

## M-ELEMENT

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*Our knowledge is like that of the electrician  
who merely knows that the potent current, or M-element,  
is present and that he is learning how to utilize its force.*  
(Sutherland, *Contributions of Thought*, 273.)

The M-Element is an outdated term today, but represented an important scientific concept. Today, we know the M-Element as “mutual induction.” Like many natural principles, induction applies directly to Osteopathy, as Osteopathic philosophy rests upon principles of nature.

Induction, or inductance was first described by Michael Faraday in 1831, when he placed an electric coil attached to a galvanometer next to another coil wired to a battery. The galvanometer measured current in the originally uncharged coil when the battery-powered coil was placed adjacent to it. The magnetic field produced by the electrified coil stimulated a voltage that was measured in the other coil by the galvanometer. This is inductance (M-element), a magnetic field surrounding an electric flux in one conductor initiating an electric current in another conductor. An intangible field influences tangible electrons.

Dr. Sutherland referred to the coaxial cable in some of his lectures to point out the analogy between the Breath of Life and the M-Element, or inductance. Let’s see why he chose to illustrate the Breath of Life with the coaxial cable. The coaxial cable is constructed in a specific manner that provides a classic demonstration of inductance. First, there is a central copper wire. Second, a copper tube surrounding the central wire uses the same axis – the reason it’s named ‘coaxial.’ The copper tube is separated from the central wire by a layer of insulating dielectric material to prevent the flow of electric current between the two conductors. Then, another layer of insulating material covers the outside of the whole cable.

When an electric current flows through the inner copper wire, it exposes the surrounding copper tube to the magnetic field generated by this flow of electrons in the central wire. The magnetic field, unimpeded by the intervening insulating dielectric layer, permeates the copper tube and stimulates another voltage in the tube. In turn, the current in the tube secondarily stabilizes the current in the central wire (known as ‘back EMF’) boosting their combined potential to send signals. The two conductors of the coaxial cable, wire and tube, send signals in the *field* between them, *conveyed within the tube*, that go unhindered by outside electromagnetic influences. During the time of Dr. Sutherland, when the transatlantic coaxial cable between the US and UK was active, it simultaneously transmitted thousands of messages for thousands of miles without decrement or interference of signal. This stable current clearly demonstrated by the transatlantic coaxial cable pertains to biological systems. I believe that Dr. Sutherland wanted us to understand that this field within the tube lies at the foundation of the production and maintenance of the Tide, the fundamental power of the PRM.

Sutherland compared the collection of nerve fibers between the hypothalamus and the posterior pituitary (infundibulum) to a coaxial cable. “By centering our mental vision at the small end of the microscope, one may theoretically visualize the infundibulum as the copper tube over which forty thousand nerve impulses might be conveyed from the hypothalamus via the infundibulum and vice versa. Scientists have also referred to nerve fibers as being hollow, and one might visualize theoretically one minute hollow nerve as a copper *tube conveyor*, possessing finer nerve impulses than those of the eye” (*Contributions of Thought*, 259).

He said, “See the infundibulum as a tube, like the copper tube in a coaxial cable, and see the highest known element transmutes its energy to the copper tube” (*Contributions of Thought*, 351). “Can you see the *potential*, the highest known element in the human body, something that you cannot see materially? (Emphasis added.) Neither can you see the element in the cerebrospinal fluid, the Breath of Life” (*Contributions of Thought*, 292). He wanted us to understand that the effect of the field of the Breath of Life was conveyed within a tube by CSF.

We might interpret his use of the word, ‘potential’ here to mean ‘potency.’ One definition of potency is potential. The potential to do work (potency) exists in the CSF because the fluid conveys the Breath of Life. The M-element, the transmutation between electrons and fields – between matter and energy – is what Dr. Sutherland said in the opening quotation to this article, that we osteopaths are learning to utilize. Placing our attention on potency engages its source, the Breath of Life, in order to assist the body to perform its regeneration of the original form and function. We cannot see potency, only its results – the effects of the Tide.

Rollin Becker reminded us: “We are told by Dr. Sutherland that the motive power for functioning is at or in the fulcrum, not at the ends of the lever...When we have reached this pause-rest period, in comes the Potency of the Tide for the transmutation process that brings normalization to body functioning” (Becker, R., 28). Dr. Becker quotes Dr. Sutherland: “The Breath of Life in the cerebrospinal fluid Tide is the fundamental principle in the primary respiratory mechanism” (Becker, R., 29). “It is the stillness of the Tide we seek,’ Dr. Sutherland would say, for in that stillness is the Potency of the Tide” (Becker, R., 30). The stillness of the fulcrum contains the potency.

Dr. Sutherland said: “I call your attention to the water, the clear water, in the battery of your car. You have chemicals in that water, material chemicals. But you cannot see the invisible element, the electrical ‘juice’ that comes from that water, that passes along the wire that runs to the motor of your car. That is the potency, the power, that comes from the battery” (*Teachings in the Science of Osteopathy*, p. 32). Potency is the emissary of the BOL.

Before Sutherland, Dr. Still said: “All must have and cannot act without the highest known order of force (electricity), which submits to the voluntary and involuntary **commands of life and mind**, by which worlds are driven and beings move” (Autobiography, 195). (Parentheses exist in the original quotation.) (Emphasis added.) Dr. Still acknowledged that the two unknowable elements of his Mind, Matter, Motion triad, that is Mind and Motion (life), *command* electricity

which resides in the domain of knowable Matter. BOL, in Sutherland's words controls electricity, or *ethereal controls material!* (Another profound meaning distilled from reading Dr. Still more deeply.)

Dr. Still also said: "...the brain, which is the physiological source through which nerve-force is supplied and suited to the convenience of the heart, to assist in delivering such burdens as it may send forth to nourish and sustain the body" (*Philosophy and Mechanical Principles of Osteopathy*, 86). Dr. Still propounded what Dr. Sutherland later emphasized that the artery is supreme, but the CSF is in **command**, and together blood and CSF deliver the Health, *a force to nourish and sustain* cells and organs.

Dr. Sutherland clarified in one of the courses he and Dr. Paul Kimberly taught in Des Moines, IA, that the nerve force that Dr. Still referred to was a transmutation: "I am going to take Dr. Kimberly to task for one expression he used this morning, when he spoke of 'the outflow' along the nerve fibers. It is not the outflow so much as a change or transmutation in that fluid – something that goes out from that quiver – an invisible something, which you might call the nerve force, and it follows along out to the area where its terminals dwell with the lymphatics...There is 'something' in the cerebrospinal fluid – many so-called authorities refer to it – but they do not know what it is. Dr. Still in his vision referred to it as 'the highest known element in the human body.' Now I want you to see this highest known element in the human body going out in that transmutation from the nerve cells along the fibers to the terminal – a transmutation – something is changed, carrying the highest known element. Then you will understand more clearly, perhaps, what Dr. Still meant when he tells you that the lymphatics consume more of the 'waters of the brain' than the entire viscera" (*Contributions of Thought*, 200-1).

With these ideas in mind, I would like to propose to you another feature of potency. This hypothesis comes from two sources: Robert Becker, *The Body Electric*, 1985; and James Oschman, *Energy Medicine*, 2000. Dr. Becker stated that the peripheral nerve transmits two types of electric current, digital and analogue. The *action potential is digital*, all-or-none signals (+/-) traveling the length of the axon to influence a specific structure at the terminus of the nerve. (The rate of this digital function, the *tone* of the nerve, may offer its own influence.)

But overseeing the digital function, and generated from it, is the *analogue signal, which is a slow, direct current oscillation of the perineural fluid*. Becker states: "Early in my work on regeneration it occurred to me that I'd stumbled upon another method of nerve function. I imagined slowly varying currents flowing along neurons, their fluctuations transmitting information in analogue fashion" (*The Body Electric*, 233).

Dr. Becker also discovered in a series of experiments that fibular fractures in rats healed when the Schwann cells surrounding the experimentally severed nerves grew back to transmit the healing effects of the direct current (analogue) even if the axons (digital) themselves hadn't yet regenerated. He concluded that the DC oscillation of fluid in the Schwann cell syncytium healed the fractures. Schwann cells in the periphery are the homologue to the glial cells in the brain.

Becker went on to say: “Electric currents were detected in the glial cells of rat brains as long ago as 1958, and good (though long-ignored) measurements of direct currents in the frog’s brain go back to the work of Ralph Gerard and Benjamin Libet in the early 1940s. Electron microscope work has shown that the cytoplasm of Schwann cells is linked together through holes in the adjacent membranes, forming a syncytium that could provide the uninterrupted pathway needed by the current” (Becker, *The Body Electric*, 239). And, according to Becker, Schwann cells, not axons, supply the stimulus essential for regeneration.

The Josephson junction, which netted Brian D. Josephson the Nobel Prize, is composed of two semiconductors which pass a current back and forth in a controlled manner. Among many other applications, the Josephson Junction is the basis for the SQUID, which detects magnetic fields thousands of times smaller than anything previously measured. The SQUID (superconducting quantum interferometric device) has confirmed the DC oscillations of perineural pathways, very weak by bench science standards. The brain produces DC magnetic fields one billionth of the strength of the earth’s field, ~ 0.5 gauss.

And more from Becker: “Perineural cells accompany every part of the nervous system. Even the tiniest of twiglets of sensory nerves in the skin, which don’t have a myelin covering, are surrounded by Schwann cells. The perineural structures are thus just as well distributed to integrate bodily processes as the nerves themselves. They reach into each area of the body to create a normal electrical environment around each cell, or a stimulatory one when healing growth is needed. Likewise, they enable an organism to sense the type and extent of damage anywhere in the body by transmitting the current of injury, with its by-product of pain, to the CNS. One could take a ‘fantastic voyage’ from the farthest Schwann cell outpost in the big toe through the spinal cord and into all parts of the brain. Indeed, electrons are making this trip every moment of our lives” (*The Body Electric*, 241-2).

Further, he said: “Thus, our bodies have an intricate and multilayered self-regulating feedback arrangement. We know, on the psychological level, that a person’s emotions affect the efficiency of healing and the level of pain, and there’s every reason to believe that emotions, on the physiological level, have their effect by modulating the current that directly controls pain and healing” (*The Body Electric*, 242).

The important place that the perineural cells hold in the cranial concept is verified by H.I. Magoun, DO in his Preface to *Osteopathy in the Cranial Field*, first edition, 1951. Although I find no mention of perineural cells by Dr. Sutherland, Dr. Magoun states: “Probably the most fundamental approach to pathology is to be found in the fact that cranial osteopathy can be a vital factor in the movement and hence the chemistry of fluids in direct relation to the central nervous system. Physiology describes a method whereby every organ in the body moves its own fluids except for this field, enumerating muscular contraction, diaphragmatic pumping, organ pulsation and the like. Dr. Sutherland’s conception of the primary respiratory mechanism with its possible lesioning goes far towards a satisfactory answer to the problems of cerebrospinal fluid stasis, cerebral edema, retarded venous drainage, congestive states, altered

chemistry, accumulation of metabolites, ‘withering fields’ **along perivascular and perineural channels** and cellular pathology leading to both local and remote disease” (Magoun, *Osteopathy in the Cranial Field*, xii). (Emphasis added.)

Rollin Becker, DO, also commented about the importance of the perineural space: “Part of the cerebrospinal fluid descends down the spinal canal to then reascend and rejoin the general circulation. The greater absorption of cerebrospinal fluid is by way of the pacchionian granulations, but in addition, there is slow absorption by way of the *perineural spaces* of the cranial and spinal nerves into the lymphatic system. This is particularly true of absorption into the lymphatic apparatus of the neck from the subarachnoid space through its relation to the olfactory bulb, the first cranial nerve. It is generally accepted that the cerebrospinal fluid (the third circulation in the central nervous system) is absorbed into the lymphatic system (the third circulation of the whole body)” (Becker, *The Motion of Life*, 78-9).

Let’s look more closely at these channels around nerves. James Oschman said, “...the neural and perineural systems are virtually opposite in character. An individual neuron is capable of conducting a stimulus from one precise point to another, such as when a motor nerve triggers a particular muscle to contract, or when a sensory neuron conveys information from a particular receptor to the sensory cortex” (Oschman, *Energy Medicine*, 224).

Oschman goes on to say, “In contrast to the neuronal system, the perineural connective tissue generates slower moving waves of direct current that flow throughout the organism, affecting every part. *The primary pacemaker is the brain wave oscillation that spreads throughout the brain, and then through the perineural system to every part of the body that is innervated.* Moreover, as the brain is richly vascularized, and blood is an excellent conductor of electricity, the brain waves also flow through the circulatory system. Hence brain waves, electricity from the heart and other muscles, and signals from other organs get mixed together in the circulatory system” (Oschman, *Energy Medicine*, 224). (Emphasis added.)

Oschman continues: “If one were devising a cybernetic network to regulate the operation of a system as intricate as the human body, it would make sense to employ both kinds of communication represented by the dual nervous system. Point-to-point transmission allows for very precise control of specific activities and precise sensory feedbacks. In contrast, the perineural system does not have a specific target – it delivers regulatory messages to every part. It is a global system, integrating and regulating processes throughout the organism” (*Energy Medicine*, 224).

In this quotation, referring to the regulatory aspect of the direct current, Oschman has described the ‘back EMF,’ previously mentioned with regard to the coaxial cable in which the flow of electric current induces a second current, which then stabilizes both. Here we see in his description of the direct current of the perineural system regulating the action potential of the axon the same phenomenon as the coaxial cable transmitting stable signals across the Atlantic. Just like the tube surrounding the central wire of the coaxial cable, the perineural system (tube)

controls, regulates, and integrates the function of the nervous system, which reaches into all the tissues of the whole body.

Oschman goes on to say, “Becker’s [Robert Becker, *The Body Electric*] work on the perineural system and solid-state communication in the living matrix has many clinical implications. He has presented evidence that the perineural system actually regulates the operation of neurons, and not the reverse. The perineural system is involved in a number of important phenomena:

The effects of geomagnetic fields on brain waves, which then affect animal activities such as navigation, psychiatric ward behavior, reaction time, and biological rhythms.

The production of deep anesthesia by artificially reversing the fronto-occipital electric vector with a DC current, and the production of the hypnotic state.

Control of growth and regeneration.

Control of injury repair. The perineural system is involved in the conduction of a slow wave, called the injury potential, away from the site of the trauma. The injury potential plays a role in system-wide regulation, and coordination and integration of wound healing” (*Energy Medicine*, 226).

If Oschman is correct, the explanation for the origin of Traube-Hering wave also lies in his words above. The blood carries the oscillating charge generated by the brain waves and other electrical influences in the system. The oscillation of charge in the blood influences the tone of the muscles in arterial walls to relax and contract in rhythm with the fluctuation. Thus, the pulse pressure oscillates with the oscillation of electric charge in the passing blood stream. This pulse pressure oscillation is known as the Traube-Hering wave. We also know that blood circulation is controlled by autonomic nerves and the oscillating perineural charge in these nerves influences the diameter of the arterioles delivering blood to muscles, glands, and organs. The combination of these oscillations of charge in the blood, perineurium, and the neighboring tissues themselves accounts for the Traube-Hering wave.

Furthermore, if Becker and Oschman are correct, they have provided some insight into the Intelligence of the Tide, the manner in which this oscillating perineural DC current will function downstream, in the interstitium, to correct tissue fiber anomalies and distortions from trauma back towards normal; in other words, how it creates healing – how it delivers the Health!

First, we understand that these electric charges in the perineurium and blood oscillate. Second, we learn from Becker that they are healing as demonstrated in his extensive research. Third, we comprehend that the DC current is global, affecting every infinitesimal reach of fluid in the human anatomy. Fourth, Becker tells us and Oschman extrapolates that the DC current is an organizing, integrating, and overseeing function. All of these attributes: oscillating, healing, universal, and integrating functions describe the features of the Tide of primary respiration. And these attributes support the contention that the fluids act with Intelligence, moving distorted fibers of connective tissue, via a regular potent mechanism back to the position guided by an etheric template of the original structure thereby reestablishing healthy function.

We need to consider the perineural fluids and blood in our explanation of what we feel in the tissues of the body – fluctuation of fluid. Using Dr. Still's words, "combining the brain with the heart we see the force and source by which the machinery of life is driven" (*Autobiography*, 196). His humor is eloquent when he says, "Of the contents of the skull, one ounce is used for thought, the remainder generates *power for nerves*." In another place in his *Autobiography* (p.233), he concludes this same thought with slightly different words: "...the remainder is used for *vital force*." Integrating these two similar statements we can conclude that 'power for nerves' and 'vital force' are equivalent in Dr. Still's mind. Dr. Still mentioned 'nerve force' in several places in his writing, and Dr. Sutherland referred to Dr. Still's assertion of this power of the nerves. Dr. Sutherland equated the meaning of these words, nerve force and vital force from Still with his chosen term, The Breath of Life. Dr. Still said: "As an electrician controls electric currents, so an Osteopath controls life currents and revives suspended forces" (*Autobiography*, 224). Both men used electricity to describe the means by which life delivered its vitalizing effects.

About the blood and brain Dr. Still said: "Nature would not be forgetful enough to send the blood to the brain for wisdom and fail to have a supply there. God's intelligence is immeasurable, and there is much evidence that the knowledge is imparted to the corpuscle of the blood before it does its work" (*Autobiography*, 185). Dr. Still's assertions match Dr. Sutherland's: information in the form of The Breath of Life vitalizes primary respiration with oscillations of fluid and charge, which we can conclude is transmitted through these two media, perineural fluid and blood. Potency, an emissary of the Breath of Life, expresses itself as oscillating fluid and charge through these two fluids; inherently, from the brain and heart; secondarily, from perineurium and capillaries, which deliver these to the interstitium and fascia of organs and tissues, globally.

Referring to the brain as a dynamo, Dr. Still stated: "When the cerebellum sets this dynamo [brain] in motion, oxygen is carried through the system and vitalizes the blood, the abdomen, the eye, and the entire man" (*Autobiography*, 233). We can assume he understood that there was current coming from the moving brain, as a dynamo is defined by motion that produces electricity. Dr. Sutherland agreed that the brain moves and that its electric output was fundamental for the entire body. As Dr. Still said, "All must have and cannot act without the highest known order of force (electricity)." Adding the perineural fluids to this picture provides an integrating means for this function of the dynamo to charge and operate the whole body.

My previous written endeavor to explain the origin of the palpable Tide in the tissues in *Interface: Mechanisms of Spirit in Osteopathy*, Stillness Press, 2005, easily integrates with this additional information about the perineural system and capillaries. The calcium wave, which I postulated in *Interface* as a participant in the fluctuation of fluid in the interstitium or extracellular matrix (ECM), may be generated by oscillations of charge and fluid in capillaries and perineurium. Björn Nordenström (*Biologically Closed Electric Circuits*, Nordic Medical Publications, 1983) indicated that a localized accumulation of Ca<sup>++</sup> in the ECM (ionar) occurred from differences in diffusion, ionic mobility, matrix properties, and ionic recombination, and that the ionar of Ca<sup>++</sup> established an electromotive force. He implied and I hypothesized that

this EMF moved through the interstitium in the form of a calcium wave to the negatively-charged parenchymal cells and returned by means of counterions to complete the circuit through the capillary bed. My hypothesis added that, in transit, the  $\text{Ca}^{++}$  wave decreased the viscosity of the ECM, attracted the consequent increased volume of water, and thereby conveyed nutrients from the capillaries to the parenchymal cells. Waste products from the cells moved the opposite direction with the counterions (electrons) back to the capillary bed (and terminal lymphatic vessels).

The lymphatics drink from the waters of the brain, as Dr. Still said. As we know lymph is the product of extracellular fluids. We have covered in this article how fluids from the brain via the perineurium and from the heart via the capillaries replenishes the fluids of the interstitium. Beyond replenishing fluid, the perineural fluid and capillaries offer the ECM quantities of much-needed *electrons* to recharge its essential negative domain. As Maxwell Fraval, DO, Michael Solano, DO and Anthony Norrie, DO have proposed in their “Rule of the Artery” courses, red blood cells shed some of their electrons as they move from arteriole to venule through the capillary bed, discharging them into the ECM. These electrons from the capillaries and from the perineurium restore supplies for critical functions in the ECM and the cells it nourishes.

Some of these functions follow: 1. The ground substance of the ECM is negatively charged from the prolific sulfate moieties on the proteoglycans which are required to bind great quantities of water affording the ECM a gel-like character. 2. Protein molecules display the characteristic of semi-conduction, a regulated electric current, a controlled transfer of free electrons among these charged molecules. 3. Counterions, largely electrons, flow to rebalance electric potential in the ECM and complete the biologically closed electric circuits. 4. Cell membranes are negatively charged and must be maintained as such for each little battery that is a cell to perform its staggering assignment of work. 5. The sodium-potassium pump demands ATP to produce the electric potential across the plasma membrane; and ATP production in the mitochondria must have excess electrons for their electron transport chains. All of these electrical activities, and more, must have a rich supply of electrons, which I hypothesize, the perineurium and capillaries steadily provide. (See *Interface*, 2005).

Interestingly, Nordenström, in Sweden, using microelectrodes, measured oscillations of electric potential in the tissues: lung parenchyma, mucosa of stomach, liver, and so forth. Robert Becker, in the US, carefully measured oscillating electric potentials in surgical stumps of extremities, and many other places, to discover what electromagnetic requirements existed for regeneration and healing to occur. He coined the term “injury potential.” Nordenström used the same term to indicate the relatively positive charge (reduced quantity of electrons) that results from injury to tissue.

The Schwann cells need to be integrated into this scenario. As Robert Becker indicated, the fluids in the Schwann cells surrounding the nerves carry an oscillating direct current. According to Oschman, this electricity is the product of the waves from the brain. Secondly, I would add transmutation of the Breath of Life as a cause, as Sutherland indicated. And thirdly, the action potentials transiting the axons create a magnetic field that induces, as in a coaxial cable, an

electric current in the perineurium. Each nerve axon can be compared to the central wire of the coaxial cable transmitting digital electricity as action potentials. The myelin sheath can be compared to the dielectric insulator of the coaxial cable. The fluid in the perineurium can be compared to the copper tube surrounding the dielectric, being a tubular conductor of electricity. The epineurium is a homologue of the exterior insulation coating the whole cable.

Summarizing, action potentials create magnetic fields that charge the perineural fluid with electrons. Then, waves of electrons coming from the dynamo, as Dr. Still indicated, or from the brain as Oschman indicated add electrons to the perineural fluid from the subarachnoid space. And third, the transmutation of the Breath of Life, as Dr. Sutherland indicated, inspires this whole phenomenon of oscillating direct current in the perineurium.

The terminus of every nerve delivers electrons to the interstitium to satisfy the positively-charged, acidic products of metabolism (CO<sub>2</sub>) coming from cells or to quench toxins that are also acidic. This 'nerve force' (which I interpret as the emissary of the Breath of Life: potency – oscillation of fluid and charge) in the perineurium (which was unknown to Dr. Still) acts universally in all the tissues as nerves innervate the entirety of the organism; every cell is imbedded in the ECM that is completely invested with nerve endings; all fascial layers and each organ is thoroughly innervated and amply supplied with capillaries. The oscillating waves of electrons coming from the capillaries and perineurium rhythmically stimulate the accumulation of calcium ions in the adjacent ECM, in which they are embedded. It is no wonder atrophy occurs in tissues if this neural and vascular electrical connection is severed. The Schwann cell syncytium regulates the capillary contribution of electrons to the interstitium marking the severing of the perineurium as the primary factor producing atrophy.

I have used my own testing procedure to verify principles that apply to this discussion. My testing, 'Primary Response Testing,' a method of querying the tide, utilizes my own primary respiration as a truth-telling mechanism to answer basic statements I pose about natural laws. A flow of the tide following a precisely-formulated statement is a 'Yes' response. No tide is a 'No.'

The following are some of the important responses of the tide, which I verify by stating the reverse proposition to obtain the opposite response. The Breath of Life expresses at least two characteristics: Intelligence (from Mind) and potency (from life). Mind expresses itself in healing as Intelligence (template) while life expresses itself in healing as potency (oscillation of charge and fluid); both of these are emissaries of the Breath of Life. Use your own PRM to repeat this experiment, if you like, and prove to yourself that the PRM is an expression of the ultimate principle of the universe containing ultimate information. Your statements need to be clear and direct and made without attachment of any desire for the outcome to avoid a false response. Making the reverse statement verifies the validity of the original response, assuring you that your personal input has been avoided. I have verified all of the information in this article by using this very method, something that I do in all my writing.

Primary Response Testing also reveals that the ‘template’ for the original form of the body, through *Intelligence*, recreates the original form in the healing process and the fluctuation of fluid and charge are supplied by the *potency* as the material forces to carry out the intention of the nonmaterial Breath of Life. The field of the Breath of Life is spiritual (Mind and Motion), the electric and fluid oscillations are material (Matter). Signals transmitted in the field of the coaxial cable are analogous to the field of the Breath of Life transmitted in the perineurial fluid by potency. Significantly, Primary Response Testing reveals that potency is represented by virtual photons. Virtual photons routinely emit and reabsorb real photons. Real photons carry the electromagnetic force. From quantum electrodynamics we learn that photons produce electrons and magnetic fields. We can conclude that potency, the emissary of the BOL produces the oscillating DC current in the perineurium.

Just as the discovery of the microanatomic function, the perivascular spaces in the glymphatic system, opened our Osteopathic eyes to our potential to promote fluid exchange within the brain substance to help discharge detritus and help conditions such as Alzheimer’s Disease, multiple sclerosis, and post-concussion syndrome, so, too can awareness of this perineural pathway facilitate our success of assisting the patient through increased awareness of the operation of the Breath of Life through the M-Element. Recognizing that we are the privileged attendees to healing in our patients, managing a transmutation from spirit into material electric force, brings us to the realization that we truly are working in the realm of the interface between spirit and matter. Yes, spirit matters!

*“...the formation of the brain, which is universally recognized as the seat of the machinery that produces the forces necessary to supply the nerves that have their beginning in the brain and extend to every fiber, muscle, organ, and ligament necessary to be used in propelling the machinery of animal life” (Still, Philosophy and Mechanical Principles of Osteopathy, 122).*

*“...combining the brain with the heart we see the force and source by which the machinery of life is driven” (Still, Autobiography, 196).*