



Meridian Institute News

RESEARCHING THE SPIRIT-MIND-BODY CONNECTION

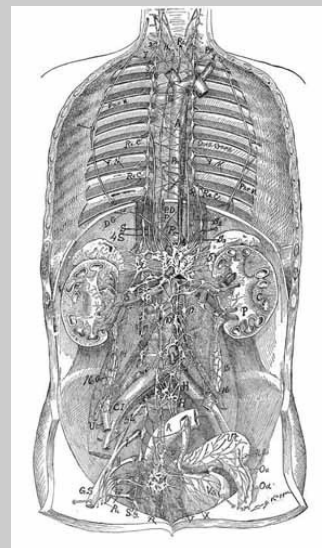
In this issue:

- The Abdominal Brain and Enteric Nervous System
- The Electronic Library
- Mein and McMillin Talk at AHMA Conference
- American Saffron Therapy
- Structured Treatment Interruptions
- Calendar
- Research Participants Needed

The Abdominal Brain and Enteric Nervous System

Conventional medical treatment for neurological disorders such as epilepsy, migraine, and autism focuses on the brain. Although standard medical treatment is often helpful, the underlying causes of these disorders are not well understood. Furthermore, some individuals respond poorly, or not at all to regular medicine.

Evidence is accumulating in the medical literature that the enteric nervous system (ENS) - that part of the nervous system associated with the alimentary canal - also plays a role in these disorders. With the publication of an article titled "The Abdominal Brain and Enteric Nervous System" in *The Journal of Alternative and Complementary Medicine* (Vol. 5, No. 6, December, 1999) Meridian Institute staff have accessed varied sources in documenting the role of the peripheral nervous system in certain



neurological disorders.

Historically, the concept of an autonomous abdominal nervous system was advocated by Byron Robinson, Johannis Langley, and Edgar Cayce. In the journal article, the work of these three prominent historical figures is considered along with modern viewpoints on the abdominal nervous system. The article also discusses complementary therapies that address the nervous system of the abdomen as adjuncts to conventional treatment for these disorders.

Figure 33 from *The Abdominal and Pelvic Brain* (1907) by Byron Robinson, M.D. Robinson's massive work on the peripheral nervous system consists of 670 pages and 207 detailed drawings such as the one shown above. This text is cited repeatedly in the article and is contained in its entirety in the Meridian Institute "Electronic Library."

Readers interested in the Cayce information will be glad to hear that with the publication of the "The Adominal Brain and Enteric Nervous System," Edgar Cayce will for the first time register as a search phrase in Medline, the primary medical database. The article is available on the Meridian Institute website.

ONLINE RESOURCES

THE ELECTRONIC LIBRARY

Scholarly research is the first step in any research project. It is essential to do a thorough literature review that covers historical and current information on the selected topic. A comprehensive literature review ensures that all relevant materials are considered prior to engaging in more resource-intensive research such as basic and clinical research projects. The article described above is an excellent example of scholarly research involving historical sources (such as old medical and osteopathic texts), the Cayce readings, and the modern medical literature. In parallel with the scholarly research, Meridian Institute has also engaged in basic research (measuring the effects of manual therapy on the peripheral nervous system) and clinical research on migraine.

To facilitate the scholarly aspect of research into the Cayce health information, Meridian Institute has established an online "Electronic Library" program. The [Electronic Library](#) is located on the Meridian Institute website and contains thousands of pages of historical texts from the literatures of manual therapy (primarily osteopathy), botanical medicine (classic herbal texts) and energy medicine. Presently, the primary collections include:

- Early American Manual Therapy
- Early American Energy Medicine
- The Cayce Herbal

We will continue to add selections to these collections. We are especially interested in texts or articles in the fields listed above but are also considering collections for hydrotherapy, diet/nutrition, mind-body healing and spiritual healing.

Here is how you can help:

- Donate materials if you have access to texts or articles over 75 years old that are related to the Cayce health information.
- Donate time transferring the text into electronic format. Some of the more legible texts can be scanned into the computer. Meridian Institute can do the scanning. Certain texts (due to age or poor reproduction quality) must be typed in manually.

Once the texts are put into electronic format, they can easily be uploaded to the Electronic

Library where they are available to anyone in the world seeking such information. Thus far we have had assistance from three individuals who have contributed time and energy in typing in old texts. We especially appreciate the donations of numerous old medical texts from James Baker, DC, including Robinson's invaluable book on The Abdominal and Pelvic Brain. Please contact Meridian Institute if you can contribute in any way to this important program.

PRESENTATION

MEIN AND MCMILLIN TALK AT AHMA CONFERENCE

Eric Mein, MD and David McMillin, MA presented a paper titled "Cayce Primer and Update" at the American Holistic Medical Association [AHMA] 23rd Annual Scientific Conference in Tucson, Arizona on June 3, 2000. The talk focused on the principles and techniques of the Cayce holistic approach with regard to common illnesses (migraine, psoriasis and asthma) and the research programs undertaken by Meridian Institute. Three types of research (scholarly, basic science and clinical) were described using examples from the numerous Meridian Institute projects. The entire paper is currently available on the Meridian Institute website. An audio excerpt from the presentation is also available on the website.



Dr. Mein presenting at the AHMA Conference in Tucson, Arizona. (photo credit: Naoko Mitsuda)

HEALING

AMERICAN (YELLOW) SAFFRON TEA THERAPY

Carl Nelson, DC relates the following anecdotes on the use of American (yellow) saffron tea.

"Saffron tea is mentioned frequently in the readings as a healing agent for an irritated gastrointestinal tract, probably most frequently as a healing influence for the 'leaky gut syndrome' associated with skin conditions such as psoriasis and eczema. The saffron in the readings, it should be emphasized, is American saffron, Latin name *Carthamus tinctorius*, also known as safflower, not to be confused with Spanish saffron [*Crocus sativa*], also known as the world's most expensive spice.

"My first experience with saffron came a number of years ago when I was diagnosed with an ulcer. I tried it out of desperation and found that it was more effective than any other over the counter remedies in relieving the gnawing pain and discomfort of the ulcer. Since then I've recommended it as an adjunct to other approaches in dealing with gastrointestinal disorders and it has been valuable.

"A few years ago I had as a patient a woman in her late twenties who'd suffered from colitis and irritable bowel syndrome since adolescence, had undergone multiple surgeries to repair complications of the condition, and who continued to be plagued by recurrences of the colitis. In addition to other recommendations I strongly emphasized the value of saffron tea prior to each meal on an empty stomach. I saw her with decreasing frequency over the next few months as she improved and was absolutely floored when after five months she informed me that her liver spots, brown discolorations over her extremities, had totally disappeared as a result of using the tea. I wasn't using the tea at the time but began to drink a cup first

thing in the morning to see if it would make any difference in some brown spots which had begun to appear on the backs of my hands and was most pleased to watch them recede and disappear over the next year or so. Needless to say I have continued to quaff a cup daily as a type of healer and purifier.

"Saffron's not a panacea but from these experiences I think many people would benefit from its use, perhaps in other unexpected ways."

LITERATURE

STRUCTURED TREATMENT INTERRUPTIONS

Edgar Cayce often recommended that therapies be taken in cycles to enhance efficacy. The idea behind this strategy is that the body is able to rest and re-establish equilibrium during the absence from treatment. This concept has recently received attention in the medical literature under the designation of "structured treatment interruptions" for HIV patients.

Preliminary evidence suggests that repeated treatment interruptions can strengthen some people's immune response to HIV. In a letter published in *Lancet*, Lori et al. noted, "Structured treatment interruptions progressively lowered the rate of viral rebound in some HIV-1 infected patients. This approach should be explored as an alternative to continuous antiretroviral therapies." (Lori et al., 2000)

Christensen's useful summary of studies on this topic points out that "repeatedly exposing a patient to rebounds of virus sensitizes the person's immune system, just as repeated booster doses of vaccines protect healthy people against disease." Structured treatment interruptions also give the body a break from the significant side-effects of the anti-HIV therapies. "As long as interruptions prove feasible and safe, patients might benefit physically and emotionally by taking a break from their exhausting drug regimens, says Anthony S. Fauci of the National Institutes of Allergy and Infectious Diseases in Bethesda, MD. 'In and of itself, this would be an important advance,' he says." (Christensen, 2000)

Acknowledgment: Thanks to Wayne Emley for calling our attention to this research.

References

Christensen D. Taking a Break: Can Interrupting Their Treatment Benefit HIV-infected People? *Science News* 2000. Apr 15;157:248-249.

Lori et al. Structured treatment interruptions to control HIV-1 infection [letter]. *Lancet* 2000. Jan 22;355(9200):287-8.