

The  
THEORY AND TECHNIQUE  
of the  
DROWN H.V.R. and  
RADIO-VISION INSTRUMENTS

By RUTH B. DROWN

VOLUME I

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Dedicated to all  
doctors who are  
willing pioneers  
in the true  
advancement of  
the healing art.



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## INTRODUCTION.

The age of the healing art wherein the patient was given remedies and chemicals of the earth and water has now advanced another step, and has entered into the air cycle—conforming to the advent of the radio, television and wireless.

Many facts proving polarity and atomic attraction have been brought to the fore in the scientific world. The combination of the ethers with the denser materials of the earth not only is evidence of the law of cohesion, but shows also that we live in a world of opposites, which in themselves are actually the same thing, separated only by degrees.

The long and the short wave radio are being employed in many ways in addition to the transmission and receiving of sound. In the Drown work they have been brought into use not only to heal the physical body, but also to photograph soft and hard tissues within that living body.

The purpose of this book is to help the doctor with the use of the instrument, correlation of his diagnosis, and treatment. In order that he may have a broader understanding and knowledge upon which to base his findings, the true foundation of life is touched upon.

Very ancient writings deal almost wholly with the rates of vibration of all things pertaining to the mental and physical world of mankind. It is impossible to diagnose and treat the physical body without relating it to the mental. After two years of using our radio instruments, we found in the deeper study of ancient wisdom amazing and satisfying corroboration of our own development of rates of vibration. These will be discussed later with reference both to our instruments and to that ancient knowledge.

It has always been our contention that there is only One Energy acting upon One Substance. In other words, all substance is a precipitation of this Energy, even as ice is the precipitation of steam. Steam is a certain rate of vibration, and as its vibration slows down it ultimately forms ice.

If we were able to hear this form as well as see it, we would know that the change in the rate of vibration of the molecules which eventually make the ice also results in a change in the sound, for a sound emanates from the bombardment of molecules one against the other when they are drawn together in what we call "substance."

The change in the rate of vibration of energy to faster or slower creates a corresponding change in its sound rate, and if our range of vision were extended beyond normal we could also perceive different colours issuing forth as this difference in vibration continues. When chords are struck on a piano, each note, if we could see it, would be found as distinctive in its *colour* vibration as in its sound vibration, and yet the harmony produced gives still another sound, or one that includes all the notes struck simultaneously.

In the Drown Therapeutic Instruments each dial is an octave, each number a note; when these notes are combined properly the rate of vibration from the human body passing through them in resonance selects only certain parts of that body for a speeding up or lowering of energy (as the case may be), using the Life Force which is normally trying to pass through its own channel to promote health.

Thus, in our diagnosis, when we find certain rates of vibration of the body lower or higher in function than the average normal, we select that part for normalization, and the animating Life Force or Light of the body does the rest.

In modern research laboratories it has been found through dissection, vivisection, and all other means known to science, that the body actually has been formed through a process of unfolding from what man has known as the three germ layers.

After it has taken normal shape according to its species, each body consists of essentially the same type of organism, such as liver, lungs, kidneys, skin, eyes, teeth and bones. Whether that part is found in animal, fowl or man, the structure is practically the same. For instance, in general science we study the structure of the

liver cells and tissue in the chicken, the pig and the dog, that we may recognise it in the human. We analyse the normal so that we may know the difference between it and the abnormal.

Therefore we must accept this as foundational and assume that a liver, which is identified as such by all physical signs, microscopic and otherwise, necessarily is made up always of the same type of atoms and molecules. As a result, its general activity as a liver gives forth a certain rate of vibration. If it ever ceased to be a normal liver, there would be a distinct change in these atoms and molecules. This would throw it out of balance, or into a state of dis-ease. Naturally we would say that it had degenerated and disintegrated, and was no longer performing the function of a liver. Therefore if we tuned into it with our diagnostic instrument, we would get only a rate of vibration for that part which was functioning as a normal liver, for the remainder would not register as such.

We are compelled to recognize that since there is only **One** Energy, this Energy in its different precipitations creates a constant and continuous action. It is known that "Life is conditioned in motion and stagnation results in death." Therefore life must be a constant activity, the lack of life resulting in so-called death.

We are asked, "But what has the animal or human rate of vibration to do with this?"

The vibration of all physical bodies of the earth, and all other parts from the earth side of Energy is essentially the same magnetically, but the *animating Life Force*, taken from the *ether* side, or the individual **Life** or **Radiant Energy**, is entirely different. This is the Energy that creates individuals in all phases of life, and it is the *amount of Life Force* (which is an *invisible light*, passing through the brain, the nervous system and the blood vessels) which animates all these bodies, making one human being healthy, and another, through its lack, in a state of dis-ease.

In the pictures taken with our Radio-Vision Instrument we can see in the blood vessels little globules of

light. We have made many photographs which show, first, the blood vessel, then a turn in it revealing a globule; this indicates that the blood is travelling in round globules and not in a steady stream, as it appears to be. The form of its flow can be duplicated by placing a globe of gas between two short wave diathermy pads.

Hence in our particular method we not only have the body to work with, but we must go back and learn about the Energy which animates that body. If an individual's total body energy is being used and this is continually charged with wrong thought and feeling, how much can be accomplished in the way of healing? Sometimes it is necessary to convince patients that they themselves cause the inharmony which manifests in their bodies. The **Life Force** is so vital that it creates everything ; disease manifests when the patient qualifies it destructively.

In trying to "awaken" him into the realization of what the Life Force is, and what it means to the body, his illnesses should not be dwelt upon, as by so doing these are continually being generated. If our minds could always be kept on the Perfection that is coming in through their bodies we could help these patients, although of course in diagnosing we must know enough of their history and manifesting conditions to understand where to treat, and also how to tie this up with their mentality.

It must be our endeavour to try to bring these people back to their balance so that they may go on to accomplish whatever they have to fulfill in this world. Many an individual has been set thinking by letting him know that the great Scheme of Life is made up of each one in his own place, and that through attempting to express his Divine Self into the outer world as near perfection as possible, he will also learn what he has to accomplish. There is something definite for everyone.

Each of us is to the Greater Body of Humanity the same as each little cell is to our own body. If any cell is out of harmony, dis-ease results, and other cells around it are affected. It therefore follows that if any individual is out of harmony with the Scheme of Life, dis-ease results to the Greater Human Body.

When there is much inharmony in any part of the world, nature must come in and clear things up. This is brought about through wars and strife. Wars have always been generated through the inharmonies of mankind, and everyone in the countries where these upheavals take place is forced to suffer for this. Even children have helped, in some other life, to generate that condition in which they find themselves here. If the Law is true in one place it must be true in all places.

This applies also to our bodies. As physicians, and with the use of the knowledge we are all trying to attain, we have taken upon ourselves the responsibility of endeavouring to maintain a state of harmony in order to assist others to that condition in which they can be of help in the Great Plan; to teach them that it is their responsibility to keep their particular cell, or themselves, as nearly harmonious as possible, so that they may not be destroyed with those others who have not seen the **light**, and have added to the inharmony of the world.

It is necessary that patients understand what they have done to bring about a dis-eased body in this great Scheme of Life. They should realize that they cannot express health and harmony without helping to bring harmony to the Great Body. They are responsible to Life for that thing—responsible not only to those they love, but to the greater Plan of Life as well.

The time must come when we will have an institution in which every worth-while phase of the healing art will be represented. There is no therapy, no method of healing, that should be done away with in its entirety; all should be incorporated where necessary.

When we realize that we are dealing with this **Life Force**, it teaches us about *ourselves*. It is the thing we must learn before we can attain mastery of the Laws of Life. We are all working towards it. If by constructive means we can help anyone who comes our way, we will have accomplished that much towards the perfection of the Great Body, and assisted it to gain its freedom sooner.



## THE THEORY AND TECHNIQUE OF THE DROWN H.V.R. AND RADIO-VISION INSTRUMENTS.

### Errata

*Page 102, 6th paragraph, should read:*

The color index is obtained by multiplying the number of erythrocytes by two, dividing the haemoglobin percentage by the first two figures of this product, and subtracting this result from 100. (The haemoglobin percentage is estimated by reaction on the instrument: thus if .3 is found on the ninth dial the haemoglobin is 30 per cent.

*Page 104, line 19:*

*For:* In making the urea count

*Read:* To obtain the urea percentage

*Page 104, line 25:*

*For:* the area count

*Read:* the urea percentage

*Page 106, paragraph commencing on line 7, should read:*

To determine the *diastolic* pressure place the diastolic rate, 40-9-0-1-4-9 on the first six dials. Start measuring on the eighth dial. If on this dial the registration is 8 and on the ninth dial it is 5, the diastolic count would be 85. Subtracting the diastolic from systolic gives the pulse pressure, the normal being between 43 and 65. The seventh dial is not used in diastolic reading.

*Page 106, last line:*

*For:* the complete rate being 90-6-3-2-1-0-0-1-0

*Read:* the complete rate being 90-6-3-2-1-0-0-1-1

*Page 107, paragraph commencing on line 5, should read:*

Begin at 1 on the eighth dial and 1 on the ninth dial and work down to zero.

## CHAPTER I

AN EXPLANATION OF THE H.V.R.\* DIAGNOSIS  
AND THERAPY

Lectures Given by

**Dr. David R. Pearl**, Westwood Village, Los Angeles

It has been my experience that there are two things one must keep in mind in studying the Drown work. The first is that it is necessary to become as thoroughly familiar and as nearly in tune as possible with the theory and philosophy behind it. That is, one cannot think of yesterday and do the work of to-day. We must be in harmony with this system of tuning in to the Infinite.

Yet many of us will not turn on the dial of Life whereby we may become in tune with the Creator. There is some of the Creator in each of us. It is to be seen in everything that lives and grows; it is the activating Force which makes things what they are.

It is that Force with which we are dealing in this therapy. We must tune into it and work with it, in order to get into the right tune or harmony.

The second requisite is to know the instruments themselves—to understand them, what can be done with them, and how they operate. With a machine, one turns a dial or presses a button, and the electricity does the rest. On the Drown Instruments we are tuning into a vital force, therefore we must handle them carefully and accurately in order to use them to the best advantage. They are delicate, and must be worked with accordingly. If we can do that, and see *why* we are doing it, good results will follow. But if we are merely carrying out routine procedure, not thinking right, not knowing why we are taking a certain course, we will not get as good effects as if we understand the philosophy and theory back of this work.

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\* Homo-Vibra (Man-Vibration) Ray.

Such an understanding gives the proper insight, and by learning the use of the instruments and how to apply the theory in practice, we will see that we can go far beyond our anticipation. We will want to incorporate this system of diagnosis and treatment into the general scheme of things in our practice. We will find out how it will fit in, and what we can do with it.

Perhaps to some extent a number of you may have the experience I had the first year. When I took the instruments into my office I felt that I would select certain cases which had not been getting along very well, and use the Drown Instruments to augment what I was doing. But I have found out since then that one does not have to choose certain cases. *Any* case that comes into the office, any kind of condition, will certainly show improvement under the Drown Instruments if the diagnosis is correct and treatment is applied intelligently.

Yet in fitting these instruments into our practice we must not forget what is good in the things we have used in the past. For instance, we must consider diet—see that patients eat and live correctly; employ methods of manipulation if necessary, to free circulation and nerve impingements, and normalize the machinery of the body. And by using the instruments to clear up the molecular disturbances back of this, we will find that we have a well-rounded-out scheme of therapy. We will discover that it is not the tail wagging the dog; it is more like the dog wagging the tail.

The doctor working with these instruments will have no doubt as to their accuracy. Within the past few years various ones have been made which generate radio waves. The radio short wave diathermy generates heat in certain parts of the body. The closer tuning it gets, the better effect it has on the patient.

The Drown Instruments have exact tuning, for the simple reason that neither electricity nor artificial heat is used—nothing but the patient's own vital force or energy, amplified and carried back into the body. If we are operating the instruments properly we cannot get off the tuning.

Suppose we make a mistake in diagnosis. In that

event we would not be directing the energy properly into the part desired; when we diagnose and treat correctly we get the exact tuning. Even if the right lung were treated, when the trouble was in the hip, the treatment would only send the Life Force into the lung. It would do the hip no good, but would do the lung no harm.

There is another safeguard. If we make a diagnosis of a certain condition with the H.V.R. we do not pick up another type of instrument with which to treat. We employ the same one with which we made our diagnosis, or one like it, and use the same rates for treatment. So again, we are not running the chance of getting out of tune, which might happen with a piece of machinery that is electrically or battery-charged and operated.

The method of diagnosis and treatment should be taught a little slowly. I find in my work that if I learn a small amount at a time, and get that very thoroughly from day to day, keeping in mind that I am assimilating the theory back of it, it is better than to attempt too much at once. When one has finished a thirty-day course he has a very good conception of this method, and should be able to apply it intelligently.

We should never make a decision on a case without a *thorough* diagnosis; with every patient we should find out definitely what is wrong. Otherwise we cannot hope to get good results in treatment.

The following may be of interest and give the doctor confidence: A patient who had a psoas abscess was improving, but not as rapidly as she felt she should. She insisted on an X-ray picture. I requested the laboratory to show all the psoas muscle. When I saw the picture, for a moment it looked odd to me. I had the patient send a blood specimen out, and Dr. Drown took a photograph with her Radio-Vision Instrument. It showed a clear-cut pathology in the muscle structure, indicating that there had been a psoas abscess which was undergoing a process of healing.

In tuning into the energy of this and getting a scanning effect on the photograph, one could see the inside cell structure, and note where the scar tissue was crossing

the muscle strand, producing the trouble of which the patient complained.

In addition to treating a specific condition, we do whatever else is possible to help each individual patient. For instance, we find that in a diseased area of the lung or kidney, a weakening of the chain somewhere is a diagnostic factor which nine times out of ten will be found in the wheel of endocrine glands. Therefore we must go back of the localized trouble and normalize the function of the glands in the body, whose dysfunction has made it possible for the lung or kidney to become diseased. We should always be sure we are getting the proper tonicity of tissue and glandular control.

To repeat—the results obtained in this work are in ratio to accuracy in diagnosis. So—don't think **yesterday**, think **to-day**.

Lectures Given by

**Dr. Gladys Shutt**, Topeka

The Drown Method and the Drown Instruments have as their basis the fundamental principles of chemistry and physics—those laws and facts having to do with substance and molecular activity; with vibration and vibratory waves; with radio-active ethers and radio-active bands of energy and energy-carriers; with light and light activity within the cell nucleus; with cell division and replacement; with glandular and organic function and with tissue structure. All these are known facts and truths upon which a scientific world operates, and all are acceptable to a scientific investigator.

The first principle involved is that of the molecule and its activity. Scientifically we know that all substance has its form by virtue of its molecular arrangement. Investigation has demonstrated that the molecule is the basic mass-form upon which all substance having shape is built. To be sure, scientists have broken the molecule electrically into the smaller particles of atoms, chemicals and ions, but these are not mass-forms. Hence the molecule is the accepted mass-structure unit.

The shape or form of a substance is directly dependent upon the arrangement and variation of the millions of molecules which compose it. Thus the substance of wood differs from that of cloth; earth from water; flesh from metal; one wood from another; one metal from another; one tissue from another. Every recognizable form *assumes* that form because of the molecules of which it is composed. It has a definite arrangement peculiar to itself, and differing from all others.

For instance, the chemical molecules in the air become a form of substance which we recognize as rain; with a different molecular arrangement of those self-same chemicals we have, instead, snow; still another, and we have sleet; another, and we have hail; yet another, and we have steam or mist. But the chemical content has remained identical throughout.

Thus when we note differences in mass-substances we are virtually recognizing them by their variations in molecular arrangement. When we look into a microscope and say, "This is kidney tissue, this is liver," etc., we are identifying them not only by their form and their structural tissue, but also by their molecular variations.

In addition, we know that these molecules are in constant motion, adhering together by some force not defined by science but generally acceptable if termed the "Life Force" which animates that substance and which, when no longer present, allows it to disintegrate through a molecular separation and alteration in the mass-form. We are told that the result of motion is the production of energy. Therefore this energy production would depend upon the motion of molecules and their arrangement, and would vary as the form varies. For instance, the energy emanating from the activity of liver tissue would be different from that of the kidney, thyroid, stomach, pancreas, pituitary, or any other tissue of the body.

When we recognize one form as varying from others we are likewise recognizing it by its difference in energy production.

Since science has demonstrated that a substance

composed of moving parts will vibrate in accordance with the motion of those parts, just as a motor car vibrates according to the slowness or rapidity of motion of the parts comprising the engine, then these various substance forms, these tissues, will have a vibration rate directly proportional to the molecular activity composing them, just as distinctive to those tissue forms as the arrangement of their molecules or the energy produced by them—and just as peculiarly their own.

Thus under the laws of vibration each individual has a rate of vibration distinctive to himself. Each organ, gland and tissue has its own vibration rate as well. Hence the energy emanating from every tissue does so in vibration wave-lengths peculiar to that organ or tissue, and in proportion to the vibration of the tissue as set up by the molecular activity within it. Consequently our bodies are virtually a composite of many “dynamos,” constantly creating energy, constantly sending out wave-lengths according to each dynamo’s pattern of activity.

We know that any dynamo continuously creating energy must have an outlet, a “ground,” or it will explode from its own energy creation. With the advent of radio and knowledge of radio-active principles, we find that the “ground” for these dynamos of ours is the same radio-active ether which penetrates all substance; which passes through the walls of a house and brings to a radio sound-energy from Little America, or from any other part of the world; which carries energy in wave-lengths on radio-active carrier bands about the earth. This same radio-active ether penetrates the body substance and carries off the energy in wave-lengths emanating from the tissues, returning it again after encircling the earth with the speed of light (seven and three-quarter times per second).

Just as a commercial radio “tunes in” on wave-lengths of sound-energy sent out from a commercial broadcasting station, so could a radio instrument, calibrated to “tune in” on wave-lengths of radio-active energy sent out from our tissue “broadcasting” stations, act by means of proper dialing as a receiving set

of that energy for the reception of the various wave-lengths. The Drown Diagnostic and Therapeutic Instrument does just this.

It is so constructed that the operator is able selectively to tune in to the various organs, glands and tissues of the body and receive each patient's specific wave-length. Then, by precise tuning, the degree of variation in that wave-length reception from the normal point can be determined; and the degree of variation in function of that tissue, as well as the variation in energy production and molecular activity can be interpreted.

Invading organisms and diseased tissue formations have their own molecular arrangement; their presence in the body tissues may be detected by tuning in for their particular frequencies in the same manner. Hence the physician using the Drown Method has accurate facilities for differential diagnosis as well as for functional charting of organs, glands, tissues and systems of the body.

To be sure, the Drown Instrument is an *instrument*, not a machine. It is not meant to supplant the physician's brains nor substitute for them. Its use, like that of the stethoscope, must be combined with wisdom, thoughtfulness and knowledge. The doctor must be able to interpret his functional findings in the light of their possible effects on organic function and pathological developments, and with those possibilities in mind proceed to differentiate between them by using the instrument for detection of their presence or absence. The greater his knowledge of anatomy, symptomatology, physiology, histology, pathology, etc., the better diagnostician he becomes and the greater his field of usefulness with this instrument.

In the same way that the operator tunes in on the various body functions and diseases, he can tune in on remedies for the elimination of those disease vibrations and the causes producing them. Homeopathic physicians, particularly, have found the Drown H.V.R. Instrument invaluable because of its accuracy and exactness in checking homeopathic remedies both for potency and polarity in the dissipation of those disease reactions received in the instrument.



It cannot be too greatly stressed that the individual's own body energy is the only force or current used by the Drown Method in diagnosis, remedy selection or treatment; that no commercial electricity is connected in any way with the diagnostic instrument. Were this employed, it would be wasted, for it would not find its own rate of vibration in the body. In addition, the flow of human energy would be obscured to such a degree that the patient would receive only a portion of the treatment that he would have were he to treat with his own body energy unhindered.

By "body energy" we mean the electro-magnetic force which is generated by the activity of the molecular arrangement in any particular tissue, combined with the energy produced by the combination of minerals and fluids in the body, these together forming a current similar to that of a dry cell battery.

Work with the Drown Radio-Vision Instrument has showed this energy to be in the nature of light (an invisible white ray just above the white light in the spectrum, as infra-red is below the spectrum), since it can be registered on photo-sensitive (light-sensitive) films or plates by the direct scanning developed from the wave-lengths of tissue energy. This invisible light energy is received in its own frequencies on the diagnostic instrument, and any deviation from the normal wave-length can be noted and measured.

Other vibration wave-lengths are eliminated when dials are set for the reception of a wave-length from a particular part of the body or a specific disease. If this disease is present, it is broadcasting incessantly and when we tune in for that frequency we receive the "broadcast." If it is not present, even though we have dialed for this frequency we receive no broadcast of anything, since the frequency has been "assigned" to the one molecular arrangement alone. Complete blood counts, urinalyses, checking of the various systems and of impinged nerves, as well as temperature, blood pressure and diet may be made in this manner. Each blood cell, each cell constituent of the urine, etc., has its own mass-form and therefore its own frequency, and can be accurately measured.

For diagnosis, the patient places his feet on the foot-plates attached to the instrument. By this action the course of his energy, carried on radio-active ether in its flow towards the earth, is drawn into the instrument, passing towards the ground from the foot-plates; the operator, manipulating the various dials and moving his finger, covered with a rubber finger-stall, over the detector on the instrument, is able to tune in to these vibrations selectively. This is made possible by the fact that when the lower vibratory wave-lengths of energy, such as are found in diseased or lowered-functioning parts (which energy is negative to the total body energy) meets the positive energy or flow of electrons from the operator's hand, a direct short is noted in the detector. Thus by introducing varying resistances with different dial changes, the operator shifts from one wave-length reception to another, from one organ, gland or tissue to another, and determines the deviation in reception from normal.

While the above is the usual arrangement for diagnosis, it is also possible to carry this out with the patient hooked up for treatment.

The diagnosing instrument has nine dials. These, unlike the banks of dials used on other instruments, correspond to the keys of a piano. On a piano one begins with the base notes in the first octave. Similarly, the first dial of the Drown H.V.R. deals with the base rates of vibration, those of disease. These are slower, due to the fact that they are vibrations of some impinged energy-production channel of the body. When such impingement occurs, the energy there no longer vibrates to the rate of the total body energy, but sets up a lower vibration of its own and becomes disease energy. The other eight dials on the instrument are attuned to the body vibrations in octave arrangements. The various dial settings determine the selective tuning of the different wave-lengths.

Under the Drown Method the physician has an accurate and detailed picture of function, and the possibility of unerring diagnosis. I say "possibility," because it must always be remembered that the Drown Instrument is an instrument, *not* a machine. Diagnosis

“ by guess ” can be entirely eliminated from the field of therapy throughout its intelligent use. It is a definite aid to every physician.

But when we have made an accurate diagnosis with this instrument, what then can we do about it? What is the Drown Method of Treatment, and wherein does it vary from others?

It differs in that its whole program is constructive, since it begins with the basic principle of all mass substance, which has three divisions—the vibration rate, the activity of the tissue itself, and the Life Force contained within the nucleus of the cell. Treatment by means of this instrument is entirely a formative, stimulating process. It concentrates on rebuilding tissue activity by inducing the production of new, healthy, normally vibrating cells which gradually take the place of the abnormal disease formations.

In treatment, the patient's body energy is used in this way: he is put into a complete hook-up with himself through the use of the foot-plates, which act as the cathode, and an electrode of block tin (usually placed over the solar plexus), which acts as the anode. His polarity is reversed by sending his body energy out through the electrode into the instrument through the different rates of the body areas found by diagnosis to be unbalanced; the energy returns to the body again by way of the feet.

In treating, the total body energy is utilized rather than the specific organic or glandular tissue tunings set on the instrument in diagnosis. The body energy, travelling as it does in the various wave-lengths of the tissues, is merely intercepted on its way about the earth on radio-active ether bands; it is concentrated *in toto* in the instrument and re-directed to the various organs, glands and tissues of the body in the wave-length of normalcy for that part.

Set for treatment, the dial banks on the instrument assume the role of control of wave-lengths through resonance, thus either “ stepping up ” or lowering the vibration of the particular organ or tissue, just as the vibration of a tuning-fork or piano-string is “ stepped-

up " (or retarded, as the case may be) to harmonize with the wave-length of that energy being sent against it in the experimental laboratory. As the vibration of a tissue is altered, so, likewise, are its molecular activity, energy production and function changed.

How is this accounted for physiologically? As has been pointed out earlier, the energy which activates our tissues is in the nature of *light*; it has the speed and the qualities of light. A common experiment of the biology laboratory is that of sending a beam of light against a one-celled organism and noting the effect of that beam in intensifying the activity within the nucleus of the cell until cleavage of cell and cell nucleus finally takes place.

The application of this scientific fact answers the question as to what occurs under the Drown Method. We have a beam of light—a "radio beam," if you please—being sent into the tissue in the wave-length of that tissue itself. Through the process of metabolism and cell division constantly going on in the body, accentuated in the structure into which the body energy is being concentrated, the new cells will come in at the higher rate of vibration and the diseased cells will automatically fall away. Since like poles repel and unlike poles attract, cell division obviously takes places when the invisible light (positive in its polarity) strikes the positively charged nucleus of the cell. Abnormal disease vibration can no more continue to exist in normally vibrating tissue than light and darkness can exist in the same spot.

Here one point must be made clear. In diagnosing, we wish to receive the energy emanating from the disease formation itself, and we deal with that alone. In treating, however, the disease energy is not sent back into the part in its own vibration, even though the dial settings are the same as those found in diagnosis. Instead, the reception of the total body energy is localized through the treatment hook-up; the dial setting is the means of localizing the area into which the energy is sent.

For instance, even though we find tuberculosis of the lung in diagnosis, and utilize that same dial setting for

treatment, we are following a pattern, first, of localizing the energy reception in the lung by tuning into that lung, and second, of further localizing it there by specifying the tubercular tissue of the lung for reception of the energy wave-lengths which will cause stimulation and rehabilitation. We are not shattering the diseased tissue in a concentration of its own rate, but intensifying the rebuilding process of cell division in that particular area. Through this process, the normal will exclude the abnormal of its own accord, and a healthy state will be created.

These facts are scientific, acceptable, authoritative, backed by laboratory and clinical proof, and based on known experiments and conclusions.

## CHAPTER II

### MAKING A "BLUE PRINT" OF THE BODY

Lectures Given by

**Dr. Ruth B. Drown,**

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Is thorough diagnosis too much trouble? To this question, the average physician who is conscientious and has knowledge of his work will respond with an emphatic "no," but the one who has skimmed over the surface, working only for his degree and not for the knowledge he can gain, will answer in the affirmative.

Yet in the last analysis the patient really settles the question, for he will have confidence in and remain with the doctor who is skilled, and will leave the one who is not.

This, in our opinion, is why we have patients coming to us continually who have been to as many as thirty or forty physicians all over the world, and who have found that the detailed diagnoses delivered to them through our work have uncovered the obscure conditions which previously seemed so difficult to locate. We, too, would have found the matter difficult were it not for the use of the H.V.R. Instrument.

In some cases we have brought to light a condition previously discovered by another doctor, yet this same condition proved to be only a part of the whole trouble. Consequently, because of the unusual accompanying disturbances, the patient was not relieved of pain and distress when treated.

In one such instance, a physician in England discovered what appeared to be diabetes, and accordingly gave his patient a diet. (From this diet we knew his diagnosis.) However, we found not only the diabetes but also uncovered the fact that at its base was a tubercular condition of the islands of Langerhans in the tail of the pancreas. An additional factor in the trouble we

discovered to be psoas abscess. We located two such abscesses, one on each side of the body. These had affected both hips to the degree that the patient was hardly able to walk.

We brought to light other resulting conditions and even causes. Had previous physicians on the case discovered all these, they would have been able to aid the patient. Inasmuch as they did not help him, we are compelled to conclude that they did not get to the root of the trouble, because he was healed under our treatment.

We are continually being questioned by doctors as to the correctness of our diagnosis. We are also constantly being checked by the laboratories, which procedure we welcome. However, it is interesting to note how easy it is to find the laboratory technician himself at fault, for on occasion there will be nothing in the patient's condition to back his findings. In this case, the laboratory results could not possibly be of benefit.

We do not say that the laboratory, which seems to be the standard of diagnostic findings, is not of great assistance in diagnosis. Yet after all, we are still dealing with the human agent, and the percentage of possible mistakes caused by lack of care in order to facilitate speed is so great that were one to do the work himself he would soon lose confidence in the laboratory reports.

Too often the physician in the field neglects the fact that everything must verify a report. He usually accepts it at its face value and does not think further. He is not altogether to blame, for as a rule he has many cases on his mind. But that is all the more reason why he should go carefully into the diagnosis of each. Unless he does, he will lose about one-third of his patients, for these constitute the obscure cases.

We should be inclined to double this estimate were it not for the fact that many times in such instances the doctor's past experience, combined with the help of the patient, will enable him to arrive at a fairly clear idea as to the seat of the trouble.

It is our definite opinion, after being examined thoroughly on our work by many physicians, and at the

same time examining the knowledge of other doctors, that it is the one who has an open mind, who is conscientious, scientific, keenly thorough and always ready to learn, who will accomplish the most and as a result will keep the largest number of patients.

Many times doctors who have looked over our detailed diagnosis sheet have commented, "It is too much trouble to go through all that." But we have never had a reaction of this sort from a physician such as we have described above. He knows the value of thorough, scientific diagnosis.

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Obviously, a complete and scientifically accurate "blue print" of the condition of a patient's body is of inestimable value to the doctor. This it is possible to obtain with the H.V.R. Instrument, since it may be tuned in to any part of the body for measurement of function and for disease. In fact, measurement of function of the glands and organs in the body is the fundamental basis on which a diagnosis with this instrument is built.

In testing with the H.V.R., the first step is therefore to register the function of these various organs and glands, also of the blood vessels and the nervous system. A differential blood count is then made, followed by a urinalysis. In addition, blood pressure, temperature, impinged nerves and diet may be checked on the instrument if desired. This gives a complete ground-work for procedure in diagnosing disease.

If the physician has a true case history, much time and labor is saved at this point through the process of elimination. It would be utterly impossible to check through the entire Atlas for every disease in each instance.

A true case history also aids the physician to eliminate reactions he may obtain through certain disease rates which may not be that specific disease itself, but some other condition of a lesser or lower rate of vibration registering through that particular rate. Since the H.V.R. is not calibrated so finely as the human body,



there may be other rates very close to the known so-called disease rates, the lesser coming through the greater. The principle of this is the same as in the case of two radio stations sending on wave-lengths very close to each other. One station is heard distinctly, while the other seems farther away but can still be heard.\*

Certain doctors attempted to check the accuracy of the H.V.R. by sending the same blood for diagnosis under two different names, giving part of the case history with one specimen and the other portion with the second. The blue print of functions of the organs and glands obtained with the instrument in both cases proved almost identical, the only difference being a variation of 1/10 or 2/10 in some instances. This would naturally have followed, since the diagnoses were made at different times. However, the disease found in the first case differed entirely from that tabulated in the second (although they were not incompatible), since the case history of one caused the operator to look for certain conditions, and that of the other prompted a search for entirely different troubles. While both could have been found, it would have necessitated a complete checking through the Atlas in each instance, without proper utilization of the case history by the operator.

It is quite essential to know the symptoms, age, weight and height of the patient, whether he has undergone operations, the children's diseases he has had, and the possibility of congenital diseases in the family. It is always desirable to know the blood pressure in order that the doctor may check this with the findings of the instrument.

Unless the physician chooses to work blindly, it is just as important to have the above facts in diagnosis with the H.V.R. Instrument as it is in making any diagnosis. Incidentally, if the doctor works blindly, he usually does not know how to correlate his diagnosis after he has finished. The scientific ideas which he has

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\* This point is proved by the photographs made with the Radio-Vision Instrument. In these pictures, other tissues show besides that into which the instrument has been tuned—but appear less distinct.

gained in all his past training should be applied in conjunction with the use of the instrument, for the two are not at variance.

The instrument merely does away with the guess-work necessitated by diagnosing by the methods of symptomatology. In addition, the physician finds out the condition actually existing in the body in life. The importance of this is self-evident, since every doctor realizes that the body undergoes many changes at death. The post-mortem does not always reveal its state as it was in life.

As an instance of the value of a true diagnosis and the use which may be made of the H.V.R. Instrument by the physician, the following case is given:

Patient came in with high blood pressure. Urinalysis showed a slight alkaline reaction, which may have been due to some drug taken for the blood pressure condition. The latter, according to the patient, varied from 140 to 150 systolic, and from 100 to 110 diastolic. No cause had so far been found for this abnormal condition, we were informed.

A check-up with the H.V.R. Instrument showed that the kidneys were functioning normally, or nearly so. The interstitial tissue of the left kidney seemed to be normal, but that of the right registered only 2/10. (Normal registration with this instrument is 8/10 average, 10/10 high normal.) Contracted kidney came through as the disease here, showing the presence of inflammation at some previous time.

A questioning of the patient as to whether there had ever been any severe fever, or any other illness that might have created such inflammation, brought out the fact that the appendix had ruptured a year or so before, with so much resulting pus that two operations were necessary to drain it. This condition had evidently caused much trouble in the interstitial tissue of the right kidney, and revealed the vascular obstruction responsible for the load upon the heart.

The heart was found to be dilated, both ventricles showing hyperfunction. Both the coronary arteries and the heart muscle registered one-half normal capacity.

The systolic blood pressure came through at 145 on the instrument, and the diastolic at 100.6, which conformed closely with the history given of former findings.

Who would normally have diagnosed the trouble as that of the interstitial tissue of the kidney, when it did not show up in the urinalysis? The patient stated, incidentally, that urinalyses made in other laboratories had showed about the same results as ours. We might add that we made our analysis by two methods—one, by the general laboratory procedure, the other by means of the H.V.R. Both were done from the urine sample and results were almost identical.



*H.V.R. Office Model.*

## CHAPTER III

### ENDOCRINOLOGY AND TREATMENT METHODS IN MODERN PRACTICE, CORRELATED WITH THE DROWN SYSTEM OF DIAGNOSIS AND TREATMENT

Lectures Given by

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This chapter has been assigned to endocrinology and its importance in the Drown System of Diagnosis and Treatment. We place the endocrines at the beginning of our diagnostic chart because, directly or indirectly, they are the very base of all trouble in the body.

Practising physicians are familiar with the study of the endocrines, but in the Drown work we approach the subject from a little different angle. In this system, everything is based on the law of energy and vibration. Consequently, the first thing to be learned is that each of these endocrines, or its individual lobes or parts, have their own particular rate of vibration.

We find also that every gland, or its separate divisions, have a normal standard of function, for if the gland has energy and vibration, it means that it is active, as that is the "Law of its Being." Then we must be able to tell whether it is functioning normally or abnormally—producing health or disease. To that end, through many years of earnest research, exact numerical rates have been worked out, plus a standard rate of normal function for each gland, organ, tissue, etc., through the entire body, comprising a most complete Atlas.

When the doctor is diagnosing a case, it is of great assistance to be familiar with all the possibilities in this Atlas, and an exhaustive study of it is recommended. It is not necessary to set oneself the definite task of learning all the rates at once. With use, these will gradually fix

themselves in the mind. But to know what the book contains is invaluable for quick and ready reference.

The glands are so important as a foundation for the Drown Method of Treatment that not only do they come first in every diagnosis, but they are normalized first in every treatment for better results in other parts of the body which need balancing.

One by one we shall take up the various endocrine glands, showing their importance to each other and to the body as a whole. We shall study them from the standpoint of physiology or function, chemistry, pathology and clinical findings. In all this we are endeavouring to establish a means towards an end—namely, to correlate each with the Drown System of Therapy.

The secretion of the gland, both in quantity and quality, is its importance. If endocrines are depleted, their service is likewise depleted.

What makes glands imbalanced? Inheritance and environment, with all their ramifications. We find that every gland serves as a specific workshop or laboratory for the preparation of a certain substance which enters into the blood and is used to maintain the integrity of the body.

Each endocrine gland has a particular function to perform; it *must* do so if the body is to be normal. One stimulates nervous tissue, another builds fat, another strength, and so on. Through study of the endocrine wheel we shall learn to diagnose these so perfectly that they will become the basis of our accurate "blue print."

By means of just such knowledge of these glands we are able to correlate their conditions with other findings and thereby arrive at a correct conclusion, for it is only with understanding that we can decide wisely. We all know how futile is the treatment without an accurate diagnosis.

The endocrine glands, with their various signs, symptoms and syndromes, are often so definite in their picture that we may be inclined to use snap judgment, thinking, "That is hyperthyroidism," or "That is hypo-adrenia," and so on. Do not do this. Make a

complete diagnostic chart, then with a carefully taken case history analyze and correlate the findings. The doctor should observe this practice until he has become very proficient—then keep on with it.

The Drown System of Therapy works from causes. For instance, if we find a hypo-adrenia, we must find out *why* the suprarenals are low. Thus we shall be able to raise their resistance to normal so that they will not become hypofunctioning again. With this system of treatment we displace the subnormal vibration which we term *dis-ease*, and allow nature to establish her normal rhythm.

We shall consider the abnormal conditions under three main heads, namely: *inherited*, *toxic* and *environmental*; these may be classified into many sub-heads.

The endocrine glands are closely related and inter-related, and are very interdependent—so much so that when any one of them is dysfunctioning, others feel the effects; if several are out of balance the entire wheel will be unbalanced, as in a severe case of hyperthyroidism.

The glands represent **balance** in the body; therefore if balance is to be maintained, both *mental* and *physical*, we must keep the glands *normal*.

These endocrine glands act very intelligently. They have a *selective*, *discriminating* ability, for they work singly and also in groups, some being *synergistic* and some *antagonistic*. Without exception, all use certain minerals to produce their own particular secretion. For instance, the pancreas never was known to provide adrenalin or thyroxin. Each gland does its own work in its own way. All that is necessary is to keep it normal and supply it with fuel; it will do the rest. This supply is very necessary, particularly under the Drown System, as the therapeutic instruments work only with the patient's *own* energy. Consequently these chemicals must be in the body, which takes them from the blood stream.

Later we shall discuss the subject of how to select exactly the element lacking—a vital instruction, because so specific for each individual. This may appear con-

fusing and difficult at the start, but very shortly the doctor will find that the more difficult the case the better he likes it, as it makes him think. There is a reason for every procedure in the Drown System of Therapy.

### THE SUPRARENALS

The function of the suprarenals is to furnish tone and strength to every tissue and organ in the body. They select calcium from the blood stream and utilize it to build red fibre, nerve and bone tissue throughout the entire body.

The medulla secretes adrenalin. This is the internal secretion; the cortex gives us the external secretion, cortin.

#### Physiology of Suprarenal Medulla

1. Increases heart-beat and blood pressure.
2. Contracts uterus and all mucous membranes through the sympathetic nervous system.
3. Reduces peristalsis.
4. Stimulates kidney function and metabolism.
5. Contrary to action of other glands, dilates pupils.
6. Decreases coagulation time; contracts blood vessels.
7. Stimulates smooth muscle.

#### Physiology of Suprarenal Cortex

1. Assists in control of renal function and excretion of sodium.
2. Assists in carbohydrate metabolism.
3. Is important in body strength.
4. Assists in sexual development.
5. Opposes thyroxin.
6. Stores Vitamin C.
7. May assist in lactation.
8. Assists in detoxication (William Wolf: *Endocrinology in Modern Practice*).
9. Controls hot flashes in menopause.



Other endocrines with which the suprarenals are closely associated are the gonads, thyroid, spleen and pituitary.

In *hypofunction* of the *suprarenal medulla*, we find a general lack of tone and muscular weakness, as in a severe case of influenza, which causes hypo-adrenia. We might discover the suprarenals, one or both, very low in function, with a rapid, weak pulse and heart, a general body depletion, general asthenia, low blood pressure, etc.

We might also find tuberculosis; certain forms of anemia; so-called chronic rheumatism; sinus disease; chronic prostatitis and pelvic infections; and again, intestinal toxemias, malignancies, etc. Always we quickly determine the functioning capacity of the suprarenals; if they are low, we look for some of the above-named conditions. Then specifically and with speed we are able to tell our patient the possibilities.

If the *cortex* is low, we at once think of Addison's disease. If the patient is fifty or over, exhausted, losing weight, has skin splotches, low blood pressure, slow, full, but sluggish and easily compressible pulse, Addison's disease may be present, often in incipency.

There are three conditions here to differentiate—hypo-adrenia, Addison's disease and pernicious anemia. In all three the suprarenals would be low in function, but the bronzing of the skin, the blood picture and the complete Drown "blue print" will be definite and convincing to the doctor. In the Atlas we have a V.R.\* for nearly every disease, so we can easily find what condition is lowering the vibration of the suprarenals.

In *hyperfunction* of the suprarenals, we have but to remember their circulation and innervation. According to their size, they have the largest blood supply of any organ in the body, and a very elaborate nerve supply from the abdominal sympathetics through the splanchnics. So in hyperfunction every function is accentuated—blood pressure, pulse and heart. There is nervous fatigue, nervous exhaustion; even though sleep has been

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\* Vibratory rate.

maintained throughout the night, the patient will awaken exhausted, because he has slept in that same state of tension characterized in the entire body. He will have mental brilliancy but emotional instability.

Some of the signs and symptoms are: nervous irritability, as well as irritable heart; gastro-intestinal irritability; hyperchlorhydria.

The *H.V.R. Journal* tells us that the suprarenals go to the support of the lungs, also the motor nerves.

In *asthma*, consider the suprarenals and thyroid; in *chorea*, the suprarenals and parathyroids; in *common colds*, the suprarenals, parathyroids, thyroid and gonads; in *Addison's disease*, always the liver with the suprarenals.

In all cases of *hypertension*, think of the suprarenals, thyroid, ovaries and tail of the pancreas; in *migraine*, the suprarenals. For *extreme nervousness*, use the combined V.R. of right ovary and right suprarenal, or left ovary and left suprarenal. Always consider well the suprarenals in case of *pneumonia*; also in normalizing an *irregular* or *over-active heart*.

In conclusion, it might well be said: never forget to watch the suprarenals in every abnormal condition; normalizing them and sending the blood through them assists the well-being of the body.

This important glandular structure could be discussed at endless length, but reference to the comprehensive Atlas compiled for the Drown System of Treatment will give any further information desired.

### THE PINEAL GLAND

This gland, located in the brain, finds very little mention in our text-books on endocrinology. Its function is the development of the sex apparatus and a control over the growth of the body, generative, skeletal and somatic. It also lends support to the motor and sympathetic nerves and to the eyes.

Like the thymus, the pineal is a gland of childhood,

and reaches its full development early in this period. If it is overactive after puberty serious results follow, one of which may be diminished sex expression. Cases have been reported in which maturity has come very early in childhood as a result of the destruction of this gland through tuberculosis. Complete destruction of the pineal through malignancy causes profound cachexia and trophic disturbances.

This gland and the thymus are to be considered at all cancer cases.

The pathology found in the pineal is tumours or cysts; among these may be sarcoma, teratoma, psammoma, carcinoma, glioma, neuroglioma, etc. We may also have a hydrocephalus developing, due to pressure on the veins of Galen and the aqueduct of Sylvius, the liquid filling first the third ventricle, then passing down into the pituitary, giving symptoms of nervous or pressure origin, such as cerebral hypertension, headache, vomiting, convulsions, etc.

Signs and symptoms of imbalance are:—

1. Early growth, often premature, as well as mental and sexual precocity in children.
2. Decreased sexual power in adults.
3. Polyuria, polydipsia, adiposity, and later, defectiveness. (Wolf.)
4. Neuralgia, and pressure signs.
5. Precocious mental, genital and somatic development. (Wolf.)
6. Tumours of various types.
7. Tumours causing pyloric obstruction and vagus interference, resulting in epilepsy.

Many of these conditions are considered obscure, and are usually diagnosed at autopsy only, by means of the older methods, but with the Drown System of Diagnosis, both the H.V.R. and the Radio-Vision Instrument, we are able to diagnose the case definitely and quickly, and many times treat the condition satisfactorily.

## THE PITUITARY GLAND

**Physiology or Function of Anterior Pituitary**

1. Controls growth; all bones and tissues.
2. Stimulates the brain through phosphorus.
3. Inhibits the posterior pituitary, thereby establishing mental balance.
4. Regulates water metabolism.

The *anterior pituitary* produces several endocrines, namely:

1. Growth endocrine.
2. Sex-stimulating endocrine, divided into (Wolf):
  - (a) Follicle-maturing fraction, called prol. A.
  - (b) Leuteinizing fraction called prol. B.
3. Thyrotropic endocrine.
4. Adrenotropic endocrine:
  - (a) To medulla.
  - (b) To cortex.
5. Lactogenic endocrine.
6. Diabetogenic endocrine.
7. Pancreatic endocrine.
8. Erythropoietic endocrine.

The many conditions of growth or lack of growth are too numerous to be discussed here, but the underdevelopment of the sex apparatus is always due to *hypofunction* of the anterior pituitary, the resulting clinical picture depending on the age at which the disturbance began.

*Hyperfunction* of the anterior pituitary gives us the picture of giantism; later this may change to a *hypofunction* when the gland becomes exhausted from pressure, as hyperfunction is usually due to a tumour of the anterior lobe.

The *posterior pituitary* is composed wholly of nervous tissue, hence stimulus tissue throughout the body. It secretes the substance pitressin (Wolf), which produces the following effects:

1. Raises the blood pressure.
2. Is both diuretic and antidiuretic.

3. Influences the production of obesity through water retention.
4. Increases stomach and intestinal secretion.
5. Is antagonistic to insulin.

The posterior lobe of the pituitary plays an important role in the H.V.R. work, as research has proved that the V.R. for this may be directed through any organ or part low in tone, such as dilated blood vessels, prolapsed uterus, or any other prolapsed, atonic or ptosed area; this gives quick and definite improvement.

The secretion pituitrin is a vasoconstrictor. When the rate for the posterior lobe of the pituitary is directed into the stomach, it increases the H.C.L.

Quite closely related with the pituitary are the suprarenals, gonads, thyroid and thymus.

The condition of thin, nervous patients whose posterior pituitary is very high in function will be improved by normalizing on both the anterior and posterior pituitary, as well as the pars intermedia.

Through the H.V.R. diagnosis we are seeking to discover why these glands are out of balance. It may be due to tumours, cysts, etc., or the failure of other glands to contribute their balance. If there is a tumour of the pituitary there will be increased intracranial pressure

The posterior pituitary is a thermic center and burns up water, carbohydrates and fats. It inhibits the mammary function, so may be responsible for metrorrhagia and menorrhagia.

Worry is a most important etiological factor in imbalance on any part of the body, but especially of the glands, particularly the posterior pituitary.

The following are a few notes from an early *H.V.R. Journal*:

- “ 1. Normalizing the glands in general brought about a new growth of hair on the head of a patient.
2. Many cases of haemorrhage have been controlled and usually stopped by normalizing the parathyroids. Treatment on the parathyroids relieves asthma.

3. A combined rate of posterior pituitary and internal ovary has been known to result in a complete cessation of pain caused by a cystic tumour, and to overcome insomnia, which is a concomitant symptom with this condition.
4. Combination treatment of posterior pituitary into prolapsed areas of colon has given marked results in cases of constipation."

In *abortion* without apparent cause, consider the anterior pituitary and ovaries; in *criminology*, the anterior pituitary; in *deafness*, the pituitary, thyroid and ovaries; in *dementia præcox*, the pituitary and thyroid; in *diabetes insipidus*, the posterior pituitary; in *eczema*, the pituitary, thyroid and pancreas. Many others are given in the Drown H.V.R. Atlas.

### THE PANCREAS

The pancreas is directly concerned with the digestive tract—the foods of the body; it is a gland of digestion.

#### Functions of the Pancreas

1. Secretes insulin, which maintains blood sugar at normal level.
2. Aids in the metabolism of fats.
3. Aids in the absorption of carbohydrates, such as glucose.
4. Aids in storage of carbohydrates in the liver, such as glycogen.
5. Converts glycogen back to glucose when needed.

Insulin is the internal secretion of the pancreas, which controls carbohydrate metabolism, principally anabolism, and also the anabolism of water. The external secretion is composed of several substances—mainly trypsin, amylase and steapsin. These act in the digestion of fats and carbohydrates and in the beginning of protein digestion. However, we are more concerned with insulin because of the pathology resulting from its imbalance.

The pancreas is closely associated with the liver,

suprarenals and pituitary; the liver and suprarenals are regulated by the pituitary, as are most of the other endocrines.

Through its use of carbon in the anabolism of carbohydrates and the combustion of fats, the pancreas assists the liver to eliminate toxic waste from the intercellular spaces.

When the head of the pancreas is low in function, the patient is unable to take care of starches; when the function of the tail is low, he cannot take care of sweets, and will complain of canker sores in the mouth, swollen gums, etc. When the islands of Langerhans are low in function, he craves sugar, but cannot take care of it, and we may consider diabetes mellitus as a point in diagnosis. It is well to remember that blood sugar is *decreased* in diabetes mellitus; this in turn would cause an increase in fibrinogen and fibrin elements, and in the coagulability of the blood if an operation were necessary.

Diabetes mellitus is a condition of any age, but it is to be suspected in a patient over fifty if he is erratic, irritable; has great weakness; insomnia, intense craving for carbohydrates, especially sugar; is always hungry; has had loss of weight, etc. Tuberculosis is usually the background for diabetes mellitus; however, if for any reason the tuberculosis begins an acute activity, the diabetes generally clears up.

With diabetes we have all manner of digestive disturbances from deficiency of the pancreas and kidney conditions, due to the irritation of sugar. Skin irritation, faruncles, carbuncles and pyorrhea also may indicate a diabetic tendency; and retinitis, iritis, cataract, neuritis and acidosis might well cause us to look for this.

There are a number of conditions showing excess sugar that must be differentiated, such as pneumonia, typhoid, cancer and tuberculosis; but with all these we have various diagnostic points.

According to the Drown Method we find that the pancreas gives its support to the skin and kidneys, and should be considered both in diagnosis and treatment of epilepsy (usually the tail of the pancreas, with the pineal, in epileptic seizures).

In *hypertension*, look for imbalance in the tail of the pancreas, also the thyroid, ovaries and suprarenals.

In all *infections* and in *lowered blood pressure*, consider the tail of the pancreas. Also check the pancreas in *gastric ulcer* and in any *skin ulcer* or *skin irritation*.

As with all the glands, so much might be written—but we refer you, as before, to the Atlas and to work given in the Drown Therapy lectures.

### THE OVARIES AND UTERUS

The ovary is the repository of the ova, and in addition to its normal function we find the elaboration of an internal secretion which is responsible for growth and certain developmental features, as:

1. Development and growth at puberty of the mammary glands, vagina and uterus.
2. Assistance in maintaining, also in producing, the physical and psychic secondary sex characteristics.
3. Establishment and maintenance of the menstrual cycle.
4. Certain of the bodily changes that take place during pregnancy, such as the embedding of the ovum in the uterus; the development of the placenta; relaxation of the symphysis pubis; and, together with the anterior pituitary, promotion of the secretion of milk. (Wolf.)

The chief endocrine of the ovary is produced mainly by the graafian follicle and the corpus luteum.

Some writers claim that another hormone, known as relaxin, is formed by the ovary. Its main function, as the name implies, is relaxation to the symphysis pubis and sacro-iliac region during the latter months of pregnancy.

The secretion of the ovarian hormones, the process of ovulation, luteinization, and the uterine changes dependent on these hormones can occur normally *only* when the relation between them and the anterior lobe of the pituitary, the thyroid and the suprarenals is normal.



These glands function in this way at puberty and for the menstrual cycle; the thyroid acts on the thyrotropic in the pituitary, and at the same time there is a corresponding action of the pituitary on the thyroid; in turn, the pituitary affects the ovary. The suprarenal cortex reacts in a similar manner upon the adrenotropic portion of the pituitary, which then stimulates ovarian function, while the mammary gland plays a very important part in the control of menstruation as to quantity and length of time for each period.

According to Wolf, changes occurring in the uterus during the menstrual cycle are:

1. The resting stage.
2. The proliferative stage.
3. The premenstrual stage.
4. The destructive stage.
5. The regenerative stage.

The uterus has three functions:

1. Menstruation.
2. Pregnancy.
3. Secretion of a hormone for mineral balance, the lack of which often causes rheumatism.

Both the uterus and ovaries are subject to tumours, cysts, and great irregularities of function.

*Hypo-ovarism* gives insufficient, irregular, or complete cessation of menstruation, which brings about a series of nervous and vascular changes, also body changes. Heredity and environment are the chief etiological factors; Vitamin A is important, as it covers malnutrition, while lack of Vitamin E leads to sterility. Arthritis is a frequent accompaniment of ovarian (corpus luteum) insufficiency.

*Hyperovarism*, or increased ovarian activity, is characterized by early or premature development of both primary and secondary sex characteristics. The thyroid may be hyper or hypo. The pineal seems to have an inhibitory influence, so if for any reason it is low, this may allow the ovaries to become overactive. Suprarenal

cortex pathology, such as tumours, may stimulate ovarian activity. Agitation and worry will cause an imbalance in the ovaries which may result in hypo or hyperactivity. Many cases of menorrhagia and metrorrhagia are due to hyperovarism, and often combine with mammary imbalance.

Referring to the Drown Method, we find that the ovaries contribute to the well-being of the skin, hair, teeth, eyes, and the motor and sympathetic nerves.

In the following conditions, the ovaries are to be considered carefully: abortion without apparent cause; arteriosclerosis; arthralgic in knees, insteps, shoulders and the small articulations of the hands; bladder irritation; bronchitis; bronchopneumonia, chloasma; chlorosis; common colds; deafness; haemorrhages of menopause or puberty; menstrual headaches with scanty flow; obesity; tonsillitis; vomiting at pregnancy; leukorrhoea. (All these belong to the external function of the ovaries.)

In the above-mentioned conditions, the other related glands should always be remembered; for, as some writer has said, "Every organ serves as a workshop for the preparation of a specific substance which enters into the blood; such substances are useful to the body, and are needed in order to maintain its integrity." And the foundation on which success depends in the Drown System of Diagnosis and Treatment is the ability to correlate one's findings.

### THE GONADS AND PROSTATE

The testicles are essentially the organs of reproduction in the male. Their blood supply comes from the spermatic artery, a direct branch of the aorta. The testes in the male correspond to the ovaries in the female, performing their half of the function in enabling the ovum to develop into a new being; the prostate and Cowper's glands assist in this process.

As in the female, so in the male—the gonads are closely associated with the pituitary, thyroid and supra-renals. Both male and female gonads use nitrogen.

## Function of the Gonads

1. Primarily the production of spermatozoa.
2. Internal secretion, which helps in formation and maintenance of the secondary sex characteristics.
3. Development and maintenance of prostate spermatogenic elements and accessory sex apparatus.
4. Growth and distribution of hair on head and body.
5. Maturing of muscles of larynx and skeleton.
6. Some control over fat distribution.

The orchic hormone produces courage, optimism and mental control through its power to stimulate the anterior pituitary.

## Hypofunction, Signs and Symptoms (Wolf)

### *Pre-adolescent hypogonadism:*

1. Small genitals and undeveloped secondary sex characteristics.
2. Overgrowth of long bones.
3. Voice high-pitched; feminine in general.
4. Dental anomalies.
5. Clumsy, dull, weak-minded attitude.

### *Adult hypogonadism:*

1. More or less regression of sex characteristics.
2. Atrophy of prostate.
3. Girdle obesity.
4. Nervous and psychic symptoms; individual feels he is persecuted.
5. Low resistance to infection and tendency to dementia praecox; cirrhosis of liver; homosexuality; diabetes; parathyroid and thymus disorders.

The etiology of both pre-adolescent and adult hypofunction is the same—inherited, acquired or environmental.

### **Hyperfunction (Hyperorchidism), Signs and Symptoms (Wolf)**

1. Precocious puberty.
2. Excessive development of these organs.
3. Rapid skeletal growth, ceasing early, resulting in short arms and legs.
4. Premature tooth eruption, separation, malposition or overcrowding.
5. Hirsutism.
6. Nervous and mental symptoms.
7. Tachycardia, tremour.

Etiology—inherited, acquired.

The presence of tumours, such as sarcoma, teratoma, etc., may be the cause of the trouble.

If the testes *fail* to function they are subject to tumours and general hypertrophy, which may cause severe cystitis from pressure.

These glands supply the skin, and the motor and sympathetic nerves.

Under the following conditions we should watch the gonads: atherosclerosis; bladder irritation; broncho-pneumonia; pneumonia; pulmonary embolism; cardiac hypertrophy; myocardial insufficiency; sciatica; pyelonephritis. All these are quickly diagnosed with the H.V.R., as well as successfully treated.

The *prostate* is composed of muscular, fibrous, connective and glandular tissue. It has an external function only, and is controlled by the orchic and pituitary hormones. After an individual is fifty it hypertrophies; after castration, it atrophies. The removal of the prostate is the orthodox method of treating hypertrophy, but with the H.V.R. this is usually unnecessary.

## **THE THYROID**

### **Functions**

1. Secretes thyroxin; also changes this into thyroglobulin to be stored in the thyroid and released

when for any reason iodine becomes low in the circulation.

2. Controls or regulates metabolism.
3. Sensitizes every cell and organ of the body to sympathetic stimulation.
4. Assists in the control of tissue differentiation.
5. Increases the heart rate.
6. Controls coagulation time.
7. Increases urea and fluid secretion.
8. Stimulates alertness mentally.
9. Controls or regulates the fat of the body.
10. Controls intestinal motility.

### Relation of the Thyroid to Other Endocrines

1. It is antagonistic to the insulin in the pancreas.
2. The thyroid and the medulla of the suprarenal are synergistic.
3. A close relation exists between the thyroid and the gonads, as shown by disturbances of the thyroid at puberty, pregnancy and menopause.
4. The thyroid is antagonistic to the parathyroids.
5. It acts on and is acted upon by the pituitary fractions, these being known as thyrotropic, adrenotropic, etc.

### Conditions Resulting from Hypofunction

Lack of thyroid secretion in infancy interferes with both mental and physical growth and development.

1. *Cretinism* is a condition of fetal life or infancy, and may be caused by partial or complete lack of thyroid, the signs and symptoms varying accordingly.
2. *Myxedema* is also a condition resulting from hypofunction, but occurring later in life, even in middle

life, and manifesting the characteristic signs and symptoms of inertia, both mental and physical; obesity; low B.M.R.; obstinate constipation; mental depression, etc.

The lowered function of the thyroid results in slow growth in children; delayed maturity; overweight; scanty or absent menstruation in the girl and extreme sluggishness in general in the boy; slow pulse; dry skin, hair and nails. The lack of mental stimulation is greatly in evidence. Bright's disease usually requires thyroid activation.

*Hyperfunction* gives quite a different picture. The individual is quick, vivacious; both mentally and physically alert. In extreme cases we have Graves' disease, with its characteristic signs and symptoms, too familiar to enumerate. For more detailed information, refer to the H.V.R. Atlas.

In many of these hyperthyroid cases, which might be very obscure under the old system, differential diagnoses are quickly and definitely made with the Drown H.V.R. Method.

Consulting the Drown Atlas, we find that the thyroid has a specific action upon the brain cells and the sympathetic nervous system. If wounds heal slowly, look to the thyroid.

For the many other conditions in which the thyroid is very important we refer you to the H.V.R. Atlas.

In conclusion, we give the following chart, taken from the *H.V.R. Journal*, December, 1931:

" We have noted the following significant results in checking the function of the glands of a patient who had taken thyroid extract (not under a physician's supervision) over a period of many years, but who stopped the extract a month prior to the test appearing below. During that month she started treatments with the H.V.R. Instrument. We tabulate a check of the patient's glands and organs, taken with the thyroid extract (a combination of thyroid extract and iodine), and without it:

				<i>Normal.</i>	<i>With.</i>	<i>Without.</i>
Suprarenal, R.	...	...	...	5/10	7/10	4/10
„ L.	...	...	...	5/10	8/10	4/10
Pineal	...	...	...	10/10	2 points	6/10
					(10/10=1 point)	
Pituitary, anterior lobe	...	...	...	10/10	10/10	7/10
„ posterior lobe	...	...	...	10/10	1-9/10 points	7/10
„ pars intermedia	...	...	...	10/10	7/10	6/10
Pancreas, head	...	...	...	10/10	3 points	1-4/10 points
„ tail	...	...	...	10/10	1-5/10 points	8/10
„ islands of Langerhans	...	...	...	10/10	2 points	7/10
Ovary, R. (Internal function)	...	...	...	10/10	1-8/10 points	8/10
„ L.	„	„	„	10/10	2 points	8/10
Thyroid, R. side	...	...	...	5/10	2 points	2/10
„ L. side	...	...	...	5/10	2 points	1/10
Parathyroid, upper R.	...	...	...	10/10	9/10	8/10
„ lower R	...	...	...	10/10	9/10	1/10
„ upper L.	...	...	...	10/10	2 points	8/10
„ lower L.	...	...	...	10/10	2 points	4/10
Thymus	...	...	(in adults, 1/10 to 4/10)	...	2 points	4/10
Lymph	...	...	...	10/10	4/10	7/10
Spleen	...	...	...	10/10	8/10	8/10
Liver	...	...	1 to 4 points	...	2 points	2 points
„ , left lobe	...	„	„	...	1 point	1 point
„ , caudate lobe	...	„	„	...	9/10	8/10
Kidney, R.	...	...	...	10/10	2/10	7/10
„ R. interstitial tissue	...	...	...	10/10	3/10	4/10
„ L. ...	...	...	...	10/10	7/10	9/10
„ L. interstitial tissue	...	...	...	10/10	5/10	9/10
Stomach, pyloric end	...	...	...	10/10	8/10	10/10
„ cardiac end	...	...	...	10/10	7/10	10/10
„ hydrochloric acid	...	...	...	8/10	4/10	6/10
Arteries	...	...	...	10/10	3/10	9/10
Veins	...	...	...	10/10	6/10	3/10
Motor nerves	...	...	...	10/10	9/10	9/10
Sensory nerves	...	...	...	10/10	2 points	5/10
Sympathetic nerves	...	...	...	10/10	3 points	6/10
Heart muscle	...	...	...	10/10	10/10	4/10
Heart, R. ventricle	...	...	...	4/10	2/10	6/10
„ L.	„	„	...	4/10	1/10	6/10

(This patient had taken thyroid extract for nearly twenty years, and her pulse rate averaged about 54.)

		<i>Normal.</i>	<i>With.</i>	<i>Without.</i>
Coronary artery, R.	...	10/10	3/10	9/10
" " L.	...	10/10	6/10	8/10
Pulmonary artery, R.	...	10/10	6/10	9/10
" " L.	...	10/10	6/10	8/10
" vein, R.	...	10/10	7/10	8/10
" " L.	...	10/10	6/10	8/10
Duodenum,	...	10/10	3/10	9/10
" hydrochloric acid	8/10	9/10	8/10	
Jejunum	...	10/10	2/10	9/10
Ileum	...	10/10	8/10	10/10
Colon, cecum	...	10/10	10/10	7/10
" hepatic flexure	...	10/10	10/10	7/10
" transverse	...	10/10	10/10	9/10
" splenic flexure	...	10/10	10/10	9/10
" sigmoid	...	10/10	10/10	6/10
" rectum	...	10/10	10/10	6/10

" It is evident from the above diagram that the thyroid gland directly influences all other endocrine glands, especially the suprarenals. They in turn act in their usual way upon the intestinal areas. The hyperfunction of the thyroid brings out hyperfunction of the suprarenals. Thus when this extract is taken over a period of time it keeps the suprarenals overactive during that interval, causing the muscles of the duodenum and the jejunum to register dysfunction, and inhibiting their normal digestive apparatus. Consequently we find that the patient does not absorb and store up fats, which are for the most part digested in the small intestine.

" It is apparent that a long period of improper blood supply through these areas would soon bring about ulceration, and in time degenerative tissues would result. This in turn would have its effect on other parts of the body.

" The above chart seems to indicate that the parathyroids are definitely under the control of the two energies in the body—the left being governed by the energy in the blood stream, the right by the energy in the nervous system.

" From a study of the chart, the abnormal results that can arise from a hyperthyroid condition are easily seen, whether extract is given orally or whether this state is produced in the body from the patient's own thyroid



gland. It is evident that all other glands affected accordingly will contribute their portion to the diseased condition.

“ The patient whose test appears above has suffered greatly from digestive disturbances, and has severe kidney conditions. It will be noted by glancing at the chart that not only has the function of the kidneys been markedly decreased by the hyperthyroid trouble, but also that of the arteries and veins, and the action of the heart, while the sensory and motor nerves have been equally increased in function.

“ This is one of the many obscure conditions that we are able to bring to light in this laboratory.”

### THE PARATHYROIDS

#### Functions of the Parathyroids

1. Regulate calcium in both blood and tissues.
2. Increase intestinal peristalsis.
3. Regulate absorption and excretion of mineral salts in the body.
4. Maintain neuromuscular balance and sympathetic equilibrium.
5. Assist in bone and tooth formation.
6. Detoxicate.
7. Are necessary in coagulation of milk and blood.
8. Through trypsinogen by enterokinase, they assist in protein metabolism.
9. Through calcium balance, regulate the heart rhythm.
10. Through calcium balance, regulate the permeability of cell membrane and thereby assist in controlling allergic conditions.

On page nine in the Drown H.V.R. Atlas, we find:

“ The *upper right parathyroid* controls the toxins, calciums, and the function of the nerves of the head and neck.

“ The *lower right parathyroid* controls the toxins, calciums, and the function of the nerves of the body and limbs.

“ The *upper left parathyroid* controls the toxins, calciums, and the blood vessels of the head and neck.

“ The *lower left parathyroid* controls the toxins, calciums, and the blood vessels of the body and limbs through the sympathetic nervous system.”

### Relationship to Other Endocrines

Embryologically, the parathyroids are closely related to the thymus. They are antagonistic to the thyroid, but synergistic to the suprarenals and pituitary. The parathyroids stimulate the suprarenals to secrete adrenalin.

### Hypofunction

Many conditions manifest from lowered function of the parathyroids—from spasmodic croup in children to tetany. All result from low calcium, and represent *hypofunctioning parathyroids*—for calcium, with phosphorus, soothes the nerves and muscles, and controls the speed at which the impulses are carried over the neuromuscular system.

In hypoparathyroids we find a definite lack of tone in all muscles and in the intestines. This in turn will cause retarded intestinal movement and produce constipation. There will be slow digestion and a diminution of pancreatic and gastric juices. There are many conditions to be differentiated, which can be done very satisfactorily with the H.V.R.

### Hyperfunction

In such cases there is usually a tumour in one or more of the glands; most frequently it is adenoma in type. This causes calcium to be mobilized from the bone, which results in a rarefaction of the bones. The decalcification makes the bones very brittle, so that fractures are common. Yet the bones often become soft; this is known as generalized osteitis fibrosa cystica, or osteitis fibrosa generalisata (Wolf). These terms are used according to location and the structure involved. The Drown Radio-Vision Instrument would show this cystic condition within the bone.

Why do we normalize the parathyroids in haemorrhage? To assist them to mobilize quickly the calcium needed to form the clot, for we know that calcium converts the prothrombin into thrombin. This reacts with fibrinogen to form fibrin, which is essential to the clotting.

The parathyroids should be physiologically high in pregnancy and in childhood. Calcium unites with phosphorus in the body to form calcarea-phos., which is very needful in all low-grade conditions such as cancer, tuberculosis, pernicious anemia, etc. Supply, absorption and utilization of calcium must be normal if the body is to be maintained in comfort.

#### THE SPLEEN

We find this gland high in sulphur, utilizing that substance in the hormone which it forms. One of its functions is to detoxicate. It neutralizes toxins, and when these are removed the field is no longer fertile for infection.

If the spleen were always normal we should have little trouble, since the spleen has as one of its functions maintaining the composition of the circulating blood at a certain level. According to some writers, this keeps the erythrocyte count and the haemoglobin count unchanged. The spleen is responsible for the removal of destroyed erythrocytes. They are deposited in this organ when they have served their purpose, and it *must* dispose of them.

The spleen exerts an inhibitory function over the bone marrow. Thus it does not admit too many erythrocytes into the blood stream. As has been stated previously, these endocrine glands act intelligently. They represent *balance*. This is corroborated by the H.V.R. instruction, in which the different physical parts are correlated with the mental, showing how the Directing Intelligence (pure, white invisible Light), coming in through the pineal gland, works through the mind. The brain, being the flood-gate through which this Energy flows, must also be normal. Again, the glands must be balanced, or the brain will not function properly.

The spleen is important in the Drown System of Therapy, since in a way it represents our constitution, or the resistance which we brought into life with us; while the suprarenals denote the resistance we have generated ourselves. Regardless of the poor condition of a patient, he has a much better fighting chance if his spleen is in fair condition.

An *overfunction* of the spleen causes Banti's disease.

The spleen is liable to become depleted in such illnesses at typhoid, typhus, malaria, or any low-grade type of fever, with slow convalescence. In anemia, when the spleen is low in function, foods supplying sulphur should be advised. Garlic has a high content of this.

Because of the close association between the spleen and the liver we may find toxic conditions arising, such as hyperacidity, acidosis, or a general toxemia. The suprarenals are also included in this group; if they become depleted, weakness will manifest.

It is noticeable that frequently the suprarenals and pituitary combine in the various groups or hormones. This, of course, is good Mother Nature sending strength and cell tone through the suprarenals, and driving power through the pituitary into *every cell and organ* in the body.

When the spleen is out of balance it interferes greatly with the liver and blood.

Through its internal secretion, the spleen resists infection, particularly anthrax. This internal secretion is a ferment which breaks down worn-out cells and prepares the contents of these cells for other processes. This may apply also to leukocytes, especially phagocytes.

When the spleen becomes inactive, through removal or otherwise, the lymph nodes and bone may attempt to carry on its function.

This organ is more active in childhood and middle life, because of the greater predisposition to disease at these times. Some of the conditions interfering with normal functioning of the spleen are:

1. A floating spleen. When this trouble is suspected, test for dullness where the spleen should be; also

look for the hilus of the spleen with its pulsating artery. Unless it has been displaced too long, it can be slipped back into place in the same way as a floating kidney.

2. A twisted pedicle is another condition to be considered. According to the severity of the trouble, this gives sudden engorgement, severe local pain, sudden anemia, marked pallour, fever, uncontrollable vomiting, with marked shock and collapse. This condition might be confused with hydro-nephrosis, movable kidney, abdominal tumour, ovarian or uterine tumours, fecal accumulation, or even an extra-uterine pregnancy.

It is in such cases as these that the H.V.R. is indispensable, for with the mind and hands properly working with this instrument it does not seem reasonable that one could fail in a diagnosis if he had proper knowledge of the subject.

Other conditions causing an acute hyperemia, with congestion and enlargement, are: acute toxemias, particularly typhoid; typhus; septicemia; pyemia; ulcerative endocarditis; glanders; anthrax; *abortion due to sepsis*.

In acute engorgements the spleen is soft and flabby, while in chronic cases it is hard.

Important symptoms which lead one to suspect a spleen condition are: enlargement; tenderness on pressure; a feeling of weight. If there is high blood pressure with the enlargement there may be a very discernible pulsation over the spleen.

This organ assists in the control of water storage and circulation; therefore in all abnormal fluidic conditions anywhere in the body the endocrines should be checked to see how the spleen is functioning.

#### THE BALANCE BETWEEN THE ENDOCRINES AND EACH INDIVIDUAL ENDOCRINE, CORRELATED WITH THE DROWN SYSTEM OF RADIO THERAPY

The balance between the endocrines is as important as that of each individual endocrine; as a chain is only

as strong as its weakest link so is the endocrine wheel only as strong as each of its spokes.

Through the senses are carried the stimuli which affect the cerebrum—i.e., sight, hearing, taste, smell, feeling (such as touch or pain); also temperature.

A close relation exists between the cerebrum and the autonomic nervous system, and through these comes conscious and unconscious stimulation.

Speaking broadly, the autonomic nervous system includes the vagus, parasympathetic and the sympathetic nerves; we also know that the thyroid sensitizes every cell, tissue and organ in the body to sympathetic stimulation; hence the importance of the thyroid in perfect balance is easily seen.

The vagus and sympathetic are exactly opposite in activity—for instance, the sympathetic stimulates the heart, while the vagus slows it. So this very intelligent activity is ever manifesting in the body throughout life. Through the resultant properly balanced mechanism we have normal action and its normal response; in other words, demand and supply in the body.

When there are variations from the normal in any of its parts, we are liable to find the gland corresponding to that part out of balance. Our clinical results show that by normalizing these glands with the H.V.R. we are able to relieve the patient.

The impulses are sent to the endocrines by the autonomic nervous system, but they can respond only according to their own development or condition—that is, according to their power to respond to the stimuli. These endocrines change in their secretory activity at different periods in life, and under varying circumstances and events. For instance, if fear and worry are persisted in for any length of time, it will throw the entire endocrine wheel out of balance, as every gland is dependent on every other endocrine and its component parts.

Quoting from *The Endocrines*, by Samuel Wyllis Bandler, A.B., M.D., F.A.C.S.:

“ If an emotion resulting in the outpouring of the adrenal secretion includes adrenalin only, fear or terror is expressed. If the cortex is added, the emotion tends

to be that of anger. If the posterior pituitary enters, it enhances both the others. If the anterior pituitary joins, there is added the element of strength, judgment and self-possession."

From this picture it is easy to understand how necessary one endocrine or its parts are to the complete hormonal balance, for whenever an emotion occurs, the autonomic nervous system reacts, and in addition one or more of the endocrine glands are called into action.

Each gland has charge over certain activities in the body. For example, the thyroid is conceded to be the gland of energy, even to the tongue. So we find the hyperthyroid people great talkers, if the anterior pituitary is balanced.

We might continue at great length showing how necessary is the endocrine balance in the body. Let it suffice to say that these endocrine friends work for us by night and by day, and should be well treated. In connection with this, it must be remembered that air, water and foods are essential also to their normal balance and interbalance.

In 1920, in his work on endocrines, Bandler said: "When the next war comes, if it does at all, soldiers before going over the top will not be given alcohol; they will be given endocrine cocktails, and the adrenal cortex will be the important ingredient. And if the world would administer to diplomats, high officials, legislators and its people the proper endocrines, especially the anterior pituitary, and inhibit the adrenal cortex a little, there would be no more wars . . .

"So as we study these innervations and resulting normal functions regulated by this autonomic nervous system, and the diagnoses of altered or abnormal function of any of the structures so innervated, we find it much simplified by individual and comparative study of the endocrine glands. The endocrine field is a vast one, for there is no abnormal or even normal function that is not in some way related, directly or indirectly, to some one or more of the endocrines."

In discussing the following subjects, we have included the findings of William Wolf, M.D., M.S., Ph.D., in *Endocrinology in Modern Practice*.

## DISEASES OF CHILDHOOD

The endocrines are very important in the growth and development of the child; consequently they may become overtaxed and often run wild, so to speak. If there has been a good inheritance there will be less tendency to such disturbance.

The child will manifest these glandular dysfunctions almost, if not quite, from the very first breath. And from this time on the endocrines must be harmonious in all their relationships and interrelationships if he is to grow and develop normally. So childhood is the golden opportunity to establish the endocrine balance. If in infancy he is overweight, does not recognize people as he should, or shows retardation in teething, walking, etc., the thyroid is low in function.

*Excessive growth* during childhood indicates overfunction of the pituitary, while *lack of growth* might be due to a low functioning of the anterior pituitary. However, the glands responsible for the growth both before and after birth are the thyroid, pituitary, thymus and gonads.

Hypothyroid conditions manifest early—such as delayed dentition, delayed ossification centres, retarded function of walking and talking; these sometimes extend to the fifth year. This may result in cretinoid tendencies, a general backwardness, later adiposity, and sexual retardation.

*Disproportionate growth*, with lengthened arms and legs, is interesting. If arms are short it indicates an *overfunction* of the pituitary, and thymus and gonadal insufficiency, while the opposite seems to suggest a *hyperfunction* of the gonads and of the suprarenal cortex. We may find a tumour in the latter.

Some of the diseases in children due to these unbalanced glands are:

1. *Cretinism*—usually congenital.
2. *Myxedema*—both this and cretinism are hypothyroid, with the characteristic signs and symptoms of sluggishness, a tendency to obesity,



difficult feeding in infancy, soft teeth, and in adolescent females, menstrual difficulties.

3. *Colloid goitre*—a condition manifesting at puberty, with enlargement usually of one lobe; coarse hair, dry skin, bradycardia, and all other signs and symptoms of hypothyroid—differentiated from toxic adenoma, which is accomplished by tachycardia.
4. *Juvenile hyperthyroidism*—usually a nervous condition only. While the thyroid is at fault, it is easily corrected through the nervous system by special attention to this system and to the glands. Directing the V.R. for the blood through that of the sympathetics or the plexuses will many times go far to correct an unstable nervous system.
5. *Addison's disease*—this rarely develops; and is due to tuberculosis.
6. *Suprarenal insufficiency*—a frequent complication in infectious diseases, such as malignant scarlet fever. Total suprarenal insufficiency may cause abdominal pains, simulating peritonitis or meningitis, with rapidly ensuing death. Here the H.V.R. is invaluable in diagnosing and treating every step of the way, enabling the doctor to know exactly what measures to take and the reasons for them. If these conditions are given the Drown Method of Treatment in their early stages such serious results do not appear, as the suprarenals would be normalized by the instrument to the degree that they could not function so low.
7. *Diabetes mellitis*—very common in children, and often overlooked. The main symptoms are increased thirst and frequency of urination, especially if excessive appetite and progressive malnutrition are also present. Of course the islands of Langerhans are the seat of the trouble, but the posterior pituitary and the pars intermedia are involved as well.
8. *Overfunctioning thymus*—this may cause much difficulty—such as attacks of cyanosis and respiratory stridor in young infants through mechanical

pressure on the heart, lungs and trachea. The symptoms are noisy breathing, "brassy" cough, temper tantrums; attacks of cyanosis should make us very careful in our diagnosis.

9. *Status lymphaticus*—characterized by a persistent enlargement of the thymus. This is combined with a general overgrowth of lymphoid tissue; there may be pressure symptoms, nasal catarrh and enlarged tonsils. A child suffering from such a condition is of the "angelic" type, with long legs, frail appearance, smooth skin and silky hair, bony fingers and over-flexible joints.
10. *Nutritional diseases*—many children will not gain, regardless of what is done. These are the endocrine deficiencies; again we tie in with H.V.R. treatment by normalizing on these glands continually, in addition to other H.V.R. treatment according to correlated findings. As a rule, the child whose leanness seems to be constitutional will have a low-functioning pancreas. How does the secretion of insulin assist in the gain in weight? It augments gastro-intestinal motility and increases biliary secretions, thus acting as a genuine stimulant and adding to the gain in weight and strength. This is the reason for normalizing the the pancreas.
11. *Marasmus*—this results from a long, wasting illness and slow convalescence; in such a condition the suprarenals and thymus are deficient, and the entire endocrine wheel is out of balance. We might also find a pinched nerve affecting the centres of nutrition. In addition, the lymphoid tissues and fibrous tissue should be treated, and vitamins are important.
12. *Rickets*—another very important disease of childhood, because it is so common and so far-reaching in its effect. Many times in middle life we find a condition due to rickets in childhood. It is caused primarily by a failure to absorb calcium (a lack of Vitamin D). In rickets, the parathyroids, thyroid, pituitary, thymus and suprarenals are

chiefly at fault, but there will seldom be a normal spoke in the endocrine wheel when the child has a well-developed case of rickets.

13. *Blood disorders*—such as anemia, due to supra-renal, thyroid or pancreatic deficiency; the most serious type is found in myxedema. In Addison's disease and diabetes mellitis there is a mild secondary anemia. This also occurs in severe hyperthyroidism.
14. *Digestive disorders*—there are many diseases of the digestive system (hypothyroid is usually present), these ranging from simple vomiting without apparent cause, constipation, loss of appetite, flatus and hiccoughs to difficulties in walking and talking, and mental backwardness. As we refer to the "blue print" in such cases, we find the thyroid about 1/10 instead of 5/10 (normal) in function. The suprarenals may also be low, whereas they should be toning up the gastro-intestinal mucosa, and the suprarenal cortex will be even more at fault. This same lack of tone may cause an intestinal stasis. Here the rate for the posterior lobe of the pituitary should be sent through the mucous membrane of the intestines. This acts in the same way as pituitrin (stimulation).
15. *Constipation*—in children, this is usually due to inactivity of the thyroid. After normalizing with the thyroid rate on the H.V.R., it is sometimes a good plan to send the rate for the posterior lobe of the pituitary into the muscles of the intestines.
16. *Diarrhea*—when not due to some irritant, this is caused by a low suprarenal function which allows the vagus fibres to be overactive, thereby producing a too rapid emptying of the stomach and increased intestinal motility. Procedure should be to test the stomach, the intestines and the tenth cranial nerve; also the second cranial, for this nerve gives support to the stomach. Diarrhea is sometimes due to a hyperthyroid, but in such cases there would be other hyperthyroid symptoms.
17. *Enuresis*—may be traced to a hypothyroid, low-

functioning pituitary or suprarenal. The rate for the posterior lobe of the pituitary should be sent into the bladder. If this does not remedy the trouble there is some other cause than lack of tone. In nervous children it may be a hyper-posterior pituitary, resulting in nervous irritation; it may also be a pinched nerve, or worms.

18. *Nephritis* and *nephrosis*—these are other conditions of childhood in which we must consider the thyroid.
19. *Respiratory diseases*—among such troubles is asthma. The thymus should be treated, also the suprarenals. We know that adrenalin is given in these cases; therefore the suprarenals should be normalized with the H.V.R., and any disease or condition found in them should be treated.
20. *Cardiac asthenia*—the child with this is always tired, showing lack of interest, etc. Here we have the suprarenals and the thyroid to consider. The suprarenal glands, particularly the cortex, acting with the thyroid, support the muscle fibres of the heart and blood vessels. Heart block, both primary and secondary, is stopped with adrenalin; hence it will readily be seen why, in heart cases, the suprarenals should be normalized with the H.V.R.
21. *Tetany*—we sometimes have this to contend with in children, due to insufficient function of the parathyroids; spastic contractions, as in laryngismus stridulus, asthma, and other spasmodic conditions. These are not the result of lack of calcium, but of faulty distribution. The parathyroids should be normalized with the H.V.R.; in addition it is a good plan to send the rate for disseminated multiple sclerosis through the spinal cord, from which the nerves emerge. (In laryngismus stridulus, this rate would probably be sent into the cervical nerves.) It is wise also to look for blocked nerves.
22. *Epilepsy*—in this condition, we at once think of many of the endocrines, such as the pituitary, parathyroids, pancreas, gonads and thyroid.



Radio-Vision Photograph of Duodenal Ulcer, taken from Blood Specimen, compared in size and shape with Photograph of Chronic Perforating Ulcer.

23. *Bone and joint diseases*—With these, we always find a low-functioning thyroid, the suprarenals will also be low.
24. *Skin conditions*—there are many skin conditions of childhood, all showing thyroid and gonadal deficiency, as in acne, eczema, urticaria and simple hives. These troubles call the suprarenals into action because of the lack of tone in the blood vessels. The pancreas is to be considered in all skin conditions.
25. *Infectious diseases*—susceptibility to infections means low endocrine function, which has caused a lowered resistance. In the Drown Treatment Method, the general practice of normalizing the glands perhaps explains why patients do not have as many colds as others. We know that adrenalin, thyroid, splenic and other extracts are used both as active and prophylactic remedies in handling infectious diseases; the Drown Method indicates the same treatment, but in a better manner—the glands are normalized, that they may do their own work in their own way; no extracts from animals are forced into the body to bring about results. It is incomprehensible that more doctors do not grasp this.
26. *Pertussis*—in such cases, the head, throat and bronchi are of course involved.
27. *Mumps*—in treating for this, remember the gonads.
28. *Measles*—recent investigation indicates that the placental extract may prove of value in the treatment of measles, and also confer an immunity against diphtheria, scarlet fever and poliomyelitis. This should give us a clue as to treatment of these diseases with the H.V.R.
29. *Tuberculosis*—here the thyroid and suprarenals must be treated; also the spleen. The latter should be treated in *all* infections, as it is the anti-toxic agent, neutralizing toxins and aiding in the elimination of acids.
30. *Influenza*—or the ordinary cold, leaves its permanent effect on the child unless recognized (as

can be done with H.V.R. diagnosis), and released from the system. The suprarenals are always weakened by colds, and because they are weakened every other part of the body shows lack of tone and strength. The suprarenals should be normalized, and the influenza displaced in them as well as elsewhere.

In child or adult we find conditions much the same. Either normal tone or altered tone manifests as ease and health, or dis-ease and lack of health; as "vim, vigour and vitality," or their opposites—listlessness, laziness and lethargy. And the endocrine wheel determines, at least to a large extent, which it shall be.

It must be remembered that great care should be exercised with the blood count and urinalysis, for these *must* and *will* tie in with the glands, diseases and case history. All must fit perfectly together to make the complete "blue print." If they do not, something is wrong. For example, if anemia is found, and it does not appear in the blood picture, search for the mistake as you would for the error in a trial balance sheet. One cannot be too careful in diagnosis; a *painstaking, accurate, complete* diagnosis should never be too much trouble. *Success with the H.V.R.* is built on this.

#### THERAPEUTIC SUGGESTIONS CONCERNING ENDOCRINOLOGY CORRELATED WITH THE DROWN THERAPY

No study of the human body has created so much interest and made such strides in recent years as that of the glandular system. Endocrinology is paramount with every doctor. So it is with the Drown Therapy—it is the very foundation of diagnosis and treatment.

The body is managed by the endocrine glands, each of these producing many secretory elements, and having a definite, specific action. Every gland is a spoke in the wheel; some have to do with bones and teeth; some with the development of the body and the nervous system; some with the development of the mind, etc. Later, they are concerned with the introduction of sex features and reproduction; still later, with preservation of those

structures and functions which constitute the body and mind.

If the energy given off by these glands is *under* or *over* active, there is a disturbance of the specific function which these component parts are supposed to perform. Since the glands are so dependent on each other, the upset of any one may disturb the rhythmical action of all the others.

Of such importance has the knowledge of the physiology of the endocrines become that many now use glandular prescriptions in preference to drugs—for instance, in handling such cases as amenorrhea, menorrhagia, metrorrhagia, threatened miscarriage, habitual miscarriage, sterility, and disturbances of climacteric.

Of course in the Drown System of Therapeutics the matter is greatly simplified, inasmuch as the exact functioning capacity of each gland can be found by tuning in on the H.V.R. with the individual V.R. for the gland or its component parts. Also the doctor is able by the same means to test the gland prescription given—to determine whether it will act in a constructive manner and thus assist nature to balance the particular area.

From this it will be realized how quick, sure and safe it is possible to be with the use of this system. Give whatever treatment the diagnosis seems to require—but don't administer a "shot-gun prescription," and think that because it has helped one patient in a certain condition it will benefit another who seems to have exactly the same trouble. They are two different individuals, and as such have different reactions. These can be discovered with the H.V.R.

We quote from Bandler:

"When a patient is pregnant and the menstrual activities of the *ovary*, *thyroid* and *pituitary* are held in check by the placental secretion, we have a constant struggle between the two—that is, between the secretions of the mother and the secretions of the *ovum* during the entire two hundred and seventy odd days of pregnancy.

"If the placental secretion cannot hold the maternal secretion in check, the placenta then *asserts* itself and we



have a *miscarriage*. Hyperfunction of the posterior pituitary plays an important part in this condition."

This should be watched for, and treated with the H.V.R.

The nausea and vomiting may be due to the placental secretion, or to a hyperfunctioning posterior pituitary. Sometimes we may have an extreme drowsiness from a hypofunctioning posterior pituitary. In all such cases the glands should be normalized, and whatever other treatment is indicated by the complete diagnosis should be given.

At the menopause period, if the pituitary is hyperactive the uterus and ovaries will not recede in activity as they should. Instead they will be overstimulated, and we may have a metrorrhagia or menorrhagia, a large, boggy uterus and large ovaries. If ovary, thyroid, suprarenals and pituitary are harmoniously diminished at this time, and in the same ratio, amenorrhea is established, with normal atrophy of the internal genitalia, and no signs of hyperpituitarism, hyperthyroidism, hyperdrenalism or hyperovarianism.

If the ovaries regress too rapidly we have flushes, due to too sudden loss of ovarian stimulus and too much posterior pituitary activity. This may also give rise to hypo-activity of the thyroid. At this period we may have a transitory fluctuation between the ovaries, pituitary, suprarenals and thyroid, because of an unstable nervous system. Doubtless this was originally well-named by the laity as "change of life," because of the many sudden changes which do manifest when the endocrines are out of balance, as they usually are at the menopause.

This again shows how the endocrine glands represent *balance* in the body. (See Atlas under *Mental Diseases*.) It is well-known that we often find a complete imbalance of the mental at the period of climacteric, if the posterior pituitary remains too high and the thyroid too low. There may be a tendency to high blood pressure; hence at this time of life the nervous system must be thought of, for this may cause gastro-intestinal disturbances to enter the picture. Therefore the pancreas must also be watched.

If the pituitary is overactive at this period, we may look for fibromata; if the pituitary is too low, we may find weakness almost like that caused by the imbalance of the suprarenals. Thus it will readily be seen how much depends on the endocrine system, and how watchful the doctor should be—not forgetting all other points in the “blue print” which must be correlated with these *endocrine findings*, and the fact that everything possible should be done to relieve the patient.

Many disagreeable menopause symptoms have been relieved by normalizing on the *sympathetic nerves*. (We have a case history of early menopause symptoms entirely overcome and normal cycle re-established, continuing for fifteen years with comfort of both mind and body.)

Here is a very satisfying point in the Drown System of Diagnosis. Often a patient will come in with menopause symptoms. Many times the diagnosis will show that these are merely nervous symptoms, and she can be told definitely that her condition is not due to menopause. Sometimes in amenorrhea with possible pregnancy the question can be settled quickly and surely by means of the H.V.R. diagnosis.

In all cases of metrorrhagia or menorrhagia, keep in mind the mammary, thyroid, pituitary and suprarenal glands, as well as the ovaries. All these should be normalized.

### Case report : Sarcoma of the uterus

*Mrs. B.*—enlarged uterus, tipped back against the rectum, causing constipation; also bladder trouble, hemorrhoids, headache (top). Patient extremely nervous; thought she would have to stop teaching. Glands unbalanced. No disease elsewhere in body.

Both tumour and symptoms disappeared in three months, and have not returned. Patient made rapid progress because all treatment was concentrated on the glands and uterus. At the beginning, her husband was quite sceptical.

From an early *H.V.R. Journal*:

“In lympho-sarcoma the pituitary is always deficient—usually both lobes. The rate for this gland, directed

into the skin, has been known to heal cases in which the draining could not be stopped by any other method."

Also the rate for the thyroid, directed into the eye, tends to remove the blood-shot condition of corneal ulcer.

### Case report : Slight goitre

*Mrs. K.*—19 years old; married one year. The goitre did not show much outwardly except at menstruation, at which times it was more noticeable; caused coughing; also interfered with swallowing; deficient menstruation; this was always late; patient grew tired easily.

She was treated for one year. This woman had a tubercular diathesis; very low-functioning spleen; but her age and *definite cooperation* were in her favour. She regained her health, gained fifteen pounds, and acted like a different individual. Her height was about five feet six inches, weight about 102. At the end of the year she went to the eastern part of the United States, and this past year has given birth to a child, with no return of any goitre symptoms during her pregnancy, not even the ordinary nausea of this period. Her glandular system was very much out of balance.

The hypothyroid and hyperpituitary are usually related to high blood pressure.

In all rheumatic and arthritic conditions, watch the thyroid. Remember that it sensitizes every organ and cell in the body to sympathetic stimulation. By way of analysis, notice the change in the features of the pregnant woman. This is classified under the anterior pituitary (hyper), resembles acromegaly, and recedes after all is over and the glands again return to balance. It shows the cooperation between the endocrines and the other parts of the body.

### DISEASES DIAGNOSED AND TREATED WITH THE H.V.R.

**Actinomycosis**—originally found in cattle. Later discovered in the bodies of individuals who had to do with the handling of cattle and that particular phase of activity. It is a parasitic infectious disease, due to the

development of the *Actinomyces*, a ray fungus. It is no longer considered rare, but is quite common, and in the lungs may be confused with tuberculosis.

Symptoms vary according to the locality of the disease. It is inclined to be chronic and exceptionally rapid. In cattle it has been called "lumpy jaw," since it usually attacks that part of the body of an animal. It is composed of granulation tissue, such as is found in a tumour, and previous to suppuration is quite firm, surrounded by diffuse edema. After suppuration occurs, it increases rapidly in size. It may develop in almost any part of the body. When it attacks the respiratory tract it will be found less severe in winter—contrary to ordinary bronchial troubles, which are worse in winter.

In the brain it produces headache and paralysis of the sixth cranial nerve, and congestion of the optic papilla, with attacks of unconsciousness.

The ray fungus may be carried in on an ear of corn, lodge in a carious tooth, and finally reach the brain through the right cavernous sinus to the base of the brain. Here it will set up a meningitis and small abscesses, burrowing through the pituitary body and sella turcica to the cavernous sinus of the left side.

Actinomycosis may be confused with carcinoma, tuberculosis, sarcoma, syphilis or lupus. *Etiology*: patient may be infected from vegetables, water and dairy products. It attacks all ages, and forms fistulous openings, possibly resulting in amyloid degeneration. Actinomycosis is a pyemic condition; consequently it taxes the lymph stream, since this is the body's defence against pyogenic infection. A variety of drugs may be prescribed for treatment, but better than any drug is the H.V.R., which is safe and sure.

**Psittacosis**—this is an epidemic disorder of parrots, transmissible to man. In the human being, symptoms are very similar to those of typhoid fever, but differentiated by Weidel's test and the characteristic blood picture. Psittacosis is often complicated by pneumonia, the incubation period being from seven to twelve days. It comes on insidiously with lassitude, malaise, headache, nausea and constipation. At the onset there is a marked

chill. The temperature rises rapidly to 102 or 104 degrees; the pulse registers from 100 to 120; there is quickening breathing, coughing, and bloody expectoration. The course of psittacosis runs from fifteen to twenty days.

**Eczema**—a very common condition of the skin, now usually known as dermatitis. Many times this is treated with various lotions, ointments, etc., without seeking for the cause. Therefore the Drown System, which *always* endeavours to find the cause, stands far ahead of any other method in the diagnosis and treatment of this irritating trouble.

Some people seem to think that all skin disease is eczema; this is one very good reason for naming it dermatitis. It sounds more important—consequently the patient is more ready and anxious that the *cause* be found.

Dermatitis is really a catarrhal inflammation of the skin, particularly of the epidermis. It is characterized by redness; papules; various-sized vesicles, weeping, crusting and scaling. This is followed by a thickening of the skin. Thus we have interstitial edema and cell infiltration. The condition may be acute, sub-acute or chronic.

There are always two factors to consider:

- (1) a precipitating agent.
- (2) a special disposition of the skin—in other words, a fertile soil.

In dermatitis the skin often itches and burns. There are numerous varieties, affecting the extremities of the body and the joints, although other areas are not exempt. The trouble is quite common in infants and young children.

Like most other dysfunctions of the body, eczema has an endocrine basis; therefore we may find thyroid or suprarenal insufficiency, hyperovarism, or low pancreatic function.

The skin is an organ, reflecting accurately the state and activities of the internal mechanism. It develops with the deeper vital structures, is intimately connected

with these by nerves and blood vessels, is subject to the same internal influences, and plays an important part in certain metabolic processes, such as storage of pigments, etc. It represents *protection* in the body.

Every organ or part serves through the process of specialization in some particular function. Thus *hyper*-thyroidism may produce diarrhea in the intestines; brilliancy of mind in the brain; fibrillation in the heart, and sweating in the skin—each of these parts of the body showing *increased* activity.

The following will give some idea of the skin picture from the endocrine standpoint:

Hyper and hypothyroidism—hyposuprarenals.

Hyper and hypopituitarism—hypogonads.

Hyperinsulinism.

Hypo and hyperparathyroidism.

**Anemia**—since this condition has to do with blood directly, let us consider the blood for a moment. This vital fluid performs many functions. Through its circulation it regulates the coordinated activity and inter-relationships of all cells; furnishes them with food and oxygen; carries off their waste products; provides for their growth and repair; maintains for them an equable temperature and their normal alkalinity, and transports the products of the *ductless* glands to the particular organs and cells which require them for function. The blood also heals conditions through its clotting mechanism. The H.V.R. Atlas states that the blood represents mental activity—and does this not prove it?

In anemia the blood is reduced in amount, or is deficient in red blood-corpuscles. There are several different types of anemia, due to different causes, giving different blood pictures, and manifesting different symptoms.

*Primary anemia* occurs as an independent disease, resulting from a disturbance in function of the blood-forming organs. Incidentally, some writers claim there is no such *entity* as primary anemia.

*Secondary anemia* is also called symptomatic anemia, the blood being depleted through some local or general

disease, auto-intoxication, chronic poisoning, or inanition. The blood volume is lessened; erythrocytes diminished; haemoglobin diminished; colour index lowered, but rarely falling below 0.7, with a slight leukocytosis; polynuclears are increased.

Secondary anemia may result from rickets, scurvy, tuberculosis, pneumonia, syphilis, and many other diseases and conditions.

There are various types of secondary anemia, such as those which are infectious and toxic. Trophic anemia would be of nutritional origin.

The main pathology in secondary anemia is in the blood and the bone marrow. In the latter stages there is a poikilocytosis, and megalocytes and macrocytes appear. Usually the erythrocytes and haemoglobin are in proportionate reduction.

Pallor is the first characteristic symptom. Others are cardiovascular, wastro-intestinal and nervous disturbances and dropsical swellings.

*Splenic anemia* is less common. This is accompanied by a leukopenia, although the colour index rarely falls below 0.7. Polynuclears are increased.

Splenic anemia is not so different from other secondary anemias, but is easily recognized by the enlargement of the spleen, without enlargement of other glands. The presence of normoblasts and poikilocytes, and an increase in polynuclears and all other forms of leukocytes, especially lymphocytes, are characteristic. Pressure is the greatest element.

*Chlorosis* is **not** secondary anemia. It occurs at puberty; has a low colour index (as low as 0.5); red cells and haemoglobin are low; leukocytes are normal in number. However, there may be a leukopenia. *Symptoms*: a greenish tinge to the skin; menstrual disturbances; perverted appetite; indigestion; constipation, and slight enlargement of the thyroid.

*Pernicious anemia*. Here the first striking characteristic of the blood is the high colour index, usually over 1. It increases in proportion to the diminution of the red blood cells, with leukopenia seldom above 6,000,

lymphocytosis rarely below 40 per cent., megalocytes, normoblasts and poikilocytosis.

As a rule, pernicious anemia develops very insidiously. The most pronounced symptom is the pallor of the face and body. This gradually becomes extreme, accompanied by great weakness; dyspnea and palpitation on exertion; regular pulse, but soft and compressible, with a loud venous hum in the neck. There are dropsical symptoms, and a sore tongue. The latter may produce a burning sensation.

*Leukemia* is easily distinguished from secondary anemia by its distinctive blood picture, as well as its objective symptoms. In the *myelogenous* form, the combination of high leukocyte count and excessive myelocytes is conclusive. With this condition the spleen is enormous. In the *lymphatic* type there is a high lymphocytosis and enlargement of lymphatic glands.

*Typhoid fever.* A slight increase in the erythrocytes manifests in the early stages. Later, these decrease. There is a normal or diminished leukocyte count and a moderate lymphocytosis. If haemorrhage occurs, the erythrocytes may decrease, and there may be a slight leukocytosis. If perforation occurs, the leukocytes increase very rapidly, perhaps reaching 15,000 or more.

*Malaria* is characterized by an increase in the large lymphocytes, although the leukocyte count may remain normal. Anemia is usually present.

*Scarlet fever and whooping cough.* In scarlet fever the leukocytes manifest as high as 20,000 to 60,000, with an increase in polynuclears of from 80 to 90 per cent. In whooping cough there is a lymphocytosis.

*Influenza and measles.* When these are without complications, leukocytosis *does not* occur.

*Rheumatism* shows a leukocytosis reaching 20,000 or more with complications such as endocarditis or myocarditis, pneumonia, etc.

*Tuberculosis* gives a normal leukocyte count. However, there may be a lymphocytosis.

*Syphilis.* In this we have anemia of the secondary type, with a moderate increase in white corpuscles and a lymphocytosis.



*Carcinoma of the stomach.* Here there is a secondary anemia; a low colour index (0.63) and a slight leukocytosis (12,000 to 18,000, mainly polynuclears. These range from 80 to 90 per cent.) It is possible for the colour index to be high and for megaloblasts and megalocytes to manifest.

*Ulcer of stomach.* This may be caused by alcoholic cirrhosis of the liver or hydatid cyst. In such cases there is a secondary anemia without leukocytosis, while in abscess of the liver leukocytosis is present. In hydatid cyst, eosinophilia is usually found.

#### DISORDERS OF THE GENITO-URINARY TRACT

While located in close proximity to one another, the male genital tract and urinary system have only the lower portion of their excretory function in common, both anatomically and physiologically. There is a vast difference in the effect which the endocrine glands exert upon the two systems, yet genito-urinary specialists handle both as one.

**Nephrosis** shows marked edema and albuminuria; blood cholesterol is very high and basal metabolism very low. Here we have a picture of the failure of the water-logged tissues to respond to oxidizing excitation, which causes tremendous excretion of albumin. In turn, this reduces the plasma proteins, with a consequent reduction in plasma density and an *increased vascular permeability*, producing the characteristic edema.

This gives one a complete picture on paper of the process of nephrosis. The same picture can be produced through the H.V.R., diagnosing (through the attention), analyzing (visualizing), and correlating (applying), every step of the way. By the same method we proceed to treat anasarca, excessive albuminuria and high specific gravity.

**Hydronephrosis**—This condition may be congenital. Accompanied by other evidences of maldevelopment, usually hyperthymic and hypothyroid intra-uterine (transmitted through the mother), it nearly always proves fatal in a few days. Cases of survival are difficult to

handle. In extra-uterine life, hydronephrosis is usually acquired from ptosis of the kidney, kinking of the ureter, or pressure from tumours or adhesions. All these conditions have their corresponding vibratory rate in the Drown Atlas. Where hydronephrosis is due to ptosis or kinking, the patient will be asthenic, with gonadal deficiency or pituitary hypofunction.

**Nephritis**—in renal diseases we may have a *hyper*-posterior pituitary, because it influences blood pressure, inhibits diuresis, and, in part, regulates salt and water metabolism. Therefore some of the symptoms of renal failure may be due to an overfunction of the posterior pituitary.

In *glomerulonephritis* the blood cholesterol is greatly increased, which might indicate a low thyroid.

**Movable kidney**—this is more often found in thin, long-chested people who may have ptosis or prolapsus of other organs, usually with low gonadal function.

**Nephrolithiasis**—renal calculi. This is an expression of hyperparathyroid function. In hyperparathyroidism the calcium and phosphorus, such as *calcium phosphate*, are stored in the parenchyma of the kidney. The calculi may be single and large, or there may be many small stones, also granular casts, in the tubules.

**Acute Bright's disease**—This is due usually to some acute infection such as influenza, scarlet fever, etc., with the following symptoms: headaches, restlessness, muscular twitchings, nausea, vomiting, tense pulse, moderate fever, dropsy and anemia. Tube casts and albuminuria are constant. If these do not occur the trouble is not *true nephritis*, which shows urine diminished and sooty in colour, with the presence of red and white corpuscles. These make the diagnosis positive. Such a condition may cause pleural, pericardial or peritoneal dropsy, as well as anasarca.

**Chronic Bright's disease**—gives the same picture as the acute form, but a more severe one because of the more extensive changes taking place. Symptoms may vary from time to time, due to subacute exacerbations. When the urine is scanty, the specific gravity will be

high. In serious cases there may be dropsy of the serous sacs, causing distressing symptoms such as dyspnea, cardiac if lying down. It may be provoked by vasoconstriction, and is in such instances a signal of uremia; or it may be catarrhal bronchitis, hypertrophy of the left ventricle, later dilation and weakness of both ventricles.

**Interstitial nephritis**—this is a chronic diffuse inflammation of the kidneys, showing a growth of connective tissue in the stroma, degeneration and atrophy of the renal parenchyma, also marked changes in the vascular system. Such a condition may cause no symptoms for years while the morbid changes are going on. This is why we must dig deep in the search for *causes, underlying causes* and *obscure causes*. We must not feel that we can skim the surface; that the instrument will do the rest—such an attitude will result only in disappointment and ultimate discouragement, which must not be. Carelessness can bring discredit on any system, no matter how fine it is. No other method accomplishes what the Drown System does, both in diagnosis and treatment. So let each one make up his mind that a perfect “blue print” is never too much trouble, and thus be one hundred per cent in service. And it is service—not work.

Interstitial nephritis may go on until late in life, at which time the patient may develop a severe case of pneumonia, pericarditis, or some such trouble. Then it is discovered that a degenerated kidney condition must be dealt with. Grave renal symptoms appear, such as headache with stupor, convulsions, nausea, vomiting and tense pulse. Partial recovery may take place, with the patient a little better but still miserable because of drowsiness, headache, indigestion, failing vision, lassitude, dyspnea and frequent micturition. Then there will be another uremic attack. Thus it goes on and on until it proves fatal.

Because of the polyuria, diabetes is sometimes confused with interstitial nephritis. With the H.V.R. this should not happen.

Gastric symptoms are among the first in nephritis. A diagnosis of chronic interstitial nephritis is warranted if persistent slight albuminuria develops, with casts, large amounts of clear, pale urine and low specific gravity.

**Contracted kidney**—this gives the following complications; pleuritis, endocarditis, pericarditis, cerebral haemorrhage, endarteritis, pneumonia, either lobular or lobar, laryngitis, bronchitis, hepatic cirrhosis, gastritis, enteritis, peritonitis, meningitis, emphysema, phthisis and mental disorders.

**Amyloid kidney**—is due to various causes such as syphilis, tuberculosis, etc.; or it may develop following low fevers or Bright's disease. We find urine output increased; specific gravity slightly diminished (1.015 to 1.0005); clear, but showing a little sediment on standing; casts, hyalin, fatty and granular. In the latter stages the urine is diminished because of the degeneration, and we have anemia and debility; not often much dropsy; transparent complexion; degeneration of the blood; often diarrhea and vomiting, and enlargement of the liver and spleen. Amyloid kidney is always associated with a similar condition in some other organs and some wasting disease.

**Cystitis**—quite common, and many times found in the diabetic patient; also in one subject to colds, various infections, or too-concentrated urine, due to lack of ingestion of water. Tumours, enlarged uterus or prostate, malposition of uterus or pregnancy may cause like symptoms from pressure. H.V.R. diagnosis will differentiate these. Such conditions of pressure, if continued, may so interfere with the emptying of the bladder that it becomes a fertile field for infection.

**Enuresis**—this is usually of functional origin. Hypothyroidism is sometimes present here.

**Paralysis of the bladder**—may be caused by a degenerative spinal cord, or changes in the patella and achilles tendon reflexes, which are usually decreased or absent in such cases. A polyneuritis may develop.

**Tuberculosis**—this may manifest anywhere along the genito-urinary tract. Usually it is associated with this condition in other organs.

**Calculi**—in the ureter, these give rise to attacks of renal colic. This depends on whether they become arrested in their course or pass on freely. Impacted calculi may cause hydronephrosis if near the pelvis of the kidney.

There will be pain and tenderness on pressure somewhere along the course at the lower part of the ureter. A stone may be felt by the finger through the rectum or vagina. This may be productive of symptoms of cystitis.

There are anomalies of both kidneys and ureter, sometimes due to endocrine dysfunction, or perhaps to a faulty rotation in utero.

### DISEASES OF THE GASTRO-INTESTINAL TRACT

Except for the sphincters, the gastro-intestinal tract is under parasympathetic control, so that stimulation of the vagus increases peristalsis and secretion of the digestive juices, with simultaneous relaxation of the sphincters.

For a moment let us discuss **disorder of motility**—first, **spasm of the sphincters** (cardiac, pyloric, ileocecal and anal). These sphincters are enervated by the sympathetic nervous system, therefore any disease that affects it in a stimulating manner, or increases its sensitivity, must cause a sudden contraction of the sphincter muscles.

Thus in hyperthyroidism we may have contractions of one or more of these sphincters with varying degrees of atony in the gastro-intestinal wall. (It is a good plan to use the rate for the posterior pituitary into that area to tone it up.) Such conditions are known as cardio-spasm, pylorospasm, etc. In hypothyroidism we have a spasticity of the sphincters alone, or with a spasm of hyperperistalsis of the gastro-intestinal wall. Here the lack of calcium sensitizes practically every myoneural function, be it sympathetic or parasympathetic in nature. Spasmophilia in infants and children, pregnancy and lactation, with a resulting calcium loss, may result in sphincter spasm.

In these conditions, remember Vitamin D in foods. The trouble also may be caused by low gonad or pituitary function, or a deficiency in calcium which may be due to faulty distribution or lack of absorption through the intestinal wall as a result of low-functioning parathyroids. We have this clinical picture in Addison's disease in vomiting, cramps, diarrhea, nausea, etc. Normalize the

sympathetics, because they are low in function. This allows the vagus to overstimulate. Remember this in all cases under sympathetic control. Much may be done to relieve these painful conditions by normalizing with the rate for sympathetics plus that of the involved area.

*Hypermotility*—the orderly motility of the gastrointestinal tract is in part the result of the automatic motor mechanism in the smooth muscle tissue itself, stimulated by the presence of the intestinal contents, and is dependent upon the muscular nutrition. Of course many other factors concerned with the individual enter in, but after all it is the interaction of the sympathetic and parasympathetic nerves which determines whether these processes shall go on in an orderly, normal fashion, or be spasmodic and irregular. It must be remembered that the sympathetic system is controlled by the thyroid and suprarenal glands; it accelerates body processes throughout the human organism except in the intestines, where it retards motility. The *vagus slows the heart and increases gastric motility*.

Sudden attacks of diarrhea may be caused by an allergic response to some ingested food. It might seem that nature decided to dilute the offending material, so she created a change in the osmotic tension and poured in fluid.

Gastric hypersecretion (as regurgitation, nausea and vomiting) may also result from vagotonia.

*Hypomotility and constipation*—in this condition we have atony, relaxed walls. The stomach fails to empty properly; prolonged fermentation causes gas, and we have or may have a chronically dilated, weakened organ. However, after diagnosing such a case with the H.V.R. we proceed to re-establish normal balance by treatment with the same instrument.

In the intestinal canal, lack of peristalsis causes an atonic constipation. This is commonly observed in asthenic and malnourished individuals.

In another type of constipation, motility is impeded at various points by a spastic contraction of the circular muscular fibres. This holds portions of the food column imprisoned, as it were, and the constant to-and-fro motion

abstracts water, leaving the mass hardened. Such a condition is called spastic constipation. Lack of water in the system (not drinking enough) will also cause spastic constipation, for nature must have water. She uses it everywhere, and if we do not drink a sufficient quantity she will reabsorb it from the intestines or bladder to supply even the saliva of the mouth or the fluid of the eye.

Constipation may result from excessive activity of either the parasympathetic or the glandular system, or an imbalance between the two. This in turn may be due to endocrine imbalance and a faulty interaction of the hormones—so *watch the glands*. One thing remains certain—constipation with its many causes is one of, if not *the* most common complaint that comes to the doctor.

**Mucous colitis**—either simple or ulcerative, is very distressing, but quickly handled with H.V.R. and diet.

**Gas retention**—gives great discomfort. In such cases, remember the thyroid and gonads.

**Disorders of secretion**—under this classification we have increase in salivation. In early pregnancy this may mean hyperthyroid, which may come from hypovarianism. In diabetes, the salivary secretion may either increase or decrease; in the latter case it causes abnormal dryness of the mouth. This occurs both in diabetes mellitus and insipidus. Thyroid and pituitary deficiency may also be responsible for such a condition.

**Gastric hyperacidity and hypoacidity**—here we have two other opposites. In *hyperacidity* there is vomiting of acid fluids, heart-burn, pain and regurgitation. At once it is clear that all these symptoms may possibly be due to an overstimulation of the sympathetics through the hyperfunction of the thyroid or suprarenals. This is often a precursor to peptic ulcer, chronic indigestion or dyspepsia, giving us our cases of nervous indigestion. With an *oversecretion* of gastric juice, concomitant with gastric and duodenal ulcer, we find acid eructations, pain and heart-burn two or three hours after eating.

We may ask how the sympathetics create hyperacidity if they *decrease* the digestive juices. Again, the en-

docrines enter the picture. When the thyroid over-functions, it may increase the H.C.L.

In *gastric subacidity*, the H.C.L. is lacking in varying degrees. The condition may manifest in hypo or hyperthyroidism, diabetes, tetany, Addison's disease, pernicious anemia, etc. As subacidity never occurs in normal individuals, it warrants a very careful diagnosis. It is most characteristic in pernicious anemia. Wolf states, "When you find hypochlorhydria always watch for pernicious anemia—even though the blood picture does not show it—because it may develop later."

**Disorders in circulation**—under this classification we have haemorrhage, as from diabetes in combination with disease of the liver; varices in the esophagus or stomach may rupture and bleed. Some splenic diseases may cause this. If bleeding from the stomach occurs at regular intervals, think of *vicarious menstruation*.

**Edema**—of the mucous membrane of the gastrointestinal tract may be due to a food allergy, resulting from an underlying suprarenal insufficiency.

**Haemorrhoids**—this is a congestion of the veins of the rectum caused by constipation or spasmodic contraction of the anal sphincter or the anal canal, thus becoming a secondary complication in the endocrine disorders in which constipation and spasm are prominent symptoms. Constipation may also occur in *obesity* and *pregnancy*; here are added causes appearing in the form of mechanical pressure, making for weakened venous walls.

**Congenital and acquired abnormalities**—among these are pharyngeal diverticula, Meckel's diverticulum and many other congenital abnormalities caused by extreme dysfunction in the thymus or thyroid of parents, or of the child itself in utero; among acquired abnormalities we have visceroptosis and a kindred condition in extra-uterine life, either slowing up or speeding up gastrointestinal function.

**Inflammation and ulceration**—under this heading we may think of stomatitis, gastritis, colitis and peptic ulcer. Then we have the disease of the liver, biliary tract and



pancreas, causing liver atrophy, hepatitis, floating liver, jaundice, cholecystitis and cholelithiasis.

**Disorders of the pancreas proper**—among these may be listed pancreatitis, diabetes, etc.

Allergy in the gastro-intestinal tract and all the conditions we have mentioned always have a cause, both predisposing and exciting, producing the end product, dysfunction. And always, if a careful H.V.R. diagnosis, analysis and correlation have been made, we shall find endocrine dysfunction back of it.

There are a few important symptoms common to and associated with these endocrinopathies, as:

- (1) Nausea and vomiting.
- (2) Abdominal pain.
- (3) Hunger pain.
- (4) Increased or decreased appetite.
- (5) Excessive thirst.

Of course we are considering all these various conditions, their diagnosis and treatment, from the standpoint of the Drown System of Therapeutics. To use this method successfully, we must be able to make a complete "blue print"—then be able to read it. And to read it we must, through study and training, be capable of analyzing and correlating *all* our findings. When we have done this our success begins—patients' *looks* of misery shortly change to those of happiness as they come for their treatments. Many look forward to these treatments, as they invariably feel better after them.

However, do not forget the mental side of every case. Sometimes a heart-to-heart talk will accomplish as much good as the treatment. Remember what worry and fear do to the body through the endocrines.

Diagnosis and treatment must be directed toward causes, for unless we remove causes, how can we expect to produce permanently normal functioning of the gastro-intestinal tract?

It is easy to see the importance of this particular portion of the body, since at the present stage of evolution we must eat to live, and not only this—we must also digest, assimilate, absorb and eliminate to live, at least to live comfortably.

It is indeed difficult to decide which part of the body is most important, since every part seems all-necessary. Thus we can come to only one conclusion—that we are “fearfully and wonderfully made,” and that the One who made us knew His “blue print” pretty well, as we are all made very much alike.

#### OBESITY AS RELATED TO THE ENDOCRINE GLANDS

We know that, whatever else is at fault, obesity comes through the metabolic processes—the fat must be manufactured from the carbohydrates, and somewhat from protein metabolism. The trouble is caused primarily by food. But this is only one small point in the difficulty. If food were the one and only cause we could easily solve the problem, in that every case of obesity could be corrected through regulation of diet. This we have found is not true, even though many pounds may be lost. As soon as the patient returns to the regular diet he begins to gain, showing that the fault was not in the ingestion of food, but in the way the body took care of that food. From this analysis we realize that there must be something wrong with the mechanism.

Since in the study of the endocrine glands we have found that nearly every pathological condition to which individuals are heir can be traced directly or indirectly to these glands, naturally we may conclude that obesity has its fundamental cause there. For in the Drown System of Therapy we know, by this time, that we must look for causes.

We quote from Sajous' *Analytic Cyclopedia of Practical Medicine*: “Obesity is an abnormal accumulation of fat in the subcutaneous or other tissues, due to deficient oxidation of fats formed from ingested starches and fat and somewhat, though less actively, from proteins.”

Why does the body not carry on this process of oxidation? It should—we are beings who, at this time in our evolution, must ingest food to live; likewise we must also metabolize it.

There are various types of obesity, each deriving its name from the gland most concerned—as the *pituitary*

*type, thyroid type, ovarian type*, etc. And in each of these, due to the particular endocrine gland of dysfunction, we find that the fat is distributed to certain parts, thus becoming a characteristic of that gland dysfunction.

A further classification lists *endogenous* and *exogenous* causes—that is, the balance between the *intake* and *output* of food that is not used in anabolism is waste. If the catabolic function, elimination, etc., is abnormal, we have waste remaining in the body—fat to be deposited. We also know that we have fat sparsers, such as alcohol. The body can burn alcohol for fuel more easily than fat, so the fat is retained.

Another meaning given by some writers to this idea of endogenous and exogenous causes is that there are two types of obesity—one due to the foods taken into the body, the other to the dysfunction of the endocrine glands.

The endocrines most concerned in obesity are the pituitary, gonads, thyroid, pancreas and the suprarenal cortex. Seldom is a single gland at fault.

Directly or indirectly, the *pituitary* heads the list of glandular responsibility. Someone has called it the "leader of the endocrine orchestra."

The entire pituitary may be at fault, in that the anterior lobe is concerned with the gonads. Many cases of obesity are associated with the sex function, which is directly under the control of the anterior pituitary.

Again, obesity is connected with disturbance of water metabolism, and this is governed by the posterior pituitary and diencephalon through the various brain nuclei in the floor of the third ventricle.

A more remote reason for the responsibility of the pituitary is injury to the nerves or brain, which often causes obesity. The posterior pituitary is made up of nervous tissue, and also stimulates all nervous tissue.

The thyroid and suprarenals may act through the anterior pituitary.

When you locate pituitary trouble, low functioning, inquire if the patient has had typhoid fever. This will cause low pituitary function, and thus may be an obscure point in diagnosis of the obese individual.

There is a particular type of pituitary obesity known as *basophilic adenoma*, in which hirsutism, bluish striations on the abdomen and thighs, weak back, headache and high blood pressure are present.

In pituitary obesity the fat is general, but especially deposited around the waist, as girdle obesity.

*Gonadal obesity* is probably due largely to combined dysfunction of the gonads and pituitary. This occurs more in women than in men. Ovarian hypofunction might be assumed as a cause here; we know that removal of the ovaries, producing premature menopause, usually results in deposit of adipose tissue, often characteristically around waist, hips, thighs, upper arms and breasts.

It has been claimed by some writers that the tendency to obesity in young women at the present time may be due to restricted child bearing. That is, suppression of the natural functions of reproduction and non-use of the female resources for bearing and nourishing the foetus in the uterus must be reflected in the release of fluids and energy into the organism. These can be utilized only in building new tissue, therefore the result is obesity.

There is also gonadal obesity occurring at puberty, pregnancy and menopause, arising either naturally or artificially.

Again, there is *thyroid obesity*. Since the thyroid is the incinerator of the body, if it does not burn up waste (when oxidation is low), that waste is retained in the cellular structure. It is sometimes called "cellular clinkers"—half-destroyed cellular waste products due to poor combustion. This waste interferes with osmosis and actually swells or "water-logs" the inactive cells. Such a condition might be considered dropsical; not, however, as in organic troubles, but causing an increase in fat because of the fact that when the thyroid is not working the parathyroids are overworking, and one of their functions is to *build fat*.

This type of obese individual may sometimes look much larger than he actually is by weight—his size may be due to puffiness. Here the anterior pituitary is at fault also, as it assists in the water metabolism of the body.

Another type is that of *pancreatic obesity*, or *hyperinsulinism*. If the islands of Langerhans are low in function the patient may be stimulated toward the ingestions of sweets and starches, and soon form a habit. After a time this may cause the islands to overfunction. In such cases the diet must be regulated, because the more ingestion the more insulin; the more insulin, the more ingestion.

The old saying " Drink and grow fat " really had a foundation, inasmuch as the metabolism of water plays quite an important part in obesity. This is under the control of the posterior pituitary and diencephalon, the thyroid and suprarenals. Peripherally it is regulated by the four emunctories—the kidneys, skin, lungs and intestines. We must also note the blood vessels and capillaries, and the differences in osmotic pressure between the capillaries and the surrounding tissues. Any disturbance in any of these factors will lead to retention of water. However, this does not result in edema.

Now for the pathology which obesity may cause. In *pituitary obesity* there is a fatty infiltration into the viscera, especially the liver. It might be complicated by a basophilic adenoma, and this might result in osteoporosis of the bone. The suprarenals may show hyperfunction; in fact, they may be quite hypertrophied. In the female, when the ovaries and thyroid are hypo in function there is deficient menstruation.

If pituitary obesity occurs in childhood, the secondary sex characteristics do not appear. If obesity of this type develops in the adult, the genitalia remain unaltered but the gonads may atrophy, causing amenorrhea in the female and impotence in the male.

With the complication of basophilic adenoma, the obesity is very rapid and sometimes very painful; it is confined to the face, neck and trunk. There is vascular hypertension, blueness of the fingers, excessive appetite and polyuria, abdominal pain, fatigue and weakness.

In *thyroid obesity*, the fat is more or less evenly distributed over the body, and we have a doughy, non-pitting, lifeless skin. The latter is rough and dry, and the hair is coarse, with a tendency to drop out. There is

low blood pressure, profuse menstruation and a lazy, sluggish disposition.

In *gonadal obesity* we might consider thyroid and pituitary dysfunction in varying proportions. Here the parathyroids also enter the picture, as they are really the fat builders, utilizing the carbohydrates and starchy foods in fat anabolism. The pancreas might also be included in the group, since it plays a very important part in digestion. This type of obesity is confined to the breasts and the sides of the body from the axilla to the iliac crest. It is seldom present in a woman under thirty or a man under forty.

Some other symptoms of obesity are found in the circulatory systems, which often suffer, due to retention of fluids; kidney disturbances; there may be hypertension or hypotension, and an early arteriosclerosis, the result of glandular dysfunction and embarrassment of the heart. The latter may be surrounded by or infiltrated with fat; sometimes there is a complete fatty degeneration. Valvular troubles are not common in obesity, but the patient will have those symptoms coming from embarrassment and weakness, such as dyspnea from slight exertion; oppression; pain in the chest; dizziness; fainting spells; cyanosis and palpitation. The gastrointestinal tract may be subject to disturbances; there may be haemorrhoids and hernias from pressure interference; also weakness of the vessel walls, the inside wall of the arteries often showing fatty degeneration.

The skin may manifest various types of dermatitis, due to parts rubbing together, excessive perspiration and poor circulation. Upper respirator infection is common in obesity; anemia is frequent; also diabetes; neuritis; neuralgias, and many psychic disturbances. The inferiority complex is always present.

#### *Differential points:*

Obesity may be confused with edema or anasarca, but the latter are apt to have begun more suddenly, with an involvement of the liver, spleen, heart, kidney, etc.

Elephantiasis is due to obstruction of the lymph circulation.

Gas distention in the abdomen sometimes simulates obesity.

Posterior pituitary obesity may be distinguished from myxedema by the apron-like fat over the abdomen in the former condition; in myxedema the fat appears in the breasts, face and neck as well as in the abdomen.

As to treatment and prognosis in cases of obesity, much can be done with the progressive system. But if there is considerable fatty degeneration, the condition is serious. These patients do not bear infections well. If for any reason surgery is necessary, this is fraught with trouble. However, with the complete "blue print" and the H.V.R. there is a much better outlook than would be the case otherwise.

If the obesity is not advanced to the point of degeneration there will be no difficulty. Use the H.V.R., glandular work, diet, and proper exercise, mental and physical.

Some of the conditions which might follow from obesity are: diabetes; arteriosclerosis; heart and kidney troubles; pulmonary edema; chronic bronchitis; emphysema; pneumonia; neuritis; rheumatism; psychosis; mental disturbances; menstrual alterations; impotence.

The varying symptoms and sequelae naturally are due to the type of gland involvement. Therefore the first procedure would be to diagnose the glands, then proceed with the complete diagnostic chart; from there, carry on through correlation, analysis, etc., remembering that each individual is a law unto himself.

Keep in mind inherited diseases; also tendencies, familial, etc.; peculiar predispositions; instincts, emotions and habits. Infectious diseases may also be a clue.

As to cause, consider stress or strain as a possibility—particularly with the female at the three critical periods: puberty, pregnancy and menopause. Operations are often a contributing factor.

But in *every type of obesity* the endocrine wheel is at fault. Work it out with the H.V.R.—what it is, where it is, and what to do about it.

Lectures Given by

**Ruth B. Drown, Hollywood**

Originally, the Drown H.V.R. was intended to be used only for diagnosis. There was no thought of treating with it. In fact, there was no knowledge of its possibilities along that line.

A patient suffering from a painful felon on her finger came in for diagnosis. As a matter of experiment we had her stand on the foot-pads of the instrument while we touched the felon with the end of the cord. The pain was relieved immediately.

No further proof was needed. Going downstairs to our staff we announced the momentous fact that the instrument would treat.

As it happened, there was a doctor in the office at the time who had just brought his younger brother in for diagnosis. The young man's leg was in a terrible condition, enlarged and black below the knee. He was in agony, and his temperature had gone up to 103. The doctor thought the leg would have to be opened and scraped, but he wanted a diagnosis first, hoping to locate the cause.

We diagnosed the case. This was our first experience with psoas abscess. Upon inquiry we learned that the man had had a fall several years before, when he was pitched from his bicycle head-on into a motor-car, alighting on his back on the sacrum. Although we did not learn of it then, his leg had also been injured to the extent that an artery had to be tied off just below the knee.

For treatment with the instrument, we put his feet on the foot-pads and placed the electrode around his knee, directly against the skin. First we normalized his glands and treated the psoas abscess; also the streptococcus rate, the veins, arteries and blood stream, and took him through the entire routine. At the end of four hours the swelling and pain were both gone, and at the end of six hours the leg was normal. However, the cause was not removed until several months later, when it drained of its own accord.



### THE PINEAL GLAND AND ITS RELATION TO THE LIFE FORCE

We are told that the function of the pineal gland is unknown. Yet ancient writers had much to say concerning it. They decided that the gland resembled a pine cone, and from this it received its name, *pineal*.

The brain and its nervous structure are constructed like a tree, with the "pine cone" as the top of the branches. The pineal gland is considered as the entrance of the Life Force into the body. Naturally little is known of it, since it has more to do with the ethers, or this pure Life Force, on which we have no way of checking other than through the body function.

The pituitary has been termed the "master gland" of the body, and represents the earth portion of life. The earth signifies the female side of life, the pineal gland the male or active side.

The double standard of life is said to have originated because the male was thought to be greater than the female—but the idea came from the fact that the activating Life Principle was God. This Principle came into the body and ruled the pituitary.

The pituitary is thus the passive side and the pineal the active side of the same force. There is no separation between the pineal and the pituitary. They must work together. In ancient days there was knowledge and understanding of this. Actually, the active and the passive Principles together make up a combination or companionship, instead of one ruling the other.

On their vases and in all their art the Chinese have pictured the pineal and pituitary glands, sometimes represented by the male and female fire-dogs, the tail of each typifying a flame. The female, symbolizing the pituitary and its infundibulum, stands with her right front paw on the Pearl of the Lotus, or Life Force. The male dog, signifying the pineal, is the companion of and works with the female. The fiery serpent, represented by the spinal cord, is always pictured seeking the Pearl. Should it ever attain its goal, life would be destroyed.

Reading back into the ancient writings, one finds the statement "Aum Mani Padme Hume," meaning "I

AM the Pearl in the Lotus and there I shall ever remain."

The ultimate of all this is to draw back the Life Force up the spine into the brain, where the two glands, guardians of this Force, may then work as one in perfect harmony, with creation taking place through the brain.

It should be realized that the sex organs (meaning sacred organs) are for the purpose of creating other bodies only. One must bear in mind that the glands and organs of the body have two functions, with both of which we should always work. One is the invisible function, or shall we say the invisible part each plays in the world. The other is the physical or visible aspect—visible only as it affects the outer body. Of course each gland has its own particular function, as in the case of the suprarenal, which is one of the points or centres through which the Life Force comes.

All these glands are conductors of light, or Life Force, but they mean nothing without the brain, over which the main Life Force flows. According to an eminent authority on endocrinology it is possible to remove the brain and by using artificial respiration cause mechanical function to take place in the rest of the body as long as the cortex of the suprarenals is allowed to remain there. But this is like taking a motor-car without an engine and pushing it along. However, if the suprarenal glands are removed from the body and the brain left in, the patient dies at once.

When the brain is taken from the body, it is possible to make those organs work mechanically which are working anyway, as the brain is only the floodgate through which the Life Force flows. With the brain in, the ruling entity is still there, which will offset or prevent anything outside coming in to rule the body. As long as that ruling entity is present in any degree it will not permit outside interference.

It is possible that taking these organs out and leaving the brain in would cause a "short" to the brain. One force would be working against another, interfering with nature's natural, normal method. With the brain out, that interference would have been removed. Nothing can be done mechanically while the brain is there.

We can cut off practically every part of the body and live, but we cannot cut the head off and live without it. It is an interesting fact, incidentally, that we can have a toe, leg, arm or finger cut off, and still feel it as a living part of the body.

After all, the ruling Intelligence of the body is the only thing that makes it function. Push that ruling Intelligence out entirely and there is no function. If it is pushed out only to a small degree the body will still function according to the amount left in. When the entire brain is out there remains merely a machine.

If the liver is removed, the individual soon dies. Anything taken out of the body in this way, leaving the brain in, interferes with the Life Force. The heart can be removed, a pin pushed through it, put in a normal salt solution and it will beat indefinitely, but not rhythmically. To beat rhythmically, it must be controlled by the nerves over which the Life Force flows.

Nothing anywhere in the world can equal nature functioning in her natural, normal way. All machines are patterned after her. The only thing that can be done for people is to help them get closer to their Life Source. Our work is therefore limitless, dealing with Life itself.

We are told that until the scientists attack their problems from the God-side of life, they will never be successful. Everything is a manifestation of God-in-action, and unless we regard it from that angle we are merely taking a little portion and trying to include everything in it. The lesser cannot include the greater.

A microscope has been made that magnifies 61,000 times. When we see that, and realize that the smallest object we can observe under the ordinary microscope can be still further magnified, and be identified as a miniature duplication of something larger, we understand the truth of the statement, "As above, so below."

How great are our own powers which we permit to lie dormant within us. How much there is to learn, and how little we really know! Yet we must learn and understand **ourselves** first.

Our earth is the smallest of a galaxy of planets in this

particular chain. It is difficult to conceive of the immensity of Life!

Yet everyone must learn from his own small viewpoint what it is all about, and come back to a realization that some day we shall have the power to command all this. But we must begin within ourselves. The encouraging thought is that we *have the ability*. No one can say "no" to us but ourselves.

We have within us the latent power to become Masters. We *are* potential Masters, even as the acorn is a potential oak tree.

As we go along, we overcome and rule certain things, but we must learn that the important thing to master is the **self**. This influences our thoughts, minds and bodies. All humans are potential gods, because of the ability to keep themselves good.

#### ENDOCRINE THERAPY AND THE DROWN METHOD

(*H.V.R. Journal*, November, 1931)

The H.V.R. treats the endocrine system directly, without the use of outside agents. However, research and experiments in other laboratories have proved of great value in combinations of gland treatments in different diseases. For instance, in treating for weakened conditions with H.V.R. therapy, a combination rate of suprarenal glands and gonads would be used.

In all cases of *epilepsy* which we have diagnosed, we find a decided imbalance between the pituitary or pineal, suprarenals and gonads. In each instance we have not failed to discover a cystic tumour around either the pituitary or pineal gland.

In many cases of *rheumatism* involving what we call rheumatism of the nerves, a definite imbalance of the endocrinal function of the gonads is noted. The rate for uric acid, treated through the kidneys, joints and muscles, will often alleviate the pain of so-called rheumatism.

In treatment for *Kleig eyes*, a condition often found in the Kleig-lighted motion picture studios, normalizing the internal function of the gonads has been known to clear the eyes completely in a few hours' time. Also

treatment of the internal function of the gonads is used for *sinus troubles*. These are helped as well by a combined rate for normalizing the suprarenals and the spleen.

In the disease *lymphosarcoma* we have found that the pituitary gland is always low in function, thus proving the theory of some authorities that pituitrin given to such a patient assists in healing the skin, for the pituitary gland has a direct relation to the skin. The rate for this gland, directed into the skin, has sometimes healed cases in which the draining could not be stopped by any other method.

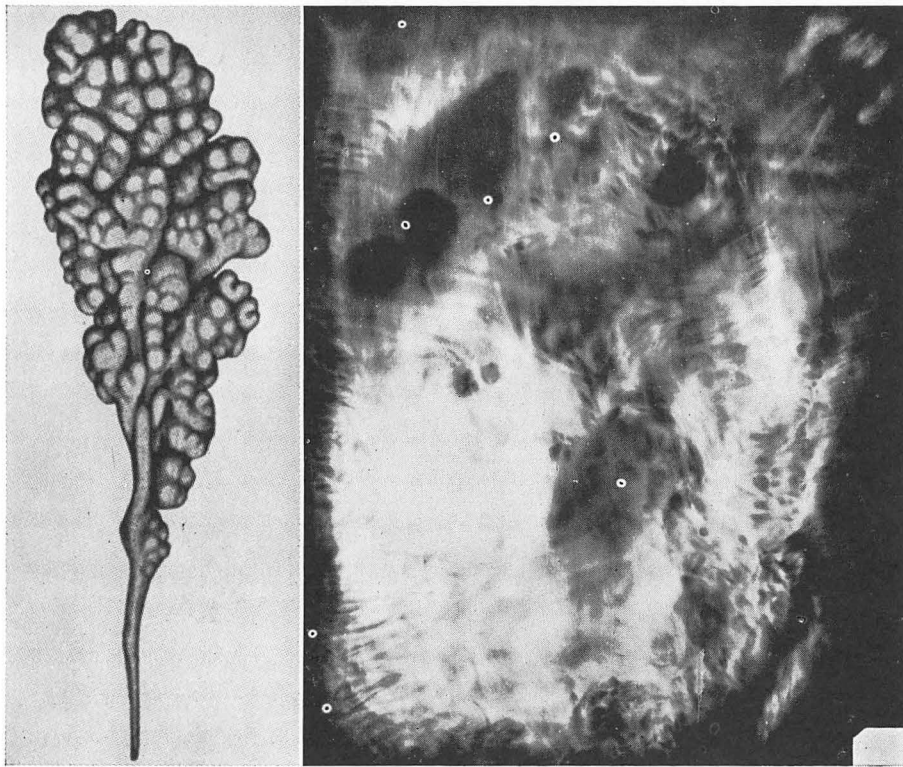
In treating *ulcers of the cornea* (keratitis disciformis), it has been found that directing the rate for the thyroid gland into that of the eye in question will dissipate all blood-shot appearance in the latter, while treatment with the rate for inflammation through the arteries, veins and lymph of the eye will cause the blood to flow excessively into the ciliary vessels. An alternate use of these two combination rates has proved of great benefit in dealing with this trouble.

With the H.V.R. diagnosis, *sprained ankle* is easily distinguishable from fracture. We invariably find that in a case of sprain the ligaments will be torn from the periosteum, and there will be much inflammation of the local arteries and veins. Treatment with the specific rates for these findings cleared a severe case in two weeks' time, while the actual pain was gone before the first two hours.

*Fractures* may be handled very easily by treating for both inflammation and fracture into the periosteum of the bone.

Checking from several instances, we have found that in *diseases of the spleen* a great mental strain, such as comes from worry or grief, is usually present back and beyond the condition itself. The kidneys are generally affected also, particularly in cases where these mental states have existed.

Every doctor knows the case of true *pernicious anemia*. He knows that there are periods when the patient is worse than at others. We have discovered that at such times treatment on the various rates for the differential blood count, allotting five minutes to each,



Radio-Vision Photograph of a Diseased Prostate Gland Lobule, taken from Blood Specimen, compared with Photograph of Histological Structure of a Prostate Gland Lobule.

will cause marked improvement in the individual's feelings. However, we warn against strict elimination diet in these conditions.

In children with this or with *leukemia* we have not found liver of any help in treating, as liver only adds more toxins. We have used liver extract and liver in raw form, bone marrow, and everything that has been recommended in this line, but have never yet seen that they were of assistance. If the patient cannot take care of the toxins he has, why should more be added?

In treatment with the H.V.R., it is possible greatly to relieve an *ulcerated condition of the stomach* by normalizing on the rate for hydrochloric acid. We have also discovered marked value in a combination rate sending the energy of the nerves into the energy of the blood, and at the same time directing both into the pylorus. If the condition is in the duodenum the same treatment is followed, substituting the rate of the duodenum for that of the pylorus.

We might add here that it is necessary for individuals to eat the right food and let nature take out the vibrations the body needs. The trouble is we try to supplement nature. We have seen the most disastrous results and impoverished conditions of the body caused by eating dehydrated foods—thirty pounds condensed into one-half pound. Nature is left to select from this amount what she can use to benefit a diseased organ.

Do you believe that if you take thirty pounds of dehydrated food, concentrate it into one-half pound, and use one-half or one teaspoonful three times a day, putting it into a sick stomach, that the latter can digest this amount and send it through the body to come back and heal the stomach? It does not sound reasonable to us. Yet that is what is supposed to happen. A sick stomach cannot possibly take care of concentrated food.

The true cause of discord is not always from the body, but often from the mental side. This does not mean that we cannot accomplish by working on our bodies. One can eat something today with no bad results, yet tomorrow if he eats the same thing he might not be able to take care of it. It simply turns the whole chemistry of

the body around. Our bodies are the outpicturing of our thoughts and feelings. If we are upset mentally the entire body is upset.

All the things we put into that body are merely different degrees of vibration. We now have the atomic rate for each known element and eight unknown elements of the body. When used in treatment, these help to normalize diseased conditions.

There is always a time in our valuation of life when we think we can bring the body up to a point where we no longer need the vibrations of earth, but as long as we live here we must conform to earth's laws. We do not believe that we can feed a human being food from the ether, because we are so made that we need a certain amount of bulk, and gas forms if that bulk is not kept in the body to the degree nature requires. In other words, the proper number of electrons must be kept available in the system to replenish all atoms as the old ones are removed. A well-balanced individual is a healthy one.

If a patient who has indigestion and who lives under high pressure in one of our great cities is sent to the mountains for a fortnight, he will generally eat anything and everything, and not have one moment's bad effect from it. All because he breathes in plenty of oxygen, his mind is free from worry, and there is no noise. He is living close to the earth and he responds immediately.

We are all existing under constant pressure. For instance, the vibrations of jazz music are always in the air, beating continually on our subtle bodies. Of this we are not generally aware. Sometimes we may feel these vibrations, but we do not know where they come from. They are in the ether all around us—definite, real, just as real as the air we take in. It is only rarely that you can tune your wireless into a station which is broadcasting really harmonious music.

We have found that certain types of *nervous headache* are greatly relieved by treatment on the rate for hydrochloric acid sent through the pylorus and duodenum. Others are benefitted by sending the energy of the blood stream through the meningeal tissues. (Incidentally, while the H.V.R. Treatment is not destructive, it is unwise to send blood to any channel that is not great enough



to take care of it.) Still others are relieved by treating with the rate for the posterior lobe of the pituitary into the sigmoid and rectum.

*Mastoiditis* may be treated successfully by sending the rate for pus into the mastoid sinus. This has reduced the pain and fever overnight in many instances, and has caused drainage through the middle ear to the outside. In one case a deafness was brought about for almost a month through this treatment, after which the trouble cleared up, leaving no bad results.

Many cases of *haemorrhage* have been controlled and usually checked by normalizing the parathyroid glands. It will stop *nose-bleed* almost instantly. In *haemorrhage of cancer*, treating the parathyroids will help to control it, but will not check it so quickly.

Normalizing the parathyroids also assists in *conditions of asthma*. In attacks of *cardiac asthma*, balancing the body energy by treating the blood stream through the meninges and ileum has proved an effectual means of relief.

When there is no local disease in any one gland, the *entire glandular system* can be raised in function remarkably by treatment with the H.V.R. through the lymph stream. Thus the question arises whether the lymph stream is the means by which the ductless glands distribute their hormones throughout the system.

A combined rate of the posterior lobe of the pituitary and the internal function of the ovaries has been known to bring about complete cessation of pain caused by *cystic tumour in the ovaries*, and to do away with the insomnia often accompanying this condition.

Combined treatment of the posterior lobe of the pituitary and various prolapsed areas of the colon has shown marked results in cases of *constipation*.

In *obesity*, normalization of a hypothyroid gland has produced almost phenomenal effects.

It may be interesting to note that in diagnosing for colour, a certain shade of red gives a *cancer* reaction. Blue will dissipate this. Jazz music also results in a *cancer* reaction, while musical numbers such as Carrie Jacobs Bond's *Perfect Day* dissipate it.

## TREATMENT NOTES

The *parathyroids* are closely related to the pancreas. They assist in bone and tooth formation; in coagulation of blood; in regulation of heart rhythm; and have partial control over allergic conditions. They also build fat, control toxins, and take care of the calcium in the body. Treat the parathyroids for *distribution of minerals in the body*, and for *deposited calcium in the bones*.

When *pains radiate from the stomach* up through the breast, look for *pancreas* trouble.

The *thyroid* increases oxidation, and burns up fat and waste.

The *anterior pituitary* controls sex and the long bones. The *posterior pituitary* increases pituitrin. Normalizing on the rate for the posterior pituitary helps *any area which lacks tone*. A low pituitary function will often cause *epilepsy*.

The *suprarenal* glands furnish calcium for the parathyroids to regulate.

The *right kidney* eliminates; the *left* assimilates. When a patient has *flatulence* at any time other than when eating, check the kidneys. For *high blood pressure*, send the rate for the blood through the kidneys.

For *pounding in the head* from *high blood pressure*, use the rate for the posterior pituitary through the thymus.

When *blood pressure* is *low*, check for *embolism*.

When the *liver* is low in function, the *urea* in the urine will be low. When *bile* registers in the urine, check the liver.

*Bacteria* in the urine is an indication of inner nervousness. *High indican* in a urinalysis means an *imbalanced heart*.

Treat the *internal gonads* for *sinus* trouble.

In older people, treat the *prostate* or the *uterus* when there is *deafness*.

*Bad tonsils* generally come from the *stomach* or *small intestines*.

For *asthma*, treat with the rate for *inflammation of the aorta*.

*Coronary trouble* means *heart trouble* of long standing.

The *arteries* and *veins* change place in the heart.

For *hiccoughs*, treat for *impingement in the epiglottis*.

For *arthritis*, use the rate for *auto-intoxication*; employ this rate also for a "heavy" feeling.

In treating for *dilation* use the rate for the posterior pituitary through the affected areas, instead of the regular dilation rate.

When there is *pain above the diaphragm*, check the *mediastinum* for abscess or ulcer.

Do not treat *parasites* with the H.V.R. It tends to increase them.

For *obscure disease*, treat for *prolapsis* and *dilation* in the organs and glands which are low in function.

In diagnosing, look for *anemia* when the *erythrocytes* are high. When the *polynuclears* are high, look for *abscess*, also *appendicitis*. When the *eosinophils* are high, look for *parasites*.

Three-tenths *blood sugar* is normal for the H.V.R. Instrument.

The *lymphatics* always flow one way—from the outside to the centre.

An *impinged eleventh cranial* affects the *thyroid*. An *impinged eighth cranial* may indicate *prostate* or *uterine* trouble. An *impinged third cranial nerve* affects the *eyes*. When the *first* and *second dorsal* are *impinged*, check the *heart*.

## CHAPTER IV

PROCEDURE IN RUNNING A BLOOD COUNT,  
MAKING A URINALYSIS, CHECKING TEMPERA-  
TURE, BLOOD PRESSURE, IMPINGED NERVES  
AND DIET**Running a Differential Blood Count**

With the H.V.R. Instrument, a blood count is taken by means of computation of figures, in like manner to the count made by use of the microscope. The chart in the Atlas is employed to indicate the number of blood cells registered, instead of counting the blood cells in the square, which is the method followed in laboratories.

To make a blood count with the H.V.R. Instrument, 40-9 is kept on the first two dials. On the third dial, 1 is added for haemoglobin. All other dials should be at 0. Registration is found on the ninth dial, beginning always at 10.

If reaction comes in at 4, the reading will be 104.0; if at 1, it will be 101.0.

In taking the erythrocyte count for the male, 40-9-2-2-9 should be set on the dials; for the female, 40-9-2-2-6. All other dials must be at 0. Registration is on the ninth dial.

If reaction is found at 5, the chart will read 5,000,000, which is normal for the male. (Refer to page sixty-nine of the Atlas.) If reaction is found at 4, which is normal for the female, the reading will be 4,500,000 on the chart; if at 3, the count will be 3,900,000.

The color index is obtained by multiplying the number of erythrocytes by two, dividing the haemoglobin by the first two figures of this product, and subtracting this result from 100.

For normoblasts, the rate is 40-9-10-7; for microblasts, 40-9-10-9; for macroblasts, 40-9-10-6. All other dials should be at 0, and registration is found on the ninth dial.

For polynuclear count, 30-2-7 is placed on the first

three dials, all others being at 0. Registration is found on the ninth dial, beginning always at 10.

If reaction comes in at 7, which is normal, 70 per cent. would be written on the chart, and beside it, 5250, the number of cells in 70 per cent. (These figures appear in the Atlas, beginning on page sixty-eight.)

If reaction comes in at 10 on the ninth dial, turn that dial to 0 and start on the eighth dial, working down. If reaction comes in at 3, as in some cases of abscess, the reading would 3 points, and at the right of that figure, 22,500, the number of cells in the 3 points.

In lymphocyte count, if registration is found to be 5/10, the figures will be as indicated in chart which follows (given on page sixty-nine of the Atlas).

The reminder of the blood count is taken in the same way, using the ninth dial for registration. A completed count should read, according to figures found:

	ABNORMAL COUNT.			NORMAL COUNT.	
Polynuclear	2 points	15,000	...	70%	5,250
Lymphocytes	36%	2,700	...	28%	2,100
Large Mononuclear	5%	375	...	3%	225
Eosinophils	7%	525	...	4%	300
Myelocytes	6%	450	...	0	0
Mast Cells	2%	150	...	0	0
		<hr/>			<hr/>
		19,200			7,875
		<hr/>			<hr/>

With the above *abnormal* count, there would be a temperature and acute infection.

### Making a Urinalysis

Since a very good idea of the kidney condition is obtained after making a complete "blue print" of the body, it is suggested that the urinalysis be held as the last test in the diagnosis, and that it be checked with wisdom and understanding of the case, as the H.V.R., unlike the laboratory, tests the urine *in* the body of the patient. This gives a closer check-up of the condition. Incidentally, the amount of specific gravity, crystals, etc., may be different by the time the urine has passed from the body. This depends on how many solids are

retained, and the amount of water the patient has taken previous to micturition.

In making a urinalysis, the urine rate, 60-9, is always kept on the first two dials. For the specific gravity, 8-7-1-0 are placed on the third, fourth, fifth and sixth dials respectively. The seventh, eighth and ninth dials are turned to 10.

The ninth dial should be moved down until a reaction is registered. If it should come in at 4 on the ninth dial, the reading would be 1.024 (the seventh and eighth dials counting as 10 each).

If specific gravity is normal, no reaction will be found on the ninth dial. Begin on the eighth dial, which is at 10, and work down. If specific gravity is normal, the reaction will come in at 7, giving a count of 1.017. If it is below normal, continue with the eighth dial, working towards 0. If the reaction carries in at 4, the count will be 1.014.

In making the urea count, use its rate of vibration, 69-5-6-7, placing all other dials at 0, with the exception of the eighth. If the reaction comes in from 1 to 3, urea is normal, giving 1, 2 or 3 per cent. If it does not register on the eighth dial, place this dial at 0, and begin with 10 on the ninth dial. If a registration comes in at 6, the area count will be low—6/10 of 1 per cent.

In checking for acidity, use 69-3-5-3, with all other dials at 0, and begin on the ninth dial at 10. If the reaction comes in at 6, the reading will be 60 per cent., which is too high. If it comes in at 2, it will be between 20 and 30 per cent. If it does not register at all on the ninth dial, change the rate from 69-3-5-3 to 69-3-5-6 (the alkaline rate), with all other dials at 0, and start checking on the ninth dial. If the reaction comes in a 3, the reading will be 30 per cent. alkalinity.

In the remainder of the urinalysis, all registration is found on the ninth dial.

### **Checking Temperature**

To determine the temperature, 40 is placed on the first dial, 5 on the second, 0 on the third, fourth, fifth and sixth dials; 10 on the seventh, with the eighth and ninth on 0. If the reaction should come in on 10 (which

would be 100), determine the rest of the count on the eighth and ninth dials—for example, if 3 came in on the eighth dial, and 2 on the ninth, the reading would be 103.2. If 9 registered on the seventh dial, 8 on the eighth, and 6 on the ninth, the reading would be 98.6.

### To Normalize Temperature

Normalizing the blood count on the H.V.R. Instrument will normalize the temperature and keep it under control. For instance, if the polynuclears register 2 points (as per chart on page 103), set the dials at 30-2-7-0-0-0-0-2-0. Keep passing the finger, covered with rubber finger stall, over the detector until all reaction disappears. Then set the eighth dial at 1, and follow the same procedure until that reaction also disappears.

Next set the eighth dial at 0 and the ninth dial at 9 (10 on the ninth dial and 1, or 1 point, on the eighth dial, are the same). Passing the finger over the detector, keep the reaction going until it disappears, and work down to 7, or 70 per cent., which is normal.

Then take the lymphocyte registration. If this is 5 on the ninth dial, work down to 3, which is normal, by passing the finger over the detector until reaction disappears.

When all counts have been made normal (large mononuclears and eosinophils down to 4, and mylocytes and mast cells at 0), again take the temperature. It will be found practically normal.

Do this as often as necessary to keep the temperature under control. In this way it is easy to deal with acute infections, such as attacks of appendicitis, by giving nature a chance to work under less handicap. Too high temperature causes the cessation of the magnetic influence in the atom, which is essential to health.

### Taking Blood Pressure

With the H.V.R., the blood pressure is obtained by computing the rates. Results check quite accurately with findings made by means of other routine methods.

Place the rate for the *systolic*, 40-9-0-1-4-2, on the first six dials. Begin with the seventh dial at 1 and eighth dial at 10, and the ninth dial at 0. If a reaction

comes in at this point, the count will be 200. On the ninth dial determine the remaining units. If reaction is found at 6 on the ninth dial (with the seventh dial at 1 and eighth dial at 10) the systolic count will be 206. If it should come in at 4 on the eighth dial and 8 on the ninth dial, the systolic would read 148.

To determine the *diastolic* pressure, place the diastolic rate, 40-9-0-1-4-9 on the first six dials. Start measuring on the seventh dial. If on this dial the registration is 8, and on the eighth dial it is 5, the diastolic count will be 85. Subtracting the diastolic from systolic gives the pulse pressure, the normal being between 43 and 65. The ninth dial is not used in diastolic reading.

### Finding Impingement of Nerves

In taking the registration for impingement of nerves (impingement as used in this work means any kind of pressure), if the operator finds *no* reaction, it signifies that the nerve is free. Where there *is* a reaction, it indicates that the nerve is impinged.

The impingement rate, 90-6-3, is placed on the first three dials, followed by the nerve rate—for example, 2-2-0-8 for cranial. As there are twelve cranial nerves, the registration would be found on the eighth and ninth dials, i.e., 90-6-3-2-2-0-8-1-2.

Begin at 3 on the ninth dial, thus coming into the twelfth nerve, then turn to 1 on the ninth dial for the 11th cranial; next to 0, which leaves the registration on the eighth dial of 1 point, or 10 on ninth dial. The eighth dial is then put on 0. Starting at 10 on the ninth dial, work down to 1, or the first cranial nerve.

The rate for the cervicals is 4-4. Since there are eight of these, begin looking for registration on the ninth dial, setting this dial at 10 and working down. The rate would read 90-6-3-4-4-0-0-0-8.

As there are twelve dorsals, and 2 is the rate for dorsal, the complete rate would read 90-6-3-2-0-0-0-1-2. Registration is found as explained for the cranial nerves.

In locating impingement of the lumbar, sacral and coccygeal nerves, 2-1 is added to the impingement rate, the complete rate being 90-6-3-2-1-0-0-1-0. (Since the



spinal cord ends approximately at the second lumbar, both the sacral and coccygeal nerves come under the lumbar vibration rate. Thus the first coccygeal is the eleventh lumbar.)

Begin at 2 on the eighth dial and work down to zero:

1 on the ninth dial and

1       , eighth dial is the 1st coccygeal or 11th lumbar.

10 „ ninth dial „ 5th sacral or 10th lumbar.

9        "        "        "        4th        "        9th        "

8            "            "            "            3rd            "            8th            "

**7**            "         "         "         "         "         "

            "         "         "         2nd         "         7th         "

6	„	„	„	1st	„	6th	„
---	---	---	---	-----	---	-----	---

5        "        "        "        5th lumbar.

4        "        "        "        4th        "

3        "        "        "        3rd        "

2        "        "        "        2nd        "

1	„	„	„	1st	„
---	---	---	---	-----	---

## Checking the Diet

We consider diet as a crutch, and seldom use special diets except in cases of diabetes, ulcer of the stomach and of the intestinal tract, pernicious anemia, etc. In our work we build the organs and glands back to normal, thus eliminating the necessity for dieting.

When in special cases it is advisable to check for certain foods, we first put on the H.V.R. the rate of vibration for food, which is 20-1, then add the rate of the meat, vegetable, fruit, etc., desired. For example, if we were checking for cheese, the rate would be 20-1-9-9-3.

When there is *no* reaction, the particular food being checked agrees with the patient. When there *is* a reaction, that food disagrees with the patient.

It is essential to the endocrine glands and their normal function to use only such dehydrated foods as will not cause an imbalance in those glands. Unless the doctor has an instruction such as the H.V.R., with which to check the function of the glands and their reaction to foods and remedies, he cannot know their effect upon the body. But with such an instrument, this should be easily and scientifically accomplished, making it purely individual to each patient.

## CHAPTER V

CHECKING THE "BLUE PRINT" WITH ORGAN  
AND GLAND SUBSTANCES

We find that by the use of homeopathic organ and gland substances in diagnosis with the H.V.R. it is possible not only to employ it as a check on the diagnosis itself, but to ascertain which of thirty organs and glands in the body (including the appendix) is the underlying cause of disease in a patient.

It has been discovered that the substance of that particular gland or organ which lies at the seat of the trouble, used in connection with diagnosis on the instrument, will normalize the entire body condition. Thus the doctor is led directly to the physical cause of the ailment.

Through the process of elimination, he determines with the H.V.R. how many of the gland and organ substances dissipate the disease reaction. Using that group, he turns the dials to the organs and glands low in function, with the last dial at high normal; he then checks to see which gland or organ substances of the ones selected brings both glands and organs up to normal. This vibration, plus the patient's vibration, will be found to normalize the body, and at the same time be the gland or organ substance that dissipates the disease.

By watching the process of elimination carefully, it is possible to determine the order in which the glands or organs were originally affected. If the liver and kidney were the last two in the group during the process of elimination, and the kidney was found to be the cause of the trouble (since it brought the body to normal, as well as dissipated the disease), then the kidney was the first to be affected, the liver next.

In diagnosing a cancer case, which we consider most difficult, we always first determine how many gland and organ substances will dissipate the disease. We then go

through the process of elimination just described, to discover which gland or organ was originally affected. Thus we have a true picture of the cause of the trouble.

Following are symptoms found to accompany the hypo or hyperfunction of various glands and organs:

**Kidney** : Often there will be an apparently lazy, mental "lack of energy" feeling; a highly nervous condition; the patient will have little or no appetite; low function of stomach and duodenum will be found; also a hyperthyroid condition, low function of gonads, suprarenals and brain, and sometimes of the lungs. If the kidney is actually at the basis of the entire body dysfunction, the kidney gland substance, used in conjunction with the H.V.R. in diagnosis, will normalize the function of all glands and organs, and dissipate the disease reaction found in the patient.

**Pancreas** : In one case of insanity, an extremely low function of the pancreas was discovered; the face was broken out with acne; sex organs did not function; patient was unable to speak, and showed definite mental shock. The pancreas gland substance vibration normalized the entire body condition.

**Thymus** : This gland, which is not supposed to function after puberty, actually has a function of from 1/10 to 4/10 in the adult, according to the measurement of the H.V.R. Instrument. It has been found that the thymus is rarely, if ever, normal in a case of sarcoma. However, the thymus alone does not control the entire condition when sarcoma is present, excepting to help lessen the amount in the lymph and soft tissue adjacent to the tumour. Tumour of a sarcoma nature on the outside of the body is very seldom local, but often extends, unsuspected, to deep tissues.

**Pituitary** : In cases of external suppuration, this gland is usually low in function, and its normalization does not mean an immediate healing of the affected parts. However, its continued treatment is essential for complete healing in cases of this nature. (We find the addition of bio-chemic tissue salts assists all treatment when the

patient's own energy is used as the therapy, as is the case with the H.V.R.)

In lymphosarcoma, diagnosis invariably shows a deficiency in the function of the pituitary body, usually both lobes.

**Spleen** : In conditions of the spleen, a great mental strain, such as comes from worry or grief, is usually present back and beyond the disease itself, except in cases of trauma. The kidneys are generally affected also, particularly in patients who have had this mental strain.

\* \* \*

The above are merely methods of procedure for checking causes. Information concerning the glands and their function is given in Chapter III.

## CHAPTER VI

## RADIO-VISION AND ITS THEORY

In the Drown Method we attempt to improve the tie between the material and the so-called unseen Energy which animates all life. It has been difficult for the average physician to recognize this vital Life Force which flows through everything in the Universe, giving to it its own rate of vibration. If that rate of vibration changes, the substance, hitherto regarded as a certain type element, ceases to be that type and becomes something else without ceasing to be a substance.

When it is considered that the brain holds in the thalamus a fluid which some authorities have stated gives a balance to the head, it will be realized that this fluid not only is used in the same way as the drop of fluid in the carpenter's level, but also is definitely a liquid light, a condensation of the higher animating Life Force or unseen Light that causes everyone to live and move and have his being in activity—or shall we call it God in action?

We have found by experiment with the receiving set radio that not only is this fluid that which we call blood plasma, but it also flows over the nervous system. The nucleus of the cranial nerves, shown by one of our radio-vision pictures to be in the form of the Lotus Leaf, located in the cortex of the brain, draws its sustenance from this pond of liquid light. Ancient writers have stated, "In the thalamus and pineal gland all things are comprehended."

The fluid is taken up by the first three cranial nerves. The next six are under the control of the first three, but the tenth cranial nerve comes out from the brain behind the ears. In early writings it is spoken of as the "beard of the face." It supplies the face, mouth and throat, and even goes down into the chest. It also sends out "myriad times myriad" of branches to "the authors of grief," or, in other words, the sweat glands of the

body, as well as putting forth "lamenting branches," which we call sympathetic branches.

These references apparently prove that in ancient days it was known that the twelve cranial nerves supply some kind of branch, either the motor, sympathetic or sensory, to every part of the body; when we study the heart, we realize that each cranial nerve has given forth a branch to the Bundle of His, which according to these same ancient writers is the Seat of Life, and is the size of a man's thumb.

The animating Light or Life Force comes through the pineal gland and anchors in this Bundle of His in the heart. It continues to supply the heart even though the latter may physically be disconnected from the body, since through experimentation it has been proved that when a live heart taken from the body is placed in normal salt solution at a normal temperature, it will beat indefinitely.

It has been difficult for authorities to understand why this takes place, but it will readily be seen that the so-called invisible Light is the activating means.

The photographs made with the Drown Radio-Vision Instrument, which prove this theory, are obtained by touching either the patient or the blood with a wire. This acts as an aerial, and carries the patient's energy into the instrument through the rate of vibration of the part desired, and its outline is placed upon the film in a natural, normal scanning process.

Some have felt this to be uncanny. If the sight of bacteria under the lens of a high-powered microscope is not uncanny (because one does not see the same thing with the naked eye), neither is the sight of the various parts of the body taken in life by the use of the animating Light or Life Force. Both are true, scientific actions of the One Energy, resisted and used in different ways to obtain different results. The first is so common it has become a normal activity; the second is uncommon, therefore not yet accepted as usual.

The large fish in the bottom of the ocean are so accustomed to heavy pressure that if they are brought to the surface quickly they explode; at the depth in which

they live they are unable to see the small fish floating past their eyes. While we as human beings think we live in dry air, we too must have a definite amount of moisture.

In the early stages of development man passed through the stage of the fish, and came only gradually into a higher rate of vibration of fluid, his present atmosphere. That is why we must have a certain amount of water in order to breathe and live. We are still fish in our own particular rate of vibration. As we get into higher rates of vibration we need less water. Water is the condensation of our Life Force. It is important that its channel be kept open, as we take in energy from the ethers through every part of our body, just as a fish living in water absorbs and throws it off.

Since human bodies have passed up through each stage from the fish, there is every reason to believe that much activity which we are unable to see exists in life around us. Therefore when, through means of various instruments, it is possible to tune in to some of this invisible Energy, we should recognize it as a scientific truth, not cast it aside because it has not been known before.

The fact that some of our radio-vision pictures are taken by using the blood as a "radio beam" is explained in this manner: when placed on a blotter, the blood is crystallized, even as ice is crystallized steam, and each small atom is the precipitated crystallized end of an invisible line which reaches into the ethers. This invisible line passes through the body over the nerves and through the blood vessels, and the electrons from air, water and earth supply the body structure, attaching themselves to that line, which holds the pattern of the body.

The invisible line is therefore the Life Force of the body. It also takes the form of liquid and gases when the electronic flow is speeded up fast enough to produce heat. When the body ceases to be animated by this Life Force—in other words, when death comes—we cannot tune into it with our instruments. The Life Force, or "radio beam," has been withdrawn.

Since this blood is crystallized light, it acts as light

and has the speed of light. Therefore its energy passes around the world seven and three-quarter times per second, possibly more. This does away with the idea of distance, and shows that the vibration of everything in the world is *where we are*; we need only take this vibration out of the ethers and pass it through our instrument in order either to treat a patient at a distance or make a picture of any portion of his body.

We have the rates of vibration of every part of the body, taken from the histological cellular structure—or shall we call it the molecular arrangement of the different organs? These would be the same in an animal as in a human.

In our work we are unable to take a picture of anyone under an anaesthetic. The reason for this is that when a patient is under an anaesthetic, the mental body is forced out of the physical (that is why there is no feeling in the physical at such times), and the former stands to one side. In order to bring that mental body back enough so that it can outline the picture, we must use a certain kind of homoeopathic remedy with the patient's vibration.

The emulsion we use in taking our pictures is colour-sensitive. When we employ colour, we are dealing with vibration. Out of that vibration comes sound.

Why then can we not take pictures of sound, if sound creates form? We should then be able to have the form held in a film and place it in some kind of apparatus, say, a gramophone. This has been done in England. Such a picture can be reproduced at any time.

If we are capable of thinking something, or doing something, that thing is capable of being born. For instance, we fully believe that eventually we shall be able to take a picture by putting an aerial in the air, catching the results on a gramophone apparatus, and hearing the sound that is in the air. If film takes form it will, or should, take sound also. Every form that is created has its own sound.

The statement has been made that in our photographs cellular structure is unlike any shown in the histological slides under the microscope. These pictures are obtained



from the actual living tissues in the body, which are different from those that have been removed from the body, as seen under the microscope. The cells in the live body have a tone and life activity that does not exist in the same structure, once it has been removed from the body.

It is true that our approach to this subject differs from the methods heretofore used; nevertheless, the time has come when the doctor must learn more about the animating Life Force of the patient and its many variables than about the mere functions of the body.

## CHAPTER VII

## CASE HISTORIES

*(Drown Laboratories)*

**Miss W.** Case of a young woman 28 years old who was suffering from fatigue, nervousness, constipation and dizziness. Diagnosis showed contraction of kidney and spleen, cystic fluid in the left ovary and pin worms in the intestines and colon. Her temperature was below normal. After ten months' treatment the pin worms disappeared entirely, the kidneys functioned normally and the cystic fluid condition cleared up. This patient had had a hysterectomy, which hampered treatment, especially of the glands.

For the duration of treatment the glands were normalized twenty minutes each day with rates for the above-mentioned conditions. (See Atlas for rates.)

*(Drown Laboratories)*

**Mrs. L.** A woman 44 years old who had suffered from fatigue and nerve panic of the eyelid for sixteen years. Diagnosis showed most of the glands to be very low in function; adhesions affecting the tenth cranial, the sympathetic nervous system and ileum; amoeba in the intestines and colon; uric acid and cystic fluid in the pancreas; uric acid in the right kidney, left eye, and lacrimal duct. After six months' treatment, almost all of which was broadcast, most of these conditions were eliminated and the patient felt well.

This case was handled by remote control—treating the glands and using rates for the above-mentioned conditions. (See Atlas for rates.)

*(Drown Laboratories)*

**Mrs. T.** A very deaf woman, 52 years old, who complained of headache in the top of head; pain in appendix; pain in stomach and back. Diagnosis showed polypoids and abscess in left eustachian tube and tympanic membrane; cystic fluid in brain; inflamed appendix;

streptococcus and staphylococcus in gall bladder; and streptococcus throughout intestinal tract and colon. Treatment greatly improved both the general health and the hearing, until the patient could detect the ticking of a clock, which had not been possible for years. All pain in the lower right side and in stomach disappeared.

Patient was not dismissed from treatments. Her hearing was still poor, but so improved that the results were phenomenal.

The glands were treated twenty minutes each day, and other rates were used for the above-mentioned conditions. (See Atlas for rates.)

*(Drown Laboratories)*

**Mr. T.** Case of a man 54 years old, suffering with heart trouble of years' standing. Head pains and noises; "explosions" in right ear when falling asleep; constipation and pains in the lower back. Diagnosis showed enlargement and trauma of left ventricle of the heart; calcium deposit in the right kidney, and cystic fluid in the right kidney and ureter. After treatment the patient felt greatly improved; the backache disappeared, and the heart condition and head noises were so relieved that he suffered very little and was able to sleep well.

For twelve months the glands were treated twenty minutes three times a week, and treatment rates for conditions mentioned above were used in addition. (See Atlas for rates.)

*(Drown Laboratories)*

**Mrs. M. T.** A woman 42 years old, giving a history of kidney and bladder complications, adhesions, tipped uterus, extra kidney and painful urination. Bladder operations had afforded her no relief. Diagnosis showed calcium deposit in the ureter and urethra; inflammation and streptococcus in urethra; inflammation and streptococcus in the pyloric end of the stomach and bladder; and cirrhosis and carcinoma of right kidney and interstitial tissue.

After ten months' treatment she reported that for the first time in years she was able to urinate without pain, and was feeling normal in every way.

This woman was treated on the gland rates for twenty

minutes daily, also for the above-mentioned conditions. (See Atlas for rates.)

*(Drown Laboratories)*

**Miss T.** A young woman of 20, who suffered extreme pain and menstrual colic for ten years during periods, with frequent fainting spells. She also was troubled with constipation and headaches. Many kinds of treatment had failed to relieve the condition. Diagnosis showed low function of the pituitary gland, ovaries and uterus, hyperfunction of the left thyroid, and various abnormal conditions in the colon; also cystic fluid in the ovaries and tubes. After several months' treatment the pains disappeared and normal conditions were restored. The patient stated she felt completely well and normal for the first time in her life. She was able to drive her own car, and finally married.

For twelve months the glands and all the above-mentioned conditions were treated daily. (See Atlas for rates.)

*(Drown Laboratories)*

**F. I.** Case of a boy 6 years old who was unable to walk, or to talk much. If he tried to walk, his legs dragged and he shoved himself along the floor. When his parents brought him to us they carried him into the office. Diagnosis showed low function of the left suprarenal gland, pancreas, prostate and testicles. There were fibrous adhesions in the brain and meningeal tissue, affecting the eleventh dorsal; also contracted brain sinus, and cystic fluid in the brain and medulla. After being treated on the H.V.R. for a year, the boy was walking, playing, talking and laughing, and mentally was greatly improved. His mother wanted to send him to school.

In this instance all the glands were treated for twenty minutes daily; also the cystic fluid condition. Treatment was given almost entirely in the brain areas. (See Atlas for rates.)

*(Drown Laboratories)*

**Mrs. D.** A woman whose neck was so stiff she could not turn her head. Diagnosis showed parasites in the lymphatics. A picture made with the Drown Radio-

Vision Instrument, taken on the parasite rate, showed pin worms all through the mastoid sinus. The larvae had formed in the lymphatics and settled in the mastoid, stiffening the entire neck.

The glands were treated twenty minutes, and for the pin worm condition the Drown Short Wave Instrument was used, employing the mastoid sinus and lymphatic rates. (See Atlas for rates.)

*(Drown Laboratories)*

**Dr. L.** Case of a man who had suffered from pellagra for eight years. Perspiration was so constant that he was forced to wipe his face continually and change his day and night clothes many times. His disposition made him impossible to live with. His disease had been diagnosed previously as weeping eczema. We found pellagra affecting the nerves to the extent that they were as if made of string with no padding around them. His taste in food ran to cheese, corn, and various products which encouraged the fungus. This eight-year-old condition was cleared up in five months' treatment. Besides the H.V.R., light and colour were used in treatment. There was no return of the trouble until months later, when the patient took all sorts of combinations of liquids into his stomach and refused to watch his diet. But for this, there would have been no recurrence.

The patient was treated on the glands twenty minutes daily, and on rates for the above conditions (especially nerve coverings) for twelve months. (See Atlas for rates.)

*(Drown Laboratories)*

**Mrs. F.** A woman, aged 60, who was barely able to hobble into the office. She was stiff and extremely nervous; suffering from a roaring in the ear, swollen ankle, drawing of muscles in the left knee as the result of an accident, glandular disturbance and irritability. Diagnosis showed thyroid as the cause. A fibroma condition was found in both the right and left thyroid; there was also sarcoma of the spleen, lymph glands and liver, and acidity in the left eustachian tube. The fractured knee-bone was troublesome, due to lack of proper treatment. This patient came six hours a week for one year,

during which time acid conditions in various organs were found, treated and cleared up. By then the woman was able to walk, the roaring in the ear had stopped, and her nervousness and irritability had disappeared. A grateful letter testified to her improvement. She was treated on the glands for twenty minutes daily, also on rates for the other conditions, for a period of twelve months. (See Atlas for rates.)

*(Drown Laboratories)*

**Mrs. N.** Case of a woman past 50 years of age. While she was out of the city, her husband telephoned that a doctor had pronounced her trouble mastoiditis. Her blood count was so high that the physician had advised an immediate operation. Her husband waited at the telephone while we made a count from a blood specimen, and found that she had 12,800 instead of about 7,500 white cells. The husband was willing to let us handle the case by remote control. We kept her on the rate for streptococcus through the mastoid bone all night. By midnight her ear had filled up and closed until she could not hear. By morning it had begun to drain, and kept draining for three weeks. Other cases have been treated in the same way, with equal success.

*(Drown Laboratories)*

**M. A. W.** A girl 12 years of age who had been in the hospital five months, suffering from the effects of scarlet fever, septicemia in the left mastoid, headaches, streptococcus, abscesses, and loss of speech and memory. She could not digest food, and vomited bile, frequently passing into a state of coma. H.V.R. treatments enabled her to leave the hospital, although she was given up by her physicians. When her parents brought her to our office she was not able to walk. An abscess was draining in one arm, in an elbow, and on the back of one hand. She could not lift her arm. Our Radio-Vision picture, taken while she was in hospital, confirmed the H.V.R. diagnosis of abscess in the brain, left medulla and left ear. Most of the glands were very low in function. We worked on the case daily for several months, normalizing the glands and treating the abscessed conditions. At the end of the treatments she had a perfect

body. A tutor was engaged for her, as she had to start her education from the beginning, having forgotten so much she had previously learned. Today she stands at the head of her classes in school. One shoulder still shows a little stiffness because of the destruction of tissue, but she has the use of it, even being able to swim.

This patient was given gland treatment each day for twenty minutes, and the abscess was treated until cleared. The fact that it had cleared was confirmed by Radio-Vision pictures. (See Atlas for rates.)

*(Drown Laboratories)*

**Miss L.** A woman aged 53, who gave a history of migraine, with gastritis and sick headaches of many years' standing; constipation; pains in the head and at the base of the brain; also much hoarseness. A diagnosis revealed low function in the posterior pituitary, tail of the pancreas, left internal ovary, left parathyroid and spleen. The gall bladder did not register at all. The right kidney was low in function, as were the sympathetic nerves, and the veins registered 4/10 instead of 8/10. Sarcoma was found in the gall bladder, caudate lobe of the liver and the spleen; hypertension in the veins; cystic fluid in the pharynx and the larynx. After six months' treatment the headaches lessened. Diagnosis showed a higher function of the gall bladder. Other symptoms disappeared, and the patient felt better than she had for twenty years. Complete changes took place in the skin. Its coloring, heretofore like brown leather, became normal.

This patient was treated on the glands for twenty minutes each day, and on the rates for conditions mentioned in the above diagnosis. (See Atlas for rates.)

*(Drown Laboratories)*

**Miss G.** Case of a woman aged 42 who complained of headaches (frontal); pain around the right eyeball; cramps in the intestines; pain in the lumbar and sacral regions, and around the right knee. Her feet burned and were swollen. Diagnosis showed the pituitary, pancreas, right ovary, right thyroid and arteries low in function, with no function of the upper right and lower left parathyroid; cystic fluid in the uterus; streptococcus in the

sinuses; sarcoma of right thyroid; calcium deposit in the right kidney and posterior pituitary. After one year of treatment, this woman's glands were normal and the diseased conditions were healed. She was treated daily—twenty minutes for glands, and with rates for the above-mentioned conditions. Duration of treatment was twelve months. (See Atlas for rates.)

*(Drown Laboratories)*

**Mr. G.** A man 41 years old, who suffered from mucous colitis. When two years of age he had had inflammatory rheumatism. At ten, he had not walked for a year because of the condition of the tendons in his legs. He gasped for breath when talking, had sinus trouble, and because of the latter, had had his teeth extracted. There was much pain between the shoulders, low in the back; cecal hernia was present, and there was considerable gas in the stomach. The patient had had appendicitis, haemorrhoids and rectal ulcer, and had been treated by every known method, with no results. By means of the H.V.R. Instrument the right suprarenal was found to be very low in function, also both the anterior and posterior lobes of the pituitary. The function of both the head of the pancreas and the islands of Langerhans was low, and the head was constricted. The prostate and gonads barely registered function; there was hyperfunction of the thyroid and hypofunction of the parathyroids. Cirrhosis of the liver was found. The kidneys were not normal, but neither were they unusually low. The right lung hardly functioned. The stomach also showed very low function, but hyperchlorhydria registered in the pyloric end. The veins and arteries were fairly normal; the motor nerves were within normal; but the sensories and sympathetics were low. The heart muscle registered about half its normal function, with a weakened condition of both ventricles. The spleen was also found to have about half its normal function, and the lymph glands were quite low. Ulceration was discovered in the ileum, and acidity throughout the entire intestinal tract. The caudate lobe of the liver registered abscess. (Such cases may be treated directly into the abscessed area with marked results. See Atlas for rates.)



*(Drown Laboratories)*

**Miss Y.** Case of a woman who had tumour of the uterus extending into the greater omentum. After being treated for twenty hours, the tumour had shrunk to the size of a small hickory nut, as we were able to palpate it. There were no haemorrhages, and the patient experienced no pain from the condition, but she felt extremely toxic, and noticed a swelling of the left ankle. With the exception of a small portion of the tumour, all conditions cleared in a few months. (See Atlas for rates.)

*(Drown Laboratories)*

A woman who had suffered from haemorrhages of the uterus for several years before coming to this office for treatment. Her condition had been diagnosed by other physicians as carcinoma of the uterus, and our diagnosis indicated this also. In addition, it showed polypoid uteri about the size of a small orange. After several months' treatment there was no more haemorrhage, and the polypoid no longer registered nor was palpable. However, our re-check after this time showed a distinct cystic tumour of the right ovary extending through the right fallopian tube and draining through the uterus. As the latter condition seemed to take care of itself and was not dangerous, the patient ceased treatments to go to the mountains and rest. To our knowledge, this was the only trouble remaining.

We find that the lack of certain mineral salts in the body prevents resulting cystic conditions from clearing up. In connection with this, it should be noted that we treat with the patient's own energy, and if certain cell salts are lacking, they must be introduced into the body through food or other methods. (See Atlas for rates.)

*(Drown Laboratories)*

**Mr. N.** A man who was apparently suffering from paralysis agitans. Certain cases in which all indications seem to point to this disease are sometimes due to trauma, as was true in this instance. The patient was highly nervous, and unable to control the motions of his arms and legs, yet while he stooped over heavily and his hands shook as with palsy, he showed no loss of balance when

walking. Diagnosis by means of the H.V.R. Instrument indicated definite concussion of the brain, right side top of the head and the right side of the cerebellum, with left lateral scoliosis of the cervicals and lordosis of the dorsal lumbar region. It also revealed fracture of the periosteum of the bone in the above spinal areas. Apparently the patient had been injured when thrown from a horse three years before. After he regained consciousness he had no memory of what had taken place, nor did he know where he was injured.

It was noticeable that his nervousness was greatly relieved by rubbing his arms and legs. In treating him, it was found he could be put to sleep immediately by using the rate for impinged sensory nerves, and directing the body energy into these nerves. This accomplished practically the same result as rubbing the skin, which was a stimulus to the sensory nerves.

During each treatment, after balancing the endocrine glands (a part of the usual treatment in all cases), the patient's body energy was directed from the nervous system into the blood stream by means of the instrument, thus bringing about a balance between the nerve and blood energy of the body. (It has been found, incidentally, that this balancing of the nerves and blood of the body gives remarkable results in certain types of disease, notably ulcer.) After a few weeks' treatment based on this methods, the patient showed marked improvement. (See Atlas for rates.)

*(Weaver)*

**Mr. B.** A man who gave a history of hiccoughs lasting all night; he asked that treatment be broadcast to him. We were eager to learn what could be done through the H.V.R. Instrument, never before having treated with it for hiccoughs. After trying several rates with no result we used that for impinged nerves to the epiglottis. This stopped the hiccoughs in thirty minutes. However, there was a return of the trouble in the afternoon when the patient came for his regular two-hour treatment. Again the hiccoughs were stopped in thirty minutes. Shortly after he returned home they began again. Once more broadcast treatment was resorted to, but this time it was

kept up all night. The patient then had no recurrence of the condition.

(Weaver)

**Mr. W.** Case of a man who limped as though suffering from innominate lesion. The lesion could not be located. An attempt to adjust the hip, according to the method used in cases handled previously, so aggravated the condition that after three weeks the patient could hardly walk. When he finally consented to try the H.V.R., a diagnosis with the instrument showed a psoas abscess affecting the left hip. Three hours' contact H.V.R. treatment and an all-night broadcast cured the trouble completely. When another patient came a few months later with the same condition, this time affecting the right hip, it responded to the same treatment, being healed in six hours.

(Chapman)

**Mr. C.** A man, aged 59, had been semi-conscious for five days following cerebral apoplexy. A history of stomach trouble was given which had been more or less constant for four or five years. The patient frequently vomited a black liquid and sometimes food, but after about three weeks of treatment the appetite was much improved and he ate fairly well for one in bed. A diagnosis showed carcinoma involving the stomach, right kidney, cecum, prostate, and tail of the pancreas; also contracted spleen and left kidney, and abscess of the caudate lobe of the liver. After daily treatments for a month the patient was suddenly afflicted with a severe headache. Within thirty minutes he was unconscious from another apoplectic attack, and died in about twenty-four hours. A post-mortem examination showed no tumour formation in the stomach, but the latter was fully three times its usual size and contained three pints of black liquid, which could be seen through the stomach wall. The stomach was tied off, removed, and an incision made into its wall. This showed it to be composed only of the serous coat, the muscular and mucous coats having entirely disappeared. The few remaining blood vessels were black mutilated streaks in the serous coat. One could almost conceal the entire stomach within the

palm of the hand as one would a wet silk handkerchief.

The capsule of the spleen was ruptured, and from this a reddish, jelly-like mass protruded. The spleen was smaller and much lighter in colour than normal. The right kidney was congested, enlarged, and abnormally red. The cecum was affected much like the stomach, but not to such an extent. The appendix seemed normal. The prostate was not examined. The tail of the pancreas was congested and puffy. The caudate lobe of the liver was contracted, whitish, and contained many cheesy cells about the size of grains of wheat. There seemed to be small pus pockets. The stomach condition was very peculiar, the writer never previously having witnessed such a case. (See Atlas for rates.)

The following cases discussing parasitosis, epilepsy, and locating the presence of foreign bodies, are taken from the *H.V.R. Journal* of March, 1932:

**Parasitosis :** In many obscure and obstinate conditions parasites will be found to be the basis of the trouble. Marked and lasting results can be obtained in such cases by the use of the H.V.R. in treatment, but many times this ailment is uncovered only after every other possibility in diagnosis has been exhausted. In one such instance a patient had been suffering from lameness, stiffness and soreness, accompanied by an afternoon temperature, for six or seven years. After much research, diagnosis finally located trichinae in the liver, gall bladder, muscles, intestines and lymph stream. With treatment for this condition, improvement in the patient was marked.

Obstinate asthmatic and bronchial trouble has also resulted from the presence of this same parasite. In one case where trichinae were found in the diaphragm, the right lung and right pleura, the entire difficulty cleared up after a two-hour treatment on the H.V.R. Instrument.

(*Drown Laboratories*)

**Epilepsy :** Case of a man 38 years old who had had epilepsy since his twentieth year. Diagnosis showed cystic fluid, traces of carcinoma and its toxins, Neisseria, and lowered resistance, all registering in the cerebellum.

The lowered resistance came through as congenital. Other minor conditions were found in various parts of the body. Treatment was started by normalizing all the glands with the H.V.R. each day for one-half hour. During the first week this was followed by a half-hour treatment daily on the rate for Neisseria through the cerebellum. At the end of that week this condition ceased to registered on the instrument. The second week, after normalizing the glands, treatment was given for half an hour on the rate for congenital lowered resistance through the cerebellum. This also disappeared at the end of the week. During the third week we treated with the carcinoma rate and with the rate for the cystic condition through the cerebellum. Throughout the entire three weeks we also worked on the minor conditions found. At the close of the third week none of these troubles registered on the instrument, and even the epilepsy itself failed to come through. The patient had no recurrence of attacks and the general health was immeasurably improved.

*(Drown Laboratories)*

**Locating the Presence of Foreign Bodies :** Accurate location and classification of a foreign body in any part of the system is very simply accomplished by means of the H.V.R. Instrument. It has been found of great assistance particularly in certain instances in which the X-ray proved of no value.

Case of a woman suffering from coughing and irritation in breathing, especially in cold weather, and soreness along the spine on both sides, a condition that had existed ever since a tonsillectomy and sinus operation six years before. It was suspected that some minute object or substance had slipped down her throat during the operation, although countless X-rays had failed to reveal this. Using the rate for foreign body on the H.V.R. Instrument, we discovered the presence of some object in the right upper lung, half-way between the second and third rib. We placed the rates for various substances in turn on the instrument and found that the foreign body was of rubber composition. Apparently a small bit of rubber used during the operation had slipped down the patient's

throat and lodged itself in the lung, setting up the subsequent irritation and fits of coughing, even though it had been walled off by the body process.

*(Drown Laboratories)*

Case of a patient in whose finger a piece of glass had lodged. A physician was called upon to remove it, but a H.V.R. diagnosis was requested to see whether any glass remained after the operation. Foreign body registered strongly in one area, but the rate for glass produced no reaction. The foreign substance proved to be some fine shreds of absorbent cotton.

*(Drown Laboratories, 1931)*

**Diarrhea :** A woman, aged 57, had had a severe diarrhea for three months, with as many as twenty stools a day. As a result she was so weak that she had to be brought to the office. She had been treated for intestinal influenza. The H.V.R. instrument, however, registered amoebic dysentery in duodenum, cecum, sigmoid, rectum, bladder and right ovary. The dysentery was completely stopped by a two-hour treatment on the instrument, and the other conditions were subsequently cleared up.

**Bronchitis :** Case of man convalescing from a bad cold which had developed into a severe bronchitis. After coughing very hard all night, he came for treatment, complaining of a constricted sensation around the lower ribs. We used the rate for impinged nerve to the diaphragm, which relieved the constriction in fifteen minutes. Later we treated him for trichinae in the diaphragm, right lung and right pleura. In a few hours this relieved the cough which had persisted for several weeks.

**Ptomaine :** Cases of what appeared to be ptomaine. A few of these patients suffered what seemed to be nausea. Others had nausea accompanied by cramps, and some had cramps only. Still others had diarrhea, and some were completely prostrated. Each case, diagnosed by means of the H.V.R. Instrument, registered poison chemicals in the stomach, small intestines or colon, and sometimes in all these areas. An hour's treatment invariably



*The Drown Radio Vision Instrument.*

cleared the condition. We had seven such cases in one week, and believe the trouble was caused either by chemical fertilizer or sprays used on vegetables.

(*Drown Laboratories*) Weaver.

**Tumour and High Blood Pressure :** There are some cases which are so complicated and difficult to bring under control that they challenge one to use everything at hand to cope with the conditions. The following instance well illustrates the point:

A woman, aged 73, had come to us with a history of high blood pressure over a number of years. Two years before she had had a tumour removed from the left breast. This had started to recur about six months before she came under our care. It grew rapidly and caused much discomfort from pain and throbbing. Shortly after she had started treatment with us she had a slight stroke, losing the use of the left side and the left arm and leg. We diagnosed the difficulty, by means of the H.V.R. Instrument, as haemorrhage in the right parietal and medulla. This condition we treated on the instrument. Feeling, however, that we must bring every possible aid to bear on the situation, we determined the polarity of the patient by means of the instrument, and with this as a basis selected (also by means of the H.V.R.) a homoeopathic remedy which best dissipated the diseased condition. We found the patient to be of bi-polar polarity, and after testing the various bi-polar homoeopathic remedies, discovered that arnica, in the I M potency, completely dissipated the reaction on the instrument for haemorrhage, blood clot and paralysis. Three powders of this remedy were administered, two hours apart.

Since morphine had been prescribed by the physician who had removed the breast tumour, the family demanded that this drug be given. But we refused to allow it, feeling that treatment with the instrument would take care of the pain and leave no ill effects such as would follow from morphine. We treated her on the rate for cancer toxins, with the result that the pain quickly left and has not returned. She was treated with the instrument twice a week at her home, and had no medicine other than the arnica (although we followed through with



cadmium sulphate in the 30th potency). In less than a month's time she regained normal control of the affected parts, ate and slept well, had two bowel movements a day without the use of laxatives, and walked unassisted and without a cane, although she was still a trifle weak.

*(Drown Laboratories)*

**Cancer of the Mesentery :** Case of a woman who had been suffering continuously; physicians had not been able to help her. With the Radio-Vision Instrument we took a picture showing just the blood vessels through the mesentery. One area showed quite a lump. We treated this patient for one year, twice a week. Her pain did not leave her until the last week of the year, when all conditions were eliminated.

*(Drown Laboratories)*

**Strokes :** Case of a woman about 74 or 75 years of age. She had had several strokes, one of which turned her eye to the left. Another stroke blinded it. Another paralyzed one arm and side of the body to a degree. Today, this woman has eyes as straight as they ever were. She had lost her speech, but that has returned, and she can lift her arm.

We began to treat perhaps a month or so after the first stroke. The others were treated almost immediately.

## CHAPTER VIII

## QUESTIONS AND ANSWERS

Q.—*Dr. H.*, Texas. How does the H.V.R. treat the patient?

A.—The blood and nerves carry electro-magnetic energy. During treatment on the H.V.R. Instrument, the foot-plates act as the cathode, and the electrode on the body acts as the anode. The energy carries the radioactive rate of vibration of the organs, glands and tissues of the body in a way similar to that in which the electrically equipped radio carries the voice or sound. Thus we have the direct energy passing through the instrument and back through the patient, conducting the rate of vibration as designated by the instrument. All energy returns to its source.

Q.—*Dr. Y.*, California. What do you think forms a tumour in the body?

A.—All these conditions seem to be a matter of conjecture and theory. It is our theory that the anabolic function of the body is the positive energy belonging to the individual which passes through the brain to the nucleus of the nerve cells, and thence over the nerves to the various organs and tissues of the body. The catabolic energy passes through the nerve as the blood stream. Any impingement of the catabolic function would inhibit the natural flow of the blood stream through the nerve to the tissue supported by this nerve. There would thus be a lack of balance between the catabolic and anabolic functions. However, the anabolic function would continue in a true, steady manner, but the impingement of the catabolic function would inhibit the carrying away of old cells. Therefore we would have a new cell built in on the old cell, producing an abnormal condition or growth. The particular disease germ living within this growth would depend upon the rate of vibration of the tissue at the time the growth took place, for we believe

that disease germs live only in their own rate of vibration. On the other hand, the lack of growth in the body, where we find suppuration, is caused by the opposite action or impingement of the anabolic function of the nerve. Thus we have no new growth or very little new growth. The normal tearing down without its balance of building up produces suppuration. Nature works according to true laws. (See element explanation, page 129.)

Q.—*Dr. S., Oregon.* Can a rate be obtained on the H.V.R. Instrument for the total body energy of a patient?

A.—Yes, just as a rate can be worked out for minerals, oils, etc. But in the case of a human being the rate would not be permanent, since the mind is constantly undergoing change. Due to the fact that the body is controlled by the fluid in the nerve centres of the brain, the body changes with every change of the mind.

Q.—*Dr. F., Michigan.* Does the thought of the patient while being diagnosed by means of the H.V.R. Instrument have any influence on that diagnosis?

A.—To our knowledge, it has no influence. Proof of this lies in the fact that many patients have had diagnoses made, fully believing within themselves that they were afflicted with certain diseases at the time. Since the diagnosis did not prove this to be true, their fears were dissipated and confidence in the instrument was created.

Q.—*Dr. H., Minnesota.* Does treatment with the H.V.R. Instrument help deafness?

A.—Unless there is a local diseased condition of the ear or eustachian tube, treatment into the thyroid gland will usually relieve deafness during the first week of treatment. This trouble is usually found where there is an impingement somewhere on the eighth cranial nerve. This in turn leads us to investigation of the tissues supplied by this nerve. Often a dysfunction of the sex glands will be found. (See element notes, page 116.)

Q.—*Dr. M., Massachusetts.* In your opinion, do the nerves of the body have both an anabolic and a catabolic function?

A.—It is our belief that each nerve of the body, in its process of control over the metabolism of the tissue cells, governs both the growth and the tearing down of those cells. As we see it, this controlled growth is caused by the nerve cell working in conjunction with the blood stream and stimulated by the spinal fluid (which in turn is stimulated by the vibrations of Universal Energy passing through the brain). In other words, the nerve cells control the growth of the body cells, and the blood stream flowing through the nerve feeds the tissue and cares for the waste products of these body cells. Were the energy of the anabolic function of the nerve cell to be cut off or eliminated, body changes would be induced by the blood stream because of its resulting unbalanced function, and so-called decay would take place. Thus, when we have suppuration in any part of the body, it would appear that the nerve cell is impinged, and only the energy which takes care of the catabolic function is passing through the cell. Hence an imbalance of tissues, or suppuration, is brought about. On the other hand, when we have a tumorous growth, it is easy to reason that that part of the nerve which controls the anabolic activity is flowing through.

Q.—*Dr. L., Pennsylvania.* Is it possible to diagnose the sex of a child prenatally, by means of the H.V.R. Instrument?

A.—There are now three baby girls living in Los Angeles whom we diagnosed by means of the instrument at different times—one when the mother was ten days pregnant, another after pregnancy of a month, and the third after eight months' pregnancy. All registered female child, and in each case our diagnosis was proved. However, because of so many variables, this is very difficult to follow through.

Q.—What causes sarcoma?

A.—It is our finding that sarcoma comes from a tubercular basis. Cases treated with X-ray and radium cannot expect good results. That part with which we are trying to heal, the nucleus of the cell, is destroyed by radium and X-ray. We must have the nucleus of the cell in order to grow another one.

Q.—How long after a stroke would you be able to help the condition—for instance, if it happened a year ago?

A.—The length of time varies with the condition. We have been of assistance a year after a stroke had taken place. We can do a great deal with our short wave instrument. The extent of the injury to the brain structure from pressure controls the results.

Q.—Outside of haemorrhage, is there any condition in which the use of the instrument should be modified?

A.—Yes—pernicious anemia and haemorrhage of the liver or spleen, which cause these organs to enlarge. In most cases there is almost a state of hemophilia, which would be difficult to control. In hemophilia that something which produces fibrin to allow the blood to coagulate is lacking in the body. We cannot treat a patient with pernicious anemia for as long as two hours. But by normalizing the blood we can get him out of bed in half an hour.

#### ENDOCRINOLOGY REVIEW (WEAVER)

In this review it is our purpose to strike only the **high points**, or those which tie in and help with the successful use of the H.V.R. Instrument.

Pages could be written on the subject of endocrinology. The important thing here, however, is to know how these glands are to be handled with the H.V.R. in diagnosing and treating patients. We shall therefore endeavour to cover each endocrine.

Q.—Why do we consider the endocrines of such importance in the Drown Therapy?

A.—Because they are *all* important to the well-being of the body, and it is impossible for the organs and cells to function normally if any of the glands are imbalanced. They are the transformers of the Life Force in the body. The endocrine glands constitute the beginning of the Drown "blue print."

Q.—How do we treat the endocrine glands with the H.V.R.?

A.—Directly, with the patient's own energy, through the specific V.R. for that individual gland or its separate portions—as the medulla, cortex, etc.

Q.—What is the first thing to look for in diagnosing the glands?

A.—Their function.

Q.—How is this determined?

A.—First, consult the Atlas for the normal function of that individual gland, then measure on the *last* dial of the instrument. Determine whether it registers its standard of function.

Q.—What would be the next step?

A.—Check these glandular findings with the case history; this will give a good clue as to what to look for in diseases—for you must have a “blue print.”

Q.—What are the various endocrine glands?

A.—The suprarenals, pineal, pituitary, pancreas, ovaries, testicles, uterus, prostate, thyroid, parathyroids, thymus, spleen.

### Suprarenals

Q.—What is the function of the suprarenals?

A.—The secretion of endocrine substance—cortin and adrenalin.

Q.—What element do they use?

A.—Calcium, building it into red fibre, nerve and bone tissue.

Q.—What does this accomplish in the body?

A.—It gives strength and tone to every cell and organ.

Q.—What conditions would we find if this were lacking?

A.—Weakness and lack of tone, such as a fast, small, weak pulse; weak heart muscle; uterine inertia; pro-lapsed conditions, or ptosis; auto-intoxication from lack of liver tone; flaccid constipation; diarrhea and any and every condition showing lack of tone and low blood pressure.

Q.—What would result from *hyperfunction*?

A.—Hypertension everywhere; thinness; nervousness; fatigue; exhaustion (their weakness is an exhaustion); patient is always tired, even though “keyed up.”

Q.—What other endocrines should we correlate with the suprarenals?

A.—Thyroid, ovaries, testicles, spleen and pituitary.

Q.—What chemical element must we keep in mind for the suprarenals?

A.—Calcium.

Q.—What common disease would be indicated if the suprarenal cortex were low?

A.—Addison's disease. Imbalance of calcium in the lymphatics.

Q.—What is one way of treating Addison's disease?

A.—Normalize on the external secretion of the suprarenals (whichever one is low); then normalize on the other for good measure.

Q.—Why would this be done?

A.—Because Addison's disease is due to a *hypo*-function of the cortex which produces the *external secretion* called cortin.

Because of the importance of the *medullary*, or *internal function*, we shall add a word or two concerning it. (This is the *internal secretion*.)

Q.—What are some of the physiologic functions of the medullary portions of the suprarenals?

A.—To secrete adrenalin; increase the heart-beat; also the blood pressure. They inhibit peristalsis; increase metabolism and kidney function; dilate the pupil; contract blood vessels and shorten coagulation time; stimulate *smooth* muscle.

### Pineal

Very little has been written on the subject of the pineal gland; very little is known, judging from our modern books. Perhaps very little will be known until

we are better able to use that knowledge. One thing we **do know**, however—**light** in the form of energy, which is a real substance, enters our body through the pineal gland.

Q.—What conditions might we expect interference with if we found an unbalanced pineal gland?

A.—Those pertaining to bodily nutrition, sexual disturbances and growth.

Q.—With what ages should we be most careful in pineal diagnosis?

A.—The growing and developing age.

### Pituitary

Q.—What are the main functions of the *anterior pituitary*?

A.—It maintains mental equilibrium, activates the brain cells, and is responsible for the brain capacity and mental control. In addition to this it promotes growth of all bones and tissues, and promotes lactation.

Q.—What conditions would we look for if the anterior lobe of the pituitary were out of balance?

A.—Unstable mentality; lack of control; unbalanced sex organs.

Q.—What pathologies or diseases might be found with a hypofunctioning anterior pituitary?

A.—All forms of infantilism—each depending on its relationship to other glandular dysfunctions, such as the thyroid type; pituitary type; gonadal type; thymic type, etc.

Q.—What might be the causes of the above?

A.—Heredity; accidents during intro- or extra-uterine life; other endocrine dyscrosia.

Q.—Why should we think of diabetes if we found the anterior pituitary low?

A.—Because it stimulates the production of insulin.

Q.—Why should we expect the posterior pituitary rate, combined with that for prolapsed area, to relieve the condition?



A.—Because the posterior pituitary has the power of stimulating these weak structures.

Q.—If this is accomplished, what has done it?

A.—The patient has treated himself with his own vibration through the H.V.R.

Q.—What are the main functions of the *posterior* pituitary?

A.—It stimulates the nervous system normally everywhere, and regulates water metabolism. It also stimulates contraction of muscles throughout the body; influences metabolism, and increases respiration.

Q.—How might we use this to good advantage with the H.V.R.?

A.—By tuning the V.R. for the posterior pituitary into any structure which is prolapsed. In any condition of ptosis, atony, or even in congestion, it will relieve the trouble through its nervous stimulation.

Q.—What conditions would we look for if the posterior pituitary were out of balance?

A.—The patient would be “keyed-up”; nervous; thin, if the gland were hyper; fat and phlegmatic if it were hypo.

Q.—What happens when the posterior pituitary is overstimulated, and what is the most common cause of overfunction?

A.—It inhibits the anterior pituitary. The most common cause is worry.

Q.—What diseases would we look for with hyper-posterior pituitary?

A.—Menorrhagia, menorrhagia, and every condition that shows lack of tone.

Q.—What other glands might we consider closely associated with the pituitary?

A.—Ovaries, testicles, thyroid, suprarenals, mammary and prostate (anterior pituitary).

Fröhlich's syndrome is a disorder of both anterior and posterior pituitary and the diencephalon. This gives the extreme girdle obesity, and may occur at any age. It may be due to traumatic, haemorrhagic, neoplastic and

other diseases of the pituitary, and the suprarenal cortex and gonads may also be involved.

### Pancreas

Q.—What type of gland might we call the pancreas?

A.—A gland of *digestion*.

Q.—What type of conditions would we be most concerned with in connection with this gland?

A.—Those of digestion.

Q.—What is the function of the pancreas?

A.—It secretes insulin; maintains blood sugar at normal level; aids in the metabolism of fats and carbohydrates, the absorption and storage of glycogen in the liver, and its conversion back into glucose when needed.

Q.—What is a disease of hypofunction of the pancreas?

A.—Diabetes.

Q.—What might we differentiate?

A.—Hyperthyroidism; hypertension; renal glycosuria; diabetes insipidus.

Q.—What symptoms might we trace to diabetes?

A.—Intestinal digestive disturbances; also kidney disturbances (from sugar); skin irritation; cramps in muscles (especially legs); skin infections, as furuncles and carbuncles; pyorrhea; retinitis; iritis; cataract; neuritis; acidosis. While almost any of these might come from other conditions, when we discover any of them we may look for diabetes, which means hypofunction of the pancreas.

Q.—Name a condition of hyperfunction, and its symptoms.

A.—Hyperinsulinism. This is often seen in children of diabetic mothers, with symptoms of hunger, weakness, nervousness, palpitation, burning sensation inside, low blood pressure and temperature, and low blood sugar.

Q.—What other glands are closely related to the pancreas?

A.—The pituitary, adrenals and liver—and watch the lymph.

### **Ovaries and Uterus**

Q.—What are the functions of the ovaries?

A.—To activate the thyroid; stimulate the anterior pituitary; develop the ovum and corpus luteum, producing menstruation or a pregnancy, as the case may be. They also give an internal secretion which is responsible for the development of features, growth, and of the uterus and vagina. In addition, they are responsible for the imbedding of the ovum in the uterus for its period of gestation; for the placenta, and for the relaxation of the symphysis pubis; they assist in the secretion of milk.

Q.—In what conditions would we be liable to find the ovaries low in function?

A.—Amenorrhea; menopause; thyroidectomy; obesity (trunk and thighs).

Q.—What are some of the conditions following a hypofunctioning of the ovaries?

A.—Arthritis; epilepsy; cardiovascular and nervous disturbances.

Q.—Why might we think of cardiovascular and nervous disturbances, and how does this happen?

A.—Because the ovaries are so closely related to the thyroid, which sensitizes every organ and tissue in the body through the sympathetic nervous system. The cardiovascular and nervous disturbances would come from obesity and toxic absorption.

Q.—What might be some predisposing factors causing low-functioning ovaries?

A.—Inherited or constitutional disturbances.

Q.—What are some exciting causes?

A.—Tumours; trauma; cysts; climatic conditions; lack of tone through vitamin deficiency; deficiency of other glands; surgery or X-ray; castration; contracted ovary.

Q.—How may we decide as to the condition of these ovaries?

A.—By, with and through careful and intelligent use of one's head, hands and the H.V.R.

Q.—In an overfunctioning ovary or ovaries, what might we expect to find?

A.—Metrorrhagia or menorrhagia; enlargement of the uterus; ovarian cysts; polypus growth of uterus.

Q.—What results might complicate or follow these conditions?

A.—Hypertension; hyperthyroidism; anemia; tuberculosis.

Q.—From an endocrinological standpoint, how would we account for a *uterine fibroid*?

A.—The anterior pituitary is closely related to the ovaries, and increases connective tissue; the uterus and ovaries are, of course, as one.

Q.—What other glands besides the pituitary are closely related to the ovaries and uterus?

A.—The thyroid, suprarenals and mammary.

Q.—Why would we relate the uterus and ovaries to these glands?

A.—Because the pituitary stimulates these, as all other structures, giving them the power to act normally. The mammary is directly concerned with the functions of the uterus and ovaries—that of menstruation and pregnancy. The thyroid is important and closely related to the ovaries and uterus in that it stimulates the posterior pituitary in the functions of the uterus and ovaries.

Q.—From the H.V.R. standpoint, what would we do if we had a patient with symptoms indicating a goitre—if she were thin, nervous, impatient; gave a history of menorrhagia or metrorrhagia; was exhausted even after a night's sleep?

A.—We would test for the function of the ovaries, uterus, posterior pituitary, mammary and thyroid particularly.

Q.—What might we expect to find?

A.—Hyperfunction.

Q.—What would be our next procedure?

A.—To go through the entire glandular "blue print," using intelligence, and through our knowledge as a physician analyze and correlate the findings so that we

might decide the conditions in the body resulting from or causing this group of glands to act in this way. *Never fail to diagnose all the glands.* Never get in a hurry, or feel too sure that because a certain gland or glands register hypo or hyper a certain condition must be present. Always get the **complete "blue print."** In the beginning one is apt to be hasty in diagnosis and judgment, but the longer he uses the Drown Therapy the more careful he becomes in the detail and completeness of his diagnosis. Why? Because *therein* rests his success; *one failure* in a new field will attract attention, while a failure in an old one will pass unnoticed as an accident or as carelessness—thus it is *always excused*.

### Testicles and Prostate

Q.—What is the function of the testicles?

A.—That of reproduction.

Q.—To what endocrines in the female do they correspond?

A.—The ovaries.

Q.—To what other endocrine is the reproductive function closely related?

A.—The pituitary.

Q.—What glands are closely related to the male gonads?

A.—The anterior pituitary, thyroid, thymus, supra-renal cortex, pancreas, ovaries and pineal.

Q.—With what endocrine elements is the orchic hormone formed?

A.—Testicles (using nitrogen); prostate (using carbon); thyroid (using iodine); pituitary (using phosphorus). This is chemistry.

Q.—Why is the anterior pituitary so necessary to the orchic?

A.—Because it produces courage, optimism and mental control through its relationship.

Q.—What condition would result in the anterior pituitary following castration?

A.—Atrophy.

Q.—What follows this atrophy of the anterior pituitary?

A.—Loss of mental control and courage. For a time this would cause the patient to be very combative and unreasonable; later he would grow fat and lazy, with little interest, and no combativeness, because the posterior pituitary would have become overstimulated, and worn out from the long period of overfunctioning.

Q.—When we find low orchic function, for what should we look?

A.—Inherited or acquired diseases.

Q.—What might cause a low functioning orchic?

A.—Inherited or acquired disease; acute infectious diseases, especially parotitis; also tuberculosis; diabetes; venereal disease (both inherited and acquired); and a metal poisoning from thallium (used for killing rats), which gives all the symptoms of metallic poisoning.

Q.—With a hyperorchic condition in a growing boy, what would you expect to find?

A.—Precocious puberty; excessive development of the organs; rapid skeletal growth, ceasing early, and resulting in short arms and legs; premature tooth eruption; separation of teeth; malposition or overcrowding; hirsutism; nervous and mental symptoms; perhaps a rise in temperature; tachycardia or tremour.

The *prostate* has only an *external* secretion, controlled by the testicles and the pituitary. It hypertrophies normally after the individual reaches fifty years of age. After castration it atrophies. It does not form a hormone, and only combines with the testicles, but it is very important in its own particular field. Its function is that of aiding in reproduction.

Q.—What chemical is utilized by the prostate?

A.—Carbon.

Q.—What disturbances usually follow hyperfunction?

A.—Bladder disturbances, from both acute and chronic prostatitis.

Q.—What other endocrines should we think of in relation to the prostate?

A.—Testicles, thyroid and pituitary.

Q.—Why?

A.—Because these form the orchic hormone, and the prostate combines with this hormone.

### **Thyroid**

Q.—How would we determine whether or not the thyroid were normal?

A.—By testing and measuring its function. On the H.V.R. a measurement of 5/10 is normal; anything below or above would be hypo or hyper.

Q.—What type of conditions would you expect to find if the thyroid were functioning, say, 8/10?

A.—Conditions resulting from a hyperthyroid—such as extreme nervousness; tachycardia; exophthalmus, etc.

Q.—If the patient's "picture" were as follows: sluggish mentality; generalized obesity; specialized fat above the clavicle and back of hands; expressionless face; slow pulse; low blood pressure; a continual feeling of coldness—what would you expect the thyroid to register?

A.—From 0 to 2/10.

Q.—What other glands are related to the thyroid?

A.—Testicles, ovaries, suprarenals, mammary; anterior pituitary.

### **Parathyroids**

Q.—What are the important functions of the parathyroids?

A.—To regulate the distribution of calcium in the body; build fat; control nerve and muscle irritability; aid in detoxication.

Q.—What is their relation to other glands?

A.—They stimulate the suprarenals to secrete adrenalin; they are governed to some extent by the pituitary; they sustain the mammary and pancreas, as these both use carbon, through the carbohydrates and starches, in their anabolism of fat.

Q.—What would you expect the parathyroids to register in a condition of tetany, and why?

A.—Very low. Tetany is usually due to low-functioning parathyroids; the calcium control is lacking, allowing the neuromuscular impulse to go uninterrupted.

Q.—If your Radio-Vision picture showed decalcification of bone (soap-bubble-looking condition), the leg or arm bending easily, what might the parathyroids register?

A.—Hyper—possibly 1 point 5/10, or more.

Q.—What is the name of this condition?

A.—Osteitis.

Q.—What is the first sign that might cause you to suspect it?

A.—High-functioning parathyroids and *tenderness of bone*.

Q.—Why does this condition arise?

A.—The parathyroids overfunction; this causes a loss of calcium.

Q.—With what common disease might hyperparathyroidism be confused?

A.—Addison's disease.

Q.—How may it be differentiated?

A.—With the H.V.R.

Q.—What other conditions might be found when there are overfunctioning parathyroids?

A.—Tumours; cysts; bone cysts and tumours; spontaneous fractures; bony deformities; renal stones; calcium deposits in many parts of the body.

### Thymus

Q.—What are the functions of the thymus?

A.—Little is known of this gland. It influences growth, and may be connected with the production of lymphocytes, as it is made up largely of *lymphoid tissue*. It is checked in its action by the pineal.



Q.—What effect do infectious diseases seem to have on the thymus?

A.—They cause its atrophy.

### Spleen

Q.—What is the chief function of the spleen?

A.—It is a detoxicant.

Q.—In what conditions would we consider this gland?

A.—In all toxic conditions.

Q.—What is another function of the spleen?

A.—It removes dead cells.

Q.—In what way would we use this, with the H.V.R.?

A.—When making a blood count, if we found mast cells, etc., we would investigate the condition of the spleen; also if we found waste tissue, which is really dead cell matter.

Q.—What is one condition of *hyperfunction* of the spleen?

A.—Banti's disease (extreme anemia).

Q.—In what conditions might the spleen be depleted?

A.—Typhoid; typhus; malaria; severe anemias.

Q.—What glands are related to the spleen?

A.—Hepatic; suprarenals. The lymph is also associated with the spleen.

The spleen could well indicate the constitution with which one is born, while the suprarenals indicate the changes brought about through the individual's experiences here. If a patient has a good spleen, even though he may be quite ill, he has a much better chance of recovery than if the spleen were not functioning properly.

\* \* \*

Q.—What gland or glands would be considered most important in making a *complete* diagnosis?

A.—All.

Q.—Why?

A.—So that they may be correlated with the blood

count, urinalysis and clinical findings, in order to analyze the case as a whole and thereby treat scientifically.

Q.—In what type of conditions would you be inclined to use the rate for the posterior pituitary?

A.—Those which need toning up.

Q.—Name some conditions in which this rate might be used, and how.

A.—Atony of the stomach—combining the rate for the posterior pituitary with that of the stomach; prolapsus of the uterus—using the rate for the posterior pituitary with that of the uterus; ptosis of the transverse colon—combining the posterior pituitary rate with that of the transverse colon.

Q.—What two endocrines may be low in function where one finds prolapsus, ptosis or atony of any part of the body, and why?

A.—The posterior pituitary and the suprarenals—because the posterior pituitary stimulates the muscles and the suprarenals build strength and tone.

Q.—What is the chief function of the suprarenal medulla?

A.—It stimulates the sympathetic nerves and inhibits the parasympathetics.

Q.—How would you expect this to affect the cardiovascular system?

A.—It would increase the blood pressure and heart-beat, and would contract the blood vessels, thereby shortening coagulation time.

Q.—Just how does the medullary portion of the suprarenals stimulate?

A.—Through its secretory function, producing adrenalin. The suprarenals, through their medullary function, might be called the glands of expression, or action, and emotion. They give us adaptation for sudden outbursts of energy for use in self-protection.

Q.—In which types of cases would you expect the glandular set-up to be most important?

A.—All cases.

Q.—Why?

A.—Because it forms a basis for checking the entire diagnosis.

Q.—What are some functions of the suprarenal cortex?

A.—It regulates carbohydrate metabolism, sodium secretion and renal function; gives body strength; stores and manufactures vitamin G.

Q.—What disease is typical of suprarenal dysfunction; is it hypo or hyper, and in it which portion of the suprarenals is affected?

A.—Addison's disease, resulting from hypofunction of the suprarenal cortex.

Q.—What are the syndrome of symptoms in hyper and hypofunction of the suprarenal medulla, and why?

A.—In hypofunction there is a feeling of weakness, tiredness, exhaustion, lack of ambition—because of failure of the adrenalin to stimulate the cardiovascular system. In hyperadrenia there is a weakness and exhaustion due to too much adrenalin, which is so stimulating that the cardiovascular system gives out. These patients are tired when they arise, even though they seem to have had a good night's sleep.

Q.—Generally speaking, how would you expect to find the suprarenals functioning in low and high blood pressure?

A.—Low in low blood pressure, high in high blood pressure.

Q.—Why?

A.—Because of the increase and decrease of adrenalin. In discussing the suprarenals, George W. Crile, M.D., has said, "The driving force of fear and its lesser form, worry, stimulates human beings to striving competition, rivalries and jealousies. The greatest and most constant fear which besets man is fear of his fellow-man. The instinct of fear expressed in animals is expressed as *fight* or *flight*. It is present in man, too, but with the difference that it is not translated into such outward actions; instead, it is registered as anxiety, fear, worry, which

bring about inward reactions in circulation and blood chemistry, governed by the suprarenal medulla and thyroid gland, quite like those which would occur if these emotions were expressed as the more primitive outward actions. You see when the stimuli to these mechanisms are sufficiently strong and no action ensues, it becomes an emotion, so the difference between action and emotion is one of degree and not stimulation."

Q.—What conditions in the *chart* would cause one to look for Addison's disease?

A.—Low function of the suprarenal cortex; low blood pressure; low function of the heart as an organ; blood urea high; gastric subacidity; traces of albumin and sugar in the urine; low haemoglobin and low erythrocytes. These are in ratio. Sometimes there would be a lymphocytosis.

Q.—With what condition might we confuse an advanced case of Addison's disease?

A.—Pernicious anemia.

Q.—What are two main points of differentiation?

A.—Pigmentation and blood picture.

Q.—What glands might be affected in a well-established case of Addison's disease?

A.—All.

Q.—What is the activity of the parathyroids in relation to calcium?

A.—They provide a convenient mechanism for the quick mobilization of calcium. Often it is vital that this element be made available quickly, in sufficient amounts for the protection of the body. Conversely, by withdrawing their activity, the parathyroids allow the salts of calcium to be deposited in nature's great storehouse, the bones. Then when needed in some great stress or strain, calcium is poured into the blood stream in large quantities, as in haemorrhage, fractures, etc. Calcium retards the transmission and diminishes the effect of impulses travelling through the nerves to the neuromuscular system, thus serving as an excellent regulator of that action mechanism.

There are many toxic conditions, such as strychnin poisoning, intestinal toxemia and hyperthyroidism, which lower the reaction to normal stimuli in various parts of the body, so that even though the number of impulses and their speed of delivery are normal, it markedly affects the neuromuscular apparatus, causing abnormal contractions such as spasms and contractures of both voluntary and involuntary muscles. The function of the parathyroids is quickly to mobilize calcium from the bones and thus reduce the level of voluntary and involuntary muscular contractions. When the calcium in the blood sinks too low, the result is tetany. The parathyroids act in the same way as an electric rheostat—preventing overloading.

Q.—How do the parathyroids regulate calcium?

A.—They store it in the bones when in excess in the blood stream, and quickly mobilize it from the bones when needed.

Q.—From the H.V.R. standpoint, what conditions would you tie in with the parathyroids?

A.—Haemorrhage; shock; severe intestinal toxemias; strychnin poisoning.

Q.—How would you apply this H.V.R. knowledge?

A.—First, through careful diagnosis of the function of the parathyroids; next, normalizing them; also treating the rate for the parathyroids into the part affected.

Q.—Why are the parathyroids and their regulation of calcium so important?

A.—Because they assist in the growth and maintenance of bone; they hold the normal calcium level in the blood; through the calcium they affect nerve and muscle irritability.

Q.—What are some of the chief functions of calcium that show the importance of the parathyroids?

A.—Bone and tooth formation; coagulation of blood; nerve and muscle irritability; making for the permeability of the cell wall—osmosis; regulation of heart rhythm.

Q.—To what other glands have the parathyroids an important relation?

A.—They stimulate the suprarenals to secrete adrenalin; menstrual disorders are related to lack of calcium; they are closely related to the thyroid in an antagonistic manner; also to the suprarenals.

Q.—What pathology is found in low parathyroid function?

A.—Spasmodic croup; pylorospasm, mucous colitis; gastralgia; all spasmodic ailments; asthma; hay fever; urticaria; angioneurotic edema.

Q.—In what conditions of pathology might we find the posterior pituitary abnormal in function?

A.—In those of heart, lungs, kidneys. It may be abnormal, however, in almost any advanced pathology, because of its interrelation with the other endocrines.

Q.—What are the main functions of the ovaries?

A.—Production of ova-menstruation and pregnancy. Therefore pathology has largely to do with these conditions.

Q.—What troubles might result from *low* function?

A.—Contracted ovary, tumours, cysts, obesity (trunk and thighs), and vasomotor and psychic disturbances.

Q.—What pathology results from *hyper*function of the ovaries?

A.—Multiple ovarian cysts; low thyroid; early menstruation; menorrhagia; enlarged uterus; polypus growths.

Q.—What one outstanding disease might be confused with hyperthymus, or thymicolymphaticus?

A.—Hodgkins's disease.

Q.—What might be an important point in differentiation?

A.—The blood picture.

Q.—What is the blood picture in Hodgkin's disease?

A.—Lymphoid cells; giant cells; eosinophils, and a secondary anemia. In an enlarged thymus we have symptoms resulting from intrathoracic pressure. In

Hodgkin's disease, there may also be an enlargement of the thymus.

Q.—What is the relation between the thymus, suprarenals and gonads?

A.—It is an inverse relationship, in that a failure of the adrenalin secretion seems to cause hyperplasia of the thymus, while increased adrenalin may result in involution of the thymus; it hypertrophies after castration.

Q.—What are some of the conditions necessary to enable one to differentiate from thymicolymphaticus?

A.—Growths which might produce pressure, such as malignant gliomas; intrathoracic goitre; aneurysm; pericarditis and other disorders of the heart, lungs or larynx.

There is a condition known as Graves' thymicolymphatic constitution, which is much like a mild hyperthyroid, and is characterized by three principal features:

1. Persistent thymus.
2. Enlargement of all the lymph nodes and the spleen.
3. Aorta, heart and suprarenals less than normal size.

This is of developmental origin, in which the lymphoid tissue has not differentiated properly, and has thus developed into the more highly specialized type.

Individuals in this class are quick, alert, with brilliant eyes, graceful bodies, delicate hands, feet and features, and all the signs and symptoms which might be found in an overactive thyroid.

Q.—What diseases have vitamin deficiency?

A.—Scurvy and rickets.