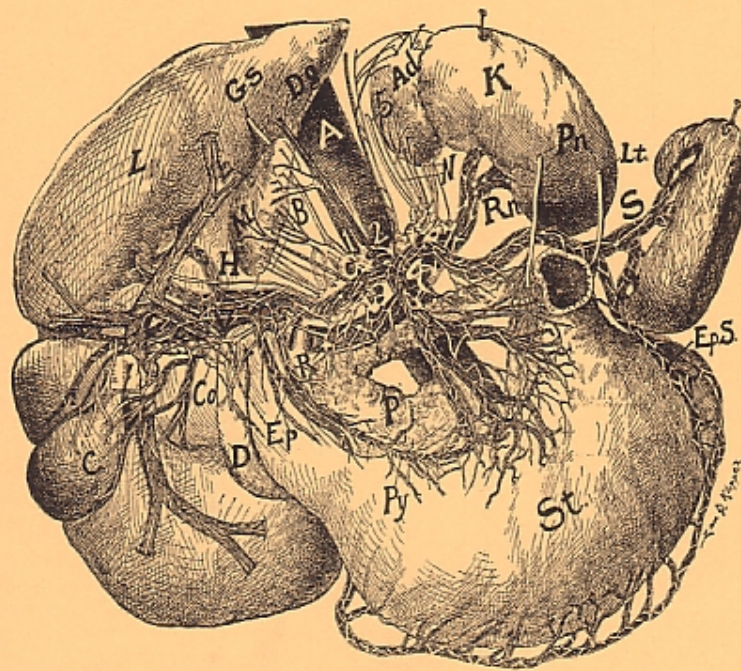


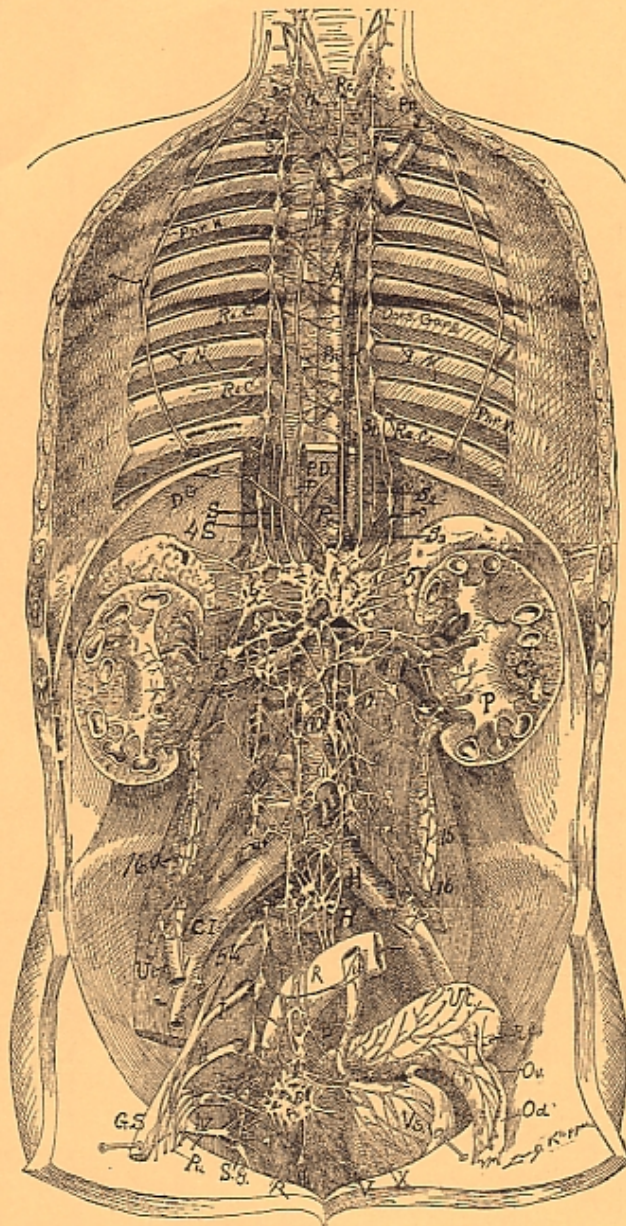
SELECTIONS FROM
THE ABDOMINAL AND PELVIC BRAIN

BY
BYRON ROBINSON, M.D.



WITH COMMENTARY BY
DAVID MCMILLIN, M.A.

A Valuable Resource for the Serious Student of the Edgar Cayce Health Information



In mammals there exist two brains of almost equal importance to the individual and also to the race: One is the cranial brain, the instrument of mental progress and physical protection; the other is the abdominal brain, the instrument of nutrition and visceral rhythm. To the casual observer the cranial cerebrum seems to overshadow all other nervous centers.... But in the abdomen there exists a brain of wonderful powers. It presides over organic life. Its great functions are two - nutrition and visceral rhythm. In this abdominal brain are repeated all the physiological and pathological manifestations of nutrition and rhythm of viscera. It controls nourishment and secretion. It initiates, sustains and prohibits rhythm. It receives sensations and transmits motion. It is an automatic nervous center. It is a physiological and anatomical brain. (Byron Robinson, 1907, *The Abdominal and Pelvic Brain*)

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ACKNOWLEDGMENT

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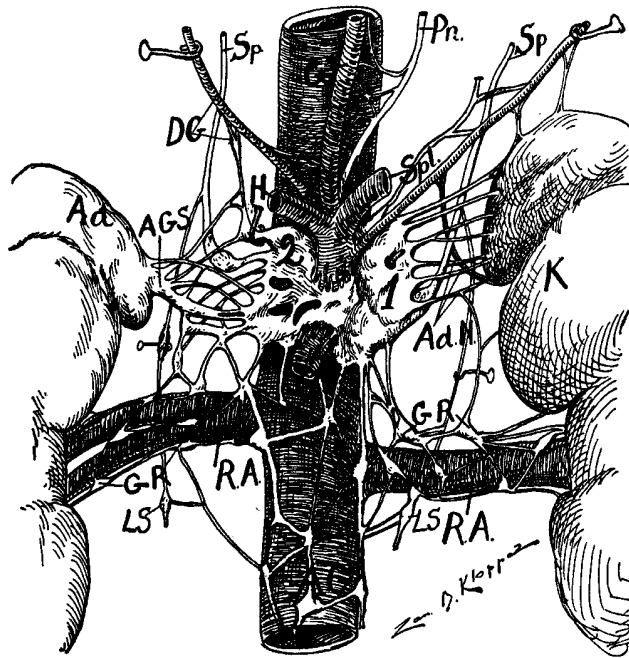
THE ABDOMINAL AND PELVIC BRAIN

(With Commentary by David McMillin, M.A.)

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SELECTIONS FROM THE ABDOMINAL AND PELVIC BRAIN



ABDOMINAL BRAIN - CEREBRUM ABDOMINALE.

Fig. 36. This illustration was drawn from a carefully dissected abdominal brain. I dissected the tissue under alcohol. The relations and proportions are those of life, being drawn by accurate measurements. 1 and 2, abdominal brain. Observe the nerves which the adrenals receive: Sp, splanchnic major; DG, ganglion diaphragmaticum; GR, renal ganglia; Ad, adrenals; LS, lesser splanchnics; RA, arteria renalis; H, hepatic; G, gastric; and Sp, splenic artery. The hook fixes the ganglion of the phrenic artery which I term ganglion arteriae phrenicae.

INTRODUCTION

Byron Robinson M. D. was a tremendously important and influential clinician, researcher and writer during the late 19th and early 20th centuries. His masterpiece, *The Abdominal and Pelvic Brain* (published in 1907) thoroughly documents his understanding of anatomy and physiology in health and illness.

Almost 700 pages long with over 200 detailed illustrations, **The Abdominal and Pelvic Brain** is a monumental work. Byron Robinson was a giant in the medical field.

My interest in Robinson's work has three major aspects: 1) its relation to traditional osteopathy, 2) its potential contribution to the understanding of the Edgar Cayce information, and 3) the rediscovery of the "gut brain" by modern medical research.

The early osteopaths were well aware of Robinson's research and writings. In some of the seminal osteopathic texts (e.g., Charles Hazzard's *Principles of Osteopathy*, 1899) Robinson is quoted as an authority of the first order in matters of anatomy and physiology of the nervous systems. Robinson's belief in self-healing and natural therapeutics was also consistent with the founding principles of the osteopathic profession. Understanding Robinson's views of the body and how it operates greatly complements the early osteopathic vision of health and healing.

While preserving some of the basic philosophy of traditional osteopathy, modern osteopathy has changed significantly in the realm of clinical application. Many of the traditional manipulative therapies have been replaced by more allopathic treatments such as drugs and surgery.

For several years I have been involved in research (academic and applied) which focuses on traditional osteopathic principles and techniques. I believe that this approach still has much to offer in contemporary health care. Robinson's work helps

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to provide a context for understanding traditional osteopathy.

My second area of interest relative to *The Abdominal and Pelvic Brain* is the extensive body of health information provided by Edgar Cayce. Cayce has been called the “father of modern holistic medicine.” Through thousands of psychic readings over a period of five decades, he diagnosed illness and recommended treatments for the full spectrum of illness. Although he died in 1945, Cayce’s life and work continue to touch the lives of persons seeking healing.

However, one of the problems with applying Cayce’s medical wisdom is the terminology of the information itself. At times, the Cayce material almost seems to be written in a foreign language. In a certain sense, this is true. The foreign language used by Edgar Cayce was the medical terminology in use during his lifetime. It is the same language used by Byron Robinson and the early osteopaths. Thus a comparative study of Robinson and traditional osteopathy provide a key to interpret Cayce’s medical information. In particular, *The Abdominal and Pelvic Brain* is essentially a “Rosetta stone” in this regard.

For example, Edgar Cayce also spoke of the abdominal brain (calling it the “solar plexus brain”). Cayce placed great importance on the “sympathetic nervous system.” Robinson described his work as “**practically a treatise on the abdominal sympathetic nerves.**” Cayce’s insistence that neurological disorders such as migraine headache and epilepsy are most often caused by problems in the abdomen (abdominal brain) only make sense if one understands the abdominal brain with its nervous system (sympathetic) and its means of communication (reflexes).

My third area of interest in Robinson’s work is its relation to modern medical research. One of the exciting areas of current research is the rediscovery of the “gut brain.” Named the “enteric nervous system” (ENS), this portion of the nervous system is now recognized as having a similar structure (anatomy) and function (physiology) as the brain in the head. MEDLINE, the electronic database for medical research, contains hundreds of articles on the ENS since 1990.

To me, one of the most exciting facets of the ENS research is not only that it is a “rediscovery” of the type of information promoted by Byron Robinson, but may be just the “tip of the iceberg” with regard to the abdominal brain. As substantial as the modern literature is, it is only a portion of Robinson’s understanding of the

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nervous system. The enteric (intestinal) aspects of the abdominal brain and its nervous system were given only one chapter (among 40) in Robinson's book. While it is important, there is much, much more to be rediscovered. Perhaps a consideration of *The Abdominal and Pelvic Brain* can contribute to this renaissance in medical research.

FORMAT OF THIS BOOK

In the chapters which follow, I have tried to draw out the various similarities between traditional osteopathy, the Cayce approach, and modern medical research. I have selected exemplary quotations from *The Abdominal and Pelvic Brain*, arranged these selections in chapters which relate to specific topics (particularly as regards its relevance to the Edgar Cayce material), and provided brief commentaries for each chapter.

The selections (direct quotes from Robinson) in the following sections are in bold type to make it easier to identify them. I have used APA style for references which are found in Appendix A. I have included numerous illustrations from Robinson's book to give readers a sense of the graphic quality of the original work.

The original work (in its entirety) is being made available in an electronic format for those individuals who would like to study the complete work. A CD of the complete *The Abdominal and Pelvic Brain* in WordPerfect 6.1 format is available from:

David McMillin
2516 Townfield Lane
Virginia Beach, Virginia, 23454.

The text and illustrations can be viewed online or printed out. I have included the "Contents" page in Appendix C for persons interested in the entire work.

SELECTIONS FROM THE ABDOMINAL AND PELVIC BRAIN

ROBINSON'S ORIGINAL PREFACE

The selections which follow are taken from the *Preface* of Robinson's original work. Notice these important themes which will be covered extensively in the chapters which follow:

- 1) the anatomy and physiology of abdominal and pelvic brains;
- 2) definitions of what constitutes a brain;
- 3) the importance of "reflexes," particularly pathological "reflex neurosis" and "referred disturbance" produced by "reflex irritation;"
- 4) the production of mental and emotional conditions ("hysteria" and "neurasthenia") as a result of reflex irritation to abdominal and visceral systems;
- 5) the "**exquisite mutual dependency**" or coordination of the cerebro-spinal and sympathetic nervous systems;
- 6) the therapeutic use of "visceral drainage," a form of natural healing to treat the full spectrum of illnesses linked to pathology in the abdominal and pelvic brains.

SELECTIONS FROM BYRON ROBINSON'S ORIGINAL PREFACE

The present volume contains views concerning the anatomy, physiology and pathology of the abdominal and pelvic brain. The abdominal brain is the solar or epigastric plexus. The pelvic brain is the cervico-uterine ganglion located on each side of the uterus.

A brain is an apparatus capable of reception, reorganization and emission of nerve forces. It may be composed of one or more nerve or ganglion cells. The book is partly based on the so-called "reflexes," as they are observed in both health and disease. We understand by "reflexes" disturbances which are produced in parts more or less remote from points of local irritation. The reflex is the "referred disturbance" of modern writers. I have attempted to

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show the extensive utility and dominating influence of the abdominal sympathetic nerves upon the animal economy. The reflexes and rhythm concerning organs under various conditions are discussed. The automatic menstrual ganglia are presented as the peripheral ganglia of the uterus and oviducts. No attempt has been made to divorce the cerebro-spinal and sympathetic nervous systems from their exquisite mutual dependency. Yet, notwithstanding this latter, the abdominal sympathetic nerve, under observed conditions of defect of the cord and cerebrum, acts with a certain degree of independence....

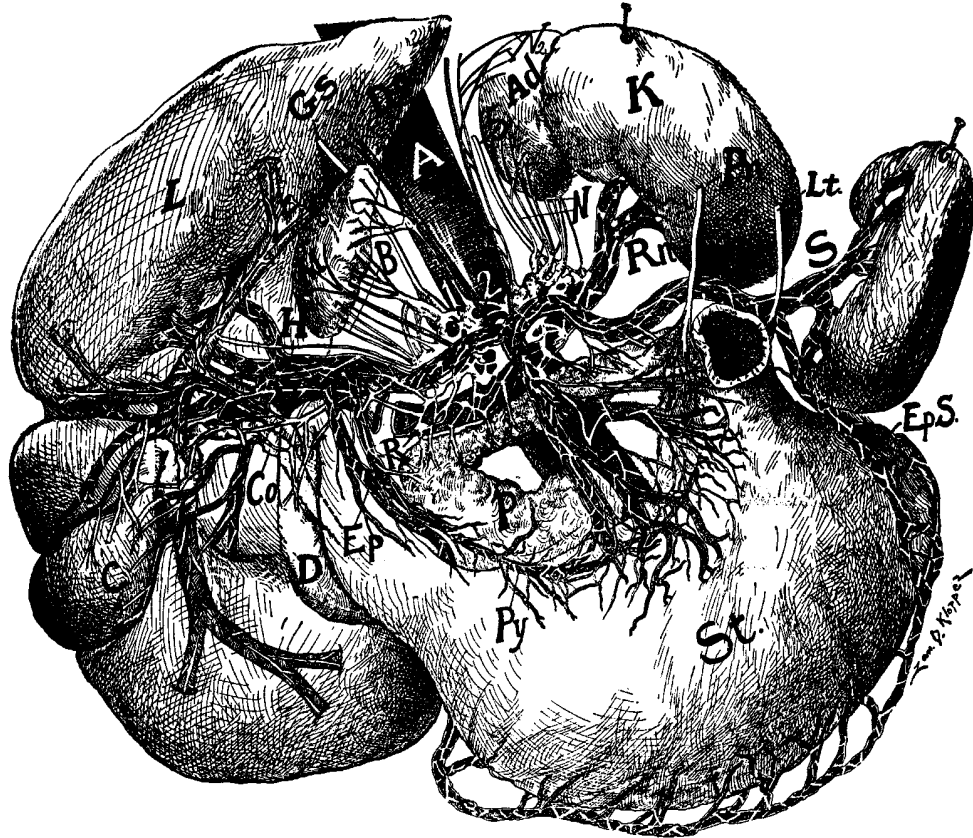
The course of reflex irritation may be observed clinically as: (1), Peripheral (reflex, infective) irritation; (2), indigestion; (3), malnutrition; (4), anemia; (5), neurosis. The final stage is the irritation of the innumerable abdominal sympathetic ganglia by waste-laden blood, which produces the hysteria and neurasthenia.

This book is practically a treatise on the abdominal sympathetic nerves (*nervus vasomotorius abdominalis*), a resume of views which I have discussed in current medical literature for a decade and a half.

A short pioneer chapter on pathologic physiology of abdominal viscera is introduced to emphasize its signification and practical value to general physicians. This subject I have attempted to teach by word and pen for a decade. The essay on diagnosis and treatment of reflex neurosis from disturbed pelvic mechanism will suggest to the general practitioner rational views of handling such cases.

In this book I wish to recommend vigorously, especially to the younger members of the profession, what I term "visceral drainage." By its systematic, persistent employment the physician can accomplish vast benefit for the patient and successfully establish a permanently increasing clientele on rational treatment.

SELECTIONS FROM THE ABDOMINAL AND PELVIC BRAIN



ABDOMINAL BRAIN AND COELIAC PLEXUS

Fig. 13. This figure presents the nerves of the proximal part of the tractus intestinalis that is, the nerve plexuses accompanying the branches of arteria coeliaca. 1 and 2 abdominal brain surrounding the coeliac axis drawn from dissected specimen. H. Hepatic plexus on hepatic artery. S. Splenic plexus on splenic artery. Gt. Gastric plexus on gastric artery. Rn. Renal artery (left). R. Right renal artery in the dissection was rich in ganglia. Dg. diaphragmatic artery with its ganglion. G. S. Great splanchnic nerve. Ad. Adrenal. K. Kidney. Pn. Pneumogastric (Lt. left). Ep. right and Eps. left epiploica artery. St. Stomach Py, Pyloric artery. C. cholecyst. Co. coele-dochus, N, adrenal nerves (right, 10, left 10). The arterial branches and loops of the coeliac tripod (as well as that of the renals) with their corresponding nerve plexuses demonstrate how solidly and compactly the viscera of the proximal abdomen are anastomosed, connected into single delicately poised system with the abdominal brain as a center. Hence local reflexes, as hepatic or renal calculus, disturb the accurate physiologic balance in stomach, kidney, spleen, liver and pancreas.

Chapter One

THE ABDOMINAL BRAIN

It should come as no surprise that we each have a brain in our abdomen. Our language is full of expressions associating thoughts and feelings with visceral processes. We speak of “gut feelings,” or “gut reactions.” We attribute “intestinal fortitude” to individuals of great courage by saying they have “a lot of guts.”

Byron Robinson, M. D. researched and wrote extensively about the abdominal brain. His thorough search of medical texts (both ancient and contemporary) revealed a vast historical literature on the subject. His clinical practice (gynecology and internal medicine) was based on his understanding of the abdominal brain (and more generally, the sympathetic system). His prolific writings on the abdominal brain and its nervous system (sympathetic) were collected into his 1907 masterpiece, “*The Abdominal and Pelvic Brain.*”

Edgar Cayce also spoke of the abdominal brain, describing it as the “solar plexus brain” (Cayce, 1921 & 1926) and the “secondary brain of the body” (Cayce, 1944). However, he regarded it as more than simply a mass of nerve tissue. He also described it as a key energy center in the body. It is a primary anatomical and physiological connection of the soul with the material body. From Cayce’s perspective, the sympathetic nervous system and its abdominal brain are the brain of the soul - or as Cayce put it, “the brain manifestation of soul forces” (Cayce, 1923). This psycho-spiritual aspect of the abdominal brain and sympathetic nervous system will be explored in Chapter Seven.

Recognition of the abdominal brain has important clinical implications. Certain neurological illnesses of unknown causation (such as migraine headache and epilepsy) are currently thought to be caused by problems in the cerebral brain. The connection is apparent - “headaches” occur in the head and seizures are said to be electrical storms in the head-brain. What is not so obvious is that each of these

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serious disorders have significant abdominal features. So much so, that the medical literature contains numerous examples of “abdominal migraine” and “abdominal epilepsy.” In other words, the abdominal brain is probably involved in these conditions. (Appendix B)

The early osteopaths were aware of the abdominal brain and its relation to migraine and epilepsy. Traditional osteopathic treatment of these disorders focuses heavily on the abdomen and sympathetic nervous system.

With regard to migraine, Edgar Cayce noted that, “the sources of the conditions to which the body becomes allergic in the digestive system should be looked for - that deal with all migraine headaches.” (Cayce, 1943) In other words, migraine is caused by an allergic reaction in the intestines. The irritation is transferred via reflex (Chapter Eight) to the trigeminal nerve (Chapter Eleven) causing the symptoms of migraine (such as facial pain) associated with the head.

With regard to epilepsy, Cayce observed, “epilepsy comes either from stomach [abdominal brain] or genitive system [reproductive system, i.e., pelvic brain]” (Cayce, 1930). So with migraine and epilepsy, two medical conditions obviously associated with the head and cerebral brain, in many cases the cause might originate in the abdomen and its nervous system.

HISTORICAL PERSPECTIVES ON THE ABDOMINAL BRAIN

The abdominal brain or ganglion coeliacum has experienced multiple names during the past three centuries.

***Synonyms.* - Celiac ganglion (ganglion coeliacum); solar plexus (plexus solaris, Todd and Bowman, 1847); semilunar ganglion (ganglion semilunare); the great abdominal ganglion (ganglion abdominale maximum); abdominal brain (cerebrum abdominale, Wrisberg, 1780 [1739-1808]); the nervous center of Willis (centrum nervosum Willisii, 1622-1675); epigastric nervous center (centrum nervosum epigastricum); splanchnic ganglion (ganglion splanchnicum); vascular abdominal brain (cerebrum abdominale vasculare); epigastric plexus (plexus epigastricus); celiac plexus (plexus celiacum).**

Some authors have viewed the abdominal brain or celiac ganglion as