

Experimental

TREATMENT OF PARKINSON'S DISEASE USING THE CAYCE WET CELL BATTERY

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ABSTRACT

Parkinson's disease, a condition involving progressive deterioration of the nervous system, is at present incurable by conventional medicine. Here we report on a study in which we have evidence of clinical improvement from using a treatment modality recommended by Edgar Cayce, a subtle energy device known as the wet cell battery. Cayce said that the wet cell would transfer vibratory energy into the body, and specifically recommended it for neurological disorders, but there have been no previous clinical studies of this modality. Ten participants with Parkinson's disease used the wet cell, a chemical battery, with gold and silver solutions, for a four-month treatment period at home. Nine of the ten people followed the protocol consistently (but none completely or perfectly). They averaged slight to moderate improvement in Parkinson's disease symptoms over four months, based on observations by researchers and subjective questionnaires. Over the long term (three years), one participant obtained almost complete remission of his Parkinson's disease symptoms. Since there was no control group the placebo effect cannot be ruled out. However, many minor symptoms showed interesting improvement in several individuals. For example, two people reported regaining their sense of smell, and one had improved color vision. Several people had more facial emotional expressiveness, and reported reduced tremors.

KEYWORDS: Parkinson's disease, Edgar Cayce, electrotherapy, gold, silver, wet cell

INTRODUCTION

Parkinson's disease, a condition involving progressive deterioration of the nervous system, is at present incurable by conventional medicine. The Edgar Cayce readings address this disorder, and provide protocols for regeneration of the nervous system. Here we report on a study in which we have evidence of clinical improvement from using a treatment modality recommended by Cayce, a subtle energy device known as the wet cell battery.

Edgar Cayce (1877-1945) has been acknowledged in an editorial in the *Journal of the American Medical Association* as a key figure in holistic medicine.¹ During trance sessions ("readings"), he diagnosed disease and recommended treatments for thousands of patients. There have been many reports of success using several of the treatment modalities recommended in his readings.²⁻⁴ There have been several anecdotal reports of successful treatment of serious neurological disorders. These include multiple sclerosis, motor neuron disease, and muscular dystrophy.⁵⁻⁷ Cayce's energy treatment of neurological disorders, however, has not previously been studied in a clinical setting. We have previously reported some experimental and clinical work using his "radial appliance."⁸ In this study we are exploring the effectiveness of another appliance, the wet cell battery.

Parkinson's disease is a disorder involving degeneration of the dopamine-producing neurons in the substantia nigra in the brain. Parkinson's disease is characterized by hand tremors and muscular rigidity, including facial expressions. Other symptoms include balance and coordination problems, weakness, visual disturbances, loss of olfaction, fatigue, bladder and bowel problems, and cognitive disturbances. Cayce's view of many neurological disorders, including Parkinson's disease, was that they are caused by a glandular deficiency leading to an inability of the nerves to regenerate themselves. Cayce's primary physical modality for stimulating the glands and regenerating the nervous system was the wet cell, a weak chemical battery.

The wet cell battery is an energy device developed by a group in the 1920s and 1930s working with guidance from Edgar Cayce. It was prescribed in a large number of readings as an element of the therapy for restoring function to the nervous and glandular systems. The details are documented in the 1800

series of Cayce readings.⁹ McMillin and Richards review these Cayce readings, and provide information on the construction and use of the wet cell (see Method section below for specific applications in the present study).¹⁰

Cayce's unique contribution is the addition of "vibrational" solutions to the wet cell circuit, particularly gold and silver. According to the readings the vibration of these solutions is carried into the body to stimulate regeneration. Daily massage following application of the wet cell is also important to distribute the energies. Cayce also had dietary recommendations to facilitate the healing process. The other key component of the Cayce healing protocol is mental/spiritual. Our program included meditation and encouragement of a support network for the participants.

GOLD AND SILVER AS "NERVINES"

Regarding vibratory treatment of deterioration of the central nervous system, Cayce said "The principle being that these change the vibratory forces . . . with gold and silver in their varied conditions as may be applied to the system. We will find that impulse . . . may create for a body almost a new brain. . . ." (Reading 1800-16, May 27, 1930).⁹

The use of gold and silver in the treatment of neurological disorders has historical precedent. Both gold and silver have been used in microscopy as neurological stains since the mid-1800s because of their affinity for nervous tissue.¹¹ Gold compounds are now used primarily in the treatment of rheumatoid arthritis, and to some degree in other diseases involving the immune system.¹² But in the 1800s and earlier, gold was often used as a "nervine," a drug that could revitalize people suffering from nervous conditions.

"A gold cordial could be found in the new pharmacopoeias of the 17th century and was advocated by Nicholas Culpepper for the treatment of ailments caused by a decrease in the vital spirits, such as melancholy, fainting, fevers, and falling sickness [epilepsy]."¹² In the 1899 *Merck's Manual* gold bromide is listed as an "anti-epileptic, anodyne, nervine," used for, "epilepsy, migraine, etc.; said to act, in small doses, quickly and continuously, without bromism."¹³ Even as late as 1942, *Stedman's Practical Medical Dictionary* lists gold bromide as

employed in epilepsy, headache, and as a nerve sedative. Double chloride of gold and sodium is listed as an alterative (a medicine that produces a favorable change in the processes of nutrition and repair) and tonic.¹⁴

The most extensive use of gold was the “Keeley Cure,” a treatment for alcoholism and other addictions discovered by Leslie E. Keeley, M.D. Keeley found that the chloride of gold and sodium (prepared by mixing gold chloride and sodium chloride) was an effective treatment for addictions, including morphine/opium and cocaine addiction as well as alcoholism.¹⁵ Included in Keeley’s book is a copy of an editorial from the Chicago Tribune, February 13, 1894. The editorial discusses Keeley’s remarkable record, citing a recent summary of 1000 cases, of which over 90% seemed to have achieved a long-term cure of their addictions. Higby cites an estimate as high as 100,000 patients treated with gold by Keeley, and notes that by the mid-1890s, over 30,000 former Keeley patients joined clubs, “dedicated to the twin goals of mutual support and spreading the gospel of Dr. Keeley’s marvelous gold treatment.”¹⁶ Unfortunately, Keeley’s exact formula was kept a closely guarded secret, and the use of gold in treatment of alcoholism at Keeley Institutes ceased with Keeley’s death. Higby calls for more historical research on the Keeley gold cure, since Keeley probably administered more medicinal gold than anyone before or since.

Abraham et al. recently (in 1998) explored the potential of colloidal gold as a nerve.¹⁷ Encouraged by pilot work suggesting improved cognition and well-being, they conducted a study to see if gold could improve cognitive functioning. After four weeks on colloidal gold, there was a 20% increase in IQ scores.

It is even possible that gold is an essential trace element. Kauf et al. measured the amounts of a number of trace elements in the hair of newborn infants.¹⁸ They noted, “The investigation of trace elements in the hair of babies resulted in the remarkable observation that in the first three months of life zinc, copper and gold contents shows a considerable increase to multiple levels of the birth values, followed by a decrease. . . . It must be emphasized that gold, although classified as a non-essential trace element, behaves in the hair of infants just like the physiologically important essential trace elements zinc and copper.”

Cayce's use of gold clearly parallels the various uses in the pharmacopoeias of the late 1800s and early 1900s. Where he differs is in his mode of administration of the gold. The toxicity of gold has been a perennial problem in its therapeutic use.¹⁹ Cayce used two different approaches to this problem. One was to administer gold orally, but in very small doses, and combined with a buffering solution (either sodium bicarbonate or sodium bromide). The other approach, the topic of this paper, was to administer the gold "vibrationally," based on a principle similar to that of homeopathy, where the vibrations of gold were transferred electrically, to the body from a gold chloride solution in the wet cell circuit.

In a general reading on multiple sclerosis, Cayce explained that the disease was due to a deficiency in gold resulting in a deficiency in a hormone that enables the nerves to maintain themselves. To prevent the disease he advised keeping a balance of the metals in the system, especially addressing the lack of gold. He said, "Most of these may be tested especially from the spermatozoa" (Reading 907-1, January 25, 1939).⁹ This is of special interest because of the results of Skandhan and Abraham, who measured gold in semen, and noted that, "this is the richest source of gold reported in biological materials."²⁰

There is less information on silver as a nervine. However, Potter in his *Materia Medica*, based on the *U.S. Pharmacopoeia of 1890*, says of silver, "in small doses it increases secretion, stimulates the heart, promotes nutrition, and acts as a nerve tonic."²¹ He notes, among other applications of silver, that it can be used to treat, "Chronic Spinal Inflammations, causing locomotor ataxia or paraplegia, the Nitrate has in some few cases effected permanent cures. Epilepsy was formerly treated much with the Nitrate, and it occasionally achieved the most brilliant results, but colored the skin blue." Shi measured a number of trace elements including silver in cerebrospinal fluid of Parkinson's disease patients, and found significant differences in response to intracerebral transplantation of the adrenal medulla.²² He suggests that silver, among other trace elements, is involved in the pathogenesis of Parkinson's disease. Unfortunately, he did not look at gold.

The Cayce wet cell treatment, then, is consistent with historical uses for gold and silver, but appears to be unique in the vibratory application, and has not previously been studied.

METHOD

PARTICIPANTS

Ten research participants were recruited through announcements in *Venture Inward*, the magazine of the Cayce organization, the Association for Research and Enlightenment (A.R.E.). Most brought support people, who would be trained to carry out the treatments at home. Subjects were not financially compensated for participating in the study. All research and treatment costs were paid by a grant from the Beltone Corporation to the A.R.E. Conference costs related to housing, food, and transportation were paid by the participants. At the beginning of the conference, the project was explained in detail by the investigators, and the subjects signed informed consent forms. The forms emphasized that the project did not include discontinuation of any conventional therapy or medication.

PROCEDURE

The project began with participation in a 10-day research/treatment conference in Virginia Beach. The participants filled out detailed symptom checklists and received physical examinations. They then received therapeutic sessions, and training in application of the Cayce modalities at home. Four months later, they returned to Virginia Beach for a weekend follow-up conference. At the follow-up conference, they once again filled out the questionnaires and received physical exams. Those who were unable to attend returned questionnaires by mail. The follow-up conference ended their formal participation in the projects. However, after three years all participants were sent a long-term follow-up questionnaire to assess their status.

THE TREATMENT PROTOCOLS

In the form used in this project, the wet cell consists of a 2-gallon plastic container containing a solution of distilled water, copper sulfate, sulfuric acid, and zinc. Two 9" metal rods (one of copper and one of nickel) project through the lid of the container into the solution. A wire is connected by an alligator

clip to the end of each rod where it extends above the lid. At the end of the wire connected to the copper rod is a copper plate 1 inch in diameter that attaches to the patient. The wire connected to the nickel rod goes to the solution jar, and from the solution jar to a nickel plate 3 inches in diameter that attaches to the patient.

The solution jar is a four ounce glass jar containing 3 ounces of a solution. The solutions used in this projected included gold chloride (1 grain per ounce of distilled water) and silver nitrate (2% solution). A piece of hollow lead tubing projects through the lid of the jar, makes a loop in the jar, and returns through the lid. Alligator clips connect the wire from the nickel rod in the wet cell to one end of the loop, and the wire to the nickel plate to the other end of the loop. Figure 1 shows the assembled wet cell and solution jar.

Following the conference in which they were trained to do home treatment, the participants returned home. The regimen consisted of daily use of the wet cell for 1/2 hour. The solutions of Gold and Silver were used on alternate days. When Gold was used, the copper plate was attached over the 9th thoracic vertebra. When Silver was used, the copper plate was attached over the 2nd thoracic vertebra. In both cases, the nickel plate was attached 3 finger-widths up and 3 finger-widths to the right of the umbilicus. Following the instructions in the Cayce readings, the participants were instructed to clean the plates with sandpaper to enhance contact with bare skin, but not to use any electrode gel.

Following 1/2 hour on the wet cell was a massage focusing on the affected parts of the body (e.g., the legs and arms), and particularly along the spine, in a circular pattern to either side of the vertebrae. The protocol also included a standard Cayce healthy diet, high in fresh fruits and vegetables, low in fat, and excluding fried foods.²³

Such a lengthy treatment regimen, including daily massages, requires motivation both on the part of the participant and the support person(s). The participants were encouraged to form a support network, and do daily work with their attitudes and emotions, including meditation.

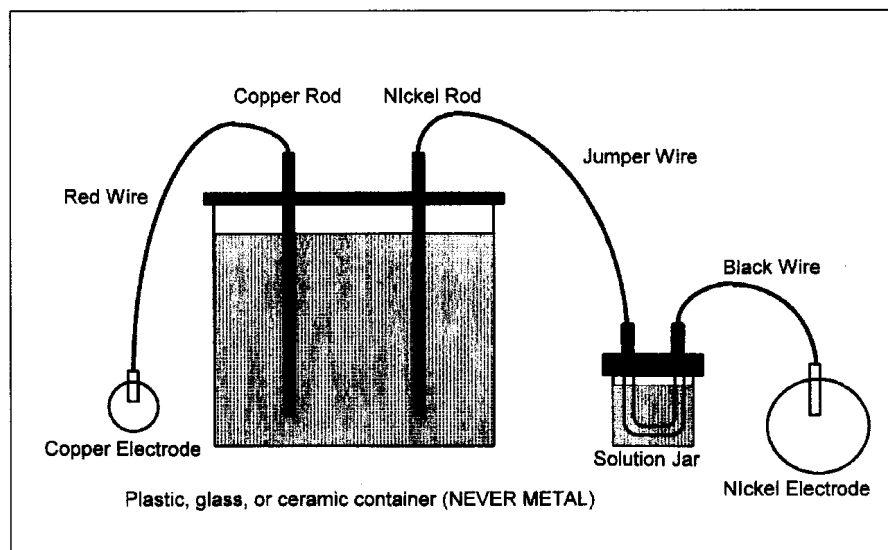


Figure 1. Wet cell battery and solution jar.

ASSESSMENT INSTRUMENTS

Symptom Checklist. This is a 26-item list of symptoms, with 5 response alternatives ranging from “None” to “Extreme.” The score is a sum of responses, from a low of 0 to a high of 104. This questionnaire was filled out by each participant at the beginning of the project and at the follow-up weekend.

Daily Functioning Assessment. This is an 11-item questionnaire which is intended to assess the impact of the disease on daily functioning. It has items such as “My ability to write and/or speak . . .,” and “My ability to think clearly and remember things . . .,” with response choices such as “is unaffected,” and “is moderately affected.” Possible scores on this scale range from 11 (no functioning affected) to 47 (all functioning strongly affected). This questionnaire was filled out by each participant at the beginning of the project, at monthly intervals during home treatment, and at the follow-up weekend.

Summary Questionnaire. This is a retrospective questionnaire on compliance with the protocol and on changes in neurological symptoms and attitudes and

emotions. Each question asks the subject to rate improvement on a 7-point scale, with 1 = much improvement, 4 = no change, and 7 = much worse. This questionnaire was given at the follow-up weekend and at the 3-year long-term follow-up.

RESULTS

Nine of the 10 participants followed the protocol consistently (but none completely or perfectly). They averaged slight to moderate improvement in Parkinson's disease symptoms over four months, based on observation by the researchers and by subjective questionnaires. One participant obtained almost complete remission of his Parkinson's disease (PD) symptoms. Many minor symptoms showed interesting improvement. For example, two people reported regaining their sense of smell, and one had improved color vision. Several people had more facial emotional expressiveness, and reported reduced tremors.

Summary Questionnaire. The summary questionnaire asked the subjects to rate their compliance with the various elements of the protocol, and then to rate the changes in their Parkinson's symptoms and in their attitudes and emotions. All subjects reported roughly the same level of compliance ("most of the time"). Wet cell compliance was consistent, but participants varied widely in their ability to obtain the post-wet-cell massage. Some had continually available support, while others had no support at all and had to try self-massages or did not do massages. Subjects rated improvement on a 7-point scale, with 1 = much improvement, 4 = no change, and 7 = much worse. All subjects reported improvement in attitudes/emotions (average 1.7, between moderate and much improvement). In Parkinson's symptoms, the average was 3, "slight improvement." One person had major improvement, one moderate improvement, four slight improvement, and three reported no change. However, even the "no change" subjects actually reported subtle changes in comments made during interviews.

Before/After Comparison of Questionnaires. The slight improvements in symptoms and functioning documented in the summary questionnaire were also reflected in the individual questionnaires. They did not reach statistical significance (but the small sample must be taken into account) (Table I).

Table I Parkinson's disease baseline and four-month follow-up questionnaires. Means, standard deviations, and paired <i>t</i>-tests of the difference, <i>n</i> = 9. Lower scores indicate improvement.					
Questionnaire	Baseline Mean (SD)	Follow-up Mean (SD)	<i>t</i>	<i>p</i>	
Symptom Checklist	42.2 (22.2)	34.1 (23.7)	1.47	0.18	
Daily Functioning	22.6 (5.8)	21.6 (4.3)	1.29	0.23	

Subtle improvements in functioning with PD are more easily seen in subjective comments. Here are some comments from their evaluations of progress:

Case 2: “They bake chocolate chip cookies in the school. For a long time I didn’t know why everybody was raving about them. Then about 2 or 3 weeks ago I smelled them. I said, what’s that smell? And they said, that’s the cookies. Oh my God, I can smell! It was very tough to not eat them. That was a big breakthrough. I didn’t know I had lost that much of the sense of smell until it’s back. It was wonderful. That’s a miracle for me.”

Case 3: “This program . . . has, along with true guidance from the holy spirit, worked a miracle in my recovery. I am much healthier since my participation began and although I have made great strides in my recovery, there is still much to accomplish. Now I have a clear pathway to follow.”

Case 6: “This experience I feel has been a turning point in my relationship with Parkinson’s disease for which I am deeply appreciative... I find I am slowly yet persistently regaining function from this “incurable” disease. I watch amazed as strength, vitality and coordination gradually return to my body. Little tasks to anyone else like chop a head of broccoli, untie a twistie tie, write a legible note (which I’m showing off with my newly returned ability to write!) and most of all the coordination to return to driving a car after a hiatus of 9 months, are such a delight.”

Case 8: “Speaking of miracles, when you discover that you can smell something again, there are miracles of sight as well. I can now put on a navy blue pair of trousers and a navy blue pair of socks, instead of wearing black socks with blue and blue socks with black. I can do it in inside light in a house, and I didn’t realize how long ago that ability had gone away.”

Several participants and their support people returned after a year for an informal gathering. They continued to be enthusiastic about their healing, with comments like: “I’ve got to admit that I’m better physically and mentally than I’ve been in a long time. I have more stamina. I can stay up longer without having to nap. I smile.” From another: “I have been feeling much better. . . . My voice is stronger. I have more stamina. . . . My sense of humor has come back. . . . It’s a blessing to be here with you all.” From a support person: “The change is incredible. She just jumps out of her chair and whips over and gets her food.”

LONG-TERM FOLLOW-UP

Formal participation in the project, including provision of wet cell supplies at no cost, ended at the four month follow-up. However, at three years following the initial conference, all participants responded to a questionnaire. Only one was still following the wet cell/massage regimen (Case 5), and reported continued “moderate improvement,” for his PD symptoms. Another (Case 1) had reported improvement for the 2 1/2 years of using the wet cell, but had gotten slightly worse since discontinuing it. He now reported, however, “I feel I was going downhill before we restarted the wet cell appliance recently. Now I think my memory is improved. I’m sleeping better and moving better. I’m not quite as rigid and tied to my medication.” One, who followed all elements of the protocol well, but had discontinued the wet cell (Case 2), also reported continued “moderate improvement.” The others, not using the wet cell or following the other physical elements of the protocol, reported that they were unchanged to moderately worse in physical symptoms. Six of the ten participants reported continued moderate to major improvement in attitudes and emotions.

Following are comments from two and three years after the initial conference:

Case 2: “I feel great. I feel it has not progressed very much. I am able to work full time. I teach an evening yoga class and participate in an orchestra and band! I don’t feel that Parkinson’s is going to get me. I let go and let God. I truly enjoy my life and I take my time doing things. It is almost not even thought of as a problem I truly feel blessed. I know I am doing great. Amen!”

Case 3: “I am feeling and doing much better (physically) than I can recall for the last several years. It takes less effort to get things done. My smiley face is more natural and easier to accomplish! My thought processes have more continuity and fewer pauses while I get my ideas on the right track. The improvement in my golf game is amazing. I have very selfishly kept this to myself. Afraid that it would not last. It was kind of like hoarding it, jealously keeping it to myself. In retrospect, I was trying not to believe in the unbelievable. I am sure that we have taken the right track. I believe, I believe, I believe. Keep the faith, eat well, meditate, exercise, and love God!”

Case 4: “. . . To someone with Parkinson’s disease, turning over in bed means a great deal. I don’t know all of the technical reasons why I couldn’t turn over, but that was the case up until last month. I would just lie there until my muscles screamed out to MOVE. Then with a great deal of struggle, I would get up and go to the bathroom. I have been turning over in bed for a month now, and the habit of getting up to move my muscles is slowly being broken. . . . I now have more sleep and just as importantly, more hope. Turning in bed and smiling may not seem like much to anyone else, but to me they are small miracles.”

Case 5: “I am more optimistic because there has not been the progression of the disease that I feared would happen. At this point I have much more energy than I did at the time the experimental project started, and the tremor is under control. . . . I have been fortunate in that my wife and son have been diligent about seeing that I get the treatment and massage. I also get a full body massage once a week, and this seems to be very helpful. I do not see how anyone can handle this treatment by themselves, particularly if the disease is very far advanced. . . . I am quite carefree most of the time, and I am very

busy taking care of a large yard with lawns, several flower beds and a vegetable garden. I am active in the local Rotary Club, the Arts Council and the local senior citizens center. I work at the senior center several days each month, and I just completed a three year term as board chairman. In short, I have been able to function much as a normal healthy individual, and as I mentioned before I sometimes forget I have the disease.”

DISCUSSION

Within four months, the majority of the participants in this project reported some improvement in their symptoms of Parkinson’s disease, in some cases major improvement. They attributed the improvement both to the physical regimen of the wet cell, massage and diet, and to the mental/spiritual regimen of meditation and interaction with their support group. As the quotations demonstrate, for some it was a turning point in an “incurable” disorder. Particularly interesting are some of the small, unexpected effects like the regaining of sensory capabilities.

Healing neurological disorders is a long-term process. In the Cayce readings, there was a wide variation in predictions on how the individuals following the treatments would fare, but continuous treatment over four to six months is probably the minimum before clear improvement in symptoms would be expected. Most of the participants had encouraging results in that time frame.

In the long term, the challenge is compliance with the treatments. The few people still following the protocol after three years were enthusiastic about the results. The rest, who had ceased using the wet cell had either stayed the same or deteriorated physically. They cited a variety of reasons for non-compliance. For example:

Case 2: “The wet cell is expensive to keep up. The diet is great but sometimes I have a craving for sweets.”

Case 9: “We stopped the wet cell quite a while ago. [Case 9] didn’t like the oil. She doesn’t really like massage. The \$60/month [cost for wet cell supplies from the manufacturer after the four months paid for by the research project]

was a lot. I think it may have done her some good and want to start up again although finding the time will be the problem and the space.”

It is also possible that people who experienced little improvement early in the project discontinued the protocol for that reason, so we cannot necessarily conclude that long-term compliance would necessarily produce positive results.

There is little theory to explain the physiological effects of the wet cell. It is a weak chemical battery; measurements by McMillin and Richards show that it typically provides a voltage of around 30 millivolts.¹⁰ Although weak, this is very similar to the naturally occurring skin potential, and could conceivably have a physiological effect. Richards et al. demonstrated a physiological effect from an even weaker potential in the Cayce radial appliance.⁸

Since there was no control group, the placebo effect cannot be ruled out. Even in a chronic degenerative disease like Parkinson's, placebo effects including objectively measurable increases in dopamine have been demonstrated.²⁴

There is some interesting recent literature on low-level electromagnetic treatment of Parkinson's disease that might be relevant to the wet cell. Sandyk initially published evidence of successfully treating Parkinson's disease with picotesla electromagnetic fields applied extracranially.²⁵ He followed up with a series of papers showing that electromagnetic treatment reduced the need for medication, improved gait, speech, and olfactory function.²⁶⁻³⁰ The improvement in olfactory function is especially interesting, since Sandyk points out that dopaminergic drugs do not affect olfactory threshold in PD patients, and we had also seen the unexpected recovery of the sense of smell in our participants. Other researchers have also reported good results with transcranial magnetic stimulation, although some researchers have not found consistent improvement.³¹⁻³⁴ Although the form of energy is different than the wet cell (pulsed rather than continuous, and magnetic, generating electrical fields in the body, rather than direct electrical), in both forms of therapy a low-level electromagnetic stimulus is applied externally.

According to the Cayce readings, the solution jar adds a vibrational component from the solutions. Cayce was not specific about the nature of this vibrational component, e.g., the frequency or magnitude, and no measurements have yet

been made. Instead, in this study, we are demonstrating an empirical effect of the wet cell and solution jar, as a preliminary to an exploration of the physical mechanism of their effects. At present we do not have a physical mechanism to explain the effect of the wet cell.

It is our hope that our clinical studies will spur further research on the use of electromagnetic energy and gold and silver in the treatment of neurological diseases.

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