

Basic, Quick Start Instructions
for a Simple,
Do-at-Home Physical Medicine
Approach to Improving Health
for People with Chronic,
Difficult-to-Solve Health
Problems

MIGRAINE TREATMENT USING A PHYSICAL MEDICINE APPROACH; by Wesley D. Ulrich, M.D., July 28, 1990

A study was performed using the following protocol in Macon, Georgia with 34 migraine patients over a 16 month period by Dr. Wesley Ulrich. The paper is unpublished. However, the results were remarkable. "The average reduction of symptoms for the entire group was 70%. Twenty-nine of the 34 (85%), obtained at least 50% reduction in their headache symptoms." Relief was not instant, but the average response time was fairly short. "The average response time to obtain a 50% reduction of the symptoms was one month. If the one patient who required a year to reach that point is excluded, however, this figure is reduced to 10 days."

GENERAL INSTRUCTIONS FOR PEOPLE
WITH LOW VASOMOTOR TONE, INDICATED BY MIGRAINE, DIABETES, DEPRESSION, ETC.
SEE PAGE 2 FOR OTHER INDICATIONS

Avoid getting your back overheated. Likewise, avoid exposure to excessive cold as well.
Dress comfortably but also:

- 1) Avoid hot showers and baths; use warm, not hot, water.
- 2) Avoid hot car seats; use an air cushion to keep your back away from the hot seat.
On extra hot days, put a small freezer pack between the car seat and cushion about the level of the belt line to keep the middle of your back cool. Do not use heated car seats.
- 3) Avoid friction or rubbing (as in massage) on the back.
- 4) A hot water bottle for your feet is acceptable but not on your back or stomach.
- 5) Develop an awareness of overheating your back and simply do what is necessary to avoid it.

SPECIFIC INSTRUCTIONS FOR APPLYING COOLING APPLICATIONS

Witch hazel is used as a cooling agent because it provides a greater cooling stimulus than water; it evaporates faster, is not usually irritating even when used a lot. Do not use ice, which is too severe a stimulus for most persons.

Cover the back between applications to keep warm. This increases the contrast of the cooling.

Apply as directed from base of neck to the cleft of the buttocks directly over the spinal column:

- 1) 10 times (with about one minute between applications to allow for evaporation)
morning, noon, and evening; or, 12 times morning and evening for the first week,
then...
- 2) 10 times morning and evening during the second week
- 3) 10 times morning OR evening for the third week
- 4) evaluate your progress. If you are tolerating the cold and continuing to get better
continue using 10 to 15 applications a day until reaching a plateau. Many people need nothing
more at that point unless some stress or over-heating occurs whereafter they may need to re-
initiate the program.

A few persons will only need a few cold applications to obtain relief; most, however, will need more. Because the treatment is corrective, the applications should be stopped when correction is suspected. The witch hazel will cease to evaporate when correction has occurred and it will feel uncomfortably cold after the point of correction.

IF YOUR BLOOD PRESSURE RISES EXCESSIVELY (to more than 160/100) OR IF THE TREATMENT PRECIPITATES A HEADACHE DO NOT CONTINUE USING COLD. IF YOUR REACTION IS SEVERE, IT CAN BE REVERSED BY USING HEAT - DOING WHAT SHOULD BE AVOIDED IN THE GENERAL INSTRUCTIONS ABOVE.

What is vasomotor tone?

Blood vessels are lined with smooth muscle tissue. The amount of tension in this tissue is controlled by the vasomotor nerves and causes vasodilation (widening) or vasoconstriction (narrowing) of blood vessels.

What is the premise of the cold therapy?

Cold causes things to contract. Heat causes expansion. By applying cold to specific parts of the spine, we can affect the vasomotor system. When the muscular walls of blood vessels are too relaxed in the abdomen, there may be insufficient circulation reaching the brain and spinal cord for optimal health.

Clues to low vasomotor tone

Not everyone is a candidate for cold applications. But if you are, it can help you when nothing else has.

Symptoms and common conditions of people with dilated arteries can include: long-standing low blood pressure (seen as a good sign by physicians); insomnia; depression; anxiety, hypersensitivity; sensitivity to heat; diabetes; multiple sclerosis; migraine; digestive issues; asthma; hyperactivity.

People with low vasomotor tone will have greater circulation (indicated by higher hand temperatures) on the left side than the right. Body temperatures and circulation balance fluctuate throughout the day naturally, but persons with low tone will have left-hand temperatures that are higher for at least part of the day. For more about tools to measure hand temperature, and much more relevant information see (the other document, which needs a title.)

Other frequent characteristic of low tone:

Paleness
Cold hands/feet
headaches, migraines
fatigue, low energy
chronic illness
auto-immune disorders
insomnia, restless sleep
hypoglycemic, sugar cravings, can't miss a meal
multiple allergies, hypersensitivity
confusion
hopelessness
continual seeker
artistic, creative
struggling with health
dullness

What is the history of this therapy?

You can find much more information about the development of this physical, non-drug approach at www.erdman.org

Briefly, this method was discovered by Frederick Erdman, born in 1874, who had a severe back injury. He recovered fully after 20 years of invalidism after he tried the opposite of the heat treatments his doctors had been using.

He went on to help many other people, and had a very busy clinic in Philadelphia where people came from all over the US for help. Personnel from the clinic also traveled widely in the US to evaluate and treat patients with diverse problems, including many well-known people.

After Frederick's death in 1969, his son Bill Erdman, MD carried on his work until his death in 1989, The clinic struggled and closed. Dr. Wes Ulrich, who had worked at the clinic in the 1980s, offered a version of the instructions above to migraine patients at his new position.

Frederick's book, Control of the Circulation (now rare), was discovered by some osteopaths, which led to finding Lydia Kessler RN, to whom we owe much of this information. Lydia traveled, treated patients and managed the Erdman clinic for 20 years.

Making an applicator: What you will need

- An applicator (like a big Q-tip) You can make them using wooden coffee stirrers, or a chopstick, wound with cotton at the end. If you are treating yourself, 7.5 inches/9cm long stirrers work well, and longer, such as a wooden chopstick, is even better.
 - You can also buy applicators that resemble Q-tips but with a longer handle. Use two together.
 - Good quality cotton. The best comes in a roll. Don't use the wadding from pill bottles.
 - witch hazel or other evaporating liquid, such as diluted rubbing alcohol
- Or, long handled metal spoons and cool (not ice!) water. Use the back of the spoon.

Experiment to see what works best for you. It takes practice to make really good applicators, where the cotton stays tightly on the stick. Moistening the end first helps with this. The same applicator can be used for a long time for each person, even if it looks grubby.



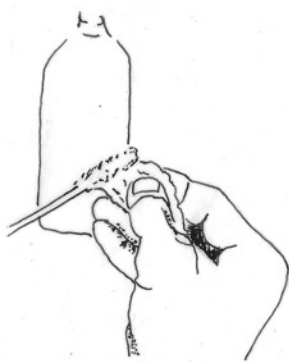
Witch Hazel
Cotton ball
Wooden stick



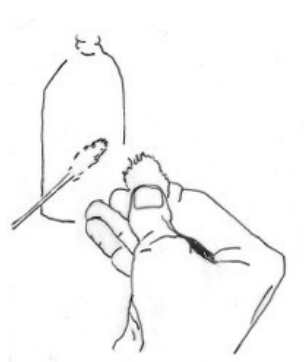
Unroll the cotton



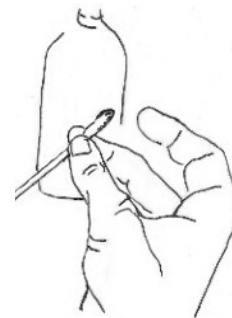
moisten the stick



Twirl the cotton onto the stick.



Pinch off the excess



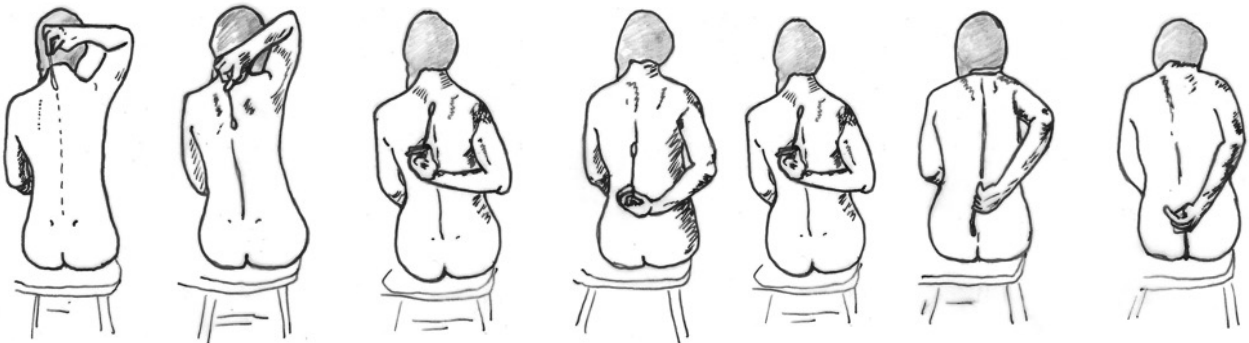
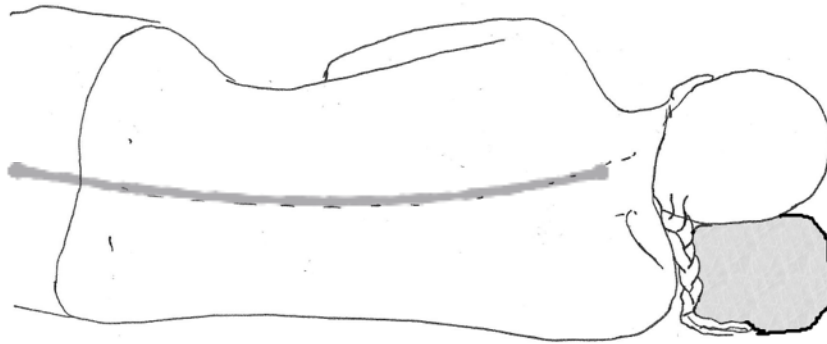
tighten the end

DOING COLD APPLICATIONS

Where to do it: Down the spine from the base of the neck (C6 - the bump at the top of the spine) to the tip of the coccyx (tailbone) or as close as possible, along the bumps (spinous processes) of the spine.

It is definitely possible to self-treat if you are flexible. A longer applicator stick makes this easier to reach all spinal areas. Treat as much of the line as you can. It can be more pleasant and possibly takes effect more quickly if someone else can treat you. The treater will be more effective if their intent is calm and caring. Agitating conversation should be avoided.

Position: Lying on either side, if possible. Keep warmly covered between applications, so only the spine is chilled. If side-lying is not comfortable, sitting facing the back of a chair is an option. If you are too pressed for time to be still, cold applications can still be done under your shirt while moving around.



One way to self-administer. A longer handled applicator would let you do it all from the bottom.