the second morning of this therapy, patient was completely asymptomatic. The packs were used two to four hours that day and a light diet was prescribed. Although there were no symptoms and the boy was impatient to be completely active, he was given the packs twice on the third day for one hour each. At that point, his diet was normal and he resumed full activity with no further therapy.

Response was rated as excellent to single therapy.

Case No. 22. A young 16-year-old housewife, was seen in the office with presenting complaint of a low back pain of one week's duration. There was no history of injury nor of infection anywhere in the body. Urinalysis and blood count were both normal. There was a past history of irregular menses associated with mild obesity, but no serious illnesses. Her last menstrual period had been noted some two-and-a-half months prior to her visit. Examination showed no abnormal physical findings. There was no sign of pregnancy or abnormality of the uterus. Diagnosis was low back pain of undetermined etiology.

Treatment was simple — castor oil packs applied over the low back from the low sacral to the high lumbar area for one hour each day for ten days. When the patient was checked, she had no further symptoms.

Response was rated as excellent to single therapy.

Case No. 30. This was a 40-year-old married secretary, who was seen with common warts on her right index finger which had been present for several months. The largest was 8 mm. in diameter. Diagnosis was verruca vulgaris, right index finger.

These were treated by applying a band-aid to the warts on the finger, the bandage portion being first soaked in castor oil. This was worn continuously, being changed once or twice a day for a period of two months. At the end of that period of time, the warts had completely disappeared.

Response was rated as excellent to single therapy.

Case No. 31. This was a 19-year-old mother of two children, the youngest of whom was eighteen months old. She had been on a contraceptive medication since her last pregnancy. Her presenting complaint was pain and discomfort in the lower abdomen for two weeks, and for the past twenty-four hours she had been experiencing nausea and diarrhea with increased abdominal discomfort. She had started to menstruate three days prior to her visit. Examination showed a temperature elevation to 99.6 degrees. There was tenderness over the pelvic area particularly with associated generalized abdominal tenderness. There were no masses, no rebound tenderness, and the peristalsis was active. Pelvic exam was deferred because of menses. Diagnosis was hemoperitoneum, due either to hemorrhagic cyst of the ovary which was leaking or to reflux of menstrual blood through one of the tubes.

The patient was placed on a liquid diet and at bed rest. She was instructed to apply castor oil packs to her lower abdomen for one hour twice during the remainder of that day, and three times the next day. She was seen two days after her initial visit. All pain, discomfort, nausea and diarrhea had stopped and patient felt fine. Only minimal tenderness remained suprapubically on examination. She did not return for further examination.

Response was rated as excellent to single therapy.

Case No. 36. 42-year-old housewife, registered nurse. This is perhaps the most unusual case in the series, and I refer to it fondly as "The case of the curly hair". The reason for this will become obvious. This very interesting woman presented herself with the request that I check her blood pressure. She stated she had hypertension and she believed it was due to taking a contraceptive medication for a period of time and too much tension to which she had been subjected. It had been discovered first to be elevated less than six months before her first visit to our office. Her chronological story began, however, some sixteen months, rather than six, before this first visit. She started taking, at that point, contraceptive pills, which she continued for a total of thirteen months. After being on the medication two months, a series of very traumatic events began within the structure of her family that had to do with her daughter and her boyfriend, culminating (in their effect) in July of the following year, some seven months later. Meanwhile, at four months on the medication she developed noticeably increased nervousness. At five months she experienced a 21-hour uterine hemorrhage that was difficult to stop. At the six month period, she noted cramps in both legs. At the nine-month mark, when her

personal tension was also at its height, she developed swelling of the left calf and the cramps in her legs became at times excruciating. Also, she noted when she washed her hair, for the first time in her life she could not make her hair develop suds. She changed shampoos three times to no effect, and the beauty parlor met with the same results — no sudsing.

At that point it was noted that her blood pressure was elevated. Her legs continued to bother her severely, and the veins in her legs were distended until, after thirteen months on the medication, she stopped it of her own accord. Her gynecologist did not believe that the medication was causing her trouble, according to her account. When she stopped the medication, her veins became normal and the cramps in her legs stopped bothering her. Her blood pressure remained elevated, however, she remained tense, and her hair retained the remarkable non-sudsing quality, and the texture of her hair was poorer and it would not curl as well as it did before all this started. She then saw an internist who examined her thoroughly and could find nothing wrong with her except the elevated blood pressure which he did not think was caused by tension or by the medication. It was within a few weeks after this that she came to our office. Examination revealed a blood pressure of 180/110 to 160/98, with no other abnormal findings. She did not tell me about the hair until later on, so there were no notations made about this. She was treated for three months with conventional medication for hypertension, and the blood pressure remained constant, not responding. Then, about six months after she had stopped her medication, she complained of palpitation and tenseness again, and I was ready to begin use of the packs. Her diagnosis recorded for purpose of this study were hypertension and oral contraceptive reaction.

Therapy was continued with the hypertensive medication. The only other therapy advised was abdominal castor oil packs, applied three consecutive nights of each week for three weeks in a row, duration 1½ hours each treatment. The third pack each week was to be followed by oral ingestion of one ounce of olive oil. The patient followed the instructions, and reported when she returned in three weeks that after one week's treatment with the packs her hair sudsed like it hadn't in nearly ten months, and there was a marked improvement in the texture of the hair and in its curling qualities. The hair was curly again. She noted no other change in symptoms.

Response was rated excellent to single therapy for the oral contraceptive reaction; poor to combined therapy for the hypertension.

Case No. 39. A 70-year-old housewife, had been bothered with dizziness which apparently brought on an attack of syncope, the cause of which had not been discovered. Several weeks after this, she developed abdominal tenderness and pain for which she sought our help. Her physical findings showed blood pressure to be 140/70; there was no fever. There was generalized moderately severe abdominal tenderness. Pelvic examination was not performed. Blood count and urinalysis were normal. These findings were made one week after onset of the pain. The tentative diagnosis was abdominal tenderness, etiology undetermined (which is not a diagnosis, of course, but is descriptive of her symptomatology).

She was placed on vitamins, continued on the diet she was using, and she applied castor oil packs to her entire abdomen twice daily for one hour each time for a period of twelve days. She improved rapidly during the first three days, and examination after twelve days showed all tenderness to be gone.

Response was rated as excellent to single therapy.

Case No. 41. A 72-year-old female, married, apartment owner, presented herself with symptoms of nervous tension associated with sickness in the family, some swelling of the lower extremities and upper abdominal pain, all of which began several weeks prior to that time. She had a past history of hypertension, but general good health. Examination revealed a blood pressure of 160/90, obesity, moderate edema of both lower extremities, and tenderness over the upper abdomen, across the area of the transverse colon. Her diagnoses were colitis (of the transverse colon), tension syndrome and hypertension.

She was started on therapy with a tranquilizer and a diuretic-hypertensive medication which she took faithfully. She was also instructed to use castor oil packs on her upper abdomen one hour at a time, three times daily for two weeks. She did not use the packs for the first two days because she didn't think they would do anything and they took too long to apply. During this time, she noted no benefit from the other two medications. When I reinforced the suggestion to use the packs at this point during her visit, she did follow directions. She noted much subjective improvement from the very first. She stated that she obtained so much relief from the first pack that she slept three hours with it in place. She was able to return to work after three days and the pain was completely gone at the end of the two week period, at which point all tenderness in the abdomen was absent. Her tension eased as the other symptoms and the findings improved. Her blood pressure, however, did not respond to therapy.

Response was rated excellent to single therapy for the colitis, excellent to combined therapy for the tension syndrome, and poor to combined therapy for the hypertension. It should be noted here that the tranquilizer by itself failed to bring relief for the tension, which the packs accomplished when added to the established therapy.

Case No. 47. A 64-year-old male laborer, presented himself for treatment because of the progression of symptoms of pain in the abdomen, vomiting and general upper abdominal irritation. He had an exceptionally long history of gastrointestinal complaints, ulcer, as diagnosed by x-ray, and repeated unsuccessful attempts to control the symptoms and the illness which persisted in the stomach. Examination showed a normal blood pressure and no fever, but tenderness over the entire abdomen, most marked over the epigastric area. Peristalsis was hyperactive. He had been treated with antibiotics, tranquilizers and antisecretory type medications. Diagnosis used for purposes of this study were those listed as post-operative diagnoses: Posterior penetrating gastroduodenal ulcer plus anterior duodenal ulcer plus pyloric stenosis plus chronic cholecystitis.

Treatment at this point was aimed at continuing his prior medication, and adding to it the castor oil packs. He was instructed to use the packs twice daily for

one hour each time over a two week period. The response was not adequate; he was referred to a surgeon who operated on him successfully some 17 days after the packs were begun.

Response was rated poor to combined therapy for all the conditions listed. (This tends to "weight" the statistics unduly toward the negative response. However, there are other cases which "weight" things equally in the other direction. This is not a highly important factor in a study where statistics are only relatively important.)

Case No. 50. A 67-year-old housewife had been treated for an unknown number of years for high blood pressure before she presented herself for examination and treatment at our office. She had experienced an episode of cystitis three months prior to that time, and a follow-up I.V. pyelogram was negative for any pathology. She gave a history of having had chronic sinusitis, and had been allergic to many things throughout her lifetime. She did not experience any untoward symptoms from her blood pressure, but wanted to see it lower. She had been under therapy with several types of anti-hypertensive and diuretic medications until three months prior, when she developed cystitis. These medications were then stopped, and she had been given a mild tranquilizer which she was using just at bedtime. She took no other medication. Examination showed general negative findings with the exception of a blood pressure of 170/90. Her diagnosis was essential hypertension.

Therapy was continued with the tranquilizer, and she was instructed to use castor oil packs for an hour each of three consecutive nights every week for a period of two months. When she was examined at the end of that period of time, it was disclosed that her use of the packs was inconsistent. Blood pressure at that time was still 170/90. Blood pressure one month later was 160/100; seven months after that 140/100; and six months following that, 158/88.

Response was rated poor to combined therapy.

Case No. 54. A 54-year-old housewife, dropped an outdoor grill on her left foot the day prior to her visit in our office. Overnight, the initial pain grew worse, and the foot became discolored and swollen, and the patient could walk only with difficulty. No fractures were present, but examination revealed a 2 plus edema, with tenderness and purpuric discoloration and swelling over the dorsum of the foot. She had taken one 15-minute Epsom salts bath treatment to the extremity.

Treatment consisted of castor oil packs to the foot twice daily for one hour through the next four days. She was to use an elastic bandage on the foot during this time. Examination on the fourth day revealed absence of all tenderness, purpura nearly gone and the swelling markedly decreased. She had no more pain in the foot and she could walk without limp or difficulty.

Response was rated excellent to single therapy.

Case No. 63. A 41-year-old housewife, was seen in our office with a presenting complaint of heaviness in the pelvis, and a somewhat increased vaginal discharge, of several weeks' duration. She gave the history of surgery for a teratoma at age 20, and of passing a renal calculus three months prior to her present visit. She stated that she frequently had episodes of vaginal discharge, whitish in nature, and not severe. Examination showed a normal blood pressure and temperature. Pelvic examination revealed a yellowish-white vaginal discharge to be present; the uterus was enlarged and boggy and tender on palpation. Diagnosis was chronic low grade endometritis.

Hot sitz baths were suggested to be taken three times a week, at bedtime, for twenty to thirty minutes. On alternate nights, the patient was instructed to apply castor oil packs to her lower abdomen for a one-hour period before retiring. This was to be continued for a four-week period. Cooperation by the patient was excellent, and the course of therapy was finished. She was seen at the end of the four weeks, and all the sensation of heaviness and aching were gone. She no longer had the vaginal discharge. Examination confirmed this; also showed the uterus to be still just slightly enlarged and slightly tender, but decreased in size and firm to palpation.

Response was rated excellent to combined therapy.

Case No. 65. 25 years old, an electrician, presented himself with complaints of pain in the right hand in the area of a puncture wound. Five days prior to that, a sliver of steel, lodged in the lateral aspect of the palm of the right hand, was removed. Pain began about three days after that. Examination of the hand revealed an infected puncture wound with an area 8 mm. in diameter of surrounding cellulitis. Diagnosis was infected puncture wound of the right hand.

A soft flannel cloth soaked in castor oil was applied to the inflamed area after being folded once or twice. Then a plastic covering was placed over this and then an elastic bandage was used with light tension around the hand. The patient was instructed to leave it in place for 72 hours. When he was examined, all pain had stopped, and the inflammation was gone. The puncture wound had healed completely and the patient was discharged. There was no recurrence. No other therapy was used.

Response was rated excellent to single therapy.

Case No. 68. A 64-year-old railroad worker, developed a swelling, associated with tenderness, behind his left ear which grew gradually worse until, after a week, he came to our office for treatment. Examination revealed that this was a sebaceous cyst which had become inflamed and infected, and started to drain spontaneously. The adjacent tissues had also become inflamed.

Treatment was with a local castor oil pack applied over the involved area behind the ear and instructions were to leave the pack on all night long every night. He was seen, however, two days later and all tenderness and inflammation were gone and no further treatment was needed.

Response was rated excellent to single therapy.

Case No. 71. A 5-year-old boy just about ready to start kindergarten, was playing barefoot outside his home when he ran across an old plank of wood and drove a 4-inch long sliver through the sole of his left foot. It broke off and was removed by his parents who then brought him into our office, unable to put weight on his foot and complaining of pain in it. Examination revealed a through and through stab wound on the plantar aspect of the left foot, with two puncture wounds identified. They were bleeding only minimally. Examination showed no foreign bodies remaining in the wound. Diagnosis, of course, was through and through puncture wound of left foot.

Aside from tetanus protection given routinely to all such injuries, the only therapy used was castor oil packs, which were applied over the entire plantar aspect of the left foot, and used continuously, without the heating pad most of the time, for a period of 48 hours. All pain subsided rapidly, the patient became completely ambulatory and complained of no difficulty of any sort and the wounds needed no further care after the two days of treatment. Response was rated excellent to single therapy.

Case No. 74. A 64-year-old pool maintenance man dropped a 67-pound drum on the toes of his right foot, causing what showed in x-ray to be a fracture of the tuft of the great toe and a fracture of the distal phalanx of the second toe. There was much pain associated with the injury and motion of any sort or pressure to either toe was painful. Examination showed swelling of both toes with redness and a subungual hematoma on the great toe. The nail was not removed because of the trauma already present and the fracture present. The tissues of the great toe were markedly injured with much swelling. Diagnosis of course was subungual hematoma secondary to fracture of tuft of great toe.

Treatment consisted of castor oil pack to the great toe and the second toe twice daily for an hour and a half, to be continued for two weeks. He was given only soft slipper to wear on the affected foot and told not to bear weight. The tenderness subsided rapidly; the hematoma was gone in seven days; the patient was wearing his own shoes in ten days, at which time all tenderness was gone, and he was discharged in fourteen days, asymptomatic and with all swelling and tenderness gone. Response was rated excellent to single therapy.

Case No. 76. A 17-year-old female high school senior, was seen in the office complaining of pain in her left arm as a result of injuring it during P.E. earlier that day. She explained that she was doing pull-ups when she suddenly experienced a sharp pain, with rapid appearance of swelling in the left forearm. Examination revealed swelling and marked tenderness in the left forearm just distal to the antecubital space in the area of the insertion of the biceps muscle at the tubercle of the radius and the deep fascia of the forearm. Diagnosis was made of sprain of the left biceps muscle at its radial insertion.

Only treatment suggested was application of a castor oil pack over the entire proximal half of the left forearm and the elbow daily, this to be left on all night long, and worn as much during the day as possible. She was seen in three days and the patient stated that there had been a gradual disappearance of the swelling and pain. Examination showed all tenderness to be gone and all swelling subsided. She was discharged from care. Response was rated excellent to single therapy.

APPENDIX III

CASTOR OIL PACK INSTRUCTION SHEET CASTOR OIL PACKS

Instructions for use:

Prepare first a soft flannel cloth which is two or three thicknesses when folded and which measures about eight inches in width and ten to twelve inches in length after it is folded. This is the size needed for abdominal application — other areas may need a different size pack, as would seem to be applicable. Pour some castor oil into a pan and soak the cloth in the oil. Then wring it out so that the cloth is wet but not drippy with the castor oil. Then apply the cloth to the area which needs treatment.

Protection should be made against soiling the bed clothing by putting a plastic sheet underneath the body. Then a plastic covering should be applied over the soaked flannel cloth. On top of that place a heating pad and turn it up to "medium" to begin with — then to "high" if the body tolerates it. Then perhaps it will help if you wrap a towel around the entire area. The pack should remain in place between one and one-and-a-half hours. You will be instructed regarding the frequency of use.

The skin can be cleansed afterwards if desired by using water which is prepared as follows: to a quart of water, add two teaspoons baking soda. Use this to cleanse the abdomen. Keep the flannel pack in a pan for future use. It need not be discarded after one application.