



MERIDIAN INSTITUTE NEWS

RESEARCHING THE SPIRIT-MIND-BODY CONNECTION

Wild Ginger Analysis

The Cayce colitis tonic has been credited with numerous remarkable healings over the years, including several cases involving dramatic recovery from severe ulcerative colitis. This herbal formula is based on reading 2085-1, in which Cayce prescribed a compound containing wild ginseng, wild ginger, stillingia, and elixir of lactated pepsin.

Based on this positive anecdotal evidence, Meridian Institute designed a research project to test the efficacy of the colitis tonic. During the background research required for institutional review board (IRB) approval we became aware of a potential problem with one of the tonic ingredients – wild ginger.

Although wild ginger (*Asarum canadense* or Canadian snakeroot) has an aroma similar to culinary ginger (*Zingiber officinale*), it comes from an entirely different family of plants. North American Indians used wild ginger to season food and disguise spoiled meat. The root was used for digestive problems and colic.

Our background research on wild ginger focused on aristolochic acid (AA), a chemical that has recently achieved notoriety due to some serious health problems (primarily kidney damage) that resulted from inappropriate use of some Chinese herbs in a Belgian diet clinic. Consequently, the FDA issued a concern about any herb in the genus *asarum* (including wild ginger) that might contain AA.

Lab Analysis

Since the FDA warning list only indicated that certain herbs including wild ginger *might* contain AA, the first step was to actually obtain the herb and have it tested for the presence of AA. Meridian Institute obtained two samples of wild ginger and sent them to a lab to be tested using the FDA protocol for determining levels of AA. The assays for both samples indicated the presence of AA.



Wild Ginger

As a check, we also submitted one of the samples to a second lab along with products produced from the herb. The products were essence of wild ginger and the actual Cayce colitis tonic, prepared by Meridian Institute according to the instructions in reading 2085-1.

By testing the essence of wild ginger ingredient we were able to determine whether the AA made it through the process of simmering required to produce the essence. By assaying the actual colitis tonic, we were able to determine the level of AA once it had been diluted by combination with the other tonic ingredients.

The second lab report confirmed that AA was present in the original sample but only at about one half the level of the first assay (6.02 parts per million or ppm vs. 11.1 ppm). The assay of the essence of wild ginger indicated that AA was present at a level of .048 ppm. Finally, AA was not detected in the actual colitis tonic, presumably falling below the sensitivity limits of the FDA protocol.

Meridian Institute has written a formal report of our analysis of wild ginger and its derivatives which has been submitted to the American Herbal Pharmacopoeia for inclusion in its Aristolochic Acid Evaluation Program. The program is intended to develop

validated multiple methods of identification of AA which will be presented to herbal products manufacturers and regulatory agencies worldwide, thereby taking the self-regulatory steps needed to protect public health.

Clearly, there is a need for research that addresses safety and efficacy issues surrounding herbs containing AA. Reducing variability in lab analysis and herb sources should be a priority in any future investigations.

A copy of our formal report on wild ginger and aristolochic acid can be viewed online at:

<http://www.meridianinstitute.com/reports/wgreport.html>

PRESENTATION

THERMOGRAPHY PAPER PRESENTED

David McMillin, M.A., presented a paper titled “Thermographic Anomalies in Epilepsy Patients” at the Thirteenth Annual ISSSEEM Conference in Boulder, Colorado on June 22, 2003. The paper described an exploratory, descriptive study comparing abdominal thermograms of epilepsy patients with thermograms of patients with other conditions and healthy normals. The project utilized retrospective analysis of data. It involved no intervention.

The purpose of the study was to explore the feasibility of a hypothesis put forth by Edgar Cayce regarding the pathophysiology of epilepsy. Cayce stated that “From *every* condition that is of true [idiopathic] epileptic nature there will be found a cold spot or area between the lacteal duct and the caecum” (567-4). Cayce’s explanation for the significance of such abdominal physiology is that “[vibration] is distributed to the body from that center of the body in solar plexus brain, or from those centers about the umbilicus, which are the electronic and atomic vibratory radiations of a human body” (1800-15).

Two specific objectives of the study were to collect preliminary data regarding Cayce’s abdominal epilepsy hypothesis that (1) could be gathered with a minimal budget, and (2) would be plausible to potential participating neurologists and epilepsy patients who might be recruited for a larger, controlled study

should the initial evidence warrant further investigation.

Over a period of eight years we evaluated seventy-nine adults using liquid crystal thermography (LCT) for assessing abdominal thermal patterns. The data set consists of diverse medical diagnoses (such as bowel disease, migraine, psoriasis, multiple sclerosis, chronic fatigue syndrome, and asthma) and healthy individuals. Included in this data are six epilepsy patients and a migraine patient with an epileptic-like EEG. All seven epilepsy patients were female adults.

Thermograms were made on Polaroid film using a Flexi-Therm LCT system. The subjects were lying on their backs on a chiropractic or massage table. Thermograms were made by placing the Flexi-Therm liquid crystal sheet on the exposed skin of the abdomen, and photographing the resulting pattern when it stabilized.

Abdominal thermograms of six epilepsy patients obtained using liquid crystal thermography (LCT) indicated a notable cold area on the right side of the abdomen as compared to the left side for each person. This pattern seems to be more common in epilepsy patients than with other illnesses or for healthy individuals. In four of the six cases of epilepsy the abdominal cold spot is a distinct pattern that occurs slightly below the navel. In two other cases the cool spot is less prominent and slightly above the navel on the right side. In contrast, in non-epileptic control subjects, no consistent pattern was noted.

The thermographic anomalies that we have measured in this small group of epilepsy patients may be linked to epileptic phenomena relating to the viscera (e.g., reflex epilepsy, visceral premonitions and auras, abdominal epilepsy, and vagus nerve involvement). If these findings are valid, the data could advance our understanding of the etiology of a physiologically distinct subgroup of epilepsy in which innovative treatment options directed at the peripheral nervous system and visceral organ systems may be developed as complementary and alternative medicine (CAM) options. Future studies will be required to validate these tentative findings.

Based on the preliminary data, we have obtained more expensive equipment (digital infrared camera and software) and begun a more expanded project with a much larger sample.

To view the complete research paper titled

“Thermographic Anomalies in Epilepsy Patients,” go to:

www.meridianinstitute.com/reports/thermoepilepsy.html

INNOVATIVE CONCEPTS

BACTERIOPHAGE THERAPY

In response to the article in our last issue on a potential cancer serum made from a parasitic organism that afflicts rabbits, Scott Grady passed along the following information on bacteriophages, bacteria-eating viruses that could offer a remedy to the increasing threat of antibiotic resistance.

Bacteriophages (also called “phages”) were first discovered by Felix d’Herelle of the Pasteur Institute in France 1917. The word bacteriophage is derived from bacterium, plus the Greek phagein, meaning to eat.

Phages are extremely simple life forms consisting only of a head made of DNA and spidery legs that grab bacterium. Phages inject DNA into bacteria causing rapid reproduction of phages within the bacteria. The bacteria explodes spreading hundreds of new phages into the infected area. Thus the bacteria is destroyed with minimal side effects to the host organism.

With the introduction and subsequent overwhelming success of antibiotics, the potential of phage therapy has never been fully researched in the West. It is only now with increasing concerns about antibiotic resistance due to overuse that this innovative treatment is being given serious consideration in the United States.

Phage therapy has been utilized in Eastern Europe and Russia for decades with notable success in cases involving infection, particularly *Staphylococcus aureus* bacteria (“staph”) infections that are so common in hospital settings. Elizabeth Kutter, director bacteriophage research at Evergreen State College in Olympia, Washington has observed that, “They basically don’t cut off feet because of diabetic ulcers in Georgia because their staph phage works so well.” Kutter reports remarkable improvement in at least two patients with seemingly untreatable infections who traveled to the Tblisi clinic in the Republic of

Georgia for treatment.

In contrast to the general efficacy of an antibiotic that may work for many different infectious agents, a phage is specific for a specific strain of bacteria. For example, a specific phage may attack *Streptococcus pneumoniae* (the most common type of pneumonia) but not the other twenty-seven strains of the infection. A possible solution is to make a “cocktail” consisting of several phages, an unproven approach to the specificity issue.

CALENDAR

September 12-14, 2003: 8th Annual Cayce Health Professionals Symposium, Virginia Beach.

MERIDIAN INSTITUTE NEEDS YOUR SUPPORT

We welcome your support and participation. Please contribute your knowledge, time and money to Meridian Institute’s important research on the Edgar Cayce health readings. Meridian Institute is a non-profit organization. Your donations are tax-deductible.

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Statement of Purpose:

The goal of Meridian Institute is to expand the meeting ground between science and spirit by conducting and sponsoring clinical and basic science research. We intend to examine concepts about the body compatible with the premise that we are spiritual beings, and to approach the healing process from this perspective.

The body of information that will be researched and used as a guide for directing our work will be the Edgar Cayce health readings. Now over fifty years old, they provide a coherent and consistent physiology of how the body functions in health and disease. These health readings have never been fully researched in a modern, scientific manner that would provide data acceptable to all healthcare professionals and agencies.

It is our intention to conduct research in a manner acceptable to the modern healthcare community.

Priorities:

1.) To conduct and support research that examines physiological, anatomical, and health concepts which help unify the scientific and spiritual world views. This will involve sponsoring clinical and basic research, and engaging in “seed research” through conferences on specific topics and clinical projects incorporating a network of cooperating researchers and clinicians.

2.) To support, sponsor and directly present programs educating health professionals, scientists, and the public regarding these spirit-mind-body connections.

3.) To serve as an information network for researchers and clinicians exploring and applying these concepts and methods.

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