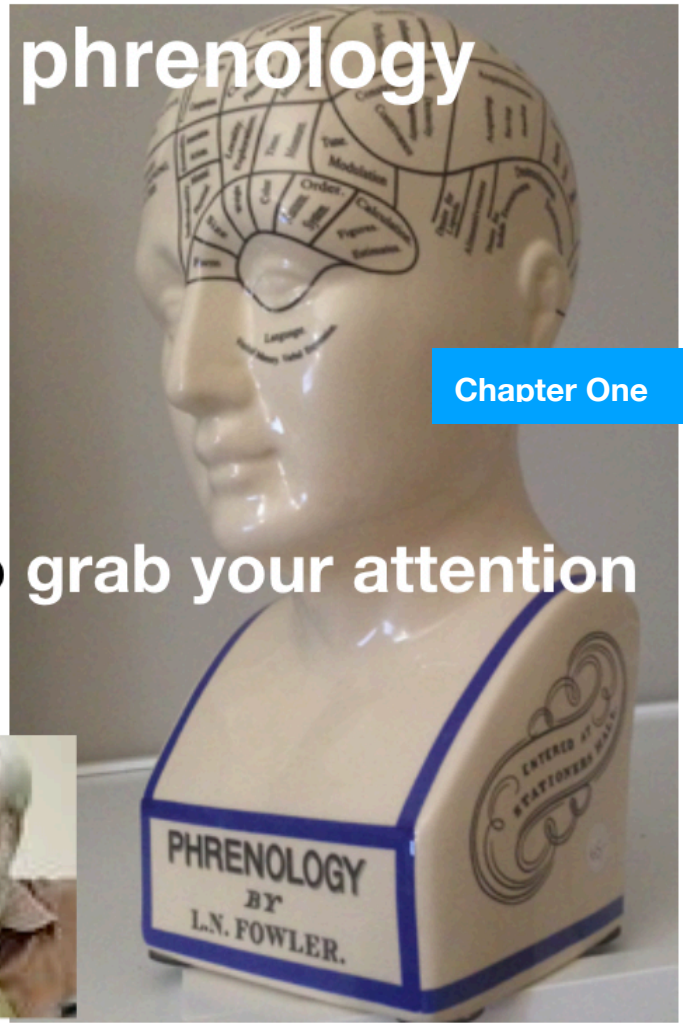
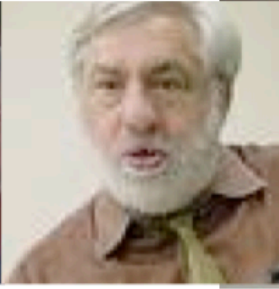


twenty-first century phrenology to conquer ptsd

by brian c. bailey m.d.

Chapter One

a catchy title to grab your attention



AcuDetox® NADA Protocol Dr. H.L. Wen M.D. Michael Smith M.D., D. Ac.

These are my heroes, **Dr. H.L. Wen**, whom I never met, **Dr. Michael Smith** whom I often met. I hardly know anything of **L.N. Fowler**, but I've included him because he'd been willing to jump in at the deep end with a subject that stretched the imagination of his audience. But not so fast to condemn him (or me.) In the end, Fowler's crackpot ideas didn't turn out to be so crazy after all.

Phrenology, which assumed that person's personality followed the shape of one's head, inspired Fowler's follower, one **Dr. John Martyn Harlow** in 1848 to take careful note of his patients' personalities, as phrenology said that personality resided in specific areas of the brain, much as seen in the bust above. Well, I believe that too - and now so do an increasing majority. that's what this book is about. So it really is about 21st century phrenology. And it's about acupuncture as something more than a placebo. But we'll come to that below.



Franz Joseph Gall

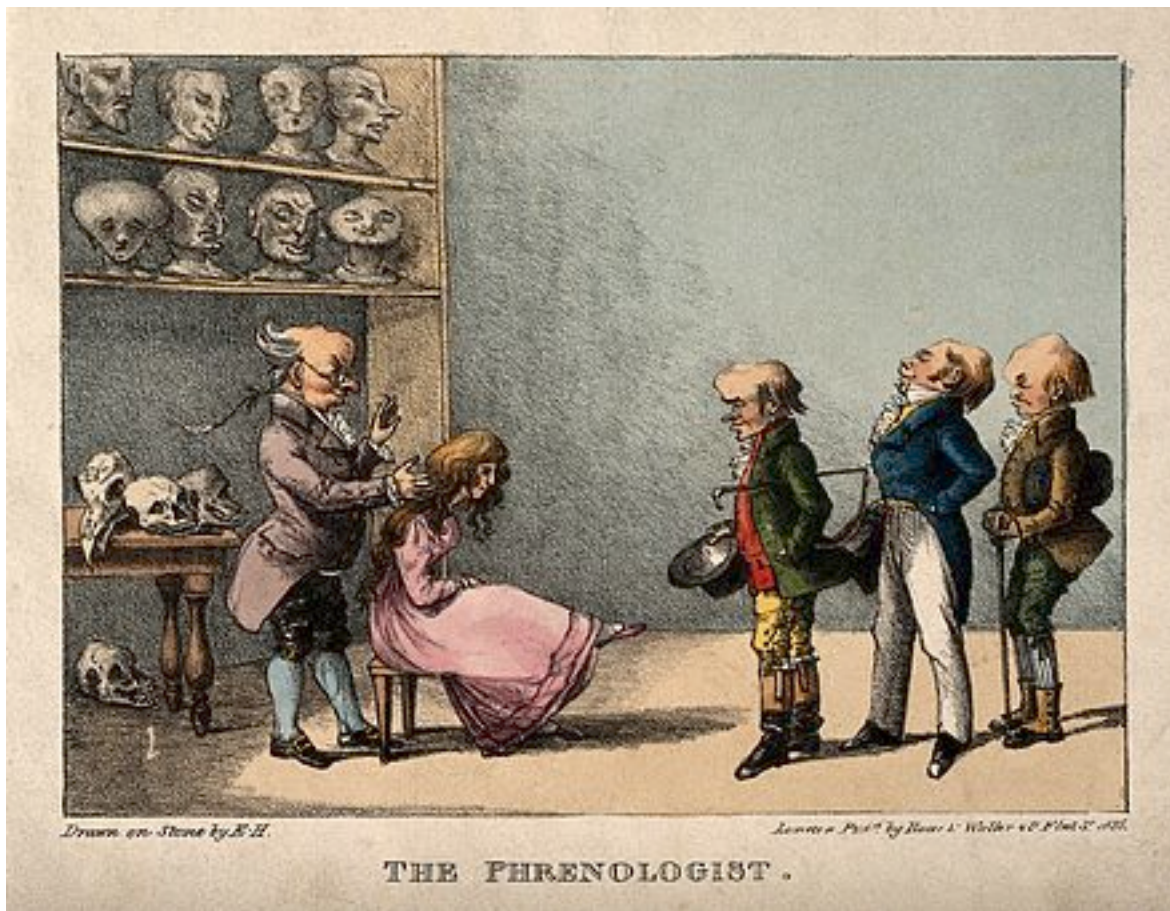
Right now I want to introduce **Franz Joseph Gall**, the founder of phrenology. Thank you Wikipedia!

Franz Josef Gall (9 March 1758 – 22 August 1828) was a German neuroanatomist, physiologist, and pioneer in the study of the localization of mental functions in the brain. Claimed as the founder of phrenology, Gall was an early and important researcher in his fields. His contributions to the field of neuropsychology were controversial at the time and now widely

referred to as pseudoscience. However, Gall's study of phrenology helped establish psychology as a science, contributed to the emergence of the naturalistic approach to the study of man, and played an important part in the development of evolutionist theories, anthropology, and sociology.

Gall's scientific inquiry began in his youth. As a boy, he was fascinated by the differences between himself, his siblings, and his classmates. He developed an early interest in the brain after making a connection between one classmate's odd shaped skull and advanced language abilities. He enjoyed collecting and categorizing plants and animals. He also realized the importance of observation as a scientific technique at a young age.

As the second eldest son, he was intended for the priesthood but chose instead to study medicine at the University of Strasbourg. In his advanced studies, he again made observations about his classmates. He noticed that many of the particularly bright students had prominent eyeballs and concluded that this could not be purely coincidental. He later completed his degree in Vienna, Austria. He took his first job at Lunatic Asylum making observations about the insane. He then opened up his own successful private practice and became so popular he even gave well attended lectures to the public. He was offered the position as head Austrian Court physician but decided to remain in private practice and research. Contributions to phrenology.



Franz Joseph Gall examining the head of a pretty young girl

Based on his early observations about the skull sizes and facial features of his classmates, Gall developed the theory of Organology and the method of Cranioscopy that would later be known as Phrenology. Gall's version of Organology states that the mind is a collection of independent entities housed within the brain. Cranioscopy is a method to

determine the personality and development of mental and moral faculties on the basis of the external shape of the skull. During his lifetime, Gall collected and observed over 120 skulls in order to test his hypotheses.

Gall believed that the bumps and uneven geography of the human skull were caused by pressure exerted from the brain underneath. He divided the brain into sections that corresponded to certain behaviours and traits that he called fundamental faculties. This is referred to as localization of function. Gall believed there were 27 fundamental faculties, among them were: recollection of people, mechanical ability, talent for poetry, love of property, and even a murder instinct. Based on the surface of a person's skull, Gall could make assumptions about that person's fundamental faculties and therefore their character.s theories.

Reception and controversy

Gall's concepts on brain localization were revolutionary, and caused religious leaders and some scientists to take exception. The Roman Catholic Church considered his theory as contrary to religion. Established science also condemned these ideas for lack of scientific proof of his theory. Still others attempted to discredit Gall because they believed he had not given rightful credit to the theories and scientists who influenced him. Étienne-Jean Georget accused Gall of stealing Charles Bonnet's basic idea of brain localization that he had written about over 60 years earlier.

One interesting influence was on psychiatry, where the South Italian psychiatrist Biagio Gioacchino Miraglia proposed a new classification of mental illness based on brain functions as they were conceived in Gall's phrenology. In spite of many problems associated with his work, Gall made significant contributions to neurological science.

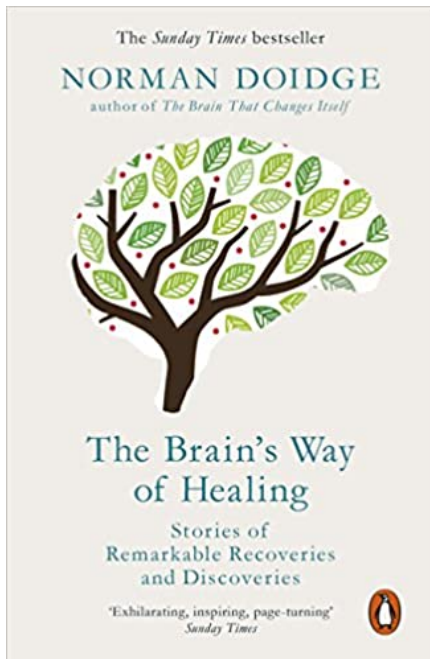
Today, phrenology is thought of as a huge mis-step by the scientific community. The idea that a person's personality could be determined by the shape of their skull has been repeatedly disproven. But at the time, Gall's arguments were persuasive and intriguing. Even though phrenology is now known to be incorrect, Gall did set the groundwork for modern neuroscience by spreading the idea of functional localization within the brain. He also influenced the French anatomist, Paul Broca.

The origins of Smith's 5-point ear acupuncture

Dr. Michael O. Smith was a young psychiatrist who started his career at New York City's *Lincoln Hospital* in *The Bronx*. He chose his specialty to be substance addiction, often considered the bottom of the barrel. The Bronx has seen much improvement but in the 70's it was a slum. As "low man on the totem pole, Smith was assigned to run the Heroin Withdrawal treatment centre. It wasn't a wonderful assignment. It involved handing out diminishing doses of methadone for 3-5 years. Smith talked about this in [the video he made](#) of opening an ear acupuncture clinic in the days following the 2001 *World Trade Centre* disaster. In 1973 he'd read that **Dr. H.L.Wen** a Hong Kong Western-trained neurosurgeon was using acupuncture to treat serious addiction. His efforts immediately succeeded - which alienated him from the addiction treatment community. Their "*vested interests*" were for him to fail so their jobs wouldn't be at risk.



Notice the link [the video he made](#) above. If you CLICKED it, saw the video, you'll know where I'm going. Know that this will be a short book with 4-page chapters. It's loaded with links to other sites. It shouldn't be printed, but read online. Follow the links that interest you. It won't be a long read, it will largely link you to pictures, articles, and especially videos. Why would you want these? Well, know this is a MANUAL for receiving or providing either 5-point ear acupuncture or *The Citadel*. So you will be particularly able to enjoy *The Citadel* - maybe even offer it to others.



In 1990 Dr. Smith presented his work to a *University of Toronto* audience. **I started doing it as AcuDestress in 1995.** At first, I called it *Rapid Fundamental Change*. That described what it was to a tee. I had been looking for 20 years for a way to offer my patients a *rapid* way through. This had started when I was in general practice, when I got interested in working with people on emotional problems. But I only had so much time.

I had learned to conduct psychotherapy groups because it allowed me to see 12 people at a time, not just one. Group skills differ from individual skills. Little did I know at the time that in 2013, when **Norman Doidge** wrote [The Brain's Way of Healing](#), he'd say that *neuroplasticity* had to be raised to an emotional level in 28 days for it to get off the ground. Like most if not all others, I knew nothing of *neuroplasticity's* magic at the time.

But I was uncomfortably clear that if I was going to follow Dr. Michael O. Smith's protocol, I had only 21-28 days, and I could not use "talk therapy" alongside it. It made for head-scratching times as I had, of course, been looking for a psychotherapy answer. I used the the word *fundamental*. By this I meant something that got down to the very basics of peoples need, not just something to make them feel better. And the word *change* meant to me that, by it's completion, they would be able to carry on themselves.

As someone who'd done everything to learn to become a good therapist, I'd accumulated more time studying than it would have taken me to study psychiatry, but if I'd chosen psychiatry in 1968, every school that taught psychiatry taught psychoanalysis and Sigmund Freud. It wasn't my cup of tea. What had been my cup of tea was **Fritz Perls'** *Gestalt Therapy*, clinical hypnosis and a modest interest in **Alexander Loewen's** *Bioenergetics*. I'd only met Smith briefly, and so I didn't know that "*no talk therapy*" didn't mean no talk. It really meant no persuasion. He was dealing with hard core addicts - and he wanted their treatment experience to draw them aboard, not words they'd soon forget, and fail to respond to.

So, after 5 years of getting comfortable with his dictum I started off, and unbeknownst to me, my first patient had *Borderline Personality Disorder*. I'd missed the diagnosis but I'd finally gotten off my duff because I had this patient whom I disliked. Disliked! This was unprecedented for me. I later learned it's a diagnostic clue for *Borderline* that they stimulate dislike. She'd come in to every session with a list of complaints about everyone in her life - her husband, her son, her boss, the people who worked under her.

My experience had been and still is that I love every patient. But she frustrated me at every juncture and had done so for 18 long months of 90 minute sessions. I'd stuck with her because she said she'd made a lot of progress with my first therapy teacher. But my "talk therapy" had failed so I sent her to my colleague, acupuncturist, **Dorothy Taylor**. She lay on Dorothy's acupuncture silently for an hour. That's all there was to it. I didn't say anything to Dorothy about the patient I sent her. I didn't want to poison her in advance. After four weeks, Dorothy announced that she was finished her treatments. As an offhand comment Dorothy said "*I didn't like her at first, but you should see her now.*" She was complaint-free. And it held.

The next part of the story, I tell my clients, but since it hasn't been replicated in them, many struggle with it. We'd not talked at all during treatment. About 60% of my patients progressed like the one described above. So we decided to invite them to evening follow-up groups, as an experiment. Those who made it to those evenings instantly loved getting together. But something we couldn't have anticipated was their discovering like beings and enjoying extra time with them. They had so much in common with the people they found out, that every time they came they sought out those people. As we watched this unfold, we saw that members of 3 spontaneously occurring groups had changed into either action-oriented "instinctuals" or perspective-holding "thinkers/ sensors" or compassionate "feelers." Each variation was unique. Clearly, this was the change available here and I named them after the three basic colours.

