



Dr. Ralph Wood Wilson

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From: Dr. Ralph Wilson **Date:** 2/04/2005 **Pages:** 3

Re: Man Declared Dead: New scientific understanding. Help for Mr. Larry Green. Defense for paramedics.

Dear People,

I was greatly moved by Mr. Larry Green's situation, he seems like a very kind man and I am sending this to you because there is help that can be added to his care. Also, there is an important scientific groundwork for defense of the paramedics. In addition, this discovery may be able to help many other people in trauma situations, and might even guard against **gruesome deaths due to organ harvest**, or from failure to apply aggressive resuscitation. I have been doing what I can to spread the news of this.

Basically, any osteopathic physician in your locale can explain what I mean. Also any chiropractic physician, naturopathic physician or even massage practitioner will have heard of this because there is a kind of low-profile network around the country of people who are using this knowledge to help people.

You can go online and read about it at: www.Upledger.com.

It is my belief that the paramedics who considered Mr. Green to be dead were acting on the training that they and medical doctors have that says that the absence of breathing and the absence of pulse means a person is dead and cannot come back to life without assistance. That is incorrect because there is a **Third Pulse, the Cranial Fluid Pulse** that also is in motion all during a person's life. **The current medical model is incomplete.** This information is known by health care practitioners who are trained in what is called Craniosacral therapy (also known as Cranial Osteopathy, Cranial Fluid Dynamics, etc.). These include osteopathic, chiropractic, naturopathic physicians, or massage practitioners. These people can lead you to the scientific information to back this up (a good book is Craniosacral Therapy by John Upledger, D.O.).

This information may help defend the paramedics, proving there may have been no pulse or breath, they did not "miss" these because they were absent. The existence of a Third Pulse may be a defense against lawsuits. This is because the current medical model is incomplete and **Mr. Green's situation proves it.**

Why I am sending this: 1) To let you all know that the paramedics may well have accurately discovered that Mr. Green had no pulse and no breath, but that if they knew how to feel for it they would certainly have found the THIRD PULSE. It was this third pulse that jumpstarted his heart back into action. This should be taught to EMT and all physicians, especially those in morgues around the country.

There is also a technique that can even be taught to the general public as a first aid approach. There are gentle pressures that can be applied that can help the body gain energy after being "stopped" such as Mr. Green experienced, if there is not too much damage to the body tissues.

Even now, Mr. Green may greatly benefit by being treated by a practitioner who uses Craniosacral therapy. A licensed osteopathic physician with hospital privileges can easily explain what I mean. This physician can give him treatment that can remove the likely hidden restrictions that usually impede strong circulation of cerebrospinal fluid in people who have had trauma such as Mr. Green experienced.

That is the best I can do. I pray some of you will listen. This and many other helpful methods have had a very difficult time in being taught to medical doctors. But it may save lives. May God guide you.

Sincere regards,

Ralph Wilson, N.D. [computerfax signature]

PS: Dr. Upledger did not train me, and I do not speak for him. But he has coordinated research for NCCAM.

[Critical new science that may save lives. Implications for organ harvest of live people, etc.]

Sent as email to:
American Academy of Neurology
Date: in 2000

Re: Expanded model for cranial and brain function.

Dear American Academy of Neurology:

Would you forward this to the appropriate physician or committee who can look at this information about an expanded model for decision making about the time of death?

I think this is important because it deals with how the physician thinks of cranial and brain function, and it may even lead to possible new instrumentation to help in making decisions about death versus potential for resuscitation.

I read the recent Science Daily review of your article on spontaneous movements after brain death [<http://www.sciencedaily.com/releases/2000/01/000113080008.htm>]. Such movement can be astounding and emotionally wrenching. I know your article was intended to help people who view this phenomenon and I expect it will be cited often to prepare people for its occurrence and to explain what is happening with those movements.

However, I hope someone there will take time to investigate an additional mechanism that is operating at the same time as the heart and lungs: the CSF pump. Research is being done on this mechanism of cerebrospinal flow and its effects on movement of skull bones and brain function. I urge you to contact John Upledger, D.O., O.M.M., because he knows the most about it--having studied it for over 30 years. His web site is: <http://www.upledger.com/>

Dr. Upledger has done some work in conjunction with the NIH office of alternative medicine on this mechanism, and can tell you about that work.

The reason I am writing you and hoping to get your organization in touch with Dr. Upledger is because he knows about the CSF fluid pulse in relation to clinical death. He will have to tell you in detail, but I recall reading once that someone who uses his assessment technique was able to feel the cranial bones moving in time with the CSF pulse around the time of a person's clinical death. The cranial bones continued to show the expansion and contraction that is characteristic of the CSF pulse after the person had been declared clinically dead. As I understand it, in that case eventually the rhythmic movement gradually quieted.

My concern is that in medical school this CSF rhythm and the "craniosacral system" is not taught. This rhythm may prove to be an important index of a person's survivability. Perhaps if it were studied thoroughly it would not be proven but there ought to be research into it, and I believe there could be instrumentation that could be used to monitor for this activity.

Dr. Upledger can speak to you in scientific terms. You can call his office: (561) 622-4706 to arrange this.

To further detail my concern about deciding when a person is truly dead I will give you two pieces of information to consider. They will require a scientist's mind--an open one. These are phenomena that hint at a great truth that Dr. Upledger's work is helping to clarify.

ITEM 1: "Monday Morning Morgue Resurrections." I believe that the many stories of people who were declared dead on Friday, placed in the morgue until office hours the following Monday, and then discovered to be alive are accurate. If the heart and lungs had ceased but the cranial pulse remained, it is possible that this CSF pump could have "jump started" the heart after the person was locked up in the morgue. It may be true. **A scientist would consider this.**

ITEM 2: "Yogic Death and Resuscitation." I will attach an MS Word document showing observations noted in the book The Future of The Body, by Michael Murphy [Section 21.7]. This describes how a skilled practitioner of autonomic control--a yogi--was observed to calm himself, was wrapped up and sealed in a tomb for six weeks, and then unburied and revived. The key item that makes this story plausible to me is that upon exhumation the examiners found a strange warmth to his head while the rest of his body was cold and lifeless. It is my contention that the brain's starting mechanism for the CSF pulse was kept in synchronization with the electromagnetic energies of the sun and moon and that was able to "jump start" the heart once the wrappings had been removed. I know Dr. Upledger has been studying

chronobiology and would at least comment on my including this observation. It may be true. **A scientist would consider this.**

CONCLUSION: This CSF pulse should be considered as part of the decision algorithm in declaring a person dead and ready for organ harvesting. It may even be capable of giving clinical information about possible later return of function/resuscitation.

SUGGESTION: Your organization should have serious dialogue with Dr. Upledger and the physicians with whom he is collaborating.

POSSIBILITIES: You might work with Dr. Upledger to monitor if there is any correlation of EEG findings with changes in the CSF pulse. Currently he is teaching practitioners to detect this by their sense of touch. There may now be sufficiently advanced technology that machine monitoring of this CSF pulse may be possible. [Early versions I recall included a trial in which straws were affixed to the skull of a monkey and the ends of the straws observed for the evidence of this very low-amplitude rhythmic motion.] This might take the form of an open mesh cranial helmet with delicate padded feet contacting various key bones.

I write as a family practice physician who wants to honor the spirit of open inquiry and the fact that one person may see something important that others have not appreciated yet. I thank you for the courtesy of your consideration.

I wish you the best in your professional activities and in the treatment you give to the patients who rely on you for reliable and truthful information.

Healthful regards,

Ralph Wood Wilson, N.D., M.S. Acupuncture

[Note February 4, 2005: Within a short time after the original email was sent in 2000, the Academy office politely responded and declined to follow up on this.]