

**The L.E. Eeman Report**  
*The Pioneering Years of Biocircuitry*

Compiled by Tom Brown  
from the writings and lectures of  
**Leon Ernest Eeman**  
with additional materials added  
to elucidate the subject matter.

Also, with special thanks to  
Riley Hansard Crabb  
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and  
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for supplying the information.

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TO  
MY MISTAKES  
AND MY MISDEEDS  
THIS BOOK IS  
DEDICATED

Leon Ernest Eeman,  
*SELF AND SUPERMAN*

#### Special Notice

The information in this book constitutes a portion of the recorded researches of Leon Ernest Eeman, and others, into the physical effects gained by connecting opposite polarities of the body together. This book is presented for informational purposes and as a basis for further work into this area by competent researchers. While the issues raised by this research touch directly upon the status of human health this book is not issued as, and is not to be taken as, medical advice. The work of Eeman is *not* accepted by modern medicine. Matters of personal health care require professional supervision.

Excerpts from:

## CO-OPERATIVE HEALING

*The Curative Properties of Human Radiations*

by L.E. Eeman, 1947

When different parts of one human body, or different or similar parts of human bodies are connected by means of electrical conductors, such as insulated copper wires, these bodies behave as though—using an electro-magnetic analogy—they were bi-polar.

They behave in this fashion along three axes: head to feet, right side to left, and back to front; and their detailed bi-polarities follow the known nervous tracts. However, for purposes of argument and experimentation, and unless otherwise mentioned, only the Head, the base of the Spine, and the right and left Hands will be considered, and they will be referred to as H., S., and L., throughout this book.

This body of behavior which suggests bi-polarity is automatic in both sexes, in health and in disease, and it manifests in the absence of artificial energy and not only independently of suggestion but even against it.

Continuing the use of electro-magnetic analogy, the polar opposition shown experimentally to exist between H. and R. are positive and S. and L. are negative in all born right-handers of both sexes; and the reverse in all born left-handers. However, the converse convention might have been adopted without affecting the argument of this book.

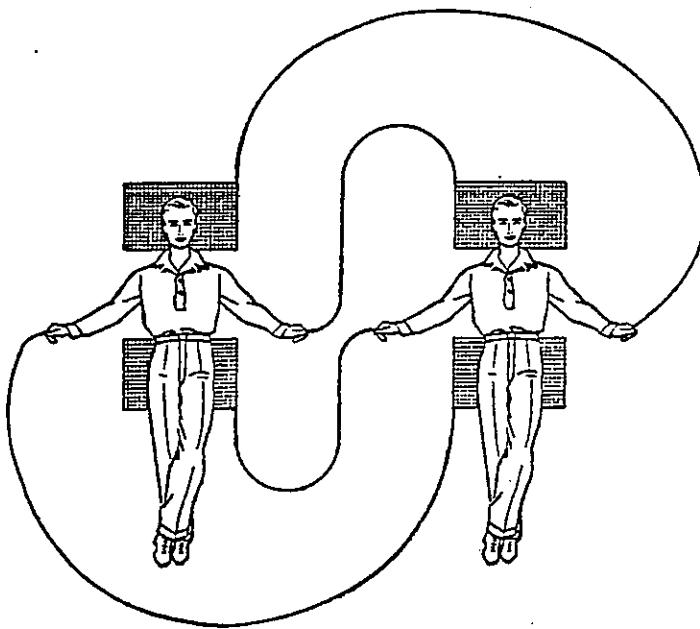
Note that the positive head screen of subject A. is connected to the left hand of subject B. The negative spine screen of subject A. is connected to the positive Right hand of subject B., and vice versa. Feet are crossed to prevent leakage of vitality.

Any arrangement which connects polar opposites of one or different bodies by means of electrical conductors is referred to as a "relaxation circuit" and any arrangement which connects polar similars as a "tension circuit."

The relaxation circuit automatically promotes relaxation of the voluntary muscles and stimulates functional activity. It fosters sleep, recovery from fatigue and disease, capacity for work and health in general. The tension circuit reverses these affects, more or less. Both circuits affect not only organic but also nervous and mental health.

Psychological or other factors may consciously or unconsciously interfere with the automatic relaxation of voluntary muscles which the relaxation circuit promotes. Since in the absence of complete voluntary muscular relaxation reaction may be not only obscured but frequently reversed and thus misleading, investigators who wish to obtain valid results should deal with all factors which might inhibit voluntary muscular relaxation before experimenting with the circuit itself. The measures required for this purpose are described in this book.

The above summarizes some of the conclusions which have been imposed on me by an experimental investigation which began in May 1919. The field I then entered is proving increasingly interesting, and each new step I take in it seems not only to widen it but to make more and more urgent the need of competent and specialized tillers. May I tell what I believe I have so far found in this field in the hope that some of my readers may come to share my interest, check my findings, seek and find new facts and help me



TWO SUBJECTS IN CLOSED RELAXATION CIRCUIT

understand the Law which these facts must express?

From the awakening of my interest in those human radiations which can be transmitted by electrical conductors I was struck by a number of different phenomena that kept on reappearing in my experiments with remarkable repetition of details. Whilst some of these phenomena would appear in 99% of my experiments and others in a mere fraction of 1% only, these percentages seem to remain fairly constant.

Although I was not in a position to either identify or to measure the forces at work, and none of the medical men or physicists who took an interest in my experiments could help me in my metric difficulties, I had no doubt that I was dealing with real forces, that some of these forces were of vital origin, and that with hard and persevering work I would in time evolve a safe, reliable, exact and effective technique of healing by autogenous radiation fit for general use.

Some of the phenomena that faced me reappeared so frequently, so regularly, so spontaneously, in so many and such different subjects, and with such stereotyped reaffirmation of minute details, that they seemed to shout at me ever louder and louder the one word: LAW!

Whatever some skeptics felt prompted to say after superficial observations lasting but a few minutes, however scornful or supercilious their comments, honest and sustained experimental work demonstrated beyond doubt that suggestion did not explain the facts. Granted, suggestion is unavoidably present in every consulting room, but I could site scores of instances any small number of which would settle the case of LAW vs. SUGGESTION for any unprejudiced statistician. LAW stands out unchallenged from the few I give below. In all of them but one the patients were placed in relaxation circuit with myself and the only suggestions given them were that they should relax their voluntary muscles, observe their sensations and report on the latter.

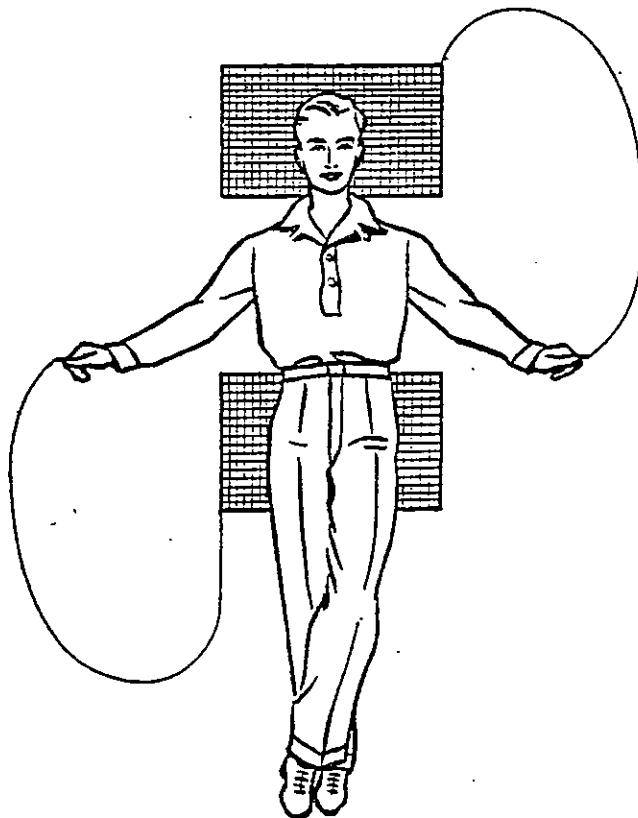
#### CASE REPORTS

(1) A woman suffering acutely from entiritis contracted in the East is placed in the relaxation circuit. She declares that she feels "absolutely nothing, but that her pains are going." In her surprise she says: "This is ridiculous!" After half an hour her pains are gone. After a few days, she returns to a normal diet with impunity when all other methods have failed. She states with glee that she can now "eat like a pig" and her husband volunteers the statement that "she does."

(2) A young woman has given her wrist a deep cut from which capillary blood flows abundantly. Her arm, relaxed, is placed in the relaxation circuit. Almost at once the flow of blood ceases but that of serum increases. The wound closes like a mouth but opens again and allows the blood to flow as soon as the circuit is reversed, unknown to the patient. It is like the turning of an electric light on and off!

(3) A woman in the relaxation circuit declares at first with the defiant look of the skeptic that she feels "absolutely nothing." After a while her breathing slows down and deepens and her muscles relax automatically, but she observes none of this. Later she states rather grudgingly, that her back might be getting slightly warmer, "but very slightly." She appears drowsy when, suddenly, her whole body begins to quiver and jerk with progressive violence. She is much surprised at all this and not a little frightened, but is unable to control her apparently meaningless movements. As I wonder at her inexhaustible supply of energy she suddenly collapses into profound sleep. The deep movement of her slow breath, the peace of her expression and the utter limpness of all her voluntary muscles astound me, as these still do to this day whenever I meet such cases. Although I swing her limbs violently nothing disturbs her. After about half an hour she wakes up completely unaware of my rough handling of her, and, amazed, declares that she has had "the most perfect sleep that she has ever known in all her life," and feels indescribably different in her whole being, in mind, nerve and body.

(4) A hard-headed business man, of the rather ruthless type, suffers from insomnia. He warns me, not without dignity, that "there are no flies" on him, from which it logically and inescapably follows that "monkey tricks will not wash." After a few



ONE PERSON CIRCUIT

minutes he proclaims with pride, of a mind proof against all attempts at deception, that he feels "nothing at all." Nevertheless, a minute later he dissolves into uncontrollable and progressively violent peals of laughter, interspersed with protestations that he feels a "bloody fool as he has nothing to laugh about but he can't stop laughing." Eventually, with sides aching and tears rolling down his cheeks, he falls into a deep sleep. When he later wakes up stretching, it takes him quite a time to realise his position, but he gracefully acknowledges by implication that something must have "washed" as he feels "all clean inside."

\*\*\* *Build your own Eeman Circuits* \*\*\*

(These comments written here into Eeman's excerpts are by Riley Hansard Crabb, Director of Borderland Sciences Research Foundation from 1959 to 1985, and are edited by Tom Brown, present BSRF Director, 1989.)

There is nothing to prevent you from conducting experiments with this simple, inexpensive equipment yourself, on yourself, if you can get no one to set up a relaxation circuit with you. We have diagrammed a one person circuit here, for a natural right-hander or left-hander. Left- and right-handers have reverse polarity, but in such a way that they can use the same circuit for relaxation. Only a small portion of all right- and left-handers use the opposite circuit. How can you tell? Try it and see. This is not a hypothetical force, but a real energy active in your body.

Seeing that you are merely re-circulating your own vitality around blocked areas in your bio-electric field, there is no possibility of harming yourself -- any more than you are already harmed by unresolved psychological complexes and conflicts set up in earlier years and long ignored or forgotten. The Eeman Relaxation Circuit is a simple way of beginning the restoration of balance between mind, emotions and body--*the lining up of the vehicles*--as we say in occult science.

To build your own Eeman Circuit take a section of metal screen and cut out two 12" squares, one for under the positive head and one for under the negative sacrum or lower spine. (The size can be reduced to 6" squares with no loss of energy, smaller than that does not seem to work.) For optimal performance pure copper is recommended if you can find it, but bronze alloys are more readily available and have been used with success. Copper wire leads can be made from lamp cord, 3-4 ft. long. Separate the two insulated wires and you have two leads. Remove an inch or so of the insulation from each end of each wire. Force a hole through the wire mesh at one corner with a nail or icepick. Thread one end of your lead through and twist it tightly back on itself. Soldering the connection with silver solder will make a good bond, but it is easier to use small electrical connectors and screws for ease of building. The other end of the leads should each be connected to a metal handle of comfortable size for holding loosely while you relax. A four inch piece of copper tubing 1/2 or 3/4" in diameter will do and is readily available at your local hardware store. It will have to have a hole drilled at one end for connecting the wire lead. This again can be soldered or attached with screws. For Eeman's optimal circuit connect another copper wire, the length of your spine, between the two screens. This is research. See what works for you.

**CO-OPERATIVE HEALING continued**

(Case 6) A woman informs me by telephone that she is a doctor, that her husband and sister are doctors, and that most of their friends are doctors. Although she has tried every known treatment for insomnia, she has, every night for years, lain awake for hours before finding sleep, and in spite of all science has done for her she is getting worse.

She has just read a book of mine and whilst she thinks the chapters on relaxation make sense, she asserts with brutal frankness that those that deal with radiation, circuits, etc., are "improbable, unreasonable, and unacceptable." She accounts for her unaccustomed departure from her natural courtesy by the wish to find out whether skepticism such as hers would deter me from undertaking her cure?

"My dear woman," I reply, "whether you believe in electricity or not, something will happen to you if you sit on the live rail of the Metropolitan Railway!"

She concurs and agrees to do as I tell her and to use the circuit, although she thinks it absurd. She sleeps perfectly after her first lesson, but states at the second that "it's all suggestion," although she may not like the implications involved.

I immediately placed her in the tension circuit (which she also thinks absurd) and inside half a minute she tightens up, cocks an astonished eye and says, "What are you doing to me?" and breaks the circuit.

"I am doing nothing," I reply. "I am just being. But as you say there is nothing in this tension circuit of mine, it's up to you to prove your point by staying in it with me for quarter of an hour!"

(Eeman's tension circuit is of course the opposite of his relaxation circuit, positive right hand to positive head screen, and negative left hand to negative lower spine screen.)

She accepts my challenge, but again, inside half a minute she breaks the circuit in great disgust, defeated by the intense restlessness and discomfort it creates. I was just then wondering if I could stand it as long as she could, for it is quite as unpleasant for one member of a pair as the other. Curiously enough, although she is a good woman, she remains an

unbelieving one. However, next morning she rushes into my consulting room, one finger held aloft and shouting crescendo.

"It's true, it's true, it's true!"

"What's true?" I ask.

"This force of yours!"

"My dear woman of course it is; but how did you find out?"

In the night, having inadvertently forgotten to close the relaxation circuit, she lies awake until she at last discovers her mistake.

She became a keen advocate of my methods, wrote an enthusiastic introduction to my next book and unavailingly did all she could to induce medical and scientific authorities to investigate my technique. I have taken every opportunity to express my thanks to her and do so again here.

#### **WOMEN ALL OF THEM!**

Some readers, having got this far may feel inclined to exclaim, "Women, all of them! Suggestible, probably hysterical!" I would beg them to read again the six accounts just given, not lightly, but as detectives determined to track down a murderer or murderers. It is so easy to accuse either suggestions or hysteria of the foul deed, but it does not convict them; it does not explain anything, and it is only a lazy dismissal of a difficulty. Furthermore if hysteria is indeed responsible, and if it is in fact a disease, men are just as much subject to it and to suggestion as are women. Let us continue with men.

(7) In the Great War (WWI) a man receives four shrapnel wounds in the leg. They do not heal, and several years later in spite of every care, and a pension, they remain wet open sores the size of half crowns and surrounded by angry flesh. Dusting powder and bandages are always renewed twice daily. After a few minutes in the relaxation circuit the sores shrink visibly, causing intense pain to the patient. Reversal of the circuit arrests pain, but the patient is brave, and after an hour, the sores are dry, covered with a shining film, reduced to the size of a mere shilling, and the flesh around them is pink. With every treatment the sores get smaller, the flesh healthier, the scabs stronger. However, medical boards may reduce the pension in the proportion to the relation between half a crown and a shilling. So the unorthodox cure is discontinued.

(9) A powerfully built, hard-bitten and skeptical General suffering from acute insomnia of long standing, falls asleep after a few minutes in the relaxation circuit. On waking he yawns, stretches, and rubs his eyes, but denies that he has slept. At his next visit, when put in the relaxation circuit, he falls into an even deeper sleep than at first. In order to prove to him that he really has slept, and without any previous training in the art of picking pockets, I relieve him of his watch without disturbing him, advance it by one hour and put it back in his pocket. I then advance my own clock and watch by an hour. Later he wakes up with a start at the very moment when, amidst the thunder of his snores, I silently reverse the circuit. He denies that he has slept! I remind him of the time, he looks at his watch and at my clock, and hurries away, for he is exactly an hour late for an appointment. At the third visit he admits that he must have slept, acknowledges that he sleeps very well at night and feels much better. Tactfully he does not refer to the peculiar behavior of my clock and his watch!

(10) A man twisted in shape by acute sciatica finds after a few minutes in the relaxation circuit that he is beginning to feel circulation and warmth in the affected parts and that his muscles are relaxing spontaneously and progressively. Suddenly, unbearable pains attack him, he turns pale, sweats profusely, and literally writhes in his agony. Moved by his screams, I break the circuit and calm returns. I inform him that experience convinces me that if he will but have the courage to face pain in the circuit until it stops of its own accord, he will be amply rewarded.

"All right," he says, "go on, I'll stand it."

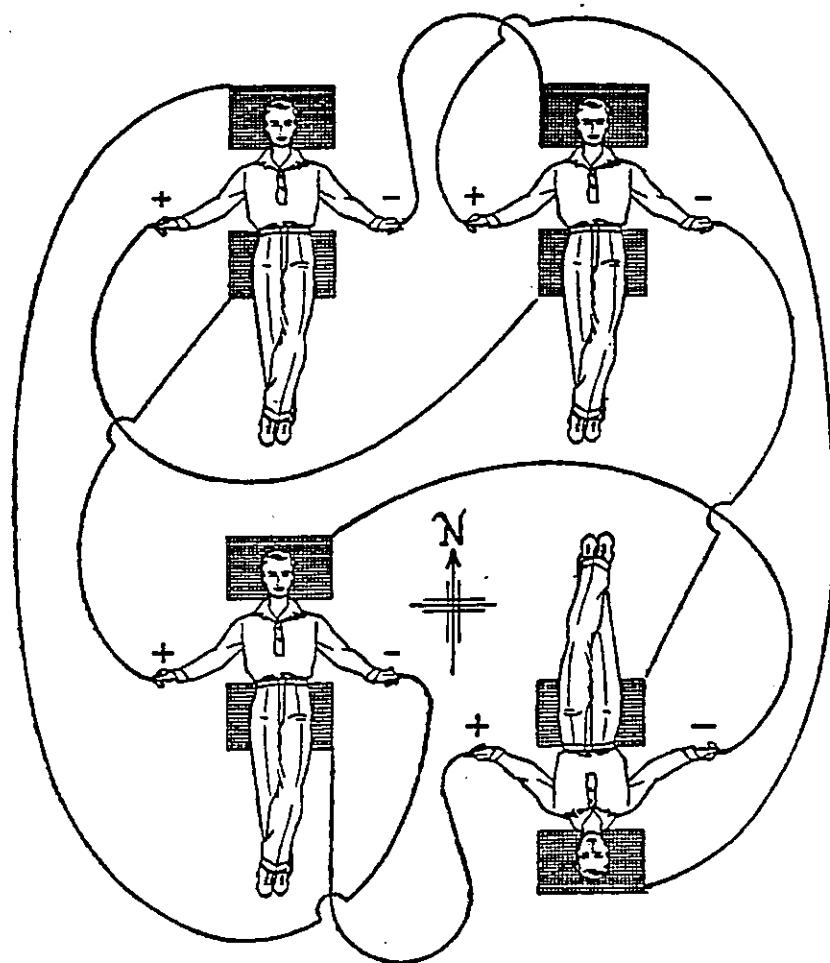
I close the circuit again, and almost at once, agony! A quarter of an hour, possibly more, and suddenly calm, peace, relaxation; the patient rests for awhile and gradually recovers color. His clothes are wet through with perspiration. He rises, tests his limbs in various attitudes that have been impossible for weeks, finds no pain, and leaves the room almost straight. After half a dozen treatments in the circuit, a chronic sufferer of sciatica becomes a swimming enthusiast at the age of fifty.

(11) A typical "hard as nails" soldier, an old campaigner, has been advised to consult me about his wife who suffers from insomnia and is threatened with a nervous breakdown. Although he has heard accounts of my work he will not entrust the lady to my care until he has found out at first hand "exactly what I do." He seems very intense and I wonder whether his condition might not be the cause of his wife's insomnia? After a little theory, I suggest a little demonstration on himself in the relaxation circuit. Though this strikes him as absurd, he submits with modified good grace. Soon, he declares with greatly veiled scorn that he feels "absolutely nothing" and makes to get up. I persuade him to try a little longer, when suddenly, his lips start to twitch and he breaks into progressively violent fits of sobbing interspersed with constantly reiterated exclamations that he feels "a complete bloody fool as he has nothing to cry about, but he can't help crying!" Altogether a wonderful and spontaneous discharge of accumulated nervous tension.

On leaving, he assures me that he has never cried before in his life. Obviously! At his third visit I hear that his wife has for some unaccountable reason, suddenly taken to sleeping like a babe. I grant him that women are indeed "funny"

things, and in return he concedes me the point that he and she always share a bed. He appreciates the possibility that since in radio parlance, he is no longer a "resistor," mutual radiations may now flow more freely through his and his wife's devoted R. and L. Naturally, I had not suggested to him that he should sob like a child on my couch, for I understood that he-men and gentlemen never did that sort of thing!

(12) At a public demonstration of my co-operative group technique, I begin with a theory about the relaxation and tension circuits and right-handedness and left-handedness. I then ask for members of the audience to volunteer to rest on my four couches in the relaxation circuit. Amongst those who come forward, a tall man, no longer young, very gentle and dignified of bearing, introduces himself as a doctor. With charming courtesy, doubly appreciated as coming from an eminent man, he assures me that although what I have explained is entirely contrary to all his experience, he is not only willing but anxious to put it to practical test. I complete the relaxation circuit through my four subjects and for quarter of an hour they rest in obvious peace. I then reverse the circuit unknown to them, when they all immediately display clear signs of restlessness and tension, and inside a minute the courtly gentleman violently throws away his handles and jumps off his couch, saying, "NO, I can't stand that!" After shaking off the unpleasant effects of his experience, he asks me whether he might try again. I re-group my four subjects in the tension circuit, but leave them under the impression that they are in the relaxation circuit. This time, in spite of my negative suggestion, the distinguished seeker after truth, hurls his handles away inside half a minute, leaps off the couch, and says: "That's good enough for me!" Since then he has never missed a chance of making my work known, for which I thank him once again.



Four subjects in closed serial relaxation circuit in square. One subject is a left-hander with head to south.  
From L.E. Eeman's "CO-OPERATIVE HEALING".

## CO-OPERATIVE HEALING Excerpts from Chapter II

Those human radiations which can be transmitted by metallic conductors first roused my interest in May 1919. Although their reality can be demonstrated with the help of an ordinary watch, special scientific instruments are needed to identify and measure them.

Since 1919 a great variety of experiments have conclusively proved that these radiations can be used scientifically to promote sleep and make it more recuperative, to improve bodily functions in health, and to overcome disease. Many of these experiments have been repeated many times by independent operators, but, before I describe them, I must emphasize the importance of my remark on page 15:

In the absence of *complete* muscular relaxation reactions may be not only obscured but *frequently reversed* and thus *misleading!*

The relaxation circuit (Left hand to Head, and Right hand to lower Spine) almost invariably produces a progressive sense of muscular relaxation, warmth, well-being, and drowsiness, often culminating in sleep, slower and stronger pulse, slower and fuller respiration, with more complete deflation (out-breathing), progressively long pauses between deflations and inflations (in-breathing) and with cyclic maximum inflations involving the whole trunk, lowered blood pressure if this is high, increased salivation and swallowing and a lowering of the pitch of the voice.

The tension circuit (Left hand to lower Spine, and Right hand to Head) reverses the above reactions and eventually leads to varying degrees of discomfort, tension and restlessness, in some cases quite unbearable...

Statistically, the results obtained are conclusive, for in 25 years involving many thousands of tests, *I have found barely half a dozen subjects whose reactions were the reverse of those described above.* Every one of these was *treated in the tension circuit*, which he apparently preferred, for periods of about half an hour at a time with intervals of three or four days at a time between visits, and all of them returned to the normal preference inside four visits. They then expressed that preference in complete ignorance of the circuit used. It may be more than coincidence that *most of these patients were being treated for disorders of the ductless glands by their doctors.*

In at least 70% of the cases observed the reactions on passing from circuit to circuit were marked enough for the subjects themselves to describe them accurately and to express an unhesitating preference for the relaxation circuit. In some 20% of the cases, although the subjects were unable to describe their own reactions, they nevertheless expressed the normal preference for the "relaxation circuit." In some 10% of the cases the subjects felt no reactions and expressed no preference, but even in those cases (as in the other 90%) reactions were generally perceptible to the experimenter and were found abnormal only in the few cases referred to.

### THE SELF-HELP THERAPY OF EEMAN

Naturally, the changes observed on passing from circuit to circuit varied in intensity and rapidity from subject to subject, and in the same subject, from day to day, being in some cases of extreme violence. Sensitive subjects were found useful in the investigation of facts and in the confirmation of results previously obtained.

All that has been described so far would be of purely academic interest if it were not also of therapeutic value. The relaxation circuit markedly improves all the following conditions after a few applications of about half an hour each: mental, nervous, circulatory, respiratory, digestive and elementary disorders to mention only a few. Headaches, high blood pressure, rheumatism, lumbago, sciatica and many other ailments have been rapidly relieved. In cases of acute insomnia of long standing the effect has at times seemed magical and more especially so with skeptical, antagonistic and self-analytical subjects.

The tension circuit produces unmistakable discomfort, and when experiments with it have deliberately been prolonged unduly, hysterical and other crises, somnambulism, etc., have frequently resulted, the undesirable reaction being speedily reversed by the simple reversal of the circuit, unknown to the subject.

Both the relaxation and the tension circuits seem to produce progressive reactions up to a maximum, after which normal conditions return. Experiments prolonged over several hours often produce cyclical returns of the reactions at fairly regular intervals.

The relaxation circuit itself may cause discomfort if maintained for too long a time, when a *short* period spent in the tension circuit promotes a return to normal conditions.

When changing from a relaxation to a tension circuit there is a time lag proportional to the time spent in the relaxation circuit and reverse reactions do not usually appear until this time has been approximately allowed for. On the other hand, when changing from a tension to a relaxation circuit, relief, generally evidenced by a *sigh*, usually appears after a shorter time lag, and occasionally without any lag at all...

(In the book there follows here a couple of pages of detailed experiments establishing the polarity, or positive-negative re-

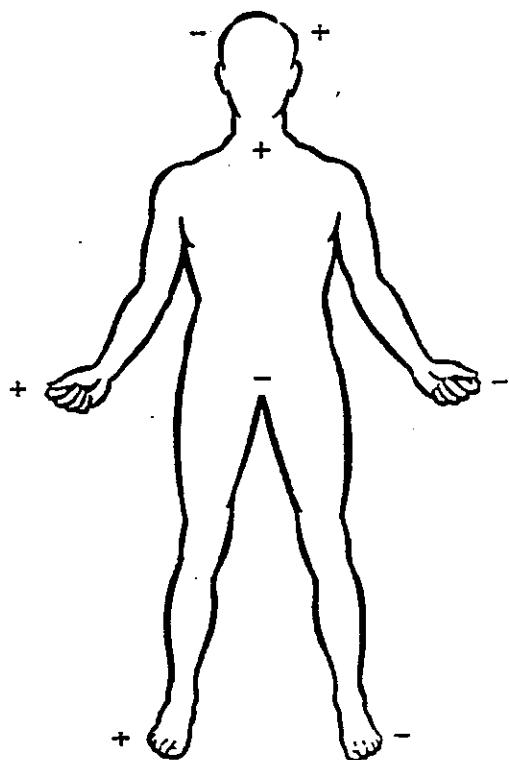
lationship, of various parts of the body, shown on the chart below.)

### THE HIDDEN REALITY OF VITALITY

...The conclusion is inescapable that in the Eeman sleep circuit forces, latent in man, are made manifest which make the nervous system behave as though there were electro-magnetic opposition between its top and bottom, its right and left sides and its front and back, and as though on all three planes or axes there were a gradient of potential between extreme polar opposites.

I show herewith (see fig. below) some of the details of human polarities as suggested by my experiments up to date. For general purposes I found that I could:

- (a) Ignore minor local polarities, these only requiring attention in the case of local disorders;
- (b) Take the body *en masse* and consider:
  - (1) The Head and the base of the Spine;
  - (2) The Right and the Left hands, and
  - (3) The Right and Left feet as polar opposites.



Classical diagram of Human Polarities

*(thoroughly discussed in my book, "Electrotherapy and Therapeutics"; and G.W. Crile, *A Bi-Polar Theory of Living Processes*.)*

All the experiments described above had been repeated innumerable times in the early 1920s and the resulting conclusions abundantly and independently confirmed before the end of 1925. However, I could not at that time obtain instrumental quantitative measurements of the factors involved, and in the circumstances it was not surprising that hospitals and other medical organizations I approached should have found it impossible not only to acknowledge the facts but even to investigate or notice them at all.

### RIGHT AND LEFT HANDERS GROUPED IN CIRCUIT

It had so happened that in all my early experiments with single subjects in 1919, every person tested had been both male and right-handed. As soon as I noticed this it struck me as possible that all my subjects had only found the Left hand to Head and Right hand to lower Spine circuit relaxing because they were either male or right-handed, and that females and/or left-handers might have spontaneously relaxed in the tension (L. to S. and R. to H.) instead of in the relaxation

- (c) Use only the Head, Spine and the two Hands for my experiments and actual healing work and short-circuit the two free poles at the feet by linking them by means of a length of copper wire or by making my patients cross their feet.

Having reached these conclusions I decided to call the Head and Right Hand and Foot, positive; and the base of the Spine and the Left Hand and Foot, negative; but I might have adopted the reverse convention without affecting the argument.

The phenomena observed suggest the electrical analogy so forcibly that electro-magnetic nomenclature imposes itself, but this must not mislead us into believing that we are dealing exclusively with electro-magnetic forces. There is ample evidence in the experiments already described that something akin to short-wave radiation is involved, for the copper gauze mats need not be in direct contact with the skin, and clothes, blankets and even fairly thick cushions do not act as insulators, nor do they affect the whole results. What is more, metallic conduction need not be continuous, for the two ends of a severed insulated copper wire resting a few inches apart on a glass-topped table will continue to conduct at least some of as yet unidentified forces, thus suggesting phenomena akin to light, gravitation and magnetism.

The chapters that follow will therefore be based on the working hypotheses that "conducted wireless radiations emitted by the human body can be used therapeutically provided that polar opposites are linked by electrical conductors." (For confirmation from an electrical point of view see: Baines and Bowman, *Electropathology and Therapeutics*;

circuit. I naturally proceeded to test left-handed males and right and left-handed females in both circuits.

Experiments soon made it clear that all males and females, whether right or left-handed, who detected any difference between the two circuits, found that Left to Head and Right to Spine constituted the "relaxation circuit." Rare exceptions were observed but careful repetition and checking of the experiments revealed that the subjects concerned *had not been completely relaxed muscularly before the tests*.

By 1921, having tested cats and dogs as well as right-handed and left-handed humans of both sexes, and having found almost complete unanimity in spontaneous muscular relaxation in the L. to H. and R. to S. circuit, I adopted the working hypotheses that all humans (and probably all vertebrates) were electro-magnetically positive at Head and Right hand, and negative at lower Spine and Left hand.

It thus happened that until September 1927 I unconsciously overlooked the obvious possibility that my subjects' spontaneous reactions of relaxation and tension would have remained exactly the same for all individuals placed in the relaxation circuit with themselves exclusively, if some of them had been negative at Head and Right hand and positive at lower Spine and Left hand, and others the reverse.

Having blindly disregarded the possibility that there might indeed be two such electro-magnetic opposite types (of human beings), I naturally failed to realize that if they did really exist, I could only bring their opposition to light by placing mixed pairs of them in circuit.

However, having thoroughly tested every circuit in which one subject could be placed with himself, I took the next obvious step and began to investigate the effect of placing two subjects, either male or female or right or left-handed in one and the same circuit. I was urged to do so by the expectation that whatever health-giving effects had been produced by placing only one subject in the relaxation circuit by himself, these effects would be improved both quantitatively and qualitatively, with every additional subject introduced into the relaxation circuit.

It was clear that if unknown to me there were in fact electro-magnetic opposition between males and females, or right and left-handers and I were to pair these types at random in relaxation circuits, I should soon exhaust all possible combinations of electro-magnetic opposites amongst these four types, and probably discover new facts and laws.

## TWO AND MORE SUBJECTS IN ONE CIRCUIT

My researches with two and more subjects began in 1919. In my early experiments I was one member of every pair tested. I gladly used as my partner anyone I was fortunate enough to interest in my work and welcomed any ailing person, whatever the nature of his or her complaint.

A few experiments made it clear that when unknown to either partner we connected the Left and Right hand of each with the Head and lower Spine of the other respectively, not only did we obtain spontaneous and progressive muscular relaxation, better function, and ultimately sleep, but both partners generally came out of that sleep at about the same moment. Their awakening was frequently preceded by spontaneous and simultaneous stretching and generally followed by more or less prolonged cycles of stretching and yawning. (See fig. on page 1.)

Although periods of unconsciousness seldom exceeded thirty minutes, both partners generally feel more refreshed and would experience a greater sense of well-being after them than after a good night's sleep. This was most conspicuous in various diseases when a few repetitions of the treatment not only considerably revitalized the patient, but often effected a complete and long lasting cure where other methods had failed and did so without any apparent ill effects on the healthy partner. In fact, in many instances both the sick and the healthy parties seemed to benefit so clearly that they felt "as though each had got more out of the pool than they had put into it."

## THE ANNOYING AND REVEALING EXCEPTIONS

It was observed that these or similar results followed whether one coupled two males or two females, or one male and one female; but that they became reversed if one reversed the circuit, making it Left hand to lower Spine and Right hand to Head and this, not only irrespective of suggestion, but in spite of and against it.

But there were some exceptions. When they occurred not only did the relaxation circuit give neither relaxation nor sleep nor increased well-being to either member of the pair but it occasionally did actual, progressive and lasting harm, not only to the sick member, but to the healthy one as well.

I will describe only one, but a typical, instance of these rare and extreme cases of harmful effects. The patient, a lady, suffered from a mild attack of sinovitis in the right knee. Let it be noted that if any suggestion was at work in either her mind or mine it was by getting into the relaxation circuit together we should be experiencing spontaneous and progressive relaxation, warmth, well-being, and probably sleep. It was so in her mind because she had been strongly recommended to me by relations who had described and led her to expect these effects from my treatment; and it was so in mine because continued observation of them had naturally led me to invariably expect them.

Nevertheless, within a few minutes, far from feeling relaxed, warm and sleepy, we both felt our muscles

automatically contract and became cold and shivered, and so restless that we could not keep still. Instinctively I checked the circuit, feeling that I had inadvertently established the tension circuit; but no, I had made no mistake! The patient and I, both extremely puzzled but interested, decided to persevere. At the end of the third visit we had to give up the attempt; the lady's knee had become ankilosed, I felt thoroughly ill and we both took a considerable time to get over these disastrous reactions. What is more, by the end of our experiment we had come to grate so violently on each other that we found it hard to remain polite, a detail which was reproduced in a few similar cases between 1921 and September 1927. I may perhaps be forgiven for having accepted at the time the obvious, easy, and I confess, lazy explanation of the phenomena, that they were due to some of these rare, violent, and mysterious antipathies that occasionally poison life.

But this lazy explanation of antipathy obvious to both of us did not explain anything at all, and I was not only puzzled but angered at my inability to understand these cases that made my patients and myself feel so ill and irritable. Fortunately they were so rare, that so far as I remember, I met fewer than thirty of them between 1921 and September 1927...

In 1924 I began to suspect that the working hypothesis I had adopted in 1921 that all humans were electro-magnetically positive at H (Head) and R (Right hand), and negative at S (lower Spine) and L (left hand) would have to be amended to read, that a minority of humans are electro-magnetically positive at H and L and negative at R and S. But which...?? Clearly this question could only be answered experimentally; the experiments required would have to be carefully thought out, and above all, they must eliminate the factor of suggestion.

They should:

Firstly: demonstrate that there was polar opposition between the R and L hands of every individual.

Secondly: Prove that some individuals were positive at R and negative at L and others the reverse, and establish which were which.

Thirdly: Prove that some individuals were positive at H and negative at S and others the reverse, and establish which were which.

Fourthly: Establish that one or more circuits were beneficial and others detrimental to health and so give my researches a humanitarian as opposed to purely academic interest.

As I planned my experiments I could not escape the conviction that since I proposed to use hands as conductors, any positive results beneficial to health that I might achieve would enable me to re-open the age-old problem of "healing by the laying on of hands" and place it on a modern scientific basis. I was also struck by the possibility that negative results might be more illuminating than positive, and that both would acquire added significance if I could obtain them not only in the absence of positive but actually in the face of strong negative suggestion and more still if they were to appear spontaneously and unexpectedly.

#### THE ANTI-SKEPTIC BATTERY

Early in 1925, with the purpose of demonstrating to skeptics, and especially to members of the medical profession, that there was electro-magnetic opposition between all right and all left hands and that therapeutic use could be made of the fact, I devised an apparatus which I humorously called my "anti-skeptic battery." This has long since been superseded by more efficient devices, but it is still available for experiments.

The apparatus has the appearance of a complex switchboard and obviously suggests "electric current" even to the layman. In fact, there is nothing electrical about it and it merely enables the operator, by revolving the pointers:

- (A) To connect the left hand of any one of the six subjects with the right hand of any other subject, or if the wires were crossed with the latter's left hand.
- (B) To vary at will the electro-magnetic order of the subjects in the circuit.
- (C) To cut any subject out of the circuit although he still continues to hold the ends of the wires connected to the apparatus; and,
- (D) To do any of these things unknown to any of the subjects.

My first few experiments with this apparatus showed:

- (1) That all subjects do not produce equally clear results.
- (2) That the reactions of a given subject may vary with the different subjects placed in circuit with him; and
- (3) That *results are reliable only when subjects are muscularly relaxed and quiet in mind!*

#### EXPERIMENTS WITH ANTI-SKEPTIC BATTERY

Six right-handed subjects of either sex sit around the "anti-skeptic battery," and unknown to them all, the right hand of each of them is connected to the left hand of another, and thus a closed circuit is formed by the six subjects.

The appearance of the apparatus suggests an "electric battery." No other suggestion is made. Within a few minutes the participants generally report a progressive sense of warmth, muscular relaxation and well-being; their pulse becomes stronger and slower; their breathing fuller and slower; salivation and swallowing increase; the pitch of the voice becomes lowered and drowsiness becomes general.

After a while, the experiment is interrupted, its results are discussed and the comment is frequently made that what subjects had felt "was exactly what they would have expected from a mild electric current."

The top of the box is then removed which shows not only that it is empty and that no electricity is being used, but that the wires merely connect the six subjects with each other. Some of them then show annoyance at having been "imposed upon" and declare that the experiment "only shows the power of suggestion," much as they resent the implied admission that they are so easily suggestible, especially if they happen to be males.

#### 2nd Experiment

After the first experiment, since all the subjects clearly realize that the box is *not* electrical, the suggestion of electric current no longer operates. All subjects are again connected exactly as in the first experiment and soon, to the surprise of all and the annoyance of some, they show the same signs and reluctantly report the same symptoms as before. What is more, after a few experiments, some sensitive subjects manage to identify their immediate neighbors in the circuit, right

and left; however often these may be changed by moving the pointers of the apparatus without altering the relative positions of the subjects themselves round the "anti-skeptic battery."

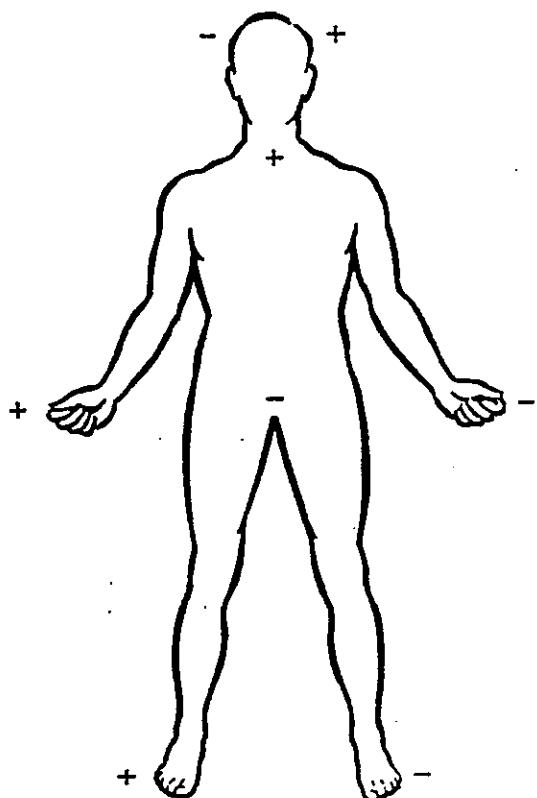
#### 3rd Experiment

Unknown to all subjects the wires held by one subject are crossed and thus his left hand is connected with another left, and his right with another right. Soon, in the case of this subject and in that of his two immediate neighbors in the circuit, the effects previously observed are reversed; their muscles automatically tighten up and they often feel so cold that they shiver and are so restless that they cannot keep still. When, unknown to all subjects the person with crossed wires is given two new neighbors in the circuit by moving the pointers of the apparatus, the new neighbors experience discomfort, and the old, relief.

#### 4th Experiment

Without any reference being made to the fact, so that suggestion may be excluded, one left-handed subject is introduced into the circuit, all connections being as before. Soon, in his case and in that of his immediate neighbors the same reactions are observed as had occurred with the right-hander with the wires crossed.

When I first made the first three of the above experiments it again so happened that my subjects, though of both sexes, were all right handed. I concluded from the



**POLARITIES OF A RIGHT-HANDER**, if taken in to account in the laying on of hands, might result in more effective healing!

results constantly obtained that *provided all subjects were sufficiently relaxed* and their motor systems thus at least partially inhibited:

- (A) Quasi-electro-magnetic polar opposites between right and left hands in all individuals was an indisputable fact.
- (B) That there was no difference between male and female hand polarity, and I continued to use with both males and females the convention that R. was positive and L. was negative; and,

(C) That whatever was being conducted between human beings by insulated copper wires, it possessed not only the qualities of positive and negative, but in addition, some specific character or characters which enabled sensitive subjects not only to identify their neighbors in circuit, but to detect when particular individuals entered or left it.

#### HERTZIAN WAVES?

Having previously concluded that shortwave radiations were involved and that I was therefore dealing with some form of "wired wireless," I naturally endeavored to account for these specific characters in terms of wave length, frequency, velocity and amplitude.

It is possible that between the middle of 1927 and September 1927, some of my group experiments did include one or two unobserved left-handed subjects, but in the light of later observations I must assume they did not, as I cannot remember abnormal reactions during that period; although I was beginning to suspect that right and left-handers might be polar opposites, at any rate as far as their hands were concerned. If, however one or two unobserved left-handers were in fact concerned in these early group experiments they must have been weak left-handers electro-magnetically, for later tests show that in both right and left-handedness there are many degrees, and that violent and therefore readily observed reactions only occur when a strong right and left-hander clash in the same circuit, or when two strong right or left handers meet in a circuit which has been either accidentally or deliberately inverted.

However, it was not until September 1927 that I managed to group in one circuit two strong electro-magnetic left-handers with two strong right-handers. I sat them around a table, left-hander facing left-hander and right-hander facing right-hander and arranged the circuit so that each R was linked to the L next to it. Less than two minutes had elapsed before it became obvious that all four subjects found the circuit unbearable. They all unconsciously tensed up, their breathing became short and shallow, they felt cold and abominably restless and when I changed the circuit so as to link the R and L of right-handers with the R and L of left-handers respectively, an instantaneous and almost unbelievable change came over all four.

The problem was solved at any rate as far as hands were concerned, but to make sure, I reversed the circuit again. Almost immediately tension reappeared with all the usual accompaniments and further reversals confirmed the first experiment...

Clearly, not only are Right and Left polar opposites but the signs plus and minus are reversed between right and left handers all the way down the right and left sides of the nervous system, as experiments substituting feet for hands soon established. Could one say the same about Head and Lower Spine?

I proceeded to link myself, a strong right-hander, with a succession of left-handers, my Left and Right to their Spine and Head respectively. Result: *in every single case*, almost instantaneous relaxation, warmth, sound function, drowsiness, peace and a tendency to sleep.

Clearly, not only are Head and Spine polar opposites, but the signs plus and minus are reversed between right and left-handers all the way down the nervous system not only for the sides of the body but for the central nervous system as a whole, and the convention that Head and Right are positive and Spine and Left are negative should apply only to right-handers and be reversed for left-handers...

I must point out here that strong antipathies which may become apparent in either the relaxation or tension circuits may be due to fundamental differences of frequency or phase of radiation and not to faulty wire connections. Against that, antipathies of long standing have been known to disappear after a few periods of rest in the relaxation circuit. Habitual faulty spatial relationships between say, a right-handed husband and his left-handed wife can, unknown to both and by itself, cause acute strain between them, and quite a few married people have been made happier by simple adjustments of their relative positions by day and by night.

#### NEW LIGHT ON MAGNETIC HEALING

For practical purposes the following was now acquired: the healer, presumably fitter, richer, or electro-magnetically of higher potential than the patient (whatever exact meaning further investigations might give to those loose words) must if both he and the patient be either right or left-handed, be linked with the latter left to Head and right to Spine, and if one be right-handed and the other be left handed, left to Spine and right to Head. This would produce beneficial results, provided, as time and innumerable experiments were to show, that both healer and patient possessed, or acquired, certain qualities or attitudes of mind, nerve and body.

Time and experience were further to show not only these qualities, attitudes, or states of both healer and patient greatly influenced results, but also

(A) That they could be acquired, developed and consciously controlled by both healer and patient.

(B) That the development of any quality in either healer or patient made them more effective as a healing combination...

I also wish to emphasize once again the importance of muscular relaxation and to repeat the warning that in proportion as it is incomplete so do the physiological reactions normally produced by the relaxation circuit tend to be ob-

scured or even reversed, and particularly so when subjects of opposite sex are joined in circuit. Two forces at least seem to be radiated by the human system: the first appears to be fundamental and vital and to belong to the species irrespective of sex; for when the voluntary neuro-muscular system is inhibited this fundamental force shows the same polarity for both sexes, but reverse polarities between right and left-handers of either sex.

The second force seems to be subsidiary to the first and derived from it, and to manifest only as a result of the activity of the voluntary motor system. It frequently shows reverse polarity between the sexes when it may appear to reinforce vital polarity in some subjects and to neutralize or reverse it in others, thus masking it according to the degree of conscious or unconscious voluntary muscular tension and making physiological reactions in the circuit unreliable and misleading.

\* \* \*

Philadelphia (AP) Nov. 4, 1966: "Increasing use of drugs, both prescription and over-the-counter variety, is becoming a major health problem, a panel of physicians and medical professors said. In fact, adverse reactions to drugs is the seventh leading cause of hospital admissions, the panel heard...."

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## THE FOUR CAUSES OF CONTRACTION, OR TENSION

From L.E. Eeman's

*Self and Superman, the Technique of Conscious Evolution*

In all of his years of work with people in Relaxation Circuits Eeman found that their one great block to success was their inability to relax completely while lying on the Screens. The reason for this is ignorance. People are simply not aware of the conscious and subconscious causes of tension, or contraction as Eeman calls it.

His researches taught him that there are four general causes of contraction or tension:

1. Conscious-Physical
2. Unconscious-Physical
3. Conscious-Mental
4. Unconscious-Mental

1. The first cause of contraction is a conscious and deliberate act of the mind promoting objective muscular contraction for the purpose of objective work. This first category is Conscious-Physical. Contraction of this kind exists after every kind of physical exercise, and is not to be confounded with muscular fatigue, soreness or stiffness. Its cause is an order issued by the mind to the body, such as: "Alternately raise the legs forward, knees rigid, toes pointing out." This amounts to goose-stepping. It would appear that the initial cause of contraction being the order to "goose-step"; the order, "now go lie down and rest" should be sufficient to eliminate in a short time any trace of the contraction caused by the first order. Experiment will show that this is only in rare cases.

When a man lies down after exercise with the intention of resting and is addressed as follows; "Please order every muscle in your body to relax completely, and let me know when you think your muscles have obeyed you, so I may test the amount of obedience secured," if his mind has obeyed, his arms and legs will be quite limp; and if one of his limbs be raised, it will fall limply as soon as support is withdrawn.

As a matter of fact, even after such a clear description of the degree and type of relaxation expected, the limbs when deprived of support, will remain in the air, sometimes in odd positions; the subject will be quite unconscious of the fact, and may even express surprise when informed on it. If the subject's leg be raised by a hand placed under the back of the knee, the whole leg will come up rigidly, the knee in many cases disobeying orders to relax and bend.

How serious a waste of energy this unconscious continuation of objective contraction entails, will be obvious when one realizes that such conditions often persist even after several hours of so called sleep! During the whole of that time, there is not only serious waste of energy, but there is as well a constant and proportional inhibition of circulation itself, and of various processes dependent on it.

Is not the relative efficiency of distinct individuals, in eliminating the unconscious continuation of objective contraction, really due to the relative clearness of their conception of what this elimination means?

The apparent insufficiency of the order "lie down and rest"—to promote elimination of the unconscious continuation of objective contraction, lies in relative unconsciousness of what rest really means.

This will be established beyond doubt by simple experiment of gripping the subject's guilty leg or arm, and shaking and bending it repeatedly, so as to loosen it and so make the subject understand, sense, what form of condition is meant by relaxation. Once this is sensed by the subject it will forever remain easy for him to repeat the action unaided.

#### THE SECOND CAUSE OF CONTRACTION

2. The second cause of contraction is Unconscious-Physical. This is a physiological condition and its action is made obvious by unconscious metabolic changes, following on the elimination of the unconscious continuation of objective contraction.

To appreciate the exact nature of the form of contraction (or tension) produced by this cause it is essential to bear in mind that muscles work in pairs; that is, that all over the body and in every limb, the contraction of one muscle is accompanied by a corresponding relaxation of its opposite member, so that whenever a limb is in a position of apparent repose, this condition is maintained only because contraction and relaxation are balanced.

This condition of apparent repose merely connotes equilibrium of forces and never is in any way an index of the actual degree of contraction or relaxation of both muscles, but only of their relative contraction... As long as a limb displays incomplete relaxation during sleep, some unconscious cause of contraction must be at work.

That unconscious physical causes of objective contraction are still in operation even when all unconscious continuation of contraction has been eliminated, is proved by the fact that in sleep some unconscious movements of an arm (until then still resting at a right angle) occur merely as a result of increasing relaxation in either the bi-ceps or tri-ceps, although it may appear to be due to an increase of contraction of the opposite member.

#### CONTRACTION INHIBITS CIRCULATION

Any such movement is caused by chemical changes in the muscles concerned, whether this cause is given in the name of tone, or toxin, or that of any other agent capable of producing contraction, or relaxation.

That this cause of contraction is unconscious in no way alters the fact that contraction inhibits circulation in proportion to its gravity, and that this inhibition, although it may be overcome by many hours of sleep, will only recede gradually, and may remain quite marked at the end of a long night, unless suitably dealt with before sleep, the subject feeling proportionately tired on waking.

This tension can be completely removed consciously in a few seconds, so that from the very first moment of sleep there shall be no inhibition of circulation whatsoever; and metabolism shall proceed under favorable mechanical conditions. In this case also, Nature comes to our assistance with one more instinct, the instinct to stretch. She gives this instinct to stretch to all living things in order to reduce the expenditure of energy on unnecessary processes, and to produce a better and more economical use of that which is devoted to essential processes. Although Nature wisely provides the instinct, many causes are at work making men and women deaf to its promptings, the chief of which is the acute tension generated by most adults in our most exacting civilization.

Efficient stretching before any period of conscious or unconscious rest removes from the muscles to which it is applied all traces of that portion of contraction which is produced by unconscious-physical causes.

Efficient stretching is an art of which most of us are absurdly ignorant. Nine men and women out of ten, when asked to stretch, proceed to contract at least one muscle out of every pair. This only tends further to inhibit circulation...

How different and more perfect is the stretching of animals, particularly felines. A cat, as it prepares for rest, stretches its forelegs without bending them, thereby obtaining a stretch of both muscles in each pair at the same time, and for less exertion, instead of a stretch in one and a contraction in the other.. A muscular ripple travels from the shoulder all the way down to the thumb claw, and then to each one of the other claws in succession; and this is followed by a comprehensive stretch of the whole limb. The same method is followed with the hind legs, and in most cases, only after this is the trunk dealt with.

A wave of stretching, starting from the shoulders travels all the way down the back until it reaches the hind quarters, and is followed by a similar wave travelling all the way down the chest and abdominal wall. The cat then lays itself down, carefully adjusting each member so as to secure the maximum of relaxation, all physical causes of contraction both conscious and unconscious having been eliminated.

This example of perfect stretching should be followed by men and women if they wish to secure subjective activity on the mechanical plane. The following is a simple routine which need not take more than a few seconds:

(1) Lie on back, both arms loosely expanded in the form of a cross, and concentrate on the sense of relaxation in the whole body. Then

(2) Stretch both thumbs as far as possible, keeping the arms straight, and then make sure, by careful attention that all muscles connected to the thumb, from the shoulder down, are stretched to the utmost possible length. Follow the same procedure with each of the four fingers separately in both hands jointly, and with all the muscles connected to them, all the

way from the shoulders to the fingertips. A final comprehensive stretch of both arms and all fingers is advisable.

(3) Still on the back, raise the chest, abdomen and hips, so as to form an arch supported by the shoulders and heels. Accentuate the arch, piecemeal. Start at the shoulders and attend in succession to the stretching of the muscles of the chest, pit of the stomach, abdominal wall, front of the thighs, shin, top of the foot and toes, and then allow the whole body to drop, completely relaxed.

(4) Sit up and bend forward, endeavoring to touch the toes with the fingertips, whilst holding the knees straight, and starting at the base of the skull, attend in succession to the stretching of the back muscles of the neck, shoulders, ribs, waist, hips, thighs, calves, and soles of the feet. Rest on the back and relax the whole body.

#### INCREASED SUBJECTIVE AWARENESS

Too much importance cannot be attached to the need of concentrating attention, for a short time, on each part in succession, as this tends to promote the most essential factor of improved subjective activity; increased consciousness.

It is advisable, with the same end in view, to rest for a short while after stretching the arms, the front and the back of the body, and carefully to register the subjective effects produced on each part.

The elimination of the first two categories of the causes of contraction, Conscious-Physical and Unconscious-Physical causes, produces the following results: reduction of expenditure of energy on objective processes followed by proportionate increase of expenditure of energy on subjective processes; reduction of consciousness of objective processes as an effect followed by proportionate increases of consciousness of subjective processes, resulting in new possibilities of conscious control; a loss of consciousness of the outside "relatives," time and space, and a proportional gain of consciousness on the inside; a deep sense of physical rest and, with it, a sense no less deep of physical work within.

#### THE THIRD CAUSE OF CONTRACTION

Conscious-Mental causes of contraction are presumed to include every thought of which the subject may be conscious and which, by its very nature tends to interfere with the efficiency of subjective activities, excepting those thoughts which are connected with the conscious or unconscious promotion or continuance of objective activity.

Although such thoughts are likely to be unpleasant, conscious thoughts of the most pleasurable kind are also liable to interfere with harmonious subjective activity.

Such thoughts are founded on real or imaginary, impending or anticipated, past or future, events or conditions.

A man always slept like a child until he accidentally killed his father in a motor collision. His nights since then have been haunted by the ghastly face of the dying man and by thoughts of self-reproach. He can only recover his former restful sleep as a result of, at the least, one of three eventualities:

(1) the obliteration of the accident itself, or its equivalent, the return of his father to life unhurt;

(2) the obliteration of the accident from his memory or consciousness, and

(3) A radical change of point of view on his part, involving a thought such as: "Father's death was to him a great relief, as he was dying of cancer, and for a long time had been praying for the end..."

It is in the fact that the nature and strength of the reaction of the subject to the perception is based, not on the nature and power of its objective origin, but on the nature and power of the picture of it formed in his mind and contemplated by him, that we shall find our principal hope of attack on the problem...

Salvation lies in the conscious and deliberate alteration in nature and in the power of the picture recalled. Such alteration must tend to bring the picture into accord with the personal code of life harmony... To avoid all reduction of moral fibre, the subject must retain his full consciousness of facts, and make no attempt whatever to deny their reality or to minimize their gravity. He must then ask himself what is, according to his personal code of life harmony, the fact which, should it eventuate, would re-establish complete harmony and therefore bring his mind, nerves and muscles back into neutral position. He must then, by the conscious and deliberate control of mind and imagination visualize this event actually materializing in his mind, and then contemplate it until balance of subjective function is re-established (and peaceful sleep be achieved).

#### THE LAW OF CONVERSE THOUGHT

Having overcome Physical-Conscious and Physical-Unconscious causes of contraction ... and recognizing the fact that his father is dead as a result of the accident, he asks himself what alteration of the picture would have been capable of re-establishing harmony in his mind, according to his personal code of life harmony. Any alteration of the perception of the accident recalled, similar to the following, would meet the case:

Immediately after running into his father the subject backs his car and jumps out of it to run to his victim's assistance. Meanwhile, the father, unaided, gets up unhurt though rather dirty, brushes his clothes and with a cheerful smile remarks: "By Jove! that was a narrow shave!"

Having evolved this scene in his mind, the subject contemplates it, and then repeats the process a few times. Should

his obsession be the only remaining cause of his insomnia, sleep may be secured in a very short time. His mind, nerves and muscles having been brought back to the neutral position by the neutralizing thought.

The repetition of the process of neutralizing the perception antagonistic to the personal life code harmony by its alteration into one in perfect accord with it, ultimately leads to such an intimate welding of the two into one, that the former will never again appear alone, and will always be associated with its neutralizing counterpart...

The only fact worthy of note is the result of their joint and cumulative action, every individual is provided at all ages (by shocking experiences) with a distinct reference library, the contents of which are constantly being added to, the rate of change decreasing relatively as age increases. The nature and magnitude of any emotional reaction following the sensory perception of any incident or fact is governed by the nature and magnitude of the discrepancy between the personal code of life harmony and the incident or fact, coupled with the state of the subjects nervous system at the time.

The possession of this code of life harmony leads us to receive from life, with a sense of fitness, balance, and proportion, anything that happens to coincide with that code; and to show emotion, violent or moderate, pleasurable or distressing, favourable or inimical to healthy subjective activity, following any perception involving a breach of that code. The nature and magnitude of the emotion is in proportion to the nature and magnitude of the breach.

#### **THE CHALLENGE TO WAKE UP! AND TO STAY AWAKE!**

The initiation, development and control of balancing processes being left to the sub-conscious self, these processes are liable to suffer from any inefficiency of sub-conscious technique, and nothing but conscious cognizance of their function will enable the subject to correct and control the technique.

Since brain storm conditions involve extravagant grey matter disturbance and combustion, and liberation and expenditure of energy the first requirement to be met is the replacement of the substance consumed, and the readjustment of the substance displaced. This involves an increase of blood circulation.

The first requirement is duly met by Nature, in the accompaniment of all emotional disturbances, by a coincidental increase of pulse rate, volume and power, proportional to the disturbance. She further provides that the larger portion of the additional blood so circulated shall be earmarked for the service to the brain... the throbbing in neck and head, and rush of blood to the head that follow violent emotional disturbances being quite obvious...

That these processes tending to re-establishment of mental balance are essential to the subject in no way insures their performance and development on the lines best calculated to promote efficient evolution and health. Although their normal tendency is to re-establish they are liable to such errors they may considerably aggravate the brain storm condition... so the brain, considerably disturbed by the storm condition, is less able to stand shock than before...

The re-establishment of cerebral and mental control does not obliterate the memory of the sensory perception which led to the original emotional disturbance... Any recall to memory tends to reproduce a condition of increased pulse rate, volume and power, and general muscular contraction akin to that generated by the first perception, and proportional to the vividness of the recollection, other conditions being equal. Any repetition of such recall to memory, must, in proportion to its frequency and vividness, tend to the permanence of this condition, harmful to subjective activity, and to the reduction of the subject's capacity to overcome it; and may lead eventually to its transformation into the *obsession of a mind that knows no rest*...

This condition of constant subjective inefficiency involves severe failing off in sub-conscious subjective technique and activity: a persistent state of conscious muscular contraction of no utility whatever... and incapacity for sound sleep...

The cowardly habit of shutting one's eyes to the unpleasant facts of life is fundamentally detrimental to moral fibre and no sounder advice can be given than that the more unpleasant the fact, *the wider should the eyes be open...*

#### **A POWERFUL, NEGATIVE EXAMPLE FROM LIFE**

A boy, aged four, was taken to the seaside. He was walking with his parents from the seaside town station to their residence, when at a street corner he was run over and hurt by a bicycle. Badly bruised and shaken, he was put to bed. A year later he was once again being taken to the same place, when passing the scene of the accident he suddenly collapsed in a helpless condition. When picked up he had completely lost the use of the leg that had been injured the previous year. At the age of twenty-four that leg was useless and withered.

It is in the fact that the nature and strength of the subject to a perception is based not on the nature and power of its objective origin, but on the nature and power of *the picture of it* formed by the subject, and contemplated by him that we shall find our principal hope of attack on the problem.

If the recall to memory of either a horrible or an entrancing picture is capable of producing in the subject a reaction which exceeds and implements in both nature and power, that called forth by the original perception, salvation lies in the conscious and deliberate alteration in nature and power of the picture recalled. Such alteration must tend to bring the picture into accord with the personal code of life harmony....

To avoid all reduction of moral fibre, the subject must retain his full consciousness of facts, and make no attempt

whatever to deny their reality or to minimize their gravity. He must then ask himself what is, according to his personal code of life harmony, the fact which, should it eventuate, would re-establish complete harmony and therefore bring his mind, nerves and muscles back to neutral position. He must then by the conscious and deliberate control of imagination, visualize this event actually materializing in his mind and then contemplate it until balance of subjective function is re-established. Call this the Law of Converse Thought. The simplest form that such application may take is: "playing the film of life backwards."

Complete mastery over the process, and its development to the level of almost automatic reaction, can only be achieved through deliberate practice...

A maid upsets a glass of wine and spoils a brand new table center. Visualize the wine running back into the glass, and the glass righting itself. Do it two or three times, and then look at the stain and you will observe that nervous tension and annoyance have subsided, and you are heaving a sigh of relief.

#### **FOR THE GOOD OF YOUR NERVOUS SYSTEM**

A man insults you, watch him apologizing for his words and withdrawing them. Do it two or three times, and the same result will follow, for the good of your nervous system.

You have missed a train. Watch yourself catching it—*by the skin of your teeth*—or watch it returning to the station backwards. Once more the same effect will be obtained.

Facts will not have changed, nor your belief in their reality. Your condition, mental, nervous and muscular, will have been improved beyond recognition, almost instantaneously. In this recovered mental balance and self control will be found a greater capacity for dealing with the unchanged facts... The application of these principals will inevitably lead to the elimination of the third category of causes of contraction (or tension), Conscious-Mental Causes.

#### **THE FOURTH CAUSE OF CONTRACTION**

The Unconscious-Mental category of causes of contraction includes every unconscious memory which clashes with the subject's personal code of life harmony and tends to establish a permanent condition of mental stare, nervous tension and muscular contraction... due to faulty mental attitudes, compounded of over or under estimates of energy-cost, and under or over estimates of capacity.

This condition is proportional to the sum of discrepancies registered between the subject's experiences or their recall and his personal code of life harmony, and its eradication can be secured only by dealing with this sum of discrepancies.

Before this can be achieved by the application of the Law of Converse Thought, every one of the subject's baneful memories must be made to emerge into consciousness, which is impossible. The most painstaking investigator can at best hope to reawaken only a minor proportion of those baneful memories; and to them he may apply The Law of Converse Thought. Other methods are required for the removal of Unconscious-Mental Causes of Contraction.

Conditions can be eliminated by action capable of either removing or destroying their cause, or of neutralizing its effect. Where a blue vase clashes with a color scheme of a room of distinct green, this effect can be eliminated either by the removal of the vase from the room, or by so surrounding or treating it with yellow, that the compound result shall yield a green in better tone with the room.

It is not within the power of the subject suffering from mental and nervous tension and muscular contraction due to unconscious mental causes—he being by definition unconscious of its cause—either to remove or destroy it; and he must needs limit his action to attempts at neutralizing its effect.

#### **MENTAL CURE FOR MENTAL CAUSES OF CONTRACTION**

Although he is unconscious of the actual causes of his condition, by definition this is the category of mental activity, albeit unconscious, and attempts to neutralizing its effect must be confined to mental activity.

The negative process of removing that which is wrong must be held insufficient; and conditions favorable to sound subjective activity must replace those inimical to it. Before this can be done the subject must know what are the effects of Unconscious-Mental Causes he intends to overcome.

These effects are three-fold: subconscious concentration on the disturbing memories, leading to excessive concentration of energy in the brain, and wasteful consumption of it; inhibition of circulation of energy through the rest of the system, and its useless expenditure in muscular contraction; and inhibition of blood circulation.

Any action having for its object the neutralization of these effects must be capable of breaking the excessive concentration and expenditure of energy in the brain, of fostering its free distribution through the whole of the nervous system, and of improving circulation.

The following laws govern the liberation of energy in the brain, its distribution through the system, and its expenditure in or by it:

- (1) Energy is liberated in and distributed from the brain to any part of the system, for any work, by thought, conscious or unconscious.
- (2) The amount of energy liberated and distributed for any work is governed by:
  - (a) The amount of energy available,
  - (b) The amount of energy assumed to be required for the performance of that particular work, and not by the amount of energy actually required.
- (3) Energy once liberated cannot be recalled, but must be expended wholly, either in or by the system (or there will be trouble!)
- (4) The concentration of thought to any part of the system involves distribution of energy to that part, in proportion to the amount available and to the strength of the thought, and this energy must be wholly expended either in or by the part concerned.

If exceptions be made of cases of liberation of energy in the brain, occasioned by purely mechanical changes, law (1) will be accepted as giving expression to the mode of function of the normal being preparatory to action.

Illustration will clarify the remaining Laws. The following will be taken to illustrate laws (2) and (3), and will enable us to form practical conclusions.

#### OVERESTIMATING THE WORKLOAD

If a subject be asked to raise a suitcase from the ground, and to deposit it on a table three feet high, and implicitly accepts the information that the suitcase is full of books and weighs exactly one hundred pounds, whereas it is empty and weighs only ten pounds, he must liberate the amount of energy suited to the performance he assumes to be asked of him, and distribute that energy through his system according to the local requirements of each limb and muscle, as indicated to him by experience.

Let us assume the energy he considers himself called upon to liberate, to be three hundred foot pounds. Although it only amounts to thirty foot pounds, he will nevertheless liberate three hundred foot pounds.

As the raising of the ten pound suitcase to a height of three feet cannot consume three hundred foot pounds of energy he finds an outlet for the excess of energy liberated in the raising of the suitcase at a greater velocity and to a greater height than first intended. If these two outlets are insufficient to consume the whole of the excess liberated, he finds a fresh outlet in the raising of new weight, which he can only find in his own body. He overbalances to an extent sufficient to satisfy the law, that energy distributed cannot be recalled, but must be wholly expended in the general direction originally indicated by thought.

Having lost his balance he is called upon to liberate new energy sufficient to recover it, and eventually to place the suitcase where he originally intended it to rest. This involves him in the additional expenditure of, say, one hundred foot pounds of energy. The total expenditure involved in ultimately placing the suitcase on the table amounts to four hundred foot pounds instead of only thirty!

This waste is due exclusively to the subject's faulty assumption that the suitcase weighs one hundred pounds instead of ten. Faulty estimate of energy-cost has involved him in expenditure of more than twelve hundred per cent above true requirements.

Let us assume that all the subject has learned from his experience is that the raising of the suitcase three feet involves only the expenditure of thirty foot pounds. Let the suitcase be filled with books and its weight be brought to one hundred pounds (unknown to him) and let him repeat his action.

He approaches the suitcase with the experience just gained and liberates exactly thirty foot pounds of energy. As this is insufficient to raise the increased weight, the suitcase remains unmoved and the thirty foot pounds of energy are wasted. Consideration of the new problem then teaches him that more energy is required, and he attacks the work afresh, ready to provide energy in increasing quantities until such time that the suitcase be raised to the table.

The total expenditure involved in ultimately placing the suitcase on the table amounts at the most to three hundred and thirty foot pounds instead of three hundred. This relatively trifling waste is due exclusively to the subject's faulty assumption that the suitcase weighs ten pounds instead of one hundred, and that to raise it three feet the required expenditure amounts to only thirty foot pounds instead of three hundred. Faulty estimate of energy cost has involved a waste of only ten percent above requirements.

In the first case over estimate of the expenditure called for has involved waste of energy amounting to over twelve hundred percent. In the second case, under estimate of the expenditure called for has only involved waste of energy amounting to ten percent. The waste incurred in the first case is, therefore, more than one hundred and twenty percent greater, relatively, than that incurred in the second.

## THE FAULT IS IN OURSELVES

As far as objective work is concerned, the moral is that since the expenditure of energy on work is governed not by actualities but by mental estimates, over estimate of cost (or its equivalent, under estimate by the subject of his own capacity) is to be avoided as ruinously expensive; and under estimate of cost (or its equivalent over estimate by the subject of his capacity), though far from ideal, is very much less dangerous; as it can only involve the subject in relatively negligible waste.

The conclusion is justified that *nervous and mental collapse* are hardly ever brought about by actual overwork, but rather by *excessive expenditure of energy* in connection with work, due to *faulty estimate of cost*.

Life shows that it is not the successful statesman or man of affairs working for long years at the rate of sixteen or more hours a day whose nervous system breaks down, but rather the man to whom the least enterprise seems fraught with overwhelming difficulties, and who never seems to have time for anything.

Disproportionate expenditure is wholly due to a *faulty mental attitude*, compounded of over or under estimate of energy cost, and under or over estimate of capacity.

The counsel of perfection is: Know yourself, know your work. That is – know yourself for what you really are, know how you really work, know how much you are capable of, your strong points and weaknesses, know the state of your balance in the bank of energy; know your work for what it really is, know how much each undertaking will cost in energy, how to form your estimates of energy costs accurately to take groundless fears out of all enterprises, pay due respect even to minor deeds.

## AVOID EXTREMES BY FOLLOWING THE MIDDLE PATH

Such counsels of perfection, however, are of little value to all but the most evolved individuals, and the soundest general guidance is to be found in optimism, cheerfulness, the words 'I can', and in the application of the law of the Converse Thought to contemplation of all work which appears overwhelming and awe inspiring.

Care should be taken to avoid all extremes, for in no field could one more aptly apply the old tags: "the happy mean" – "the middle way" – "*in medio virtus*."

The morals and conclusions enunciated above as applicable to objective work, apply with equal force to subjective work... enabling us to form practical conclusions.

It has been established, in both human beings and in animals, that salivary and gastric secretions respond to external stimuli registered by whatever sense. These responses vary, in nature and degree, with the nature of the external stimulus and the strength of the sensory impression produced. It has been shown under vivisection that the gastric secretions of a dog varied instantaneously and appropriately, as different foods were presented to its eyes or nose.

It is accepted that the memory of different foods is capable of stimulating secretions proportional to the perception recalled, be the form taken by such ideation that of sight, smell or taste perception. This in itself is sufficient to demonstrate that the expenditure of energy involved in the performance of subjective work is governed not by actualities, but by mental estimates, consciously or unconsciously formulated; and *energy once liberated cannot be recalled*, since the secretion occasioned by an early thought cannot be altered by a later one, but only supplemented by it.

The following makes clear the part played by mental estimates of energy-cost in all collapses of subjective functions.

If a subject has for some reason, valid or futile, formed the opinion that tomatoes are indigestible—that is, if he has formulated a high energy cost estimate for the subjective work involved in digesting tomatoes—energy will be expended in proportion to the estimate, whether tomatoes are or are not indigestible to him and whether he eats them or only thinks of doing so.

What is more, he will still spend the amount of energy he estimates to be necessary if, unknown to him, every single tomato on his plate is stuffed with food considered by him to be easily digested. As a result he will suffer indigestion as a result of eating digestible food for the simple reason that he will have expended energy out of all proportion to his requirements, and stimulated the secretion of salivary and gastric juices totally unsuitable both in nature and quantity.

## KNOW YOURSELF, KNOW YOUR WORK

The conclusion is that as with objective work, so with subjective work; functional and organic collapses are hardly ever brought about by overwork, but merely by excessive expenditure of energy in connection with work, or expenditure badly directed as the result of faulty estimates.

It is not the man who eats well and cheerfully, without worrying about his food, who suffers from dyspepsia; but rather the man to whom the digestion of the lightest meal seems to be an overwhelming problem, and who hardly ever dares to run through a menu without denying himself this or that perfectly harmless course—"because it does not like him"...

In all thought preparatory to action, two distinct processes are observable: the first, involving a command that

certain work shall be done; the second, involving a command that only so much energy shall be liberated and delivered to a limb and organ for the performance of the work.

These two processes can be likened to the legislative and executive powers but need not necessarily be found in association. It is possible to set one process in motion and to liberate energy, release it, and distribute it to any limb or organ without reference to the other, that is without any instructions for the expenditure of that energy on any particular work.

Such liberation of energy and its distribution to organ or limb follows concentration on any part of the system without any thought of the particular part being called upon to perform any work, either subjective or objective...

When a little girl is told she is pretty, ugly, the best little girl in the class, an unconscionable little liar, she blushes.

The only common factor in these different thoughts is that the little girl is made to concentrate on her face by self-consciousness, and thereby to liberate energy and distribute it to her face without any direction for its expenditure on objective work; with the result that this energy is expended in increased circulation.

When the same little girl is told that she could not have washed her hands for several days, she may indulge in an incidental facial blush as she becomes face conscious; but being made to concentrate on her hands, she will liberate energy and distribute it to her hands without any direction for its expenditure by them, with the result that the sum total of this energy is expended in the hands, either in subjective work, increased warmth and circulation, or by the hands in movement, the aimlessness of the movements of a hand conscious child making clear the fact that the executive process has been set in motion without any reference to the legislative process.

#### A SELF-SATISFIED LITTLE IMP

Tell her she has beautiful ankles, she may once more indulge in an incidental facial blush, but being made to concentrate on her ankles, she distributes energy to them, without any direction for its expenditure by them if she is merely shy; but with the most definite directions for its expenditure by them in movements advantageous to their artistic display if she is a self-satisfied little imp. The result being that the sum total of this energy is expended either in increased circulation or in objective work by the legs and feet, this once more making it clear that the thought processes liberating energy, and those controlling its expenditure, are distinct and separate.

Concentration is to be recommended in connection with any part that happens to be weak, bloodless or injured, as it tends to promote metabolic activity, provided it is not titillated by a harmful negative thought which only results in expenditure of energy in nervous tension and muscular contraction.

#### THE PHENOMENON OF PAIN

It is in this process of concentration on different parts of the body that is to be found the meaning and purpose of the phenomenon of pain. Pain arises where disorder calls for the expenditure of energy on work of repair in excess of the amount normally spent on healthy tissues. Nature wisely provides that the requisite concentration of the mind on the ailing tissues shall be extracted from the subject by sending to the mind special calls for attention and help embodied in the sense of pain.

Where there is partial or complete loss of feeling repair processes are considerably retarded if not completely interrupted.

Except when pain is so intense that the bearing of it is more than should be asked of the subject, nothing could be more fatal to the ultimate removal of its cause than the premature elimination of the pain itself. It may be a perfectly simple matter to remove, say, an attack of spasmodic headache by the administration of drugs; but this removal of pain, far from contributing to the removal of its cause, tends to deprive the center responsible for distribution of the very information it depends on for the sound performance of its function as distributor. It merely relieves the subject of the unpleasant knowledge that work of repair is needed; and from the point of view of efficiency it is on par with the conception that out of good feeling for the fire brigade, the telephone operators ought to disconnect their apparatus whenever a fire is reported. Like that conception, it tends to the ultimate aggravation of the conflagration which is the fundamental cause of the call of "Fire" and of the message "Pain."

Needless to say, the remarks do not apply when the drug (or Homeopathic remedy) employed is intended to deal with the cause of the pain itself; but even in that case, the administration of drugs, and with it the use of any assistance extraneous to the subject, involves the performance on behalf of the subject of certain work that should be undertaken by the subject himself in response to the message of pain, and reduces the subject's capacity and inclination for that work, whenever nature again calls for it.

#### HOW TO COPE WITH THE FOURTH CATEGORY

Conclusions remain to be drawn as to the manner in which the laws can best be applied in order to eliminate from the system before sleep the effect of the fourth category of causes of contraction: unconscious mental causes.

Thought must be given to each part of the body in turn, so that each part shall receive the energy required during sleep. Since the energy so distributed must be expended exclusively on subjective work, only one of the two thought

processes preliminary to objective action must be brought into play, the process promoting liberation and distribution, that providing for objective expenditure being carefully avoided. Thought must be of a contemplative nature.

Concentration of the mind on different parts of the body should follow the course of the nervous system, and the mind should be allowed to rest on each part in succession, for a certain length of time.

The routine should take the following lines: after performing the stretching:

(5) distribute energy by thought, from the brain to all parts of the body in turn. Do so without any effort to make anything happen, without even forming the wish that anything should happen, merely observing the effects of thought. Give long enough time to each part to elicit some response, and adopt the following order:

- (a) Head: Think of the brain, the scalp and forehead, the eyes, the nose, the ears, cheeks and cheek-bones, the jaw muscles and jaw-bones, the lips and chin.
- (b) Spine: Think of the base of the brain, follow the spine down the neck, between the shoulders and ribs, through the waist and continue until you reach the last vertebrae.
- (c) Back: Think of the back muscles of the neck, shoulders and shoulder blades, ribs, waist and hips.
- (d) Front: Think of the side and front muscles of the chest, the side muscles of the waist, the muscles of the pit of the stomach, the muscles of the abdominal wall.
- (e) Functions: Think of the nose and breathing, the tongue from root to tip, the gums and teeth, the roof of the mouth, saliva and the mouth watering, the swallow, the inside of the neck, the lungs, loose and open to circulation, breathing freely, the inside pit of the stomach, the region of the solar plexus, the whole of the inside of the abdominal regions, loose and open to circulation, heaving freely.
- (f) Arms: Think of the shoulders and shoulder joints and muscles, the muscles between the shoulders and the elbows, the elbows, the fore-arm muscles, the wrists, the palms of the hands, the backs of the hands, the knuckles, the finger joints, the nails, the finger tips.
- (g) Legs: Think of the hip joints and hip muscles, the thigh muscles, front and back, the knee caps, the knee joints, the backs of the knees, the shins down to the ankles, the calves and tendons of Achilles down to the heels, the ankles, the heels, the insteps, the balls of the feet, the toes down to the nails, the soles of the feet.

This distributes through the whole system the energy needed for work during rest. It neutralizes Unconscious-Mental causes of contraction. Make sure as you think of each part that you are not unconsciously contracting it.

This mental exercise may seem tedious at first, in the early days it may take half an hour, but with practice a few minutes, and eventually a few seconds, will secure perceptively improved circulation over the whole system and a general sense of glow and well being.

At the beginning sleep may supervene before the exercise is completed but this is a passing phase which perseverance overcomes.

#### **MAKING CONSCIOUS THE SUB-CONSCIOUS**

The aim is the widening of the field of consciousness, the rendering conscious the sub-conscious.

From careful observation the subject will learn how every thought, however trifling, acts on the subjective self for weal or woe. He will learn how to adjust thought to his needs, how to control it for his advancement, how to master conscious evolution. As he gradually increases his consciousness of the being within himself, he will be blessed in time with the realization that the echo of Infinity of thought and energy and substance involved in him is daily gaining in power, in volume and in clearness.

# CO-OPERATIVE HEALING

and Reactions of the Human Body to the  
Frequencies of Drugs and Other Substances  
Placed in Series in the Relaxation Circuit

A Paper Read by L. E. Eeman  
before the British Society of Dowsers  
on Wednesday, the 13th October 1943

Mr. Chairman, Ladies and Gentleman,

It is one of our most hallowed conventions that anyone who calls himself a lecturer enjoys the privilege of speaking at length to numbers of learned people, whilst they struggle to keep their ears open and their mouths shut.

However, to turn the privilege of lecturing into a true pleasure, the lecturer must feel that his audience share with him at least a background of common interest, knowledge and belief. And here I am particularly fortunate, for you already hold wide open for me a number of doors, many of which would be barred and bolted in my face in circles where even dowsing itself is looked upon as superstitious.

You are familiar with the notion that each form of matter is capable of radiating its own specific or atomic frequency, whether it is in itself radio-active or only broadcasts its "signature tune" when it is suitably excited by external energies.

You know that drugs, although variously altered by the process of digestion, have a specific effect on the body; that although the bloodstream irrigates the whole of that body, drugs act only on specific parts of it, and act on these only in specific ways. You also know that although this specific action of drugs has been axiomatic for generations, it has never been satisfactorily explained.

When under medical treatment, you have demonstrated this specific action in your own bodies. In addition, as dowsers, you have also demonstrated that the neuro-muscular system reacts automatically and in a specific manner to the radiations of specific substances, and that it does so whether these substances are situated under or above ground and outside or inside of living bodies.

Using the electro-magnetic analogy, most of you accept the bi-polarity of the human body, vertical, lateral and dorsi-frontal, and some of you may remember a demonstration I gave in this room earlier in the War. In this, I showed experimentally that there is polar opposition between Head and base of the Spine, and between the Right hand and the Left; and that, if one adopts the convention that the head and right hand of right handers are positive to the base of their spine and left hand, the reverse is the case with left handers.

I also made it clear that when one links polar opposites by means of electric conductors, and thus establishes what I term the "relaxation circuit," one obtains progressive and automatic relaxation of the voluntary muscles of those in circuit, stimulation of their functions, and eventually sleep of high recuperative value, and that the reverse connections produce progressive tension of the voluntary muscles, inhibitions of function, and wakefulness.

I have here four of the deck chairs which I use for the treatment of one or more patients. At the back of each chair there are two mats of copper gauze linked by a copper wire, one mat for the head and one for the base of the spine. The head mat is connected by copper wire with the patient's left hand, and the spine mat with his right. When working with groups, all heads are linked together, and so are all spines, an arrangement that is similar to that of wireless valves in parallel.

When there are both right and left handers in a group, the right handers are placed at one end of the line and the left handers at the other, and the wires linking head and spine are crossed at the point of junction of the two groups, which preserves the correct linkage of polar opposites.

After I had placed myself in circuit almost daily for a number of years, either with one subject at a time or with groups of them, I observed the basic fact that polar opposites promotes automatic and progressive relaxation, and polar similars automatic and progressive tension, but also:

(A) that a subject in circuit can, by his own feeling of increased well being, detect the moment when any other person with him in the circuit falls asleep.

(B) that he can by his own feeling of increased well-being detect the moment when a woman in circuit with him who is going through the menopause enters one of her "flush" or "heat" periods, and by a feeling of chill in himself when the "flush" or "heat" ends.

(C) that he can by his own feeling of increased well being and warmth detect when the fever of a patient in circuit with him is high, and by his feeling of chill when it has fallen.

(D) that the linking of a healthy subject with a fever patient lowers the temperature of the fever patient, but only does so down to a given point, say from a "high" of 104° to a "low" of 101°, when a "no reaction" state is reached, just as though potential had disappeared.

(E) that when to this pair a third subject is added who is convalescing from the same fever as the patient's, and is therefore immunized against that fever, the patient's temperature falls below this previous "low."

(F) that a trained subject can, by his own peculiar and appropriate feelings, identify fairly accurately the condition of his fellows in circuit, striking examples being fevers, alcoholism or drug addiction.

(G) that the greater the number of subjects in circuit, the less is the disturbance caused to his fellows by one patient or addict, and the quicker the sharing of a burden produces relief and well being in all.

(H) that there are clear antagonisms between different morbid conditions or dispositions, such as, for instance, a rheumatic tendency and a susceptibility to certain infections, and that, therefore the sufferers from antagonistic affections act mutually as healing sera or vaccines, &c., and that it appears wasteful, if not actually harmful, to assemble in one circuit victims of any one type of complaint exclusively.

(I) that the echoing by one organism of the physical activities of another in circuit with it, and the more effective healing of a physical complaint by a group of subjects than by a single one, are both paralleled by a similar echoing and mutual healing of psychological conditions, although the mechanism employed, i.e. the relaxation circuit, appears to be purely physical.

(J) that remarkably clear results are obtained in the circuit in experimental telepathy, even with subjects entirely unversed in the subject, and this again, despite the fact that the relaxation circuit appears purely physical, though it clearly suggests the wireless aerials which are so helpful to the functioning of our radio sets.

I may mention here,

*First:* that in making all the experiments on which the above and many further observations are based, I invariably took all the classical precautions to ensure their scientific validity.

*Secondly:* that in particular, I always guarded myself and my subjects against suggestion, auto or hetero, direct or telepathic, and

*Thirdly:* that the majority of my experiments have either been repeated in the presence and with the participation of doctors of medicine, physicists, and other scientists, and that quite a few have been repeated independently by some of these gentlemen, with the usual precautions, with the help of varied measuring apparatus with positive results.

Nevertheless, all my efforts of the last 24 years to interest official medicine in my researches and to induce them to repeat be it only one of my experiments have either been ignored or dismissed without further investigation.

I will now give you three illustrations of the points I have so far enumerated, and I will take these from the MS of a book entitled: "Co-operative Healing," which I hope to publish soon after the War:

(1) I placed myself in the relaxation circuit on five consecutive days with a case of toxemia. The first circuit produced a marked improvement in the patient, the second gave less, the third less still, and the fourth and fifth produced nothing beyond a sense of relaxation and rest in either the patient or myself. Was the patient cured? NO. She had rapidly improved up to a point, but there she had stopped. At the end of the fifth day, and unknown to the patient, I got myself inoculated against her condition. I suffered mild discomfort and febrile disturbances for three days, and in the evening of the third I again placed myself in circuit with the patient. Well within the first minute she exclaimed with rather frightened astonishment: "What are you doing to me? You are burning me!" For over half a hour the patient remained very flushed and the "burning" feeling continued. Throughout I felt a rather pleasant glow similar to that I had experienced when in circuit with fever and menopause cases, and certainly suffered no harm. The patient reported a greater improvement than any she had experienced from any previous circuit! After a further three periods in the circuit nothing more was happening! Was the patient cured? NO, for her progressive arthritic condition of many years standing had caused mechanical damage that nothing could have offset; but YES, in the sense that from that day it remained static for a long period.

(2) After three successful circuits with an infectious fever case, the no reaction state is reached. Again, inoculation of the normal subject, brings back significant reactions, but within three circuits the no reaction state is reached once again. Was the patient cured? YES, for there was no return of fever. Was the cause removed, or had the patient been taught to produce suitable anti-vibrations or anti-bodies? I answer this double question with another: How is this double question answered when sera or vaccines administered in the ordinary manner, have not only defeated an infectious fever but immunized a patient?

(3) An ether addict, the first I had ever met, almost overwhelms me with the potency of her ethereal breath! I make

her lie down and she relaxes with the greatest ease, as might have been expected. With the idea of helping her, but very much in the dark as to what might happen, I placed myself in the relaxation circuit with her. Almost at once I begin to feel sick, weak and mentally disturbed but maintain the circuit out of sheer fascinated curiosity. The patient appears quite well, but her breathing is rather strong. Suddenly, she leaps off the couch, rushes to a deep armchair, collapses in it and for several minutes she takes enormous panting breaths which shake her whole trunk at the rate of 24 to the minute. Just before her leap I began to ask myself whether science demanded that I should die in order to make a drug addict breathe deeply, and when she broke the circuit though relieved, I remained quite limp for a few minutes. And there we were each aware of each others peculiar behavior, but much too preoccupied with his own salvation to care much about the other's purgatory. Before she left, the lady made her opinion of me as clear as an ether-fuddled brain could have done. her dulled eyes had vaguely seen copper wires and copper gauze mats, and the next post brought me a angry letter from her husband. Quite obviously, "it was criminal to pass powerful electric currents through the delicate nervous system of a sensitive and highly strung woman, and I was very fortunate not to find myself in court for manslaughter!" No apology was offered for passing ether frequencies through the nervous system of an unsuspecting investigator!

After this case, I treated drug addicts and alcoholics with great respect, and I broke the circuit for a while as soon as my own reactions became too strong. In time, I found that the more subjects I had together in the circuit the less I had to fear and guard against, both for the "abnormal factor" subject and for the others. What had meant shattering breath for one and collapse for the other, meant only mild narcosis for the many, followed by speedy return to normal and well being for all.

By the end of 1927, having repeatedly checked my facts with the greatest care, I was convinced that when an "abnormal physical factor" was present and active in one of a number of subjects in a relaxation circuit, the other subjects reacted in a manner similar to that in which they would have reacted had this factor been present and active within themselves. Every experiment I have made since then has reinforced that conviction.

The facts, if confirmed by hospital tests, might revolutionize medicine, and lead to a new conception of vital and morbid processes; but I realized that I had barely reached the edge of a vast jungle of facts and that it would be better to not attempt to penetrate this wilderness alone. However, I failed in all my efforts to induce either Doctors or Physicists to join me in my researches, and so, I explore unaided.

I knew that abnormal factors such as germs and diseases, drugs and alcohol, could be found in sealed tubes or bottles, in pathological laboratories, in pharmacies, or in public houses respectively: but I had yet to hear that pathologists reacted to the bugs in their test tubes, or that pharmacists cured their own headaches by sitting near their bottles, or that publicans were ever made "happy" by the mere proximity of their flagons of cheer! These abnormal physical factors in sealed containers were not spontaneously radio-active, although each did possess its own specific (or atomic) resonant frequency. Not being radio-active, they could not, unassisted, radiate their own frequencies, and it seemed unlikely that the copper wire I used in my circuits could by itself explain the fact that these frequencies were nevertheless propagated from the body of the subject in whom the abnormal factor was active to those of his companions in circuit. Nor could this copper wire account for the further fact that the reactions of the "companion bodies" were themselves specific.

I therefore formulated the working hypothesis that either the subject in whom the abnormal factor was active or those in circuit with him, or both, radiated the equivalent of a "carrier wave," and that this, whether it originated in these human bodies or outside of them, impinged on the abnormal factor, took on its specific frequency, and then propagated this frequency through the whole circuit. There, nerves, organs, muscles, germs or cells, &c., of similar frequency – and only these – would appropriately react to the abnormal factor. It seemed evident that if this working hypothesis, or one similar to it, were approximately correct, it would make no difference to my results whether the abnormal factor were located in any one of the bodies in circuit or were placed in series in any one of the lengths of copper wire which connected these bodies with each other.

Unfortunately, this hypothesis of a human carrier wave was so unorthodox that none of the medical men to whom I mentioned it would give it a moment's consideration. However, I was irresistibly compelled to follow it up and was encouraged to do so by the fact that it could be tested in a few minutes at the cost of about one penny. I borrowed two hairpins, put them in my pocket together with a five grains tablet of sodium salicylate and my lengths of copper wire, and called on a patient who was then running a high temperature. On arrival, I dissolved the tablet in a tumbler full of water and fitted my two hairpins on the rim of the tumbler.

After taking the patient's temperature, I connected my Left hand with her Head and my Right hand with her Spine and remained in circuit with her until a few minutes after we had reached the no-reaction state. Her temperature had fallen from 103.5° to 102°, and I knew from past experience that once the "no-reaction" state had been reached a further fall could only be obtained by the addition of either a new subject to the circuit or a new abnormal factor to one of the subjects already in circuit. I tried a third way: I cut my copper wire that linked my Left hand with my patients Head and fastened each one of the loose wire ends to one of my hairpins and thus completed the relaxation circuit in the solution of sodium salicylate.

Within a few seconds clear and specific reactions reappeared in both the patient and myself, and when we again reached the "no-reaction" state, her temperature was barely over 100°. Less than a hour had elapsed since I had first completed the relaxation circuit.

Although I had expected this very result, this one hour had comforted me a great deal, but I naturally wondered whether my observations had been sufficiently careful and accurate and whether phenomena had truly occurred as I believed they had. Further, if they had, was the conduction of specific frequencies their only possible explanation? Coincidence, suggestion, telepathy and even clairvoyance all had to be reckoned with. I will merely state here that before many months had elapsed I had made many and varied "contra" experiments, both with sick and normal subjects, with and without their knowledge, and with different drugs and other substances, and that these further tests had left no room for doubt. I do not here describe them, for I will relate in detail a series of simpler and, if possible, more conclusive experiments, which anyone interested in the problem may repeat, as often as he likes, with the certainty of obtaining significant results.

In May, 1936, Professor J.B. Rhine, of Duke University, U.S.A., the well known author of *EXTRA-SENSORY PERCEPTION* and other works, did me the estimable favor of introducing me to Mr. J. Cecil Maby, a psychologist and physicist, on whose knowledge and experimental skill I need not enlarge this company.

When Maby had called on me on the morning of the 27th May, 1936, he had promised that he would endeavor to give me instrumental demonstration and quantitative measurements of some of the facts I had put before him. He had also warned me that I might have to wait two or three years, or more, before his own program of research would allow him to investigate scientifically my hypothesis of the "abnormal physical factor in the relaxation circuit."

After Maby had left me that afternoon I could hardly get over my amazement at the fact that when I had outlined my hypothesis and described some of my experiments on which it rested he had not immediately pooh-poohed the whole thing. That was a distinctly novel experience, and I felt that it was worth waiting a long time to have my observations checked by one so open-minded. When, a few months later, he gave me the promised instrumental demonstrations and measurements, I reminded him of the "abnormal factor" hypothesis, but he told me that he still had so much important research to complete that he could not hope to tackle my problems for at least another two years. He made it easier for me to be patient by suggesting that when he would reach a certain stage in his investigations they would probably link up with my own. Then, the observation of similar or identical phenomena from two different points of view would give additional significance to our findings.

As time went on Maby and I occasionally stayed with each other for a few days, and we thus kept abreast of one another's progress. Towards the middle of 1939 he was getting near that stage of his work at which it would link up with mine, but the War intervened and gave him new and urgent duties, and thus it was that the first tests we had planned could not be made until I spent with him the week-end of April 26th to 28th, 1940. We had some difference of opinion concerning the first group of tests we should make in his laboratory. We agreed that he would put me "in series" with different drugs, all of which would be unknown to me, and that he would write down his observations on my visible reactions and my descriptions of my symptoms whilst in series with any drug, and that a later date he would reverse these respective positions. However, whilst I contended that the radiations emitted by my body would provide the "carrier wave" required to propagate the specific frequencies of the drugs in circuit with me, Maby argued that whether I was right or wrong, the introduction of artificial energy in to the circuit would tend to "boost up" my reactions, and that if these were not marked enough for registration with this additional energy they would not be so without it. Although it might have been argued that the reactions promoted by the artificial energy itself might be strong enough to mask those occasioned by the drugs, I agreed to do as he suggested, on the understanding that at a later date we should do tests with the human body itself as the only provider as the "carrier wave," the very conditions under which I had so far done all my experiments.

For a description of what resulted I can not do better than quote from a long letter which Maby wrote on the 4th May, 1940, to a physicist colleague, who had been associated with his researches for many years.

Biophysical Laboratory  
Bourton-on-the-Hill, Glos.

May 4th, 1940

Page 5.  
*Conduction of Specific effects through wires.*

I should like, later, when things are more certain, and some of these effects have been checked on other subjects, to write a paper with Eeman, stating the remarkable results of our experiments together last weekend, when he got every specimen virtually right in terms of its specific physiological effects. But to do so would be premature at present, in case—however improbable this may appear—he was acting *telepathically*, in part at least. He will be very cross with me for mentioning that possibility, but the fact remains that it must be guarded against as the first criticism of the psychical research folk. Nor will doctors swallow such strange results without a tough fight. So that we must

be absolutely certain before putting anything on public record..... On the other hand, telepathy is seldom so sure as this.

Well, what we did was to arrange an electric chair in which the patient sat on one (copper gauze) electrode, while the other was under a thin (partly conductive) pad behind his head. These were Positive to head and Negative to base of spine (or hands and feet as well) in the approved manner, and connected to the two H.T. secondaries of an induction coil at several thousand volts tension. The interposed resistances were, however, so high that only a 'very' mild sensation of radiation resulted—scarcely perceptible. The drug or other substance to be conveyed to the patient was then included in one output lead, in series, as an aqueous solution. Eeman was the "patient," and he had no means of knowing what I was administering to him electrically. (See qualifying remarks below)

In these circumstances he not only picked the positive to head arrangement as being most soothing and beneficial, but also remarkable detailed statements on his sensations and bodily reactions, including blood pressure and circulation, respiration, muscle tone, salivation, gastric and other gland action, neuritic pains, &c. And all these *in every instance* were suitable to the nature of the medicine—though the latter had only been administered in the form of electric oscillations and radiation. In some instances he even suggested the correct element or compound, such as "iodine" or "a narcotic" (actually these were chloroform and alcohol in the latter specimen used). But the trouble here is that, though the specimens smelt very little and were a long way off, it is conceivable that hypersensitivity was (even unconsciously) at work, guiding him. And speaking for myself and my wife, we do not yet manage the detailed sensations that he did, even when we know the answers! But as I get some specific distinctions along the same lines as Eeman when sufficiently receptive or in need of the tonic, and have one or two very marked (and *unexpected*) physiological reactions to longish doses of this sort, I shall give him the benefit of the doubt pending check experiments—especially as he is experienced at this sort of thing beyond most people, and perhaps, super-sensitive.

Still, I think it is essential to treat actual complaints of long standing by such methods, watching for real improvements before coming to any conclusions. Meanwhile, my own experiences, which I cannot list here, tend to confirm Eeman's. So I hope that all may turn out all right. One also has to remember that much of the "Electronist" or pathometric technique and the work of the short wave therapy people (in which you are now interested) is on similar lines. So that it all really stands or falls together. And we have a great opening if things go well.

P.S. — I have got the upstairs room all fixed up now as a special laboratory for this stuff, and have made further arrangements since Eeman was here, such a magnetic gadget to show the general phase of field at any time and a permanent arrangement for electric treatment in terms of these H.F. radiations.

I will make a few comments on this letter.

(1) I was not "cross" with Maby for mentioning telepathy as a possible explanation of the facts, for it was one of the factors one had to take into account at all times. As experiments suggest, one can never exclude telepathy, for it appears to be a continuous process between human minds, though one variable both in efficiency and degrees of consciousness. But that is not the governing agent in our tests is proved by one of the blind tests which I describe later on, and in which telepathy was proved inoperative when put in accidental conflict with the specific frequency of a particular drug. Before it can be given credit for the results described by Maby, it must be shown that the reaction produced is in all details that which the operator "thinks" the drug ought to produce, even when he is mistaken either as to the properties of the drug or as the actual drug in circuit. When this test is applied, telepathy is shown to play no part worth mentioning.

(2) I would underline Maby's remark "on the other hand telepathy is seldom so sure as this." It seems that telepathy and 'abnormal factor radiation' both interpretation for their elucidation, unlike 'clairvoyance' of an objective reality which only require "description." That my results were more "sure" than average telepathy, appears to me due to the fact that a complex mental image may involve several nerve centers, organs and muscle groups of different frequencies whose radiations must be integrated and interrupted by the percipient, whereas the specific frequency of a single drug may only cause a single nerve center of the same specific frequency to react. After this only, can the general physiological effects of that single reaction develop progressively in the subject in the circuit, and be observed and "interpreted" by him.

(3) I emphasize Maby's "*in every instance*." The tests made exceeded a dozen, and I must leave it to a senior wrangler to work out the odds against such 100% results being obtained by "chance" and in such circumstances.

(4) The possibility that hyperacuity of my sense of smell may have enabled me even unconsciously to "guess" at a drug in my vicinity cannot be excluded, but I must point out that the drug actually in circuit with me was near the induction coil, several feet away from me, whereas there were many other test tubes on a shelf just behind me, most imperfectly sealed. At least some of these must have smelt and bombarded my hyperacute proboscis with "contra" suggestions.

(5) In Maby's P.S. I note "electric treatment" as evidence on our difference of opinion concerning the necessity of providing artificial energy, and I reassert my belief that no such energy is required. My conviction on the point rested on hundreds of successful experiments, not one of which had involved artificial energy, but it was natural for Maby, who

had worked for many years with electrical apparatus of many kinds, should have preferred to test my theories on his customary lines.

(6) I thank Maby for his strict scientific care in the gathering of facts. This severe habit from which I have hardly ever known him to depart, was to me a guarantee that he had been scientifically convinced by our experiments, or he would hardly have "got the upstairs room all fixed up as a laboratory for this stuff." Here at least was a scientist, and experimental physiologist and physicist, who had not only been willing to test my "abnormal factor" hypothesis but who had found my facts solid and significant, who would repeat my tests with other subjects and devise 'contra' experiments on any objection that might be raised; and who in all his work would be actuated by one motive only: the love of truth. With his support, I could resume my attempts to interest Doctors in my experiments, and I invited a number of them to attended a demonstration which I had planned for the afternoon of 10th July, 1940. Few could accept a war-time invitation, but the few who did come were genuinely interested and open-minded. They were: Doctors G. Calver, G. Kelham, H. Munroe, H. Parsons, A.R. Redfern, T.S. Rippon, E.A. Wharton and H. Wright. This demonstration was also witnessed by a few distinguished non-medical men, amongst whom were L.A.G. Strong, the author and critic; P. Metman a distinguished psychologist; and R. Miller a lecturer on dietetics.

A second demonstration given on 24th July, 1940, was again attended by Doctors G. Calver, G. Kelham, H. Munroe, T.S. Rippon and H. Wright, and they were joined by Dr. and Mrs. L.J. Bendit, Mr. and Mrs. Metman, and Miss Joan Fry amongst others. I had planned further demonstrations for the autumn and winter evenings of 1940, but unfortunately German Air Raids made such meetings "difficult!"

For each of these two demonstrations I had four subjects in the "relaxation circuit in parallel," and drugs were placed "in series" in the lead which connected all left hands with all heads. None of the subjects could have had any normally acquired knowledge either of the nature of the drugs being tested or of the dosages involved. Subjects were changed about, some of the Doctors acting alternately as subjects and observers; the drugs or substances tested were each kept in circuit for two minutes, during which the onlookers observed the breath, circulation and other reactions of the four subjects, and only after the latter had described their own symptoms did I disclose the name of the drug tested. The reactions observed were so similar to those which would have obtained had the drug been administered internally that some of the Doctors, who were not prepared at first to accept my hypothesis of the conduction of high frequency radiations by wires, urged that I must have been suggesting the correct reactions to the four subjects by telepathy. I then asked one of the Doctors present to place in the circuit drugs chosen by himself, unknown to me, and with myself as one of the subjects. When he did so, results as appropriate as the previous ones were obtained. It was then objected that Dr. G. Kelham, who was placing the drugs in the circuit, knew what those were, and might himself, unintentionally, promote the appropriate reactions telepathically. Dr. Kelham then took up samples at random, and "blind": the onlookers and the subjects observed the reactions these produced and then only did Dr. Kelham ascertain which drug he had placed in the circuit. All the reactions observed in circumstances which excluded both telepathy and suggestion were again similar to those occasioned by internal medication. This left "wire conduction of H.F. radiations" as the only reasonable explanation of the facts.

Five points should be noted:

(1) None of the subjects had ever before either taken part or witnessed my tests.

(2) No artificial energy was used.

(3) The reactions were all obtained within TWO minutes, that is, much more rapidly than internal medication could have produced most of them.

(4) They were as marked as those which would have been caused by the internal administration to one patient one adult dose of the drug as defined by British Pharmacopoeia, yet my doses were all less than one tenth of one adult dose, they were administered by conduction, and for TWO minutes only, and they were shared by FOUR subjects.

(5) Had these drugs been administered for curative and not experimental purposes, the circuit would have been broken and the treatment interrupted as soon as the physician had satisfied himself that he had obtained the desired result. Doses would have been measured in time and not of weight; they would have been guarded and spaced according to ascertained results; overdoses would have been unlikely and the patient's system would not have been called upon to eliminate insoluble, unmeasurable and harmful residues.

The relaxation circuit in parallel was an admirable means for the demonstration both of the conduction of H.F. radiations and the efficacy of the specific atomic frequency of one substance radiated to many subjects in one circuit; but it was needlessly complicated when only the demonstration of conduction itself was aimed at. For that purpose, only one subject by himself in the relaxation circuit was required, with the drug to be tested placed in series between any one of his polar opposites, such as his H and S, his H and S, his L and H, or his L and R. The latter was the circuit I had already used to my satisfaction in hundreds of experiments, and which I had wanted Maby to test when I had stayed with him, and when he had, in fact, used the H and S circuit, and added to it the artificial energy which I had thought superfluous.

Reduced to its simplest form, this circuit only requires: one subject, two copper handles, two six-foot lengths of copper wire, a dozen test tubes, or small glasses or bottles, each fitted with two electrodes (hair-pins will do), twelve different drugs each held in one of the twelve test tubes, and, of course, a little patience and interest. The subject relaxes on the back, holding one of the handles in each hand. A friend, who is to act as observer and note keeper, places the twelve test tubes on a table a few feet behind the subjects head and out of his sight. He also connects the two loose ends of the copper wires, thus completing the relaxation circuit for the subject, who, after a few minutes, feels relaxed, warm and comfortable, and breathes regularly and slowly. When the subjects behavior has been stable for a while and has thus provided a "control," the observing friend takes one of the test tubes at random and blind and, without disclosing its contents to the subject, he places it "in series" between the two copper wires, thereby closing again the relaxation circuit through the drug to be tested. The drug remains in series for not less than two minutes, during which the subject describes his symptoms, and these are noted by the observer together with any reactions he may have detected.

In August 1941, a young chemist consulted me. During our first two meetings, we covered a good deal of ground experimentally, and the third time he came, I placed him in circuit with ten different drugs in succession without giving him any hint of what they were. Two minutes per drug, two copper handles, one in each hand, two bits of copper wire, two electrodes in each test tube! During the first two minutes, frankly puzzled he observed and described many new and unexpected sensations. When time was up I asked him: "Was that what you would have expected from this?" and should him the label on my test tube. He replied "Exactly." Nine times I asked him that question and nine times he expressed his progressive amazement. I was more thrilled than I could describe. At his first attempt, 90% success! Would I get a hundred? No. I didn't. For the last drug he was dead wrong in everything; his words, his quiet expression, his restful almost sleepy eyes, his peaceful breath, everything! I was very disappointed and asked him if he was quite certain that he had felt all that he had described, and he assured me that he was. Resigned to that 90% when the 100 had seemed so near, I said "Well, anyhow that was not what you would have expected from this?" and he replied: "It was exactly! But you see, I am one of those people who have what is known as caffeine tolerance." He then told me that "the caffeine test had been more convincing and enlightening to him than the other nine put together, that before it, he had been inclined to credit me with abnormal powers of telepathic suggestion, but that when his reactions had proved diametrically opposed to my expectations, he had realized instantly that H.F. radiations and not telepathic suggestion offered the only reasonable explanation of the facts. And this, in the absence of all artificial energy! That meant that he would have to think anew all he had ever thought in relation to drugs and their actions! Would I mind if he took some time digesting these remarkable new FACTS?"

Before my patient left me on 23rd August, I asked him if he would do me the favour of sending me, say, half-a-dozen different drugs labelled A B C, and so on, so that I could have no idea of their nature. He kindly promised to do so. A few days later, there arrived a large parcel containing twenty-eight different bottles.

The 28 bottles were labelled "A" to "Z" and "Alpha" and "Beta," a code of which our chemist shared the key only with a friend of his. Illustrating his keen experimental sense, he had included amongst them some drugs of which he himself did not know the effects. He had done so without telling me which were which, and had decided that he would only look up these drugs in his reference books AFTER I had sent him my reports on them. He had thus answered in advance the objection of telepathy.

This was indeed collaboration such as only Dr. Helen Wright, J.C. Maby, and my assistant, Miss Cameron, had given so far.

In his letter, he expressed the wish that Miss Cameron and I, who were going to test the drugs, might extend our periods with the samples, beyond the customary two minutes which I had so far generally found sufficient to get appropriate and specific reactions. His reason was that he had sent me some drugs which should produce primary but might also produce secondary effects, and he wanted to give the latter time to appear. He also requested that we should not delay the tests, as he was not certain of the stability of some of his samples in aqueous solution. Whilst I was anxious to meet his requirements, I did not fully comply with these two suggestions, firstly, because I had found that with some drugs, even two minutes in circuit was more than a subject could bear, and secondly, because some of my own samples in aqueous solution which I had deliberately left exposed to the air for two years and more were still producing reactions apparently as significant and appropriate as when I had first uncorked them; a point to which I shall have occasion to return. We therefore planned to take five minutes as our standard period, on the understanding that the circuit would be broken as soon as the subject found his reactions unbearable; that the observer would call "time" when the five minutes had elapsed, and that the subject would then decide whether he wished to extend that particular test, either because he found it interesting, pleasurable, or beneficial, or because it appeared insufficiently developed.

There was no need for me to point out to Miss Cameron the risks she was running by "taking" twenty-eight different drugs "blind" and in unknown doses, since more than one of our earlier experiments had "upset" her for days. It was not the meagre reward she was receiving which inspired her, but she "would not miss the thrill of these tests for anything in the world, whatever the risks," and I wish here to pay tribute to her courage and devotion.

Miss Cameron, Maby, and I, between us, did 71 different blind tests with our chemist's drugs. To these drugs he added four test tubes about which he would only tell us that they contained "bugs." We divided the 32 test tubes into four groups, and each subject tested a whole group at one sitting. It was arranged that the subject should first rest in circuit without test tubes, and that as soon as he was stabilized, which might take from ten to thirty minutes, the first drug would be introduced at random. This drug would remain in circuit for five minutes only, after which the next drug would be placed in circuit as soon as the subject declared himself ready for it, and so on through each group of drugs. The subject would describe his symptoms, which the observer would write down, together with his own unspoken observations. There would never be more than a few minutes between the test of one drug and that of the next, and different subjects would experience different "hang-over" effects as they passed from one unknown to another in different and fortuitous successions of drugs.

I will read the records of six of these 71 blind tests, trusting that they may enable you to accept my assurance that at least 80% of our tests showed significant and appropriate results:-

*Blind Tests.*

*Test No. 1. Key Letter "G."*

*Subject -- M. Cameron*

*Time in Minutes:*

1:30

2:30 I think stimulating low abdominal breathing. Arm muscles tensing up as if for effort.

3:00 Beginning in legs.

3:30 Life in toes. Rather light feeling.

4:00 Light feeling might be able to fly. My body and nothing inside it. Arms and legs hollow.  
Exhilarating.

4:30 Something to do with laughing gas. Glass legs in shop window with light in them. That is how my legs feel.

5:00 *Break Circuit.*

5:30 After having my inside taken out of me I feel cold.

*September 9th, 1941.*

*Compare with Test No. 13.*

*Observer -- L.E. Eeman*

Rising breath, progressively larger and fuller expansions.

Frowning.

Big sighs.

Many big sighs.

Laughs.

Laughs profusely and stretches.

*Blind Tests.*

*Test No. 2. Key Letter "C."*

*Subject -- M. Cameron*

*Time in Minutes:*

0:30

3:00

4:30

5:00 *Break circuit.*

*After* Breathing mostly from solar plexus. At first I had feeling of being made smaller.

*Shrinking* but not withering me. I seemed to have dense white vapor around me and it was this enveloping vapor which made me feel smaller. Not disturbing. *I was quite detached throughout.*

*September 9th, 1941*

*Compare with Test No. 11.*

*Observer -- L.E. Eeman*

Two small rapid intakes of saliva.

Salivation steady so far; but for remark above. Not one big expansion so far.

Stretches a few times.

"C" is: 1 Fluid ounce distilled Water.

On this our chemist wrote: "Very good indeed." I may point out that whereas Miss Cameron had made many apt comments whilst thyroid was being administered to her, she did not speak one word "during" Distilled Water. Her comments "after" distilled water are consistent with return to normal after thyroid, and they end "I was quite detached throughout." Is it not a significant coincidence that any expression like this last should occur only once in a series of 71 tests, and that after the administration of Distilled Water? The odds against are heavy.

*Blind Tests.*

*Test No. 32. Key Letter "R"*

*Subject -- J.C. Maby*

*Time in minutes:*

0.30 May be coincidence, slight flatulence.  
1.30 Gradually increasing gastric discomfort. Have to swallow. Heartburn. Indigestion coming on.  
2.30 Brow contracting, tension in cervical vertebrae. Neck drawn back, pillow in way.  
3.00 Face, head and neck all feel set in Plaster of Paris. Feel I must not move or will crack.  
4.00 Feel ought to turn head to right or left.  
4.30 Slight right ear ache. Little tingling in skin of upper face. All drawn up and tense. Head drawn back; stiff neck.  
5.00 *Break circuit--Immediately fall at once as if you had taken off straight jacket. I am free again.*  
6.00 My head has flopped to one side.  
7.00 Everything was gummed up. Could have broken by will. If I had been asleep it could have produced a horrible nightmare.  
8.00 Normal almost immediate

*September 28th, 1941*

*Compare with tests Nos. 39,48.*

*Observer -- L.E. Eeman*

Breathing steady. Calm expression.

Looks tense and worried.

Instantaneous sigh of relief.

Clears throat.

*Blind Tests.*

*Test No. 48. Key Letter "R"*

*Subject--L.E.Eeman*

*Time in minutes:*

1.00  
1.30 Circulation quite strong whole time.  
2.00 Jaw muscles and other muscles rather tighter.  
2.30 Jaw, arms, hands, shoulders, chest muscles, trunk muscles tighter.  
2.45 Legs too.  
3.05 Physical feeling of determination and purpose and decision.  
3.30 Ruthlessness. Would break through if had to fight.  
4.15 Sense of pulsation in head. Strong, clear, definite, everything feels clear cut.  
4.30 Decisive. Sharp, self contained. Muscle tone much higher generally. Physical efficiency.  
5.00 Motor nerves obviously active.  
5.15 *Break circuit.*

*October 2nd, 1941*

*Compare with Tests Nos. 32,39.*

*Observer -- M. Cameron*

Eyes open.

Color normal.

Mouth tensed. Eyes open.

Voice determined and hard.

Large breath.

Muscular relaxation almost immediate after break.

"R" is: 1 Fluid ounce of solution containing 1% ADRENALIN CHLORIDE.

On this the chemist wrote: "This again with 32 is very good indeed."

*Blind Tests.*  
Test No. 50. Key Letter "X."  
Subject - L.E. Eeman

*Time in minutes:*

0.30 Slight increase of warmth.  
1.00 Surface warmth increase continues.  
1.15 Warm in head.  
1.30 Warmth more general.  
2.00 Pulsations more thumping.  
3.00 Warmth continues.  
3.15 Least marked in feet.  
3.30 Breathing abdominal.  
3.45 Warmth continues.  
4.00 Pulsations throbbing, most marked in head.  
4.15 Throat has been clearing for quite a while.  
5.00 Continue--In spite of pressure in head I rather enjoy strong sense of internal warmth. Hands now tingling violently, round electrodes itching.  
6.00 This feeling now spreads up arms.  
6.30 Still enjoying despite pressure.  
7.00 Skin itches in odd places.  
7.30 *If time did not press would go on much longer.*  
Warmth and fullness very general.  
8.00 Have felt quite peaceful throughout. No thoracic breathing. Warmth and fullness continue.  
9.00 *Break circuit. I must looked flushed. On breaking I feel as though waking up, although I had not realised I had been getting sleepy.* Even after break warmth and tingling continue.

October 16th, 1941.  
Compare with No. 64.  
Observer - M. Cameron

Color rising.

Voice normal.

Very calm.

Eyes closed all time.

Color very high.

Eyes open.

*Four hours later - Same test.*

0.15 Immediate speed up of pulsations very marked  
1.00 Sense of pulsation spreads to surface  
1.30 Surface getting warmer  
2.00 Throat clearing  
2.30 I rather like this—as before  
3.00 Pressure in head still strong, specially upper jaw  
3.45 Tingling in hands and slight itching; itching in face and anus, superficial sense of skin circulation very strong, tingling, odd itches.  
4.15 Strong pulsations in lips  
5.00 I feel I could stand quite a lot of this—suits me. BREAK

"X" is: 1 fluid ounce containing 10 drops Tr. CANNABIS INDICA. MARIJUANA (Indian Hemp.)

On this the chemist wrote: "Good. Notice hypnotic effect."

I have printed report No. 50 because it was the only one of the Blind Tests which I found pleasurable enough to wish to repeat it. The fact that I found it just as agreeable at my second "blind" trial as I had done at my first explained to me why addicts like to take Cannabis. I have underline my remark that on breaking the circuit I felt as though waking up, although I had not realized that I had been getting sleepy, for this describes very aptly the combination of mental alertness with bodily drowsiness which is a typical effect of the drug.

*Blind Tests.*  
Test No. 64. Key Letter "X"  
Subject - M. Cameron

October 17th, 1941  
Compare with No. 50.  
Observer - L.E. Eeman

*Time in minutes:*

1.00 I am going into a whirl; I am falling.  
1.45  
2.30  
3.15  
4.00 Awful effort to speak; first feeling after couple of cocktails! Pleasant without unpleasant part of being sick.  
5.00 It is funny. I got a bit of a hangover!  
6.00 *Break circuit*  
6.30 I have a bit of a headache. It was funny. I wanted to speak but couldn't. It swept over me within a very little time. I was sinking at once. Headache now.  
8.30 I must stretch. It will be good to.

Breathing fairly full; not tense.  
Smiling, peaceful, a little amused.  
Internal joke, getting funnier.  
Might laugh any minute; very peaceful.  
Speech very thick.  
Laughs and gabbles. Giggles.

"X" is: 1 Fluid ounce containing 10 drops  
Tr. CANNABIS INDICA MARIJUANA (Indian Hemp.)

Our chemist wrote:

"Good. Notice the peculiar sensations for which addicts take Cannabis, also unpleasant after effects."

Concerning the test tubes which contained "bugs," Miss Cameron and I had expected that we should show febrile reactions to them. We were very much surprised when, on receiving our chemist's key to his series of numbered test tubes, we found that the so called "bug" we had, instead of fever, felt chill and shiver reactions. The explanation was that these tubes really contained anti-febrile vaccines!

After hundreds of blind tests of drugs, vaccines, &c, in series in relaxation circuit, I have no hesitation in asserting:  
(A) that the propagation of specific frequencies of drugs, vaccines, sera, &c., by human carrier radiations is a scientific fact.

(B) that they are conducted by electrical conductors in the relaxation circuit.

(C) that when so propagated this specific frequencies cause specific reactions in the human bodies in circuit.

(D) that they do so without the help of artificial energy, and independently of, and even against suggestion.

(E) that when so propagated, even in minute doses, their therapeutic and also their toxic and overdose effects generally appear in a few minutes, and even a few seconds, that is, more rapidly than when ingested. Clearly, dosage should be based on time and not on quantity.

(F) that minute doses, kept in imperfectly sealed test tubes, continue to produce the same type of reactions, month after month, without any appreciable loss of power, qualitative or quantitative. This suggests that the inclusion of non radioactive substances in a human relaxation circuit, endows at least some of them, at least temporarily, with some of the properties of the catalysts.

(G) that substances which heal when injected or ingested, also heal when only their specific frequencies are propagated in the relaxation circuit.

(H) that immunity or resistance to disease in one body in circuit also heal other bodies in that circuit.

(I) that, independently of any specific modulation imposed on it by drugs, vaccines, sera, immunity or resistance to disease, &c., the human carrier wave does, unaided, propagate positive health, or vitality, and that it does this without any apparent loss to any of the subjects in the circuit.

(J) that, as with many other therapies, the propagation of the "human carrier wave," whether by itself or with superimposed modulations, in the "relaxation circuit," is frequently accompanied and/or followed by more or less violent disturbances, which are evidence of its healing efficacy.

(K) that the propagation of specific frequencies in the relaxation circuit provides us at last with a possible explanation of the specific action of drugs which may account for all the known facts.

(L) that group relaxation therapy is, in fact, true co-operative healing in true human brotherhood.

I will end with a quotation taken from *The Basis of Vital Activity*, the last book written by Sir James Mackenzie, the great heart specialist: -

"That there is an agent, usually called a 'stimulus' or an 'impulse,' which exerts an important influence on all forms of vital activity, has been recognized for centuries. Much speculation has been devoted to the consideration of its nature,

with what success can be inferred from the great variety of names now applied to it. Thus it is spoken of as a 'nerve force,' a 'propagated disturbance,' a 'flow of neural energy,' a 'sensory impulse,' a 'motor impulse,' and so forth. The agent itself, in spite of all this babel of nomenclature, would seem to be one invariable phenomenon. It is this last probability which deserves emphasis just now because, during the past years, experimenters have been substituting for this natural agent electric currents and other artificial means of stimulation. The reactions obtained by these artificial means have frequently been accepted as equivalent to reactions occurring in the normal healthy body and described as 'physiological.' It has not been recognized that the employment of a form of stimulus which Nature herself does not make use of is bound to give reactions which Nature herself does not show. Thus, while, no doubt, information of value has been obtained by the use of electricity, this use has also led to error and confusion. Failure to recognize that a difference exists between this form of stimulation and the natural form has indeed to a great extent prevented understanding of the manner in which organs function.

"What, then, is the natural impulse, the cell impulse, which Nature employs to stimulate or retard the activities of organs? We cannot answer directly, but we assuredly can say that it is one of those forces in Nature which are not themselves susceptible to analysis. Nobody today, expects to make much progress in knowledge of the force of gravitation by trying to find out its essential constitution; the immense additions to knowledge which have flowed from the study of gravitation have been obtained not by direct examination of the force itself but by observation 'of the effects which the force produces.' And the same is true of the study of all natural forces. The effects which the cell impulse produces are vital activities. Hence by the study of vital activities we may reasonably hope to arrive at a sound knowledge of their cause.

"In order to accomplish such a research, however, the investigator must start with certain fundamental principles or axiomatic truths in his mind. The principles which we adopted are set out in the following propositions:

"All vital activities are the outcome of the functioning living cells.

"A living cell is never at rest, being engaged in either discharging its energy or renewing it.

"The time occupied by the discharge of energy is constant and probably momentary; the time occupied in the renewal of energy is variable.

"Increased activity of a cell is due to a diminution of the period of renewal, and, conversely, decreased activity is due to a lengthening of the period of renewal.

"Agents that affect the activity of the cell act either by shortening or lengthening the period of renewal."

Ladies and Gentlemen, I believe that the phenomenon which I have considered today almost exclusively from the "human carrier wave" aspect is the agent referred to by Sir James Mackenzie, and that in the relaxation circuit it does, among other things, shorten the period of renewal of cell energy.

# CO-OPERATIVE HEALING

## RETROSPECT AND FORECAST

*A Paper read to the British Society of Dowsers on June 11th, 1947*

BY L. E. EEMAN

May I first thank our Chairman, not only for the honour of addressing the B.S.D. once again, but more still for his thoughtfulness in timing my lecture so that it should coincide with the appearance of my new book\* and so "help to give it a blessing," as he so kindly put it.

May I, then, thank Mr. J. C. Maby for repeating many of my experiments and for recording in his introduction and appendix to my volume that tests which he had made with measuring instruments had confirmed my findings.

Colonel Bell has suggested that I should "give you an account of the main features of my book, emphasizing those points which would particularly interest dowsers." I will attempt to do so by answering questions which, though for the most part unspoken, are active in your minds.

I underline this unspoken questioning, for it is only when many seek within for the answers to related questions that we can collectively climb the spiral of understanding.

And I underline "spiral," for the experimental method is in fact a spiral, each coil of which inevitably repeats every member of the series: "Observation of facts, speculative questioning, working hypothesis and experimental theory?"

Early in 1919, after I had been in military hospitals for over a year without having experienced any improvement, a New Testament text crossed my mind: "Heal the sick by the laying on of hands," with particular emphasis on "hands," and I asked myself the question "Why 'hands' and not hand?"

And, as I wondered, this further question arose: "Why do tired, sick and old people rest with their hands clasped and their feet crossed, whereas any little boy who did so would strike us as 'a little old man'?"

The answer, "Coincidence," did not satisfy me, for when a coincidence is all but universal, it must be the expression of a law.

And the answer, "Comfort," only made me ask the further question: "Why do I, a very sick man, derive comfort from the linking of my hands and feet?" And here I must mention that after months of almost complete insensitiveness my hands

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\* *Co-operative Healing*, by L. E. EEMAN, F. Muller, 15/-.

and feet had in a few days recovered feeling and warmth by this simple expedient, or so I believed.

When a physicist argued that by linking my hands and feet "I had reduced my cooling surface and thus kept warmer," this struck me as true, but *not* the whole truth, and I decided to seek experimental answers to two questions :

- (a) Do hands radiate ? and
- (b) Do we react to the radiations of either our own or other people's hands, independently of suggestion ?

Meanwhile, the antithesis "Hand *v.* Hands" still pursued me. Was man uni- or bi-polar ? If he was bi-polar, could he, as a healer, nevertheless function as a uni-polar organism ? Was a healer one who held an abnormal quantity of a healing force of high quality ? Could he, therefore, use his hands to conduct either a quantity of this force or its quality, or both, to any receptive subject who lacked either or both ? In other words, in healing by the laying on of hands did a force flow from healer to patient as water down a river or traffic in a one-way street ?

Or, did "hands," in the plural, imply bi-polarity, and did contact between the healer's hands and the patient complete a circuit which was reminiscent not of a river as much as of a whirlpool, not of one-way, but of two-way, traffic, not of a street as much as of a roundabout ?

It appeared to me, then, that in the first hypothesis *unconditioned* or *undifferentiated* energy would flow automatically out of a passive healer into a receptive patient. This patient would himself, and more or less consciously, control the use of this energy in his body, and he would thus himself work his own healing, albeit with the energy of another, his healer.

In the second hypothesis *conditioned* or *differentiated* energy would circulate within the couple, patient-healer. It would flow from patient to healer with the specific modulations given to it by the patient's particular disease. It would then flow from healer to patient with the therapeutic character given to it by the healer's reaction to the patient's specific disease vibrations. Thus, in healing by the laying on of "hands," in the plural, the actual overcoming of disease would be done more within the healer than within the patient, much as in serum therapy it is done more within the horse than within the many human parasites who subsequently flourish on the horse's capitalised labour.

I adopted the second working hypothesis, and with it the convention that in human bi-polarity the Head and Right-hand are positive, and the Sacrum and the Left-hand negative. And here may I mention that the reversal of this convention does not affect my argument.

To test this hypothesis we need experiments in which we can

- (a) without artificial energy,
- (b) make, break or reverse contact or conduction or proximity between the suggested human poles,
- (c) unknown to the subjects, and
- (d) note and, where possible, measure and record the reactions, symptoms and signs of subjects.

For apparatus we require

- (a) Copper handles ;
- (b) Copper wires of different lengths ;
- (c) Copper gauze mats for heads and sacra ;
- (d) Devices for making, breaking, or reversing circuits unknown to the subjects ; and
- (e) For measurement, breath, pulse, blood pressure and other meters, and devices of many kinds such as were used by Maby when he repeated my tests.

I will now describe what happens when, unknown to the subjects, certain circuits are made, broken or reversed.

Unless otherwise indicated, in all circuits subjects rest on two copper gauze mats, one under the head and the other under the sacrum. The mats are linked, and each is connected with one or the other of the subject's hands by means of copper wire.

## EXPERIMENTS WITH ONE SUBJECT

### *First Experiment.*

*L.* negative to *H.* positive, and *R.* positive to *S.* negative.

This circuit almost invariably produces a progressive sense of muscular relaxation, warmth, well-being and drowsiness, often culminating in sleep ; slower and stronger pulse, slower and fuller respiration, with more complete deflation ; progressively long pauses between deflations and inflations, and with cyclic maximum inflations involving the whole trunk ; lower blood pressure if this is high, and higher if it is low ; increased salivation and swallowing, and a lowering of the pitch of the voice.

It should be noted that this circuit connects negative poles with positive, and that since such an arrangement promotes relaxation, all circuits which connect opposite poles are termed "Relaxation circuits."

### *Second Experiment.*

*L.* negative to *S.* negative, and *R.* positive to *H.* positive.

All circuits which connect similar poles, as this one does, almost invariably reverse the effects produced by relaxation circuits, and they are termed "Tension circuits."

I will now underline a few of the many facts which experiments have demonstrated. All those I have chosen rest on the basic

fact that the human organism reacts to many radiations besides those it receives by its normal senses. These facts are, therefore, of interest to both dowsers and radiesthetists.

Facts demonstrated with one subject :

*First Observation.*—When the wires and mats rest away from the subject instead of *under* him, it makes *no* difference to his signs and symptoms in which hand he holds which handle.

But when the wire and mats rest under his head, spine and sacrum, the contrast between relaxation and tension effects is observed whenever he changes the handles from hand to hand, even when non-conductors are interposed between his head and sacrum and the mats.

This suggests that one field of energy moves along the subject's spine and another along the wire which connects his hands with each other, and that these two fields move, either together or against each other; together in the relaxation circuit, and against each other in the tension circuit.

*Second Observation.*—When a subject first picks up the handles they feel cold to him. When, after a few minutes, he changes them from hand to hand, he is surprised to find that one handle feels cold and the other hot.

This phenomenon parallels the observations made in the dark and under trance conditions by Reichenbach's sensitives, who reported cold-blue and hot-red radiations from opposite hands.

*Third Observation.*—When the subject passes from a "tension" to a "relaxation" circuit, relief from tension is almost immediate, whereas when he passes from a "relaxation" to a "tension" circuit, there is a lag before tension appears, and this lag is proportional to the time he has spent in the relaxation circuit. Clearly, the effect of the relaxation circuit is both rapid and cumulative.

The facts observed in the experiments with one subject which I have described lead to the following conclusions :

- (a) Our hands radiate X ;
- (b) We detect the radiations of our own hands ;
- (c) We react to them ; and
- (d) We are bi-polar on at least two planes.

#### CIRCUITS WITH TWO OR MORE SUBJECTS

Group experiments duplicate all the relaxation and tension effects obtained with one subject.

For groups, mats are wired either in series or in parallel, but parallelism is technically superior to serialism. For instance, whereas all members of a large parallel group could leave the circuit in turn without breaking conduction, the departure of one single member might break a serial circuit.

I will now underline a few more facts, but would first remind you that if facts are born out of experiments, experiments themselves are born out of speculative questioning.

*Fourth Observation.*—A subject who sits alone reacts more quickly and strongly in a circuit wired for twenty people than in one wired for one person only.

Since the only difference between the two circuits is that the wires and mats of the one are twenty times larger than those of the other, any difference in results must be a wireless-aerial effect.

This conclusion raises new speculative questions, such as :

- (1) Does the single subject with a large aerial "pick up" the radiations of other men and/or animals in addition to his own ?
- (2) Does he detect physical, chemical, electronic, etheric, mental and/or spiritual radiations, or their equivalent ?
- (3) Are man's radiations vital, and in that sense—unique, or are they mere secondaries of cosmic or other rays, &c., &c. ?

*Fifth Observation.*—The polarities of Right-handers are reversed in Left-handers. Hence, when R- and L-handers are joined in circuit, the connections between them must be crossed.

When, in 1919, experiments had proved that we were bi-polar, I was convinced that there must be electro-magnetic opposition between the sexes. However, in September, 1927, I realised that for eight solid years this preconception had blinded me to incontrovertible evidence that reversal of poles existed *only* between R- and L-handers of either sex.

*Sixth Observation.*—The psychological behaviour of one subject influences the physiological behaviour of his fellows in circuit.

Two examples will illustrate this point :

(1) When subject "A" imagines that he is running, subject "B" notices that his own pulse and breath accelerate. But, because he is a keen cyclist, "B" explains his physiological changes by assuming that "A" must have thought of "cycling." In this case, only the physiological activities caused in "A's" body by his thought of "running" appear to be conducted to "B" by the circuit.

(2) Meanwhile, subject "C," who fails to observe the actual acceleration of his own pulse and breath, "picks up" "A's" thought of "running." In this case, at least two routes of transmission are possible. There may be coincident radiations from the mind of "A" to that of "C," and from the body of "A" to that of "C," or the routes may be from the mind of "A" to that of "C," and from the mind of "C" to the body of "C."

These two examples suggest two possible modes of telepathy :

- (1) A sender may radiate physiological and neuro-muscular vibrations, and a receiver detect, integrate, and interpret them, or
- (2) The psyche may transmit thought either by radiation within time-space or by psychic means outside time-space.

*Seventh Observation.*—The physiological and pathological behaviour of one subject influences that of his fellows in circuit.

Two examples will suffice.

(1) When a menopause patient experiences a "heat-flush," her fellows in circuit can signal that flush and its end, and from their own sensations, but their sensations are as pleasing and tonic to them as hers are disturbing to the patient.

(2) When an infectious fever patient is placed in circuit with a "fit" but *not* "immune" person, the patient's temperature falls. But that fall has set limits (say from 103 to 101), and these are not exceeded, however long the fever patient and the fit person remain in circuit together. And the fit person often finds his experience pleasing and tonic.

*Eighth Observation.*—In "relaxation-circuit-therapy" specificity is to vitality as, in wireless, "wave-control" is to "volume-control."

One example will suffice.

Whereas a fit but not immune person fails to reduce the temperature of a fever patient to below, say, 101 degrees, another patient who is recovering from the same fever reduces the first patient's temperature to *below* 101 degrees.

This reminds one of the action of convalescent serum. It also prompts the speculative question : "Does the efficacy of sera, vaccines, drugs, &c., rest on the radiations of electronic or other frequencies rather than on chemical properties?"

And this, in turn, brings one back again to the specimens and samples used by dowsers and radiesthetists.

*Ninth Observation.*—When a subject is loaded with drugs, poisons, toxins, vaccines or sera, &c., these induce his fellows in circuit to produce appropriate reactions, either morbid or defensive. Further, similar reactions arise when we substitute for the subject in circuit either the drugs, poisons, toxins or vaccines which he contained, or samples of his blood, serum or urine, &c.

One example will suffice.

In a series of 71 blind tests of substances about which my collaborators Miss Cameron and J. C. Maby and I knew only reference numbers, there were 18 for which "cooling" and "shivers" would have been the appropriate reactions. We

identified as cooling 17 out of these 18 substances, and of these 17 there were seven vaccines. Statisticians will appreciate the significance of such figures.

I will now emphasize three most important facts :

(1) Matter radiates when it is either radio-active per se or when it is suitably irradiated, bombarded or otherwise activated ; and this holds good when it is either alive or held in a live body.

(2) A physician, acting consciously, in his professional capacity, in an infectious fever, is fallible both in diagnosis and treatment. He is also dilatory, and inevitably so ; and waiting for an illness to declare itself has often proved fatal. But when he acts sub-consciously as a living organism, he is as instantaneous and as infallible in diagnosis and treatment as are the horse and guinea-pig which he infects with various diseases so that he may later use their serum. And, further, although this sub-conscious serum therapy does not always save life, horses and guinea-pigs never play the "influenza" gambit when the diphtheria defence is required.

(3) The defence of living organisms against disease involves radiation.

Bearing in mind the three facts which I have just underlined, I will now illustrate how "Co-operative Healing" in the "Relaxation Circuit" must be used.

Eleven superlatively fit young men have just won a hard-fought international football match. They are tired, bruised and sore.

(1) If each rests alone in his usual way, he will recover completely in, say, *48 hours*. (The figures used are symbolical).

(2) If he rests alone, but in the relaxation circuit, he will recover completely in, say, *24 hours*.

(3) If the whole eleven rest together in one relaxation circuit, they will all recover completely in, say, *12 hours*.

(4) But if, whilst the whole eleven rest together in one relaxation circuit, their manager uses group psychology and makes them re-live their match in imagination, they will not only recover completely in, say, *6 hours*, but they will also improve as footballers.

That is, these fit young men can co-operate, in the circuit, to shorten the time required to renew the energy of cells, to re-polarise them, and thus to overcome *fatigue*. They can also, by mental control, use that energy to develop special *aptitudes*. But that does not make of them the great healers of *diseases* that may be potential in them.

In order to expose their present limitations as healers of diseases, we will assume that in addition to being exceptionally fit nine of the eleven have so far escaped all infectious diseases.

(5) With the eleven, we place into the relaxation circuit a patient who suffers from an abscess in the left lung, with fistula discharging near the shoulder blade. Bacteriological analysis of the patient's discharge and sputum reveals—

- (a) the unexpected absence of Koch's bacillus, and
- (b) the presence of staphylococcus, Friedlaender's pneumococcus, proteus vulgaris and subtilis-catarrhalis.

As a result of this circuit, all nine escapees are seriously upset for two or three days; the other two athletes much less so, and for a few hours only. A second circuit, three days later, only upsets the nine slightly; and by the fifth circuit hardly any reaction is observed by anyone. The patient has improved in a remarkable manner.

I want to underline the following important facts :

(1) These fit young men and the patient have co-operated to heal the latter.

(2) In the process the athletes have developed an "X" immunity and begun to evolve into actual healers.

(3) They have not produced any *anti-bodies*, having acquired no disease bodies to antagonise.

(4) Rather have they produced and radiated *health-waves*, or vibrations or specificities, and "jammed" with them the unhealthy radiations of the patient.

(5) This new and specific activity is now inherent in their blood, serum, urine, &c.

(6) These fluids can, therefore, now be used preventively and curatively in the circuit.

(7) Whenever one or all of these fluids or traces of them are included in a "co-operative-healing-circuit," their donor or donors will receive healing radiations from that circuit over any distance, just as they would with the Abrams, Drown and de la Warr techniques.

These seven facts suggest two "co-operative-healing-circuit" techniques.

In the first, single specific drugs, sera, urines or convalescent subjects will be used in circuit with single patients in need of their specific actions.

In the second, progressively diversified groups of multi-immune subjects and "banks" of multi-immune fluids will be used with progressively large and diversified groups of patients.

Incidentally, we shall not segregate in one "Isolation circuit" patients who have failed to resist one and the same disease or infection, but shall, instead, group in the same circuit, and for their mutual benefit, the victims of, say, T.B., Rheumatism, Scarlet Fever, Parkinson, or any other potentially antagonistic ailments.

I have so far given you my facts and conclusions, unsupported by the testimony of others. I will now close by reciting three incidents, similar to many more, and on which members of the audience who were involved in them can express their views.

*First Incident.*—I advised Miss Cameron to use *one* tablet of M. and B. 693 in the circuit instead of *several* by ingestion as usually prescribed. I insisted that she was not to spend more than ten minutes at a time in that circuit. However, she unfortunately fell asleep with the drug in circuit. Next morning, she awoke acutely depressed, with a bad headache, a temperature, and a typical rash on both forearms. Miss Cameron had no idea that these four symptoms and signs were recognised overdose effects of M. and B. 693.

*Second Incident.*—A lady suffers from an abscess in the left lung, with fistula discharging near the shoulder blade. After two years of treatment by leading authorities, during which the sulpha drugs and penicillin have produced limited and short-lived results, bacteriological examination of her discharge and sputum reveals :

- (a) the unexpected absence of Koch's bacillus, and
- (b) the presence of staphylococcus, Friedlaender's pneumococcus, proteus vulgaris and subtilis-catarrhalis.

Despite the absence of Koch, I assume a T.B. history, and I place the patient in circuit with Tuberculin, M. and B. 693 and 760, the patient's sputum, her urine, my urine and myself.

On being asked to rest in the circuit, the lady protests that she has not been able to recline for two years, as it immediately brings on paroxysms of coughing. Against the grain, she settles down in the relaxation circuit, and is amazed to find that she only mildly clears her throat twice in one hour and five minutes. Her chest feels much freer ; she falls into a deep sleep that afternoon, and next morning her expectoration is much reduced, more liquid and much whiter.

As years of this technique have given me some immunity, I am only mildly upset for a couple of hours, as expected.

As one circuit reduces the virulence of a patient, I invite Dr. Sharma, who is more than interested, to join us in the patient's second circuit, two days after her first.

We have in circuit fresh as well as old sputum and urines, and also Tuberculin. At Dr. Sharma's suggestion, we remove the Sulpha drugs and add Sulphur 30.

Despite the reduction of the patient's virulence by the first circuit, Dr. Sharma, who has no immunity, is ill for three days ; how ill, he will tell you himself. As he suspects suggestion and fear, he asks Mrs. Barraclough to examine him. On the telephone she asks me : "What on earth have you done to Dr. Sharma ?

He has a large overdose of tuberculin!" A homœopathic dose of tuberculin had been administered 24 hours earlier, and by radiation only! And that had stood out!!

Dr. Sharma is hardly disturbed by his second circuit with the patient (it is her fourth). At his third, he is placed in circuit with the sputum and urine of the patient's fifth circuit, and he spontaneously remarks: "Homœopathically beneficial."

In ten days, all the patient's signs and symptoms are remarkably better.

*Third Incident.*—During the recent cold spell, badly overstrained by three weeks of nights disturbed by nursing in addition to my usual day work, I caught a bad dose of 'flu. In this I was most generously and efficiently helped by Mrs. Barracough's diagnosis and by her prescriptions, taken in circuit.

I asked this keen investigator to send me a specimen of her blood, which I placed in my circuit. When I sent her the record of my time-table in and out of the circuit, she found that it synchronised with her experiences in a remarkable fashion.

I thank you for your patient hearing.

At the request of the Chairman, Miss Cameron, Dr. Sharma and Mrs. Barracough, who were present, added their own testimony in support of the three incidents described by Mr. Eeman.

## PSYCHO-PHYSICAL EFFECTS OF CONDUCTED RADIONIC EMISSIONS FROM DRUGS AND BLOODS

by L. E. EEMAN

The Chairman, J. CECIL MABY, B.Sc., A.R.C.S., F.R.A.S., said: "I am especially glad to be privileged to introduce the lecturer, since Mr. Eeman is not only an old and valued friend of many years standing, but I have also collaborated with him in a small way on several occasions in connection with the experiments about to be recounted. At the same time, I wish it to be clearly understood that my own interest in the problem is strictly impartial, from the standpoint of an independent scientific witness, whose concern is, in this case, purely academic.

Mr. Eeman is already well known to many of those present as a scrupulous radiesthetic or radionic investigator who has also achieved outstanding successes in his somewhat unusual and (officially speaking) unorthodox therapeutic practice, as what would formerly have been termed a "magnetic" healer; broadly following in the tradition of that much maligned practitioner Anton Mesmer and his successors. Congress has already heard something of the general historical background of this aspect of radiesthesia in its relation to modern medicine from Dr. Westlake. Mr. Eeman is now going to carry the matter a step further on the practical and theoretical side by describing his own prolonged experiments and practice during the past thirty years. He will also be demonstrating something of his own methods—Involving the fundamental principle of psycho-physical relaxation plus application to his subjects of the supposed vital energy, with its seemingly specific characteristics in different cases—after the last lecture each evening. Also the effects of certain drugs, &c., placed in circuit with reactive subjects.

The lecturer was first led to enquire into the healing properties of the natural forces here in question as a result of an air accident and personal disablement during the First World War, failing a cure by normal medical methods. Having cured himself dramatically, he naturally set about trying to help others; and this mission, aided by prolonged experimental work of a very open-minded and, one might fairly say, unprejudiced kind, has resulted in the writing of several challenging books on the subject, to the last of which, *Co-operative Healing* (F. Muller Ltd., London, 1947) those interested should refer for further details. The latter book also contains an Introduction and Appendix by me, in which I have endeavoured to show briefly that Mr. Eeman's contentions appear to rest on demonstrable and repeatable physiological and radionic facts; also how well the author's main conceptions, observations and clinical practice fit into the ancient tradition and its present-day rebirth in terms of radionics and radiesthesia.

Mr. Eeman, though not originally a scientist, received an early legal training, and this moulded his mind so as to fit him to assess facts and evidence with an acuteness and impartiality not infrequently lacking, alas, in many professional scientists. Mr. Eeman will now present some of those facts and that evidence interpreted in radiesthetic and 'radionic' terms."

To some of you it is axiomatic that the living body, like its component organs, limbs, cells and atoms, is bi-polar, and that, as they do, it emits specific radiations, waves, wave-forms, emanations, or whatever other symbol you may find suitable.

To some others, these notions may appear not only "not proven," but actually fantastic.

To myself, in May, 1919, they amounted to no more than an ill-defined intuition, though one vital enough to have compelled my fascinated interest and questing experiments ever since. And throughout these years three ideas have imposed themselves with progressive insistence : bi-polarity, resonance and specificity.

For the purpose of this paper I will use the working hypothesis that "the Head and Right hand of right-handers are positive and their Sacrum and Left hand negative, and the reverse for left-handers," and that if one connects any of these polar opposites by means of a suitable conductor, "something" must happen.

Experiments based upon this hypothesis aim at showing "what" happens and how it can be varied by controllable factors.

From the start, I automatically used electrical conductors in my experiments, but it soon appeared that electro-magnetism was not the main agent at work, for results beyond its powers were common. However, after 31 years of investigation I am still unable to go beyond this negative assertion and I must leave it to specialists to identify the force we are using, although in my book *Co-operative Healing* I have suggested that it was the "Vis naturæ medicatrix" of the ancients.

The following simple experiments prepare the ground for our discussion of to-day :

*First experiment.*—The subject relaxes on the back. He holds in his hands two metal handles which are connected by four yards of insulated copper wire, but can be disconnected unknown to him. With a little practice he differentiates between the broken and the closed circuits from his improved functions when he is in the closed. He thus shows that some form of energy flows from hand to hand along the copper wire in the closed circuit.

*Second experiment.*—The wire between the subject's hands is placed under and parallel to his spine (and preferably widened into two copper-gauze mats, about one foot square, under his head and sacrum respectively). He observes marked differences in his functions when he changes the two handles from hand to hand.

Whether he is a Right or a Left hander, whenever he holds in his Left hand the handle connected with his Head, and in his Right that connected with his Sacrum, he observes : progressive voluntary muscular relaxation; warmth, well-being; drowsiness often culminating in sleep; slower and stronger pulse; slower and fuller respiration, less thoracic and more abdominal, and with deeper deflation; lowered high blood pressure; increased salivation; and a lowered pitch of the voice. This is termed a "relaxation and healing circuit."

The opposite circuit reverses all the effects of the first and is termed "Tension circuit."

*Third experiment.*—The Head and Sacrum copper-gauze mats of several subjects in the relaxation circuit are connected in one group to form one of the many possible "Co-operative Healing Circuits." It is then observed not only that the subjects help to heal each other, but that in the process signs and symptoms are unconsciously transferred from one subject in the circuit to another. Such transfers include pulse and breath rates; blood pressure; the temperatures of menopausal flushes; fevers and other toxic conditions; and various aches and pains. More important, they also include immunity to various infectious complaints.

This sets us our problem for to-day: are these transfers psychical or physical, or both, concurrently or alternatively? Would one get the same results in the healing circuits whether one used Mrs. Jones (who has just recovered from measles) or her serum, sputum or urine? Would drugs, vaccines, sera, urines, or any other blood extract placed in series in the circuit *between* subjects and neither ingested by nor injected into them act on them specifically? And, if these substances do act by conduction, does not that suggest that their efficacy, when ingested or injected may rest on the radiations of electronic, or other specific frequencies, rather than on chemical properties?

Such questions as these are answered by experiments only. I made the first of these in 1927. I connected my L with the H and my R with the S of a lady whose temperature was 103.5. Within 30 minutes it was stabilised at 102, in what I call the "no reaction state." I then cut the wire between my L and her H and completed the relaxation circuit through a solution containing 5 grains of salicylate of soda. Instantly specific reactions re-appeared in both of us and when we again reached the "no reaction state" her temperature was barely over 100.

During the next few years I made innumerable experiments of this type and concluded that although one can never exclude suggestion, auto or hetero, from any such experiment, suggestion was not the operative factor. However, as far as I know, no doctor of medicine ever made one single clinical experiment with drugs in the healing circuit until Dr. A. T. Westlake did so in 1949. He has told you of his findings and I cannot adequately thank him for his encouragement. I also have to thank Mr. Eric Powell, the well-known homoeopathic research worker, for his clinical support, and I may mention here that Dr. Westlake has written an introduction to Mr. Powell's last book *The Group-remedy Prescriber*.

My very first piece of good fortune in this field came when on the 27th May, 1936, when I met our present Chairman, Mr. J. Cecil Maby, on the introduction of Professor J. B. Rhine. I cannot describe here how much I owe to his open scientific mind, to his kindness and to his patience, but I trust that in *Co-operative*

*Healing* I have made both my debt and my gratitude to him abundantly clear.

After many discussions and much planning he arranged an "electric chair" with which we made our first joint tests on the 27th April, 1940. He sat me on one electrode and placed another under a thin pad under my head. The substance to be conveyed to me was included in one output lead, in series, as an aqueous solution. And, as he wrote at the time : "Eeman was the 'patient,' and he had no means of knowing what I was administering to him electrically. In these circumstances he not only picked the positive-to-head arrangement as being most soothing and beneficial, but also made remarkably detailed statements on his sensations and bodily re-actions ; including blood pressure and circulation, respiration, muscle tone, salivation, gastric and other gland action, neuritic pains, &c. And all these *in every instance*, were suitable to the nature of the medicine—though the latter had only been administered in the form of electric oscillations and radiation." (See *Co-operative Healing*, p. 200 and ff.).

At the time Mr. Maby and I differed on only one point : I was satisfied that human energy alone was sufficient to work the circuit with drugs and/or blood extracts, but he believed that he could boost up the "vis naturæ medicatrix" by using electricity, and so we used it in our first tests. We were however in complete agreement as to the kind of experiments which should induce doctors of medicine to give drugs and blood extracts in the healing circuit a clinical test, preferably in the infectious-fever ward of a hospital.

To help us make such tests possible, a North of England chemist sent us 28 bottles, containing different substances. He labelled these A to Z and Alpha and Beta, sharing the key to these labels with a Northern friend only, in case of mishap. My assistant, Miss Mary Cameron, Mr. Maby, and I agreed to test each drug, "blind," at least twice between us. In fact, we tested some of them three times. Each test was to last 5 minutes unless the subject found his reactions too unbearable.

Time only allows me to single out from our 71 tests a few details and I must refer you to Chapters XV to XIX in *Co-operative Healing* for the assessment of their validity.

Let us begin with Miss Cameron's first three tests, the first three of the whole 71.

During Test No. 1 she speaks a great deal, describing symptoms of stimulated metabolism, which her signs confirm. The unknown drug in circuit is later found to have been 1 grain tablet of Thyroid.

During test No. 2 she does not speak one single word during the 5 minutes taken by the test. After the removal of the test tube from the circuit she remarks : "I was quite detached throughout." This was the only occasion in the 71 tests when silence was maintained throughout by the subject, except when a narcotic

had produced sleep, and the only time when the subject offered such a comment. The "drug" was: Distilled Water.

During test No. 3 she showed wild exhilaration and even intoxication, both in her remarks and in her behaviour. The drug was a 5 mili. tablet of Benzedrine.

Miss Cameron's comments on her first three tests are not only appropriate to the drug in circuit but they are in marked contrast with each other.

Next I will take a drug tested by all three of us, Mr. Maby, Miss Cameron and myself, in that order: Tests Nos. 29, 36 and 43. In sending us the key to these numbers our Northern Chemist commented: "The circulatory effect in *all* three tests is marked." showing the unanimity which frequently recurs throughout the 71 tests.

I then take test No. 32, not only because, as our chemist says: Mr. Maby shows in this "a marked example of the action of Andrenalin," but also because both Miss Cameron and I have indentified this substance by name when in circuit with it outside the 71 'blind tests.'

I will take test No. 50 next. I enjoyed this so much that I not only extended the test beyond the stipulated five minutes to nine minutes, but after the day's work I asked Miss Cameron to put me in circuit with that "marvellous drug" once again, a thing which I did not do for any other substance! It was Cannabis. . . . When Miss Cameron tested this drug in turn, in test No. 64, our chemist wrote of her symptoms: "Notice the peculiar sensations for which addicts take Cannabis."

When we were ready to test the last seven of our chemist's 28 "blind" drugs, he sent us an additional four tubes, labelled I to IV in Roman Figures, and he asked us to be careful with them as they contained "bugs." This clearly suggested "fever." Miss Cameron and I each tested these four new tubes, making eight additional tests, and we were rather depressed when we found that for seven out of these eight tests we had registered not "fever," but "cold," and had registered cold once again immediately after the eighth test. However, our depression changed to glee when our chemist confessed that he had deliberately suggested "bugs," and therefore "fever," when he was in fact sending us "vaccines" with anti-pyretic, i.e., "cold" producing properties. He had done this to test the effect of suggestion, and though "blind" we had gone against suggestion and . . . been right. And there were only eight vaccine tests in the 71; and "cold," or its equivalent, appears only in 17 tests, and seven of these coincide with seven out of eight vaccines.

After the 71 "blind" tests of drugs in the usual doses, I will now deal with our tests of the minute doses used by homoeopaths. Our friend, Dr. George Cathcart, brought us seven tablets labelled A to G. Some days later we gave him our report on our tests.

of them, and a few hours later he was back on our doorstep in a state of great excitement. He asked me if "I realised what I had done for Lachesis ?" I told him that "I had never even heard the name of the stuff before." He informed me that it was a "snake poison" which acted on the left side of the body and that I had shown that particular lateral effect." I had never observed such an effect before in hundreds of tests !

After Homoeopathic doses, M. & B. 693.

Just as this drug was becoming famous and I longed for a chance to test it in the circuit, Miss Cameron developed a cold. I gave her one single tablet of the drug for use in the circuit in aqueous solution; and impressed upon her the importance of not staying in circuit with it for more than TEN minutes ! Unfortunately, when she went to bed she held in her hands not only the electrodes, but a book, and she fell asleep reading ! When she woke up she had been in circuit with the drug for about ONE HOUR ! Next morning she had a terrific headache, fever, acute depression, and—a rash on both hands and forearms and nowhere else ! Whatever had acted on her could only have done so through her hands and forearms ! We consulted a reference book and found that the effects of an overdose of M. and B. 693 were : headache, fever, depression, rash. And neither of us had known any of this beforehand !

After M. and B. 693, Penicillin.

No Radiesthetist has helped me as much in my researches as has Mrs. Barraclough, and I cannot better express my admiration for her skill and infinite capacity for taking pains than by quoting one of the many tests of the circuit which she devised. During the first days of Penicillin a well-known firm of chemists made an infusion of Penicillin Notatum, potentised it and asked a few Radiesthetists to experiment with it and report their findings. As the effect of potentised Penicillin was quite unknown, Mrs. Barraclough decided to check her radiesthetic findings against those produced in the circuit. She had found that the homoeopathic form mainly energised the sympathetic nervous system but was not particularly effective with infectious states. Neither Miss Cameron nor I had any first hand knowledge of the drug, nor did we even know what Mrs. Barraclough had in circuit. We were both tested radiesthetically before going in, particularly for the state of our nervous systems, and were found normal.

Miss Cameron's first reactions were : "I like this, it is pleasant." She was smiling. After about two minutes her smile vanished and she said : "I think I am beginning to feel too excited," and then : "I think I want to cry"—and cry she did with tears running down her face.

As I was much less sensitive than Miss Cameron, I felt rather disturbed, but no more.

NOTES ON A LECTURE-DEMONSTRATION GIVEN ON SATURDAY, 4TH FEBRUARY,  
1950, AT SWEDENBORG HALL, BY L. E. EEMAN.

Tabulation of radionic rates taken by Mrs. Atkinson and shown on the blackboard as the demonstration proceeds.

NOTES : Re means Relaxation rate      PP means Posterior pituitary  
AP means Anterior pituitary      SR means Supra-renal  
Fi means Fibrositis

The Andrenalin used was sealed in its test tube in 1944. All changes of drugs or circuits are effected without informing the subjects as to what is happening. (See text).

	A.	B.	C.
	Mr. Sudbury Fisher	Mr. Stanley Lief	Mrs. de la Warr
Preliminary rates	Re AP PP SR Fi 45 60 52 62 55 60 52 55 55 50 65 65 70	Re AP PP SR After 20 minutes in the Relaxation circuit, the rates have changed as under :	Re AP PP SR
Relaxation circuit	68 62 70 After about 15 minutes, Adrenalin is introduced and within 1½ minutes the rates are changed as under :	80 82 82 90	80 78 80
Andrenalin	Within two minutes of the removal of Adrenalin the rates are down again as under :	92	94
Removed	70 After about ten minutes a compound of some 3,000 urines is introduced and within 1½ minutes the rates are changed as under :	80	75
3,000 Urines	80 68 68 Within 2 minutes of the removal of the 3,000 urines the rates are charged as under :	80 55 55 60 65 58	85 85 58
Removed Tension Circuit	68 65 68 After about 5 minutes the circuit is reversed for 1 minute from relaxation to tension (see comments of patients who move, &c.) and then reversed again. (See comments of patients who relax again at once). About 2 minutes later the relaxation rates are as under :	75 70 72 70 80 but though this is a great improvement on the preliminary rates, there is a further improvement inside 2 minutes of introducing Nat. Mur. as under :	
Nat. Mur. Fibrositis	80 After the demonstration Mr. Sudbury Fisher finds his shoulder much improved and on testing him his fibrositis rate is reduced from the preliminary 55 to 47	88 80	

Finally, to settle whether the acceleration of the sympathetic system had been really due to the drug in circuit, Mrs. Barracough substituted for it a few tablets of Kali Phos., the well-known Schussler Biochemic remedy for nerve tension—and in two minutes Miss Cameron was smiling again saying that all her feelings of undue excitement had vanished.

After Penicillin, urine and other blood extracts.

A doctor was rather sceptical about the notion that being in circuit with an infectious case might make one ill. He sits in circuit with an acute T.B. case and is ill for several days. Eventually he is cured by ONE circuit with the patient's urine, sputum and pus.

He relates his experience to another doctor who laughs at him but nevertheless accepts my challenge. He too is ill for several days and cured by ONE circuit with the patient's urine, sputum and pus.

These two cases can be duplicated many times. They clearly recall convalescent serum therapy.

What do practitioners who use Radionic machines detect in the "Co-operative Healing" circuit? As recently as the 4th February last we gave a lecture demonstration before the Radionic Association at which Mrs. Atkinson used the "de la Warr Diagnostic Apparatus" at the suggestion of Mr. de la Warr himself. We had as subjects in the circuit three volunteers: Mr. Sudbury Fisher, himself a de la Warr practitioner; Mr. Stanley Lief, and Mrs. de la Warr herself.

As a preliminary, Mrs. Atkinson takes the Relaxation, Anterior pituitary, Posterior pituitary and Suprarenal rates of the three subjects, and after 20 minutes in the relaxation circuit the three glandular rates are considerably UP for all three subjects. (See table).

Adrenalin is then introduced unknown to the subjects and in one-and-a-half minutes their suprarenal rates are UP further, respectively from 70 to 90; 82 to 92; and 80 to 94, and are down again within two minutes of the removal of the Adrenalin to 70, 80 and 75 respectively.

Ten minutes later a compound of the urines of some 3,000 patients, mostly suffering from infections, is introduced. Within one-and-a-half minutes the respective glandular rates are changed as follows:

A.P. from 68 to 80, unchanged at 80, and 80 to 85.

P.P. from 62 to 68, 82 to 55, and 78 to 85.

S.R. from 70 to 68, 80 to 55, and 75 to 58.

Within two minutes of the removal of the 3,000 urines the rates are changed as follows:

AP from 80 to 60, 80 to 68, and 85 to 75

PP from 68 to 65, 55 to 65, and 85 to 70

SR from 68 to 58, 55 to 68, and 58 to 72

At the suggestion of Mrs. Atkinson, Nat. Mur. 30 is introduced unknown to the patients. Their relaxation rates pass within two minutes respectively from 70 to 80, 80 to 88, and 75 to 80 after preliminary readings of 45, 60 and 50 respectively.

The report of this demonstration shows that in all cases the signs and symptoms of the three subjects were in keeping with

the drugs in circuit and with Mrs. Atkinson's rates, although the subjects knew nothing about either drugs or rates! And, it is worthy of note that whereas most patients react to drugs in a similar fashion, whether up or down, for urines and other blood extracts they react diversely.

Some 18 months ago Dr. A. T. Westlake suggested that I should endeavour to demonstrate the nature of "Vis naturæ medicatrix" which we agreed we were using. I replied that in *Co-operative Healing* I had already stated my conviction that the healing force was not electrical although many of our reactions to it were so similar to our reactions to electricity that they suggested the use of electrical terminology. And, I added, without any false modesty, that I was not competent to carry out such an investigation!

Some months later he convinced me that I should experiment with silk as a conductor in the circuit. He argued that if I got the same results with silk as with copper, however incompetent I might be, I would help to confirm Reichenbach's findings of over 100 years ago that "Vis naturæ medicatrix" was NOT electrical. Knowing, roughly, what experiments my good friend was making, I tried a different approach without telling him of my plan.

First of all, Miss Cameron and I tested the silk circuit by ourselves. Then, satisfied that it worked for us, I planned a group test for six subjects in the co-operative healing circuit with drugs and urines. A lecture which I gave to the London Group of the British Naturopathic Association on Sunday, 19th March last, offered us the ideal opportunity. Mr. Stanley Lief was in the chair and since, at the Radionic Association lecture of the 4th February, we had ascertained his reactions to (a) the relaxation circuit, (b) Adrenalin, (c) the 3,000 urines, (d) the tension circuit, and (e) Nat. Mur., I asked him to be one of my six subjects in circuit. Since I was going to use exactly the same drugs and circuits as at the Radionic meeting, only in a different order and in a different way, Mr. Lief was the natural control subject, though he was not aware of his function.

I first inserted the drugs and urines in one order of succession at one end of the circuit, and then inserted them in a different order at the other end of the circuit. Not only did the subjects display the right signs and describe the correct symptoms for the different substances and circuits, but Mr. Lief identified both substances and the circuits from his recollection of his reactions to them at the Radionic Meeting.

It was only after I had underlined Mr. Lief's remarkable accuracy that I disclosed to the six subjects in circuit that whereas at Mr. Lief's end of the circuit conduction was by copper, at the other end it was by silk. Since the subjects had shown correct reactions to drugs and urines at whatever end of the

circuit these had been inserted and whether conduction had been by copper or by silk, it appeared that Dr. Westlake was right, that von Reichenbach had been so 100 years ago, and that, in a sense, Mesmer had been so too 200 years ago.

At the beginning of my paper, I underlined the fundamental importance of three factors : bi-polarity, resonance and specificity. I want to do so once again before closing.

The thumb of each hand is of opposite polarity to that of the hand itself ; i.e., in right-handers of either sex the right hand and fingers are positive and the right thumb is negative, whilst the left hand and fingers are negative and the left thumb is positive. And all that is reversed in left-handers.

This is easily appreciated with the help of a "dactylopath," a small apparatus which I recently designed and first used in public on the 19th of March last. It enables an operator to connect any finger or the thumb of a subject's right hand with any finger or the thumb of that subject's left hand, by means of copper wire, and to vary any arrangements so made, at will, and all unknown to the subject.

Experiments made so far with the "dactylopath" confirm the signs and symptoms manifested by two subjects, Captain Atkinson and myself, when we were merely connecting our fingers and thumbs directly, i.e., without wires. Further, all our findings were reinforced by readings of the de la Warr diagnostic apparatus operated by Mrs. Atkinson.

Here is one of her many readings :

MID-BRAIN EFFICIENCY

Direct contact of fingers and thumbs

Subjects :	Captain	L. E. Eeman
Initial reading .. . . . .	68	63
Thumbs and first fingers crossed .. . . .	42	48
All opposites joined .. . . .	52	63
Hands clasped .. . . .	74	78

All those changes were registered inside five minutes per subject.

Here is another reading :

ENDOCRINE CENTRE EFFICIENCY

Blind contact through "Dactylopath"

Subject : L. E. Eeman

Initial reading .. . . . .

My thumbs and first fingers are crossed, blind :

After 10 seconds .. . . . .

After 20 seconds .. . . . .

After 35 seconds .. . . . .

I then experienced such violent spasms and discomfort that I broke the circuit and clasped my hands, when at the end of the fourth minute my rate was up to 78

We noted that :—

(A) when connecting thumbs with any of the opposite fingers disturbances followed. This might have been expected from contact between polar opposites.

(B) disturbances varied in quality, quantity and location in the body with the fingers opposed to the Thumb. This suggested not only polar opposition, but specificity as well.

(C) disturbances localised in different organs, &c., also appeared when fingers (and not thumbs) were crossed with fingers other than their actual opposites. This suggested specificity in the absence of polar opposition.

We concluded that a new field of exploration opened before us and that it was worthy of attention.

I must now close this paper upon "the effects of conducted radionic emissions from drugs and blood extracts" in the co-operative healing circuit, and I cannot end better than by quoting from a letter Dr. Westlake wrote me on the 12th March last. It reads :

Dear Eeman,

I thought you would be interested in the following quotation from van Helmont's famous treatise: *De magnetica vulnerum curatione*, as it seems to be a direct forecast of your discoveries about co-operative healing in infections, &c. This is what he says :

"For he who hath once recovered from that disease hath not only obtained a pure balsamical blood, whereby for the future he is rendered free from any recidivation of the same evil, but also infallibly cures the same affection in his neighbour . . . and by the mysterious power of Magnetism transplants that balsam and conserving quality into the blood of another."

Dr. Westlake added : "It might be a description of your healing circuit." And van Helmont had died before 1650 ! We had von Reichenbach 100 years ago ; Mesmer, 200 years ago ; and now we have van Helmont, 300 years ago. What a humbling thought ! And one, perhaps, which might lend some support to a suggestion which I have repeatedly advanced during the last 23 years, that is, that the radionic emissions of drugs and blood extracts in the co-operative healing circuit should be investigated in the infectious ward of one of our hospitals ? After all, 300 years is quite a long period of incubation, even for an idea !

# CREATIVE FAITH

## THE ASCENDING SERIES FROM UNBELIEF THROUGH DISBELIEF, DOUBT, BELIEF, AND FAITH TO WHOLENESS OF THE INDIVIDUAL AND OF THE RACE

*A paper read before the British Society of Dowsers  
on 12th March, 1952*

BY L. E. EEMAN

Introducing the lecturer, the Chairman said: "It is hardly necessary for me to introduce our lecturer to-day, as Mr. Eeman is an old member of our Society and has been good enough to address us on several previous occasions, the last being June 11th, 1947.

"You have probably all heard of his wonderful system of Co-operative Healing which he has been practising successfully for the last 33 years, and by means of which many people have attained completeness of health when conventional methods had failed.

"I will now ask Mr. Eeman to deliver his address."

Colonel Bell, Ladies and Gentlemen,

It is natural that I should be grateful to you for the privilege of addressing you once again. But, it is difficult to understand how you can face the prospect with an air of imperturbable benevolence, and our Chairman's kind remarks do not explain this phenomenon.

I imagine that as Dowsers and Radiesthetists you must often have seen your best founded convictions swept aside without a test; and it may well have been this sad experience which determined you always to keep for others the friendly open mind which had so often been denied to you.

May I first define my subject: "Creative faith, or the ascending series from disbelief, through disbelief, doubt, belief and faith to wholeness, of the individual and of the race"?

May I then put it in perspective by outlining the general theory of "Co-operative Healing," of which system it forms a part? and may I, for the sake of clarity, give headings to the different sections of my paper?

### *Health*

It is normal to want health, to want to be "fit!" But fit for what? Sport, writing, sculpture, marriage, or just "fit" to die? Different fitnesses are adaptations to different objective functions,

and they are, at times, so mutually exclusive that they cannot be integrated into one wholeness ! And health *is* wholeness !

In theory man can reach absolute health, but he can do so only through the perfect function of all his parts in relation to each other, and of his total self in relation to other selves, all more or less adaptable and all functioning in an ever-changing world.

In practice, he is restricted to seeking relative health only, either by adapting himself to his function in his changeable environment, or by attempting to adapt his world to what would constitute, in his present opinion, the ideal state for himself and for the race.

So far we have entrusted the parallel evolutions of the individual and of the race to chance. To plan them intelligently we shall have to concentrate on yet a third evolution, that of our present conception of the healthy man of, say, the year 4000.

Is it too much to hope that with the help of international planning, we should be able to evolve in 2000 years a man so healthy, in mind as in body, that he would deem it insane even to ask a question which, to-day, is discussed with academic composure in all countries : "Should our side kill twenty million of the other side before they start on us, or shall we take a chance ? "

### *The trinity of function*

I do not know how far each one of us can develop his latent powers in this life time, nor do I know how far we may be able to guide the evolution of our descendants of the year 4000 by co-operative planning now. But it is certain that whatever success we may achieve in either field will rest on function, for it is the basic axiom of evolutionary science that it is function that produces the organ, and not vice versa ; that it was light that gave us the eye !

All that functions does so on three planes :

- (1) mechanical ;
- (2) dynamic ; and
- (3) control.

I realise that no analogy is ever perfect, but as it will help to convey my meaning I will compare man to a motor car. The car has :

- (1) its engine ;
- (2) its petrol ; and
- (3) its driver.

Man has (and I beg you to note the dualism on man's three planes) :

- (1) His organs and limbs ;
- (2) His nervous and muscular energies ; and
- (3) His mind, sub-conscious and conscious.

Since 1919 I have looked for anything which either could function on fewer than three planes or would need more than three, but in vain. I have recently found in Max Freedom Long's *The Secret Science behind Miracles* that the Kahunas have held this view, from time immemorial, and I hold that our concept of the Holy Trinity is a natural interpretation of observed facts.

From the trinity of function it follows that disease can be caused only by dysfunction on the mechanical, dynamic or control planes, or by a compound of any two or all three of these.

It also follows that "wholeness" cannot be found by any one-sided mechanical, dynamic or psychological approach, unless the cause of dysfunction is itself equally one-sided (no such case has ever come to my notice in 33 years) and that it *can* be found only by an integral mechanical, dynamic and psychological approach.

It further follows that whenever one of the three approaches is totally neglected, no matter how excellently the other two are applied, a cure remains impossible until the neglected third is itself introduced, consciously or unconsciously.

And, finally, it follows that however powerless that missing third, unaided, may seem, its introduction may release wholeness, and that it may do so in a more or less miraculous fashion, or, to borrow Dr. Westlake's definition, more or less "outside of time!"

#### *Use versus repair*

All that functions goes through the cycle: "use—repair."

e.g. The car is run, and then repaired, in a workshop.

The body is used, and then healed, in sleep.

Use and repair are mutually exclusive.

e.g. The mechanic must "switch off" the engine *before* he can begin to repair it.

The patient must relax his voluntary muscles *before* he can begin to heal his body in sleep.

But just as "switching off," though an essential preliminary, is not repairing the engine; so relaxation, though an essential preliminary, is not healing the body!

#### *Healing requires energy*

Doing nothing saves energy. Relaxation is, or should be: "doing nothing!"

(1) It frees functions, such as breath and blood circulation, which muscular contraction, conscious or unconscious, inhibits.

(2) It makes the energy that maintains that contraction available for healing work.

But the subject who does not know how to use the energy so released loses it by radiation, mainly through his hands and feet, the bi-polar terminals of his nervous system. To stop this loss of vital energy by radiation nature gives him the instinct to *rest* with hands clasped and feet crossed, much as we connect the two poles of a horseshoe magnet with a keeper. Old, sick, tired and cold people thus recover energy which they cannot afford to lose! So do cats and dogs and other animals! And buttercups, daisies, water lilies and other flowers do also connect their opposite poles when the sun goes down. But healthy children need not do so, for, having a surplus for growth, they often sleep with their hands and feet spread-eagled, their *poles apart!* They can afford the loss incurred!

So far, I have given you in condensed form, the main preliminaries that must be covered in the mechanical and in the dynamic approaches, before the work of healing proper can begin.

#### *The psychological approach*

I must now consider the psychological approach implicit in the title of my paper: "Creative faith."

Let us assume that we have found the body relaxation required for healing work and all the vital energy needed for the performance of that work. We are left with the problem: "What must the mind do, in these ideal mechanical and dynamic circumstances, to promote wholeness either for the individual or for the race?"

I have already suggested that it must plan! I believe that all the frames of mind in which we can plan are implied in our ascending series: "from unbelief, through disbelief, doubt, belief and faith to wholeness" with the innumerable gradations implicit between frustration and fulfilment. The extreme terms of our series, unbelief and faith, are the only two in it single minded enough to concentrate the whole of the available energies in one direction. Unbelief and faith cannot co-exist, for the activity of the one leaves no energy for the manifestation of the other. However, there are ill-defined attenuations of them both which can and do meet within the series.

In faith, energies are integrated in the direction of positive health, and with it, healing which may be logically impracticable is conceived intuitively and performed either super-consciously out of time or sub-consciously in time. In unbelief, energies are integrated not only in the negation of wholeness but also in the affirmation of some opposite of wholeness. Unbelief not only denies health, it affirms un-wholeness, and subconsciously contrives it by dynamising negation. Its basis is a dynamic belief in an imagined inversion of facts. By it, that which is potentially easy to perform is made impossible!

Faith need not create new faculties, nor unbelief destroy existing powers. They, respectively, need only reveal or obscure latent potentialities. But disuse may, in time, wither the mechanical instruments of any faculty that is kept dormant too long.

### *Common sense and will*

If the planning mind is to achieve creative faith, it must be ready to exceed common sense which is only the sum of past experience. The aeroplane, the jet engine, radio, television, penicillin, the atom bomb and many other commonplaces of to-day, which even some of our school children can understand, exceed the common sense of 1850 by so much that it would have taxed even a Jules Verne to have dreamt of them. Is there to-day one single prophet whose creative faith exceeds our common sense by so much that he could outline for us, now, the wonders of 2000 years hence? And, would he care to do so, not in glimpses of incredible new devices, but in terms of the development of the human personality in goodness, in understanding, in perfectibility, in one word—in wholeness? If there were such a prophet, either his creative vision of the "whole man" would immensely exceed our noblest ideals of to-day or our descendants of A.D. 4000 would be ethically just as disheartening as we are! And if there were not such a seer, could not we together do his creative work and prophecy collectively?

When planning the "whole man," we must not only exceed common sense fearlessly and progressively, we must also forsake both will and hesitation, two factors which though seemingly so different, have much in common. Both operate within our ascending series, thrusting our energies in opposite directions in mutual cancellation. Both lead to exhaustion—hesitation, because its oscillations, though individually small, continue indefinitely—and will, because its conflicts, though they may be short, involve greater masses of energy in sharper clashes. Within the self will is the restless tool of conflict, and abuse of it leaves us brittle when exhaustion overtakes us. If we were integrated instead of being divided against ourselves, there would be no need for one half of ourselves to use will to compel the other half.

Will is restless, and the mind has freedom of choice only in creative rest. In action, pressed by time, we are sub-consciously compelled to behave according to the pattern of ourselves which we have cumulatively conceived in our bygone leisure hours. So, if when promoting "wholeness," whether of ourselves or of the race, we find we are using will, let us waste no more time or energy, but instead, let us still our minds and seek to fathom by what perversion we had come to use an instrument of division, like the will, for purposes of integration.

### *The marks of unbelief*

Before we can achieve creative faith we must overcome at least those of our unbeliefs which inhibit any particular wholeness we may long for.

For that purpose, let us firstly remember :

- (1) that unbelief is not neutral but involves dynamic opposition to wholeness ;
- (2) that creative faith needs for its own use the energy now consumed by its opposite unbeliefs ;
- (3) that when we consciously hold what we firmly deem to be a belief promoting wholeness it may instead be an unbelief inhibiting wholeness.

Let us secondly note that unbeliefs may be divided into groups, roughly, according to whether :

- (a) they are held by the community or race and thus inhibit general wholeness ;
- (b) they are conceived and held by weak individuals against the beliefs and/or unbeliefs of the race and thus inhibit the wholeness of the individuals concerned only ;
- (c) They are held by individuals or groups strong enough to inhibit others not only by ordinary means such as speech and example, but also by methods akin to radiation ;
- (d) they are held at the sub-conscious or conscious levels.

Here, in parenthesis, I will venture upon a speculation which I deem logical though I cannot support it experimentally. Some schools, both Eastern and Western, claim that we have three minds or selves, respectively sub-conscious, conscious and super-conscious and of different competencies and dynamisms. Others assert that we have only *one* mind which functions at three levels of consciousness with the competencies and powers appropriate to each level respectively. On that point I will not dogmatise. I would suggest, however, that, if we have three minds, whereas the sub-conscious and the conscious are liable to unbeliefs but cannot impose these on the super-conscious, the latter can infuse its creative faith into both the inferior minds. Similarly, if we have only *one* mind, it must be capable of creative faith at all three levels of consciousness, but liable to unbeliefs at the lower two only.

Let us thirdly remember, that whilst unbeliefs seem theoretically curable by reason since they are fallacies based mostly on ignorance, unreason, prejudice or passion, their effects are no more curable by reason than by will, whether they are conscious or sub-conscious.

### *Curing the effects of unbelief*

Unbeliefs and their effects (and both inhibit wholeness) are most easily and radically overcome in the individual, by two methods chiefly :

(1) the conscious observation by the subject of his unconscious muscular and physiological reactions to experience, past or present, a process which I have called "myognosis," from "mye"—muscle, and "gnosis"—knowing, or "diagnosing psychological conditions from muscular behaviour," and

(2) the release of emotion which results from the re-living of the experiences recalled by myognosis.

I would observe that after myognosis and emotional release a miraculous cure is possible, provided a fund of sub- or super-conscious faith-energy is available, irrespective of whether the faith itself is conscious, sub-conscious or super-conscious.

I will now offer you a few examples of the overcoming of unbeliefs and of the cure of their effects in individuals.

#### *1st Example : Race unbeliefs*

Consider the human skeleton, and in particular the ribs. These, apart from the floating ribs, are hinged at both ends to the spine and sternum respectively, at an angle of about 30 degrees to the vertical. They are constructed to move outwards on both hinges and together and thus to expand the lungs mainly laterally, and *not* forwards.

It follows that the position known as "standing to attention," in which the shoulders are drawn back and the chest expanded forwards, and which West Europeans teach their children for good breathing, locks the back hinges of our ribs by holding our dorsal muscles contracted. This forces us to expand forwards, distorts the natural action of our hinges, prevents deflation and thus uses our lung capacity to hold too much residual air ! This inhibits function and through it, wholeness.

At ceremonial parades more soldiers per cent. faint falling forwards like ninepins than do civilians, and they collapse like empty sacks. Yet the soldiers have plenty of good air to breathe, and the packed civilians nothing but vitiated air. But whilst the soldier locks his bellows, the slack civilian uses his, and his diaphragm, and his "soft under-belly !" He functions, and the soldier does not !

Anyone can understand the argument against back contraction and forward expansion, and he then resolves to breathe laterally and diaphragmatically in future. He sees intellectually that no man can be miraculously healed whilst he is tensely and even proudly standing to attention ! But, test him at rest and you will find that though he is rationally convinced that he needs lateral expansion neither reason nor will can cure the effects of

his now sub-conscious racial "unbelief" in chest forward expansion. To prove this, suddenly drop anything as light as a handkerchief on his solar plexus and, instantly, he holds his breath and then makes up for the shock by unconsciously taking a large *chest expansion forwards!*

Then, without warning, drop your own body, heavily, across his chest, or press hard with both hands on his sternum. He may panic and scream that you are killing him! But don't yield! Gradually, he will let go his chest, flat, use his diaphragm naturally and expand his ribs laterally!

Patients often even laugh or cry hysterically at their wonderful discovery of natural function! Myognosis and emotional release often do in one sitting what reason and will cannot do at all and what the free association of psycho-analysis may not do in months. Once they have overcome a subject's racial unbelief about breath, you can throw boots at his solar plexus and he will no longer compensate for shock by forward chest expansion. He will, instead, use his "belly" like any healthy dog at rest.

#### *2nd Example: Individual unbeliefs*

In 1926 a doctor friend wrote "he was sending me a patient who, in 1916, had been blasted into a flooded shell hole. Thirty-six hours later a night patrol had found him unconscious, up to his waist in water, but uninjured. Days later, on recovering consciousness in hospital he had found that he was paralysed down the right side. Being young, he had made a good physical recovery and now only dragged his right foot slightly. But, he remained mistakenly convinced that he was still paralysed in the right arm and he supported his forearm by holding his fingers between his waistcoat buttons. Neither analysis, nor hypnotic suggestion, nor any other method had affected this obsession. Nor was it weakened by the fact that he could take his hand out of his waistcoat, raise it tremulously to his chin, drop it to his side, raise it again to his chin, again tremulously, and then return his fingers to his waistcoat."

My friend's letter showed me that neither reason nor will were of any use, and so, as the patient entered my room, I said: "You poor fellow, you are paralysed, aren't you? That's obvious." I thought he was going to fall. His breath came in spasms, and tears rolled down his cheeks. Here, we had relaxation, rest for the will and emotional release. But, what was there on that mind? I asked him to drop his arm. Surprisingly, in order to put it down, he first put it up, and up right to his chin! "Why?" I walked round him slowly, watching him repeat his actions from all possible angles. And, each time, his arm went up trembling violently before dropping down dead. Suddenly, I noticed that after trembling upwards the arm trembled forwards as well, and I realised intuitively that, in his mind he was fixed

in 1916, in hospital, recovering consciousness, finding his arm paralysed and making frantic efforts to get it up and forward ; forward out of a *sling* ! This sling was a sub-conscious disbelief which I must on no account attack frontally, but for which I might temporarily substitute a compensating disbelief ! I made a great show of searching his neck, his shoulder, and then his upper arm muscles for the cause of his paralysis, and then assured him that I could not find anything in any of them to account for it. Suddenly, I pressed my thumb into the hollow of his elbow dramatically, and hard enough to hurt, and where he could easily do the same with his left thumb, and said : "Good Lord, here it is ! This is out of place ! Mark the spot, and as long as you hold it in position by pressing it hard enough to hurt you will be able to move the arm up and down, without trembling, quite easily !" He did this at once, and then he said : "To think that it has been out these ten years and that not one of these b.f.s spotted it !" With appropriate humility, I confessed that I had been rather lucky to hit such a small thing. And, no ! X-rays would not have shown such a subtle displacement. He shouldn't blame anybody ; it was just one of those things ! "

I told him to press the spot ten times a day for two minutes a time and to come and see me again in a fortnight, by which time much less painful pressure ought to keep it in place. It did, and there was no sign of tremor. The sling had gone !

Two unbeliefs, i.e., two dynamic negatives, make one positive.

### *3rd Example :*

#### *Unbelief at the conscious level, but faith at the sub- or super-conscious*

In 1925 a lady consulted me about a pain in the back which had resisted all treatment. When I asked her to lie down she refused to remove a ruff, similar to that worn by Franz Hals' "Laughing Cavalier." On examination, I found acute abdominal contraction related to a spinal fixation which extended roughly from the 5th to the 9th dorsal vertebra. Having induced relaxation, I broke down the spinal condition and asked the patient to rest with hands clasped and feet crossed. I then sat by her side resting my left hand on her forehead and my right on her solar plexus in order to give her energy.

Her breathing strengthened, she flushed, said she was getting hotter, and when her energy charge was sufficient, she suddenly became hysterical, as often happens, panted for air, went as red as a lobster and perspired profusely. As I already knew that one must not hinder or even decelerate such crises, for they are curative, I resisted the patient's efforts to break the circuit by separating her hands or pushing mine off her head and solar plexus. After a short struggle she rested drowsily for a while. When she left me, the pain in her back had gone, but the Franz Hals ruff, soaked through with perspiration, hung limply around her neck.

At her second visit, she told me that when she had left me the first day, her brother-in-law, who had waited for her outside, had exclaimed : " What's happened to your neck ? Your goitre has gone ! " For 12 years she had suffered from a large goitre which she had hidden under a ruff. It had been called inoperable, perhaps because of her heart, and she had not mentioned it to me because she had been told it was incurable. But she had always wondered how they could have known it was ? " and had never quite believed it was ! "

Here we had :

- (1) unbelief, or at least doubt, at the conscious level ;
- (2) belief at the sub-conscious level, and belief which might have turned to faith as soon as emotion had dissolved the conscious unbelief ;
- (3) potential faith which could in turn have promoted a miraculous cure provided the emotional release had found enough energy to transfer from the negative end of our series to the positive.

For myself, it is obvious that I could not have held any relevant faith at the conscious level since I did not know of the goitre. Further, I confess that had I known of it at that time, I would have considered it incurable !

I have chosen this particular example from many equally difficult to believe because I have recently received unsolicited confirmation of it. A lady asked me out of the blue, " whether, by any chance, I was the man who in 1925 had cured a Mrs. C. of an incurable and inoperable goitre of 12 years standing ? " The lady's father, a doctor, had had Mrs. C. as a patient, and one day he had staggered the family by saying : " You know Mrs. C. and her goitre ? Well, she has been cured—in one visit—by a quack !!! "

#### *Priority in the treatment of unbeliefs*

I have quoted three cases of three different kinds and have done so in a certain sequence to emphasize that to cure a patient in depth and not merely to displace superficial symptoms, we must temporarily ignore his specific complaint and concentrate first on the transfer of the whole of his vital energy from the negative end of our series to the positive, from tension to relaxation, from unbelief to faith. For this purpose, we must attempt to remove unbeliefs in the following sequence :

- (1) racial unbeliefs which inhibit the functions of most of us even when we are in, so-called, perfect health ;
- (2) individual unbeliefs which inhibit the use of our voluntary muscles ; and
- (3) individual unbeliefs which inhibit the functions of our organs in their work of healing.

At this stage, Ladies and Gentlemen, you may well ask why I have said so little about faith itself, and so much about the mechanical, dynamic and mental factors that hinder it.

I had three reasons : the first is—

that it is a misapplication of energy to seek faith before tension, exhaustion and unbelief have been dealt with ;

the second : that I wished to argue that whilst neither reason nor will can deal with unbeliefs, myognosis and emotional release can ; and

the third : that once tension, exhaustion and unbelief have been at least attenuated, if not eliminated, faith becomes progressively easy both to practice and to define.

### *Creative faith and common sense*

Precisely as common sense uses imagination to plan what *we know we can do*, so faith uses it to plan what *we believe we cannot do* !

It may be true that faith operates out of time ; but, when we use normal means of perception only, an act of faith must appear to us to occur in space and to take at least some time, though perhaps less time than do acts of common sense. But, let us observe that when common sense plans even the simplest act it begins by travelling through time in imagination, first forwards to conceive the act desired as already completed, and then backwards to conceive the means to that very act which it has already achieved mentally. Then, and then only, can the common sense mind execute in actuality the common sense act which it has already executed in imagination.

Let us illustrate this with some simple common sense acts which we know we can do. As Smith, who lives ten minutes from the station, finishes his breakfast he imagines himself catching the 8.15. Then, still in imagination, he comes back 15 minutes to 8 o'clock, and he puts on his hat and coat in his mind before he can put them on in actuality to go to the station. He does not first discover himself by chance with hat and coat on and then say : "Ah! that gives me an idea: let's go somewhere! What about the City ?" No ! First forwards in imagination, then backwards, still in imagination, and, only then, forwards in actuality !

The order is : 1st prediction, 2nd retrospection, both in the mind and 3rd projection, in actuality, or end before means and then execution. It is the logical basis of creative faith as clearly as it is that of common sense, and it can justly be termed : "Retrospective prediction."

Another example: Smith has now reached town. He has found out that his wife would dearly like a certain object. He has imagined her delight as he gives it her for her birthday. He has then found out that it can only be got at Harrods and has therefore imagined getting out of a No. 30 bus, just outside the shop, and buying the article. And now, because he has already got *out* of a No. 30 bus in his mind, he can get *into* one in actuality! It is easy to remember a paradox: hold this one: "We have to get *out* of a bus *before* we can get *into* it!"

Let us now take a typical case of insomnia. The patient is always wondering whether he will or not get *into* the bus we call sleep and never thinks first of getting *out* of it at its destination: the perfect awakening in the morning. That is, he puts "Means before end," which though it sounds right, is dead wrong, because the way he works it, it amounts to "Means to no end." And only the absent-minded get into buses without first wondering about their destination.

Let the insomnia patient relax in bed, with hands clasped and feet crossed. Let him then repeat 100 times: "to-morrow morning I will wake up rubbing my eyes, yawning and stretching violently," and let him see himself doing, it. In a few days he will sleep naturally! Conceive the end, the awakening, and your sub-conscious will give you the means, sleep! The means do not concern your conscious!

### *Conscious evolution*

If "Retrospective Prediction" is the logical basis of faith for the individual, it is so also for the race.

To-day we do things that are at the same time scientifically so wonderful and ethically so moronic that the contrast would make our forebears of 100 years ago gasp! Why? Because whilst international scientists have collectively conceived machines that kill in millions (and that kind of conception engenders that kind of machine) we have never yet collectively conceived the man of to-morrow who will naturally love life and foster it for all! Can we collectively conceive him now?

I will close by answering this question with a simple suggestion.

International broadcasting has given us the means to initiate collective conception. The B.B.C. have recently produced a feature called "Letter to posterity," in which some of our best minds under pretence of writing to our descendants of 100 years hence, did in fact tell *us* what they thought of our world to-day. In my humble opinion the B.B.C. had, unawares, instructed their speakers in terms of means only and without any reference to ends. They should repair this grievous error by inviting some

of our best intellects to write imaginary letters from our descendants of the year 4000 and admittedly addressed to *us* of to-day. Each creative artist could thus inspire us with his picture of what "homo sapiens" could evolve into in 2,000 years from now; Man himself, that is, not his gadgets. He would tell us also, in stages of say 500 years, how man had shed some of his formerly congenital vices and gained new inborn dispositions. And, year by year, we could collectively improve our pattern of man to be, and thus, at last, learn to think in terms of Conscious Evolution.

Some there are, Ladies and Gentlemen, who though they are descended from fish and take no pains whatever to disguise the fact, do nevertheless assert that human nature cannot change! Though they have flown for so long they have not even yet realised that their fins have become wings! That, Ladies and Gentlemen, is our fundamental and most illogical racial unbelief, THE unbelief which we must overcome before we can collectively conceive the better man of to-morrow. Then, in "Retrospective Prediction" we shall also the more easily conceive the future stages of our "Pilgrim's Progress."

#### APPENDIX

I will briefly refer to a partial confirmation of my views on bi-polarity which has recently reached me from America. In an article entitled: "Is science finding the secret of Life?" published in the Magazine *Pageant*, it is stated that Dr. Harold S. Burr, Professor of Neuro-Anatomy at Yale University's School of Medicine, has proved that in human beings "the right side of the body is almost uniformly positive to the left side by several millivolts, although this bears no discernible relation to handedness."

I offer to Dr. Burr the following working hypothesis: Would he take the head, the sacrum, the right-hand and the left-hand of both a right- and a left-hander as poles. Would he then connect each person first with himself, left hand to head and right hand to sacrum, by means of electrical conductors, and then with the other person? Would he then note the changes in breath-rate and pulse, to mention only two factors, that would be caused by various changes in linkage between the two persons? Statistical evaluation of results would show that polarity does bear a "discernible relation to handedness" (see *Co-operative Healing, the Curative Properties of Human Radiations*. London, Frederick Muller, 15/-). If results remained the same when silk, cotton or linen threads were used as conductors between the two subjects instead of copper wires, this would suggest that body lateral differences were not due, exclusively at least, to electricity in the usual sense of the word, as had been shown by von Reichenbach over 100 years ago.

## INTERIM REPORT AFTER 35 YEARS OF RESEARCH

*Lecture delivered to the British Society of Dowsers after the Annual General Meeting on October 20th, 1954,*

BY L. E. EEMAN

Introducing the lecturer the Chairman said : Our lecturer this afternoon, Mr. L. E. Eeman, is well known to most of you personally—and to others by repute—as the inventor of his remarkable system of co-operative healing.

I must tell you that, like all modest men, he was somewhat reluctant to give us an address of such a personal kind as that which forms the subject of this lecture.

I told him, however, that the person best qualified to speak on any novel system or method is he who invented it and first put it into practice, and that in the case of a form of healing of such proven value, there is an obligation on its operator to make it known to as wide a circle as possible.

Mr. President, Ladies and Gentlemen,

When Colonel Bell invited me to address the Society on the occasion of our Annual General Meeting, I thanked him for the honour he was doing me, but it took me quite a time to realise that he was doing me an invaluable service as well as an honour. The Colonel suggested that since I had done some 35 years of research in various aspects of healing, "our members might be interested to know my conclusions to date." When, later, he asked me for the title of my paper, he unwittingly reminded me of the fact that every forward step I had taken in the past had invariably added to the apparent vastness of the unexplored "beyond," and that, therefore, any report on progress in such an illimitable field could be only an "interim" report.

It is good to be reminded that just as we cannot apprehend absolute truth, so we cannot experience absolute health. And, it may be noted that although seekers after the secret of life always know in their hearts that they can never reach the ultimate goal of their quest, each newcomer to the field is nevertheless certain that he has just embarked on the most worthwhile and enthralling of all adventures.

When I attempted to marshal my conclusions, I divided them into three classes according to their respective sources : intuition, logic and experiment. But, I confess that I could not decide on either intuitive, logical or experimental grounds which of these conclusions I should place before you. Instead, I found that one question alone was governing this selection : "Had this conclusion, irrespective of its scientific validity, seemed compelling enough, to me, to shape my behaviour through the years ? If it had, then, I must submit it to your judgement." There is implicit in that question the affirmation that I do not regard the experimental method as invariably either the highest or the only trustworthy guide to right behaviour. I am unable to withdraw from

that position although, whenever profitable, I seek experimental validation of conclusions attained either intuitively or logically. I do so, not necessarily in order to add to the certainty of my own mind which, on occasions, is complete, but to help induce others to investigate given propositions. I fully realise that that statement may damn some of my conclusions for some minds, but I would contend that any one who attempts to guide consciously the normally unconscious evolution of his own mind must start by seeking, and must expect to find, at least on occasions, a clarity of apprehension of what is true, so compelling in itself that no experiment could add anything to its power to convince. And this not only in the "mystical experience."

Since my established behaviour was to decide which of my conclusions I should put before you, I began to take stock of what I had done, day in day out, for years past. I soon found that I had done many things in full consciousness, intellectually aware of their "reasons why" and of the desirable results which they must, in all logic, inevitably produce. But, as we all do, I had also done many things unconsciously, but things that nevertheless produced worth while results, just as inevitably as those done in full consciousness had done. And it was conclusions the Colonel had suggested I should put before you and not their unconscious effects. And, he had said : "conclusions to date." But are our latest conclusions necessarily the most reliable or important ?

My own experience was, I believe, normal in that although many of my early conclusions were mistaken or at least incomplete, I nevertheless saw in them evidence not only of an innate longing for truth but also of a healthy determination to find it. They were soon followed by realization and correction of errors, and then, between 1919 and 1925, I made a series of observations which, to this day, appear to me fundamental and from which most of my subsequent conclusions naturally evolved.

I could not, from unaided memory, give you the genesis of my investigations, and yet, I feel this is essential to those of you, who being interested or engaged in one or another form of healing, may wish to assess which of my conclusions or techniques may be worthy of adoption in their own practice. However, the preparation of this paper was simplified by the fact that from the earliest days of my interest in the mystery of life, and health, I made notes of many of the notions, wise and otherwise, that crossed my mind. Thus, when Colonel Bell set me my paper, he did me the immense service of compelling me to read again, digest and assimilate, two fairly long and unpublished MSS which I had not seen for at least twenty years, and the gist of which I had almost forgotten, and a lengthier third which I had recently revised in readiness for a second edition. In the process, I was reminded not only of the reasonable "reasons why" I had first concluded that certain methods were healing, but also of the "hunches"

or intuitions which had first attracted me to them, and of the many much-less-than-wise ideas I had at times toyed with, or even believed in firmly. Truly, a grim reminder.

The first of these three MSS was written between the 22nd of March, 1918, when I was taken to hospital, a hopeless physical, nervous and mental wreck, and February, 1919, when I was transferred to my fourth hospital, to be eventually released from my fifth on the 4th August, 1919, with my papers marked "100 per cent. disability, permanently unfit for any duty." After a few weeks in a hospital bed, two things became clear to me : the first that I was in such pain and felt so ill that I couldn't live much longer, and the second that if I was nevertheless to recover I should have to do the job myself, as none of the different physical treatments I had received had relieved either the acute head and spine pains and the unbearable insomnia caused by a head injury, or the exhaustion brought on by war flying in four different countries, with dysentery and malaria added for good measure. In the circumstances, I devoted the first half of the 160 typed quarto pages of my hospital MS to an educational last testament for my children, then infants. That done, I concentrated all I had left in me on my wish to recover and to do so by my own means, in view of the failure of "allopathic" medicine. In time, this wish became so powerful that one morning, weak though I was, I wildly struck my bedside table with my fist and shouted at my orderly that "Whatever anybody thought, I would get completely fit again, even if it took me ten years." To this the orderly replied with qualified optimism : "There is one thing about you sir, when you go down the sink, you'll go down with a joke!" I will never forget those double-edged words, and to-day, after over thirty-five years, I stand by the conclusion implicit in my affirmation : "The first essential to recovery of health is the patient's own wish to live, and to live in the fullness of health."

However, we need not only a chosen end, but means to it as well, and so I devoted the rest of my hospital book to the production of what I called the

*Equation to Perfection.*  
Knowledge + Intention + Will Power Milestone reached  
Impulse + Suggestion + Exhaustion = on our way to perfection.

In this equation the ideal was represented by 100 units for the numerators and 0 for the denominators, and the opposites in each of the three pairs were expected to share the 100 units. Using the addition sign between factors, I was humbled by the low results I obtained even with optimistic estimates of my own capacities, in any field, such as health, music, or philosophy.

I believe we would all find it helpful as well as enlightening to give ourselves marks, say once a month, on any ability we wished

to develop, and then watch our progress. After using the equation for a while, I was delighted not only with my improvement in health but also with myself, for having invented this simple way to sanctity. Nevertheless however much knowledge, intention and will may help us to overcome disease they are but the brittle tools of the conscious mind, and it suddenly dawned on me that whilst children and guinea pigs and other animals never have any knowledge of health or of the way to it, or ever seek it consciously, they usually heal quicker and better than do the most qualified, determined and wilful of specialists. Clearly, I had been carried away by relative nonsense, but my optimistic belief in it had released some of the healing forces of Nature and benefited me accordingly. I therefore conclude that, after the wish for health, a wish which implies the capacity to imagine or "plan" oneself in health, the most important factor is : "faith in one's power to execute that plan." And, may I here quote from a paper on "Creative Faith" which I had the honour of reading before you and which was printed in the June, 1952, number of our journal : "Precisely as common sense uses imagination to plan what *we know we can do*, so faith uses it to plan what *we believe we cannot do !*" In either case, there MUST be planning !

I had obtained results but misunderstood the mechanisms involved. My healing came to a halt, and I lay in bed, helplessly asking myself where on earth I was ? Then, my intellect asserted itself and I set out to produce yet another and even better MS, that was to be a masterpiece of pure logic. However, there is no point in my giving it to you because before it had run to thirty pages my pure logic had run me into an impenetrable blank wall. My third conclusion would therefore be the purely negative one that healing is NOT a matter of either intellect or logic. Let us note, however, that this is no reason why we should not use our minds to try and work out how healing does in fact operate.

I could tell you of many more of my mistakes, but the two I have quoted suffice to justify the fourth conclusion, that error, when treated with due respect, can point the way to truth. I had faced my problem "in vacuo," as it were, and could solve it only by giving up my self-centred approach to it and setting it in a broad philosophical frame in which only understanding of, and submission to, universal law could lead to true individual well-being. I do not remember how I came to this conclusion, but I know that on my sick-bed I suddenly felt driven, possibly by despair at my own incompetence, to think back to first causes. I faced the age old conflict between Vitalists and Mechanists, and in 1918 gave my allegiance to Animism and Mysticism. This was before materialists had demonstrated, by material experiments, that matter, up to then their "only reality," had no reality at all on its own, but was merely the appearance which energy in motion presented to us through our sensory organs

aided at times by equally unreal extensions of them. Later, in a third MS, which I called "Conscious Evolution," I suggested that "dynamists," the lineal heirs of materialists, might now discover that energy itself, the "only reality" of to-day, whether atomic or other, really has no more inherent reality than matter had had, and that thought alone has. Or, should I have said, Life, or Being, or God?

Whereas materialists deny the existence of a planning intelligence behind the universe, animists see evidence of its action in all phenomena. Since my healing theories and techniques were evolved within an animist frame, I must submit at least an outline of this frame to you.

Creation is the conscious descent of Spirit into matter and by a continuous circular process which includes the evolution of matter through life, individuality and consciousness, &c., it culminates in the re-ascent of matter into Spirit. Creation is from God, through matter, back to God. That which Spirit consciously involves in matter, in a given order, must evolve out of matter in that precise order, at first in the shape of tendencies, urges and instincts. These are, at first, blindly followed, then successively sensed, observed and interpreted, at first superstitiously, and then understood and ultimately sublimated. Thus, the concept of evolution involved in creation promotes in matter the instinct to evolve: the first instinct. This implies life, individual life and thus is evolved the instinct of self-preservation: the second instinct. Since original ignorance of the law of life entails the inevitable breach of that law and the result of that breach—death, this in turn entails the instinct to preserve the species by reproduction, sex: merely the third instinct. But the fear of death entails more than race preservation by means of sex, it promotes the urge to the knowledge of the law of life, the knowledge that will make us free from death: the urge to rise above instinct and to have direct knowledge of Life, with a capital "L."

At the present stage of our evolution the intellect perpetually reminds man that he must for ever inevitably die. At the same time, seekers, more numerous and enthusiastic than ever before, seem compelled to work ceaselessly not only to prolong life but also to find its eternally elusive secret. This suggests that the Spirit creatively involved in evolution urges upon man, from within, that he must, just as inevitably, overcome death, perhaps even in time and not out of it, however many millennia this overcoming may take him. This conflict between observed fact and creative inspirations is, of the many which now absorb humanity, perhaps the most pregnant with hope, and it may help us to meditate on its potentialities.

To obey this inward urge to seek the secret of life, we must live and observe ourselves living. To live is to function, and animists

and materialists agree that the fulness of individual health can be only the effect of the efficient function of man's WHOLE personality in adaptation to his environment. As however, this environment involves other individuals, fulness of health must depend not only on the adaptation of individuals to non-reacting environments; but on the reciprocal adaptation of all individuals to each other by every means of mutual action available, and ultimately on the co-operative pursuit of health in realisation by all of the oneness not only of all life but also of its goal and purpose.

There is a fallacy which suggests that animists and mystics are, by definition, incapable of practical behaviour on the material plane. However, since they see in the material universe the execution of a creative evolutionary plan conceived by an absolute intelligence, they have one more reason than have the materialists for seeking to understand the laws of this material universe and to co-operate with them intelligently and practically. They agree with materialists that the basic axiom of the evolutionary theory is that "function precedes the organ," e.g., that light preceded and promoted the evolution of the eye and sound that of the ear. They differ from materialists in believing that it was absolute intelligence which gave to matter its apparent reality and that this intelligent first cause preceded and promoted the evolution in man of the frontal lobes which enable him to conceive a first cause and to meditate upon and relate himself to it, just as the eye enables him to perceive light and investigate and use it. Thus, he may come to think of the frontal lobes, or their equivalent, as the eye through which he may perceive divine light. Then, linking the first fact that only integral function of total man can produce the fullness of health, with the second fact that the function of certain brain centres is to relate the individual to the absolute, both theoretically and practically, i.e., philosophically and religiously, they logically conclude that "Thinking on these things" and "praying," i.e., using the frontal lobes for the purposes for which they have so far evolved, forms an essential part of the search for, and of the attainment and maintenance of the fullness of health.

When the animist has clarified the compelling intuitions upon which he rests his conviction that creation is "from God, through matter, back to God," he must accept as a reflected reality the material segment of the evolutionary circle. More, he must seek in this segment confirmation of his animist hypothesis by observing himself, and others, living through matter. In doing so, he must submit himself to the discipline of the experimental method and expect a like submission from those who would question his findings. It is in this spirit that I put before you further conclusions which appear to me both logically inescapable and, in the main, experimentally demonstrable. Time hardly allows me to do more than to enumerate them, but this paper will be

reprinted in *Radio-Perception* and confirmatory experiments are described in my book *Co-operative Healing*.\*

If health can be only the effect of the efficient function of the whole of men's personalities in adaptation to their environment, including each other, we must note that function always involves a trinity of mechanism, energy and control. Hence, there are only three possible causes of failure, both for machines and for men, mechanical, dynamic or control—or, in broad terms, body, nerves and mind—but innumerable combinations of all three forms of dysfunction or illhealth.

Whereas mechanical trinities function only objectively, that is when they are being used, living trinities function both objectively and subjectively. That is : they function not only when they are being used, but also when they are repairing themselves.

Whereas sound repair is essential to efficient use, efficient use is not essential to sound repair, and skill in use cannot compensate for failure in maintenance.

Objective use and maintenance are mutually exclusive : the engine must be switched off before repair can begin ; man must relax his voluntary muscles before sleep.

A large portion of our tensions being un-conscious they must be made conscious before they can be eliminated, i.e., especially for civilised man, relaxation must be achieved *consciously before sleep*.

When a car is being repaired, it needs no internal energy for the purpose, all energy required being provided by mechanics who are external to the car. But, since the living trinity of body, nerve and mind repairs itself in sleep, it needs in addition to conscious relaxation and also before sleep, a supply of energy sufficient to make repair work possible during sleep and as long as sleep continues. Here I refer not to gross muscular energy but to that subtle force which the ancients called : "Vis naturae medicatrix," and which has since been labelled : "Virtue; Life force, Nerve force, Vital fluid, Divine water, Vital principle, Animal magnetism, Odyle," &c., &c., but which I prefer to call : "the X force" since we know so little about it, though I believe it is the fundamental principle in life, and may even be Life itself.

The body, like all its components, from organs and limbs to cells and atoms, is a bi-polar organism. Men, children, animals and plants illustrate this fact by their respectively unconscious, instinctive and automatic behaviour. Old, sick, tired and cold men are mechanisms that have run short of energy. Because of that, they instinctively rest with their hands and feet linked, thus closing energy circuits, until they have recovered enough energy, when they separate their extremities and stretch.

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\* *Co-operative Healing*, by L. E. Eeman, The C. W. Daniel Co., Ltd., Ashingdon, Rochford, Essex, 21/- net.

Healthy, growing children sleep spread-eagled, but in illness they too close circuits. Old, sick, tired and cold animals likewise link their extremities, also separating them and stretching when they have overcome their energy shortage. Daisies, buttercups, water lilies and other flowers close their petals as the sun, their source of energy, goes down or hides behind heavy cloud, "stretching" in the morning or when the sun shines again after a storm. From the above, I conclude that: when energy supply is low, living things unconsciously connect their opposite poles, much as one puts a horse-shoe magnet away with a keeper linking its two poles.

As will be seen from the two diagrams of human polarities, which you have found on the chairs, the linking of hands and feet, or of the left hand with the base of the head and the right with the abdomen, forms closed circuits which promote a recuperative flow of energy within ONE body. A similarly beneficial flow occurs when *two* bodies are linked so that positive poles are connected with negative, as when a right-handed mother carries her right-handed infant left hand to head and right hand to base of spine. The energy which flows between opposite poles when they are in contact also flows between them when they are linked by suitable conductors. As we are conditioned by two centuries of electrical practice we are apt to jump to the conclusions that nerve force is electrical and that therefore copper wire is its best conductor, whereas, though muscles react to electricity, nerve force is not electrical. Nerves are the lineal descendants of vegetable fibres through millions of years of evolution, and have never been made of copper. The microscope shows that nerve fibres are much closer to wool, silk, cotton and other animal and vegetable fibres than to copper, and it is suggestive that 1900 years ago "virtue" was conducted from the body of Jesus through a garment, probably wool or cotton, to a woman who held its hem. Further, Dr. Baron von Reichenbach had, before 1850, been the first to demonstrate scientifically by brilliantly contrived experiments that silk was a better conductor for the "X" force than copper, and my attention was first drawn to his writings by the late Dr. Hector Munro, then by the late Dr. Oscar Brunler in 1938, and finally and decisively by Dr. A. T. Westlake in 1948.

All circuits which link opposite poles are relaxing and healing circuits and in them, silk and cotton fibres conduct nerve or "X" force from every member *to* and *through* every other member of the circuit, with clear therapeutic effects, provided subjects lend themselves to relaxation and do not surrender to, or conjure up, fear, the great destroyer and tension maker. Let us here remember that Jesus approached every patient with the exhortation to: "Have no fear." Unfortunately, the "Homoeopathic aggravation" or "healing crisis," this acknowledged

herald of a "root and branch" cure, often frightens a patient so much that he dare not continue the homoeopathic treatment which would complete his recovery. Then, the practitioner faces this dilemma : "If I warn the patient that he will experience a specific violent reaction and this materialises, he may say the cure is pure suggestion. If I do not so warn him, he may be frightened by the unexpected reaction. In either case, he may discontinue the correct treatment just as it approaches its culmination." Generally speaking, I would conclude that it is better to give a patient a clear warning whenever he can face the prospect of a crisis.

We must also bear in mind the fact that a patient may fear that as good comes from being coupled in the circuit with one person, ill may come from being coupled with another and that he may refuse even to experiment with more than one circuit partner, and that, a carefully chosen paragon of health. Let us overlook the fact that such patients, often zealous Christians, have no fear whatsoever of passing their own complaint to their partners. To the mystics and animists amongst them, I would emphasise that their basic hypothesis that "all things work together for good because they were conceived together by one all-intelligent cause" has it, as one of its corollaries, that "out of the evil of infection comes the good of immunity." To the materialists I would point out that the notion of putting together, in one hospital ward, victims of one complaint only, such as, say, T.B., or rheumatism, presumably in the dual hope that they will not only not infect each other but also that they may even help cure in each other what they had failed to cure in themselves, is fallacious. It puts me in mind of the headmaster who had gathered his arithmetical dunces in one dormitory on the theory that after months of hypnotic telepathy their combined unconscious would square the circle. It didn't!

I would add that, in practice, I had found that diverse complaints may be mutually antidotal, and that, say, T.B. and rheumatic patients are mutually helpful in the circuit; that infection and inoculation work in the circuit only in terms of specific resonance; that as there is no resonance between a piano in tune and one out of tune, so there is none between disease and health vibrations; that, in contradistinction, there appears to be identity of length between the waves of a specific disease and those of its anti-bodies or anti-toxins, the first being, may I suggest "in phase" and the others "out of phase"; that the greater the number and variety of patients and complaints in one circuit, the greater the number and variety of immunising frequencies present; and that in harmony with the principle that "all things work together for good," as multiple tendencies meet in the circuit, there operates between them a progressive, mutual and ceaseless inter-action towards collective health, which

no drug of static potency and no dynamic techniques of fixed rhythm could match. I would underline that living beings en masse are inherently, mutually, resiliently and perpetually moving towards life, that, in short, life is always "bio-tropic," as the mystic and the materialist both know "de facto" and as the mystic believes "ex hypothesi." But I would also repeat the warning of Jesus that fear and unbelief, however and whyever caused, would inhibit any beneficent agency, however mighty, and in this connection, I would again refer you to my paper on "Creative Faith" of 1952.

By 1927 I had come to the conclusion that if, in the relaxation circuit, the vibrations of disease germs, of vaccines and sera, of alcohol and of drugs passed from one body to another, these same substances should also propagate their frequencies in the circuit when they were contained, not in living bodies, but in test tubes. The great many experiments which I made from 1927 on with drugs, vaccines, body fluids, &c., with sick and well subjects, showed that drugs, sera, &c., work mainly dynamically and not chemically, as Hahnemann had shown. In 1936, I had the good fortune to meet Mr. J. C. Maby, and after he had studied the experiments in drug frequency conduction in the circuit which Miss Mary Cameron and I had done for years and had repeated them with me as his subject, he wrote to a physicist colleague who was associated with his researches: "Eeman was the 'patient' and he had no means of knowing what I was administering to him electrically. . . . In these circumstances he . . . made remarkably detailed statements on his sensations and bodily reactions, including blood pressure and circulation, respiration, muscle tone, salivation, gastric and other gland action, neurotic pains, &c. And, all these, *in every instance*, were suitable to the nature of the medicine—though the latter had only been administered in the form of electric oscillations and radiation."

After Maby, Mr. Eric Powell the well-known radiesthetist and homoeopathic practitioner and writer, and Dr. A. T. Westlake, considerably encouraged me by confirming my findings on drug frequencies with individual patients in the circuit. May I here thank all three once again for all the help they have given me. I feel, however, that as my experiments have shown that some drugs regularly produce in the circuit and in a few seconds, reactions of extreme violence in specific complaints, I must affirm that it is not quantity, no, not even in terms of homoeopathic potencies, which must be the basis of dosage, but time. The time-dose factor must be "proved," in the Hahnemann sense, just as homoeopathic potencies have been "proved," that is, by teams of medical research workers. It is not false modesty which compels me to insist here that I am not competent to do this work.

Recently, Dr. W. E. Boyd has published a paper on *Biochemical and Biological Evidence of the Activity of High Potencies*, and I hope that having placed the reality of "potency energy" beyond doubt he may next be ready to demonstrate quite as irrefutably the conductibility of this energy and even perhaps do so in the relaxation circuit.

If I do not misunderstand his highly technical paper, he concludes that potency energy of specific powers is released from drugs and the like, "in vitro," by "succussion," or vigorous shaking.

Does not this suggest that within the living body, the pulsations of the heart, reinforced by the muscular contractions of work, play, emotion, &c., do amount to succussion constantly sustained over three score years and ten? And, does not the heart, in addition to physically activating the body by circulating to all its parts the "gross" energy carried by oxygenated blood also suffuse it with the subtle "X" force which it releases by its succussing pulsations? Does it not galvanise the whole dynamic system with self-multiplying potency energy whenever danger threatens and adrenalin speeds up and strengthens the action of the succussing heart muscle?

Further, is succussion the only method for the release of potency energy? Does not emotion also release it indirectly by accelerating the heart's action? May not thought creatively liberate it at the psychic level and make it available to the body by dynamic, as opposed to chemical, action on the ductless glands or other body mechanisms?

As the mystic observes himself and others living through matter he must, in time, hear or read of, or even experience first hand telepathy, intuition, inspiration and the "mystical experience." If he meets with the latter, be it only once, the wonder of the event may lead him to seek its repetition away from the world. But, if he then remembers that he is living through the material segment of a divinely planned evolutionary circle he will no longer wish to escape from it but will instead seek to understand the working of material laws.

Amongst these is the law which decrees that an agent must use energy in order to make any other agent do work. For instance, and to be topical, if a scientist guides from the ground the flight of a hydrogen bomb, he can make sure of wiping out the right people in the right place and at the right time only if his guiding apparatus is connected with the bomb by a dynamic link. In keeping with that law, in my MS on "Conscious Evolution," I attempted to identify those parts of the human system which could, firstly in telepathy, send and receive messages to and from other human beings, and secondly, in inspiration and the mystical experience, receive impressions from higher beings or from the

absolute itself. I also postulated a form of energy which would operate in these supranormal processes.

To-day, I still hold that we must first seek in a material frame the mechanisms of functions which we exercise whilst in a material body rather than assume that for esoteric purposes we slip out of time-space at a chosen moment in time and place in space only to reverse the performance when and where desired. I still believe that energy is required for the transmission involved in at least some telepathic and mystical events and would be ready to relate these to the "X" force, under any of its many names, ancient and modern.

But, whatever the mechanisms and dynamisms involved in telepathy, it is an immensely potent instrument of healing which is either overlooked or misunderstood by both medicine and the Churches. Perhaps an illustration will convey what I consider an efficient telepathic-group-healing technique. If a patient with a sore throat consults me, I can help him by teaching him: how to relax; how to recuperate energy by linking his hands and feet, how to focus this energy by thought, e.g., the thought of singing which would direct nervous impulses to his throat, just as the dream of chasing a rabbit directs nervous impulses to the paws of a sleeping dog, and I can even give him some of my own energy. But, if I have another fifty people in the room, much more can be done, and done better and in less time. Those fifty people can, by imagining themselves, and the patient, singing warmly with healthy throats, telepathically transfer specific healing energy which will vitalise the patient's throat. More, their efficiency will be multiplied if they and the patient are all linked by suitable conductors, for, although telepathy functions without a conductor, it functions better with one. The Midlands Region of the B.B.C. can get a London programme through the ether and then re-diffuse it, but they find land lines more efficient and economical because of the inverse square law—and the notion that telepathy escapes the inverse square law has never been experimentally demonstrated. The principles involved in telepathic-group-healing can be tested clinically in little time, in a hospital ward, and most easily in a fever ward, as I have often suggested should be done.

Early in 1928 I finished the MS of "Conscious Evolution," giving all the ideas and conclusions which I have outlined before you, except those relating to the use of drugs and telepathy in the circuit which I had only begun to investigate in 1927 and which are detailed in my book *Co-operative Healing*. Having been induced, in great part by Colonel Bell, to re-read my early notes and MSS I must conclude that almost all I had thought and done since I made my early observations has been mainly development work, both theoretical and technical, based upon conclusions which I had reached almost blindly in hospital in

1918, in circumstances for which I can claim no credit, and at a time, when to all appearances, I was physically, nervously and mentally helpless and hopeless. I clearly remember now, being then unable to remember anything at all, not even the first page of a novel after I had attempted to read this first page at least twenty times. Yet, after simply relaxing in bed for a few weeks with my hands clasped and my feet crossed, that is, in circuit, I began to think again, "within," and to form clear and definite conclusions, though I was still unable to express them either verbally or in writing.

It is the meaning of "conclusions" that my good friend, Colonel Bell has made me ponder. The dictionary says: "Conclusion: ending, finish, way of concluding, final opinion, &c." No doubt this is true, in books. But, in real life, a conclusion is a sign-post, or it is DEAD, D-E-A-D. The first arm you see as you get there tells you where you have come from, which you already know. The standard itself tells you where you are, and it is good to know that you have got so far. Don't dwell on that! Instead, look at the arms which tell you where you might go next—in your search for truth. If you have travelled at all you know that neither the next post, nor any that will come after, will end your search and that they will, all, and for ever, ask you to decide what you must do next?

That was what I was asked to decide when I had finished the MS of "Conscious Evolution." The publishers who saw it before it eventually appeared in 1929 insisted between them that I must give up:

- (A) all references to the dynamism and mechanism of telepathy as my ideas were too far fetched;
- (B) all philosophical, animistic and mystical fantasies as they would only put off serious scientists (especially literary critics?) and
- (C) my pompous title: "Conscious Evolution" and substitute the more attractive one of *Self and Superman*.\*

What did I decide to do at that sign-post? Clearly I should have had the moral courage to have published the book myself, exactly as it had come to me. Instead, I gave in all along the line, because I was afraid of what people would think, and because I wanted to see my name in print, even with the core of what I had to say left unsaid. The irony of all this is that some of my respectable scientific friends find it easy to accept to-day what I was afraid to publish in 1927, whereas they cannot swallow now what seemed self-evident to me then. And we are still friends!

I have paid for this weakness of years ago, and would like to add one conclusion of general import to those upon healing

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\* Arrangements have been made for a second edition of *Self and Superman*, by L. E. Eeman. The C. W. Daniel Co. Ltd. hope to bring it out in the spring, 18/- net.

which I have given you. The most important thing in life is to have the moral courage to be oneself whatever the risk. It is better to cover fearlessly one tenth of the road to truth than to cover nine tenths of it with a shaking heart within. Fear paralyses, but with courage, one can always go on seeking.

In conclusion, if some of you will take only a few of my conclusions as reasonable sign-posts, I shall be as grateful to Colonel Bell for that as I am for the fact that he "succussed" me into the conclusion that if we want to find, it is within that we must seek, and seek, and seek, and SEEK!

THE BALANCING CIRCUITS  
Of L.E. Eeman and Peter A. Lindemann  
Compiled from the BSRF files by Tom Brown

Around 1920 Englishman L.E. Eeman pioneered a system of healing based on the bio-energy fields of the human body. He discovered that connecting body extremities with insulated copper wires had many beneficial therapeutic effects. Eeman published his experimental findings in 1947 under the title COOPERATIVE HEALING. Since then, a growing number of physicians and lay health practitioners have used his discoveries with amazing results.

Briefly, Eeman reported these basic reactions. First, the body as a whole seems to act like a large but very weak (subtle) magnet with polar activity confined to the hands, feet, and spine. "This body behavior which suggests bi-polarity is automatic in both sexes, in health and disease, and it manifests in the absence of artificial energy and not only independently of suggestion but even against it." Secondly, in right-handed persons, the head, right hand and right foot usually exhibit the same polar effect (in 99% of humans - there have been rare exceptions). Eeman called these the Positive Poles. With this established, the sacrum, left hand and left foot became the Negative Poles. Thirdly, "...any arrangement which connects polar opposites is referred to as a relaxation circuit and any arrangement which connects polar similars as a tension circuit. The relaxation circuit automatically promotes relaxation of the voluntary muscles and stimulates functional activity. It fosters sleep and recovery from disease. It also increases capacity for work and health in general."

The etheric energy of the body, termed the X force by Eeman, flows around "blockages" when in circuit. Eeman's researches went beyond the use of the relaxation circuit by one person alone. He went on to show that two or more persons connected together by relaxation circuits had a strong tendency to normalize each others' weaknesses, automatically.

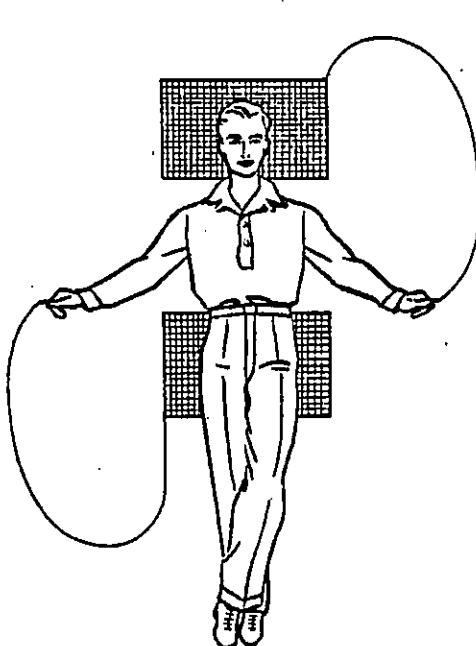
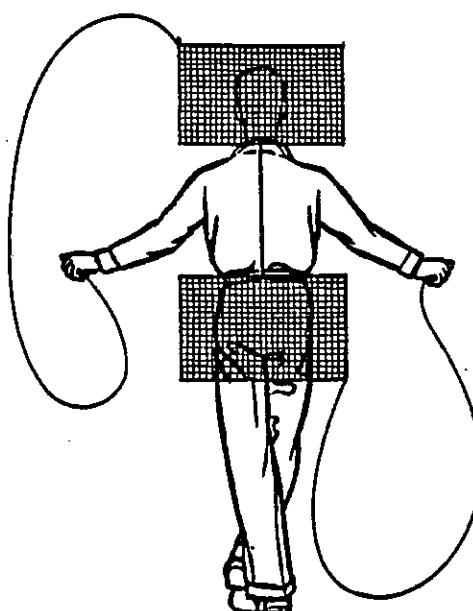


Figure 1 -One subject in relaxation circuit, showing copper gauze mats and wire connections.



—One subject, mats linked under spine.

Figure 2

The basic circuit devised by Eeman is as shown in Figure 1. Eeman found through further research that if he connected the head with the sacrum using a third wire as shown in Figure 2, the circuit was more effective. He felt that the X force is more effective when passed near to the spinal cord, rather than through it. (See pages 79-80, Cooperative Healing) Eeman suggested that the feet be crossed to short circuit the opposing polarities in them. Some people find it uncomfortable to keep the feet crossed and a screen is sometimes used which is large enough to set the heels of the feet on.

Present day researcher Peter Lindemann has developed the Core Energy Polarizer Circuit in which he optimizes Eeman's principles of bio-circuitry. The Core Energy Polarizer circuit allows for maximum effectiveness using metallic conductors to guide the flow of the body's etheric energies into balance. The Core Energy Polarizer is a natural energy balancing apparatus consisting of three separate lengths of insulated wire with a 6" square of copper screen attached to each end.

It may not always be desirable to be in circuit with others and the C.E.P. is designed for solo use. This allows maximum control over your own energies. The Core Energy Polarizer circuit is for right or left handed polarities. Peter has developed a truly universal circuit.

For those interested in the ideas presented by L.E. Eeman and Peter Lindemann we provide these suggestions for research. Borderland Sciences makes no therapeutic claims for use of any of these circuits. We at Borderland have used them and find these circuits quite stimulating and a worthy avenue of research.

Learn to experience your personal energies. Find a comfortable location and a quiet time and lay the wires and screens out in accordance with one of the following diagrams. Lie down on the screens for between 30 and 90 minutes at a time. Do this as often as you desire or until you attain the effect you want. The bioenergetic flux of the body moves easily through clothing, however, the effect is the strongest when your skin is in contact with the metal screens.

The best way to determine how long to lie down in the circuit is the FUNCTIONAL way. At a certain time during the session, the effect will seem to end. This is the best time to get up off the circuit. Then, during the next session, the same thing will occur, and so on. In this way, the exact time length of each session will vary. To obtain the most benefit from a balancing circuit it is best to try to become sensitive to this primary FUNCTIONAL activity of your body. Below are two diagrams of relaxation circuits that will work for either right-handed or left-handed persons. Try both circuits in your researches. See which is optimum for you.

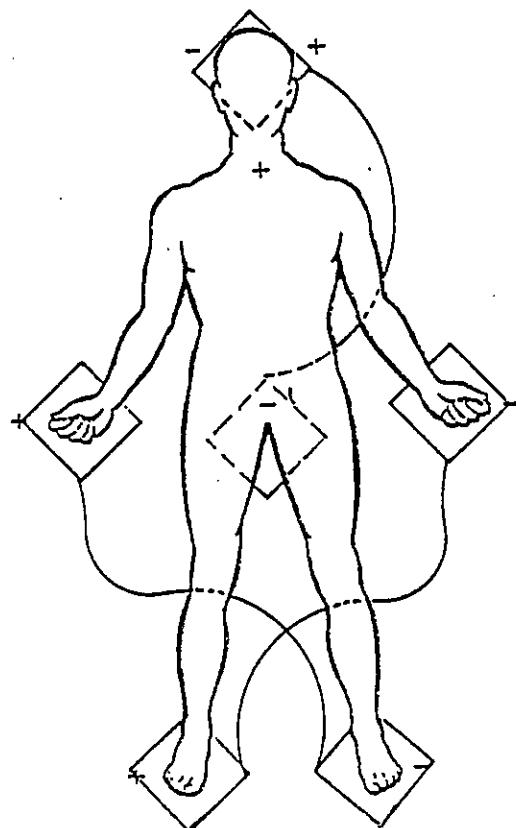
The more work you do with these circuits the stronger the effects will become. Repeated use will sensitize you to your own energies. For further research a bottle may be inserted in the spinal circuit in which homeopathic remedies and flower essences may be inserted into your circuit. Eeman did many experiments using this concept, though he put the bottle in various places in the circuit. The bottle can have two pins or two coils at the break in the wire and the radiant energy of the inserted substance completes the circuit.

Sequence "A"

Head to Sacrum

Right Hand to Left Foot

Right Foot to Left Hand

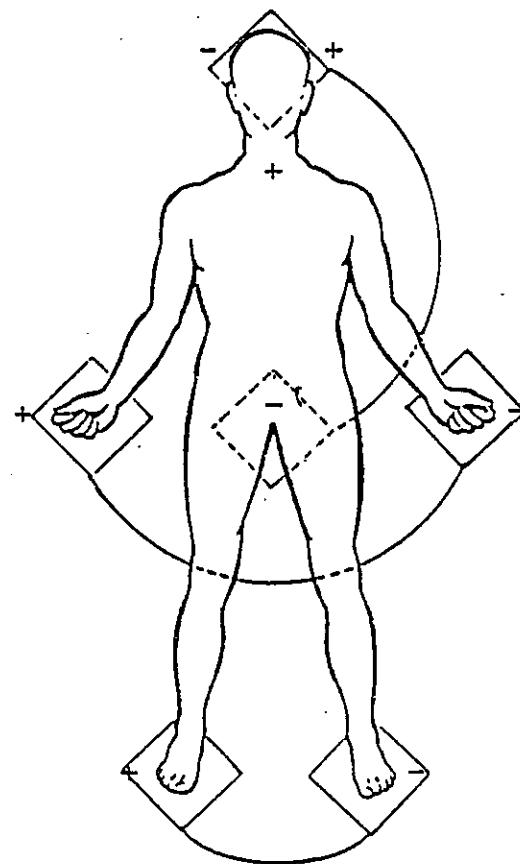


Sequence "B"

Head to Sacrum

Right Hand to Left Hand

Right Foot to Left Foot



# **HEALING**

by

## **AUTO-INDUCTION**

**THE BODY CURES ITSELF**

Facts prove conclusively that the human organism is a self-curing, self-healing mechanism. But the essential materials for the work of healing and repair must be available. What heals a cut finger? Is it the ointment that is applied? No, the healing is done by and through the blood. The best that an ointment can do is to keep the wound clean, and possibly supply some materials that the blood can attract and utilise.

Nature alone creates, and nature should be able to restore what she has created. There are those who say that the healing life is entirely spiritual; others claim that it is a matter of mind; yet others maintain that healing is a totally physical process. The truth is that man is a triune being consisting of spiritual, intellectual and physical departments, and that all three are essential, making up the being. Man does not possess a soul; he IS a soul—an entity. While the original source of life is Infinite and the basic reason for disease and death is being out of harmony with God and nature, physical life is in the blood: "The Blood is The Life". Hence pure, chemically balanced blood is a guarantee of life and health, and the person who has a good circulation of pure blood in his organism is a well being.

Anything which depletes or disorganises the blood brings about disease, which as the name implies is a lack of ease (dis-ease)—a lack of harmony in the body. Wrong, negative thinking, morbid and evil emotions, faulty diet and bad habits of living all tend to disorganise the blood and bring about disease conditions of the brain and body. This booklet is not intended to deal with all these causes, but with the fundamental fact that the organism is self-curative if the blood is normal, and that with pure blood there must be freedom from tension and illness. All that the physician, the osteopath, the homeopath, the herbalist or the psychologist can do is to assist nature. In the end it is the body which cures itself by taking hold of and utilising the assistance given through the various forms of mental and physical healing. When the organism does not react to treatment of any kind, nothing happens. All depends on the intelligence already existing in the blood and the body cells making use of the assistance given. This is, of course, an argument in favour of natural healing. Suppressive drugs change symptoms and interfere with the system's healing forces. Natural therapies assist nature. A drug can kill germs and

## **Self-Healing While You Rest**

**Eric F. Powell, N.D.**

suppress pain, but such a drug does not remove the basic cause of the pain or remove the reason why disease germs are present. Pain is nature's warning that something is wrong, and the cause cannot be removed by a campaign of germ slaughter or by using pain-killing poisons which are foreign to the organism. Germs of disease can only flourish in poisoned blood, so the real remedy is to restore the blood to a condition of purity and chemical balance.

All these matters have been discussed thoroughly in other books by the writer. In this instance we are dealing with what we consider to be one of the most logical and effective methods of normalising the blood, and through the blood all the organs of the body, ever discovered by man. This method enables the human organism to utilise its *total* healing force, and at the same time necessary vital elements are introduced into the body and handled by the blood and cell intelligence in a manner strictly in accord with natural law.

#### WHEN NATURE SEEKS TO FAIL

Having established that the body cures itself one may rightly ask the question: how is it that when the best of natural treatment is applied on all three planes of being, results are not in evidence? And we have to confess that this is so often the case. Nine may get well, but number ten does not respond at all. Maybe it is the sufferer's thinking that is at fault. Yet the best treatment by mental analysis fails to produce any change. We believe the answer is this: the system cannot utilise and apply curative force of any nature when it is tensed up and in an irritated condition.

We hear a great deal, in these days of stress and rush, about the importance of total relaxation. Indeed, health specialists agree that many people cannot get well unless they learn how to relax. But, it is asked, why do not the best mental and physical treatments induce a relaxed condition? It would appear that many people just cannot relax, no matter what is done to help produce such a desirable state. Yet it should be possible, for the human system should react to the operations of natural law. We are indebted to the late L. E. Eeman, a health scientist and investigator of considerable ability, for a reasonable answer to this question.

#### THE ELECTRICAL MASTERSPIECE

The body consists of an enormous number of cells which are akin to minute electrical batteries. Each individual cell has its positive and negative electric qualities, and when the entire mass of cells is balanced, or polarised, tension departs and the mind and body is relaxed. When there is an excess of the positive flow, tension results. When the negative is out of balance, there is fatigue. Health results from a perfect state of balance between the positive and negative. Many sufferers have electrical leaks—their energy is not conserved and built up, but flows away owing to a condition of electrical imbalance. Of course, such leaks can be caused by faulty thinking and living; such as sexual abuse, for example. Some degree of electrical imbalance is present in ALL mental and physical disorders. When the entire body is out of balance we have a serious condition. When only groups of cells become imbalanced we have a localised disorder: an ache, some inflammation, or a local anaemia. In all cases the blood is affected, and so is its normal flow throughout the organism. It is only when a state of balance has been restored that the healing force can get to work. Eeman found a unique method of polarising the body, stopping electrical leaks and conserving energy. His system positively induces mental and physical relaxation.

#### THE EEMAN METHOD

L. E. Eeman wrote extensively about his discovery. In brief, it amounts to what follows:

Any apparatus operated by electricity must act in accord with known electric laws. As in a battery, there must be a positive pole and a negative pole. When the two poles are linked a circuit is formed through which the electric current flows. Thus, when the positive and negative flows meet in a light bulb, light results. Any electrical "leak" will cause the battery to run down rapidly.

The human body, being composed of billions of electric cells, all of which are linked up, forms a living battery. When the flow of human electricity is normal the body is in a state of health. It is active, yet relaxed. There is no tension. If, through

any reasons, any part of the organism becomes more positive than it should be, or more negative, than part suffers from pain, congestion or inflammation as the case may be. If the vital electrical force is wasted in any way, and there is a "leak", the entire organism will suffer and there exists a condition known as innervation. In other words, when the electrical flow between positive and negative is imbalanced we have DIS-EASE in one form or another. This condition of electrical imbalance is evident in all known diseases, even as tension is also present in all disease conditions. When the imbalanced condition is normalised by polarising the electrical flow, tension goes and the body can commence to heal itself and take up and utilise remedial elements and curative foods.

In all animal organisms the head is electrically positive, while the feet are negative. The sacrum (hip and lower back area) is also negative. In right-handed people the right hand is more positive, while the left is negative. The right foot is positive and the left negative, although *together* they form a negative pole. Every organ has its positive and negative poles. A proper balance between the poles produces a state of relaxation and organic balance. By *linking up the extreme positive and negative poles the entire organism tends to become polarised; relaxation results and self-healing laws operate.*

For example: by crossing the feet at the ankles (right over left or *vice versa*) two opposite poles are united and there is a flow of vital force between the two. The same applies to the hands when they are lightly linked together by the fingers being crossed. But there should not be any hard grip, as gripping means tension which takes away the value of the link-up. If the head and the sacrum are connected up by means of a piece of flex, then we have a very effective link between two powerfully operative poles. Eeman devised metallic mats, one to go under the head and the other under the sacrum. These mats were linked by a piece of flex connecting the two and running along the spine. The mats were covered with cloth, or any organic material, for comfort and convenience. It must be noted that this human electricity, or vital force, will pass through clothing; in this respect alone it differs from commercial electricity. The exact nature of human electricity is debatable. Many of the scientifically minded have tried to unveil the mystery, and various names have been given to this vital force. All we do know is that, apart from its ability to flow through organic

matter, it acts in total harmony with the known laws of ordinary electricity.

## ASTONISHING RESULTS

When the opposite poles of the body are linked we form what is known as "the Eeman circuit". The curative effects have, in many instances, been spectacular. Even with the fingers linked and the feet crossed excellent effects have been obtained, although for the full value of circuit treatment the head and sacrum should be connected.

The writer, and many other experienced practitioners, can assert that this form of treatment has brought benefit to hundreds of sufferers from insomnia, neurasthenia, nervous tension, high blood-pressure, abdominal distress, indigestion, general debility and mental conditions characterised by excitement, restlessness and moodiness. Also there have been noticeable effects in cases of neuritis, rheumatism, feverish conditions, asthma, respiratory weakness, urinary troubles, and almost all known everyday disorders. However, the curative value in all disorders has been intensified considerably when suitable medicaments have been introduced into the circuit. Of this we shall deal later.

Here are examples of the effects of circuit treatment, or auto(*self*)-induction.

A lady of fifty years had suffered from severe insomnia for many years. The only way in which she could get to sleep was by taking larger and larger doses of sedatives. Eventually the accumulative effects of the drugs taken caused indigestion and periodic inflammation of the bowels and urinary organs. She had been to a nature cure health home for treatment, tried homoeopathy and herbal therapy. All these methods produced a small measure of relief for a short time, but the insomnia returned in due course, and appeared to be worse than ever. Psychological treatment helped her mentally, but had little or no effect with her inability to get a good night's rest.

The writer then suggested the Eeman method, which she employed with diligence once during the day and every night on retiring. Some relief was manifest after the first twenty-minute treatment. She persisted, and within six weeks had lost her insomnia and she gradually regained full mental and physical vigour.

During the day she sat back in an easy-chair with fingers lightly linked over the abdomen and feet crossed at the ankles. She used two domestic scouring cloths as "mats" for the head and sacrum. These mats are threaded with copper, so they acted very well. She linked up the two mats with a piece of electric flex, connecting the two uncovered ends of the flex to the mats by means of claw clips. She relaxed to the best of her ability and allowed herself to "sink into peace". Sometimes she fell asleep, and awakened in due course greatly refreshed. Incidentally, one may remain in the circuit for any length of time, although results are not to be expected under fifteen minutes. Twenty to thirty minutes is a reasonable time. If one falls asleep, so much the better!

At night the lady did the same in her bed, occasionally going to sleep while in the circuit. Early during the course of treatments she would wake up and not be able to sleep again. So she would get out of bed, walk about to wake herself up thoroughly, then get into bed and again place herself in circuit. Later, she slept well throughout the night. Incidentally, I. E. Eeman advised this *thoroughly waking oneself up in cases of insomnia before again placing oneself in circuit*.

A man of fifty-five had suffered for a lifetime from abdominal adhesions, prolapsed stomach and general debility. His abdominal pains were far worse at night; as a result he could not relax, and had very little sleep. Occasionally his abdominal pains were so bad that he felt like screaming with the agony. Various sensible forms of treatment produced no relief until he adopted the Eeman circuit. By this means his contracted abdomen relaxed—he said he could FEEL the relaxation taking place when in circuit—and he managed to get to sleep. His general health improved in a marked manner. Of course, circuit treatment did not remove his abdominal adhesions—there is a limit to what any form of treatment can accomplish; but it did bring him peace of body and made life worth living.

It may be said that no treatment other than manipulation can normalise the spine when there are subluxations. On the surface such a contention seems to be reasonable. But what causes spinal subluxations? Surely, in most cases, it is muscular tension (contraction) on one side of the spine pulling a vertebra out of position. Osteopaths and chiropractors know all too well that after repeated adjustments spinal bones again and again get out of position. The reason being that the cause for the

subluxation has not been removed, and this cause is tension, and tension is due to imbalance in the electrical polarity. Thus we have found that many cases of spinal subluxation have not only been corrected by using the Eeman circuit, but they have remained cured! Osteopaths using the circuit obtain far quicker and more permanent results when using this unique method of inducing relaxation.

We could quote cases of stomach, kidney, bladder, intestinal, respiratory and various nervous disorders yielding rapidly to Eeman treatment. Also, weak hearts have been built up and restored to a goodly measure of health by this method, while the mentally and emotionally disturbed have received far greater benefit than by any other means.

#### MEDICATION BY INDUCTION

It was logical for Mr Eeman to arrive at the conclusion that if remedial agents were placed in the circuit so that the human electrical flow passed through them, some of the virtues of these substances would be carried into the organism. Many experiments by Eeman himself, and with the co-operation of other research workers, proved that his contention was correct. One way of proving that remedies could be introduced into the organism by this means was to have a subject volunteer to be a "guinea-pig" and allow himself to be dosed with drugs, the effects of which would be very obvious, and more or less dangerous. A lady assistant had the courage to act as the subject of these experiments, and the results were quite obvious, the subject experiencing the same effects when the drugs were placed in the circuit as when they were taken orally or by injection.

The writer himself conducted similar experiments with one of his sons. On one occasion this young man had a severe headache, the pain being intense. He was placed in the circuit and two tablets of aspirin were dissolved in water and placed in "the flow". The result was a quicker suppression of the pain than would have been possible had he taken the aspirin orally.

It follows that if suppressive drugs and poisons act on the organism in this way, then natural healing agents can also be similarly introduced. That this is a fact has been proved scores of times, and there is no doubt that the results obtained are

quicker and more effective. This would be due partly to the fact that the induction takes place while the organism is at ease (relaxed), and also by virtue of this: there is nothing to contaminate the medicament employed.

It seems reasonable to suppose that medicines can be contaminated in the mouth from food deposits and decayed teeth, thus entering the stomach somewhat affected by mouth acids, etc. This would be more pronounced with homoeopathic medicaments, as they are so easily affected by other substances and quite often, in the writer's opinion, actually antidoted in the mouth. When remedial items are introduced into the system by means of the Eeman circuit, such contamination does not take place. Moreover, the medicament enters the body as a force rather than a material substance; hence nothing has to be digested or assimilated.

This system of induction by circuit has been endorsed by professional healers of some reputation. There are other ways of linking up the opposite poles of the body, and we are dealing with one method only.

### THE AUTO-NORMALISER

Some years ago the writer devised a piece of apparatus which, in his opinion and that of other investigators, intensified the value of the Eeman circuit as a means for the introduction of remedial forces into the system. The name "Auto-Normaliser" was given to the apparatus as it was essentially a self(auto)-normalising creation. The idea was submitted to Mr Eeman and endorsed by him. It was found that by adding an earth wire to the circuit electrons were drawn from the earth, and this seemed to improve the action of the circuit in a general manner and the introduction of medicaments in particular. In the apparatus a container was placed in which the necessary medicament was dissolved in plain water. Leads with silver wire terminals were inserted into the medicament from the positive and negative poles of the circuit. The terminals were, of course, separated from each other. The earth terminal was of copper, as that was considered to be the best conductor of electrons from the earth. Later on the apparatus was improved by co-operation with Mr Bruce Copen, an expert in the design and manufacture of instruments for use in the science of

Radiesthesia. The apparatus evolved was so constructed as to further intensify the effects. This attractive and highly efficient Auto-Normaliser is now available to the profession and the public. Perhaps the most important matter with treatment by the Auto-Normaliser, aside from its therapeutic value, is the fact that treatments cannot possibly cause harm, not even to the youngest child or to the weakest invalid. There is nothing to get out of order, and with care the apparatus will last a lifetime. There is no electric current or shock, and the first cost is the last. True, medicaments, when employed, have to be purchased, but the cost is little. Even without medicaments the Auto-Normaliser pays for itself in health dividends hundreds of time over. The entire family can use it with confidence.

Dr. A. T. Westlake, a doctor of vast experience and an

investigator with a scientific mind, considers that the best way to medicate is by means of this apparatus, and mentions the original model in his valuable book, *The Pattern of Health*.\*

### MOTHER EARTH

Some practitioners question the value of earthing the Auto-Normaliser. We can say with certainty that results show the importance and value of this. In a sense the earth is the mother of us all, for it is from her breasts that we are nourished by the food she provides. We are "of the earth, earthy". It is claimed that every element found in the soil plays some vital part in our bodies, and that includes the vital mineral trace elements. Some are present only in microscopic quantities, yet without them the system does not function properly. By linking up with the earth when taking treatment we get an inflow of earth energy: a flow of electrons and the "wave energy" of our mother earth.

A blood chief of the North American Indians informed the writer that it is their custom to bury sick people up to their necks in the earth, and that this actually cures them of many diseases. The Indians claim that the Great Spirit heals from the air, vegetation and the earth itself, and that the healing force is most powerful in the latter. In Africa they have a custom

\**The Pattern of Health*, by Dr Aubrey Westlake. Vincent Stuart Publishers Ltd. 25/- By post from Bruce Copen, The Lodge, Brantridge Forest, Balcombe, Sussex, England. To U.S.A. \$3.70, postage paid.

of placing the sick in sand up to their necks. We know for certain of a paralysed girl who was cured by this method after being given up by the doctors. So reason tells us to harness all nature's healing forces, and by having an earth lead to the Auto-Normaliser we are placing an enormous healing force on tap.

#### A UNIQUE MEDICAMENT

In formulating a natural medicament for use with the Auto-Normaliser it was decided to produce a remedy that was not only natural to the organism, but which acted on all the chemical processes and vital organs. Also, it was decided to use mineral substances only, as it was thought that the wave energy from these could be conducted into the body by this method in a more positive manner than the energy from vegetable substances. But it was also concluded that these mineral substances should be split up thoroughly by the process of prolonged trituration as employed by the homoeopaths and Schuessler biochemists. When minerals are thoroughly triturated and their molecules "smashed", a great deal of curative energy is liberated. After about the 6x trituration we have a mineral in about as fine a form as that same mineral is found in plant life; but the trituration has vitalised the substance and its action is far more profound. It may be argued that the logical way is to make minerals as provided by the vegetable kingdom. Rightly so. Yet why is it that people suffering from, say, calcium deficiency diseases often fail to get well when they take an abundance of calcium-rich food? Obviously they do not assimilate properly. They pass calcium *via* their urine, but the system fails to take it up. In such cases a few doses of homoeopathically *triturated* calcium removes the reason for the faulty calcium assimilation. It appears that the triturated mineral attracts its like from the food eaten and the body can then assimilate. The wave energy from calcium (triturated) in the Auto-Normaliser has the same effect as when homoeopathic calcium is taken orally, and probably to a more marked extent. The same applies to all the principal minerals which have been included in the special medicament made up for use in the apparatus.

The object in preparing this medicament was to provide the system with a flow of the most vital and essential energies

necessary to encourage every organic process in the body, paying very special attention to the blood itself and to its requirements. When an organ is nourished with pure blood and functions normally it cannot become diseased. Hence we consider that the use of the Auto-Normaliser will perform a great service in disease prevention, either with or without the medicament, although better results are to be expected when the medicament is employed.

Without the medicament all that is required in the Auto-Normaliser is plain tap-water, although effects will be better if a good pinch of common table salt is added.

#### AN ANCIENT REMEDY WITH A DIFFERENT APPLICATION

Not many may realise that the use of one's own urine for healing purposes is as old as the hills. From time to time urine has been taken internally and applied externally for a variety of ailments, and more especially for rheumatic and skin disorders. The idea of swallowing one's own urine is very distasteful, to say the least, to the majority of people. However, we have to face the fact that there is considerable evidence that the value of urine as a remedial agent has been fully proven. Several books by competent professional men have been written on the subject, and the writer knows in person people who have been cured of rheumatism, skin trouble and other ailments by this means. One lady of considerable ability and very good looks attributes her healthy skin and youthful appearance to the daily taking of her own urine. She is a professional lady over sixty years of age. She looks not a day older than forty.

In a way, taking one's urine is a form of homoeopathy—a method of "like curing like". The urine contains small quantities of the toxic substances responsible for certain disorders in the system, and when the urine is taken orally these same substances act "homoeopathically" on the organism, thereby establishing a cure. Blood has been potentised and employed successfully in the same manner.

Country folk with rough hands from working out of doors often massage their hands with their urine, thereby keeping them soft and presentable. Indeed, urine surpasses all the skin creams!

The problem is the taking of urine. The idea is so repulsive to most people that they will not give the matter a second thought. The answer lies in the Auto-Normaliser. When one's urine is placed in the container the curative energies flow through the circuit and charge the body with its own healing powers. We are inclined to think that this method of urine therapy is superior in every way to the distasteful method of taking urine orally.

A few years ago a lady suffering badly from rheumatoid arthritis was advised to use her early morning urine in the Auto-Normaliser, as she had purchased one of the first models made. After a few weeks she reported that she felt much better and that there were signs that the arthritis was abating. But the most amazing thing was that her skin, formerly very dry and rough, had become fine and silky. A pasty look had vanished from her face and she felt full of hope. At that time the writer went to Australia for over two years and has lost contact with the patient, so we are not aware of the present position.

That the skin and kidneys are closely associated, all healers know. Anybody who has wet, clammy hands probably has kidney trouble. The two organs work together, and when the kidneys are weak the skin takes on part of the excretory work normally performed by the kidneys, and *vive versa*. Hence it is easy to follow the reason why urine therapy has such a good effect on the skin, the urine having been produced by kidney action.

We do not say that urine in the Auto-Normaliser will cure everything. That is unlikely, and there is not enough evidence available as yet to say how many disorders are going to respond to such treatment. But we think it likely that the field of relief and cure is a fairly extensive one. Once again the great thing to keep in mind is that such treatment cannot possibly harm—only good can come about.

To possess an Auto-Normaliser means that one has in the home a harmless and very potent health builder and a means whereby many disorders can be treated with success; an energy builder that operates in total harmony with natural law.

## Auto-Normaliser . . . Instructions for Use

*Outline of the instrument.* The Auto-Normaliser comes complete with the following accessories:

1. Two cables with red and black terminals (spade type) attached to one end, and two chrome-plated electrodes at the other. The black is termed negative, and the red is termed positive.

2. Two copper mats which are cloth-covered (the covers can be removed for washing), and with these you will find a short cable which clips at either end. This cable is clipped directly onto the copper mats, and can remain fixed if desired.

3. One earthing wire with a black plug at one end. This black plug is inserted into the corresponding black socket on the right of the instrument case, and the other end of the wire earthed to a water pipe, or any common earthing point (not gas piping).

4. Inside the instrument case there will be found a plastic container which has three terminals on top; remove these terminals by unscrewing the heads of the terminals, the spade or hook terminals can then be removed, and in turn the container. When you have the container out of its padded compartment you can unscrew the cap; this cap is fitted with a self-seal cap so that it is impossible to upset the bottle and cause leakage at any time. When the top is off the bottle, you will note three wires running into the inside of the container; two of these are pure silver, the other pure copper; these are the activating electrodes. It will be noticed that the black is the negative, red the positive and white the EARTH (copper) terminal. When replaced, see that these wires are not touching each other.

5. Take the medicament powder and put a teaspoonful of it into the container and half-fill with water; replace cap on container and shake gently to mix the contents. (In the case of Urine therapy, the urine is placed into the container, but the bottle MUST be well washed before using again. A spare container specially for Urine therapy can be supplied at small extra cost if desired to eliminate faulty cleansing of the original.) Replace the container into its compartment and connect up each terminal of its like colour, i.e. black to black, red to red and white to white.

6. Next, unwind the coil of cable to which the electrodes are

attached (the electrodes are removable by unplugging, if desired to clean them at any time). Plug the red terminal on the

red knob on the right-hand side of the case; this is done simply by unscrewing, with the fingers, the red knob. DO NOT tighten too much; no force is required. Repeat the procedure with the other electrodes, and all is nearly ready. The switch on the right-hand panel is to isolate the instrument from the action of the medicament if desired.

#### *Treatment*

The patient may sit or lie down in a relaxed position to receive the treatment. One mat is placed under the head, the other under the sacrum (base of spine), with the connecting wire attached to each. Next, assuming that all cables are connected to the instrument, and the instrument is switched on, the hand electrodes are held, one in each hand. The feet are crossed at the ankles, right over left or *vise versa*. There is no electricity in the Auto-Normaliser: its action is purely natural, and based on natural energies in and around the body.

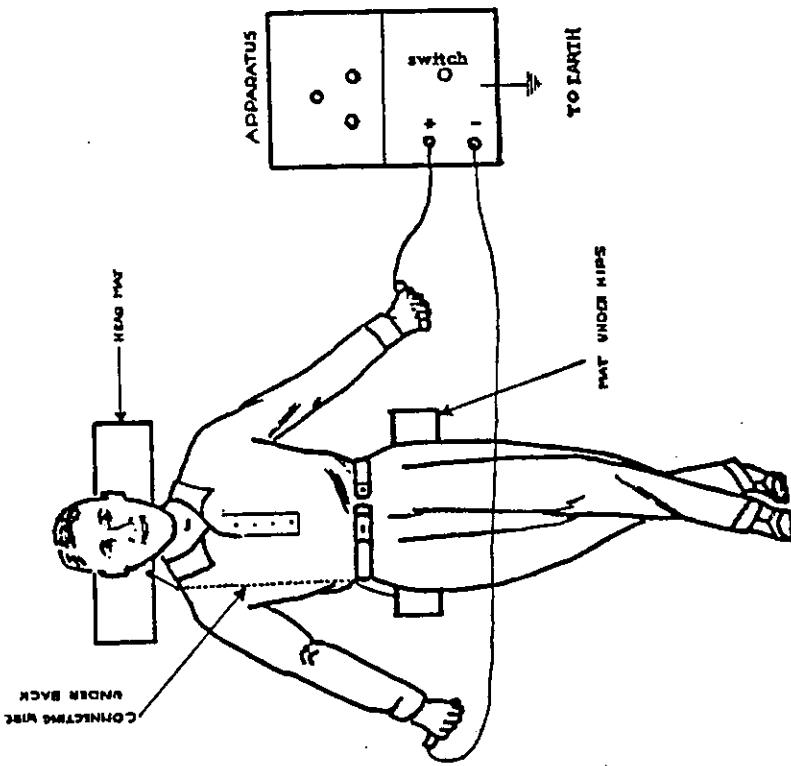
Do not grip the hand electrodes tightly. Hold them lightly. Gripping causes tension and this interferes with the full effects. When no special medicament is available, common table salt may be used instead—half a teaspoonful to the same quantity of water. This is quite effective, but not so vitalising or healing as with the medicament. When having treatment the patient should relax as much as possible. It is helpful to think of soothing subjects: good music, beautiful scenery, happy events, etc. Troubled thoughts interfere with the results. Imagine yourself being charged with health and energy, which is actually what is happening.

#### *Urine Therapy*

Be sure the container is clean and place a little of your urine (early morning urine is best but not essential) in the container and add water to about half full. This system is recommended especially for rheumatic and skin disorders. It may be alternated with treatment by the special medicament if desired, but always well cleanse the container after treatment with urine.

Note that when one individual is using the Auto-Normaliser he or she may use the same medicament for several treatments before replacing with fresh medicament and water; but on no account must the same medicament and water be used for more than one person. The container should be cleansed after each treatment when more than one is using it, and fresh medicament used for each occasion. One person may use the same medicament for up to a week at a time. With urine treatment the container should be cleansed after each treatment by *all* users.

In all cases the period for treatment can vary from fifteen to thirty minutes once or twice daily, or two or three times weekly. It has been found that half an hour is ideal. Since there is no



**IMPORTANT.** Do not subject the polythene container to boiling water as this will distort the material.

It is wise, after a number of treatments, to wipe the wires that go into the bottle with a slightly abrasive cloth, especially the copper one; this should be done when deposits are attached to the copper due to the action of the instrument.

possibility of overdose at all, it does not matter if the patient goes to sleep whilst connected to the circuit. Longer periods of treatment are suggested for severe illness. The Auto-Induction treatment is not habit-forming in any way, and can only do good. The originator or manufacturer would be pleased to answer any questions regarding the operation of the instrument at the address below. . . .

The Auto-Normaliser is manufactured and supplied by:

Bruce Copen, N.D., F.B.R.A.

"The Lodge", Brantridge Forest, Balcombe, Sussex, England.  
Manufacturer of Radionic and Natural Healing Apparatus.  
Note that the circuit method employed is based on the teachings of the late L. E. Eeman, although the linking up of the opposite poles differs somewhat from that suggested by him in that the method advised for the Auto-Normaliser is less complicated.

# Relax Your Way To Health

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Compiler's Note: Several pages are missing from this section. It was felt that we should make available what portion we had to aid researchers in this field. The photos have reproduced poorly, also. This material is of utmost importance in researching Eeman's work.

H. D. COTTON, N.D., D.O., M.B.N.A.

*First published . . . . .* 1954

To my wife, without whom this book would not have been written.

## ACKNOWLEDGEMENTS

THE PRACTICAL instruction in Relaxation set out in this book is a simplified version of the system of physical relaxation, devised and taught by Mr. L. E. Eeman for the past 35 years. It does not attempt to give any information about the philosophy which underlies the technique, but is merely an attempt to bring to all the benefits of relaxation. For those who would know more of the subject, I must refer them to the writings of Mr. Eeman himself: *How Do You Sleep? Self and Superman*, and *Co-Operative Healing*, deal fully with the possibilities of the use of relaxation for mental and physical health.

I am indebted to Mr. Eeman for his instruction and guidance in matters pertaining to relaxation, and I gladly make this acknowledgement of his generous and kindly help. I believe that he has made a great contribution to the healing art, through his original research into the problem of relaxation. The evidence he has collected over the years provides a sound basis for further investigation into the therapeutics of relaxation.

Miss Mary Cameron, who has assisted Mr. Eeman for many years, has helped the writer to build his own technique, and that help is also gratefully acknowledged.

Mr. John Williams, by his enthusiasm for "de-tensing" (his own word for the subject), crystallised the idea of producing this manual of relaxation, and he has also given practical help and criticism which is reflected in the form of this book.

To Mr. Richard McCue for his patience and excellent technique in producing the photographs, and to Mr. Robert Sinclair, for his drawing and technical advice, I express my sincere thanks.

To the many patients who have shown the practical value of relaxation, by their response to the technique set out in this book, I am indebted for the insight they have given me into the complexity of the human organism. My belief that relaxation is the key to any successful system of healing, and basic to the art of living, has been deepened thereby.

## FOREWORD BY EVERE

After TEACHING for thirty-five years that, whatever a patient's illness, relaxation must be his first step on the "way to health," I find that my belief in this truism is as unshakable as ever.

Anyone who has been a motor-mechanic for thirty-five years is also more certain than ever that, no matter what is wrong with an engine, he *must* switch it off before he starts repairing it. But he also knows that switching off is not enough, and that he must, in addition, put a lot of energy and "know how" into his repair business if he is to satisfy his customers. He would, however, grant that anyone can learn "all about switching off" in two minutes.

Yet, if there is one thing the years have taught me, it is that switching off body, nerve and mind, i.e., relaxing, is *not* easy; that it cannot be learned in two minutes even by a very clever person, that it is difficult to teach, even to a genius, and that it is even more difficult to teach in black and white, simply, clearly, so that untrained people can understand and apply the teaching.

That is why I congratulate and thank the author so sincerely, for having produced so simple and clear a little volume with illustrations so telling that they dispel any doubt that words alone might leave. And I congratulate him, too, for having made so obvious his conviction that just as the motor-mechanic knows that, after switching off, he needs energy and "know how" as

to remember. The first leads automatically to the second and third. *Relaxation* releases the energy locked in muscular tension, and this energy is then used in improved bodily function. The organism is reactivated. Sluggish digestion, circulation, elimination, and breathing, or any indispositions caused by lack of vital energy, due to interference of tensions, are stimulated into healthier activity by *relaxation*.

*Release* of physical tension means also the release of unconscious mental tension and, often in purely physical relaxation, there will come welling back into the conscious mind memories of long-forgotten incidents which have been the unconscious cause of the physical tension. Loosening of the physical tensions often means a "spring-clean" of the mental processes, clearing debilitating "debris" from the subconscious regions of the mind. The resultant sense of freshness is a wholesome thing to experience, and it inevitably stimulates the mental functions. This in turn is reflected in an increase of physical well-being.

*Regeneration* results from the release of energies held captive by tensions. The innate intelligence of the body is always striving to maintain life at its highest level, and the energies thus released are used creatively to reanimate and restore the tissues. A higher standard of health and happiness results from improved functioning of all the organs of the body.

*Relaxation* is an experience which can be repeated, and with repetition it becomes a habit. Once established it will prevent the building up of tensional reflexes in the body from the stresses and strains of life. Modern life with its "gearing-up" of man to the machine is placing stresses upon him by setting a speed of living which is far beyond the rhythm ordained by Nature. Worry, anxiety, fear and frustration disturb the balance of living and create tensions. *Relaxation* heightens the awareness, mental and physical, but reduces the reaction to stress and strain, by creating a mental resilience to the "slings and arrows of outrageous fortune."

To be aware of *relaxation* is to be conscious of *tension*, and to be aware of *tension* is the first step to *relaxation*.

by the subconscious mind, the normal pattern being one of controlled movement. As the new pattern is realised for the first limb, the acceptance of the "letting go" by the mind will become progressively easy.

Great importance is attached to the manner of deep breathing and the outward sighing breath. The chest should expand sideways when taking a deep breath, as it does with a dog or horse and, like the animal, the breath should not be held but should be released immediately the lungs have filled. *No effort should be made to expel the breath.* As the air is released and rushes from the lungs, the chest will sink down, like a deflating balloon. The patient should be told to think of breathing to the waist, expanding the chest sideways, and not forwards. He must not "stick out his chest," as he may have been taught from childhood, but should make the best use of his diaphragm by widening the angle of the lower ribs in a sideways stretch as he breathes in, deep and wide. Where there is resilience in the ribs, considerable pressure can be placed on the breastbone by the demonstrator in practising stage 5. *Care should, however, be exercised with older people, or with any patient whose chest is hard and lacking in resilience from established conditions such as arthritis.* In all cases the patient should be assured that no harm can come from the pressure exerted, and he should be quietly encouraged to "let go" as he sighs out, so that the chest will sink a little lower each time. So, too, the pressure should be gently increased as the patient "lets go," just sufficient to assist the downward fall of the chest, until it will fall no further without pain or embarrassment to the patient. Instruct the patient to *sigh, sink, and sag*, with each outward breath, allowing the whole body to fall heavily into the bed.

The plan which follows is a progressive one, and so it should be practised stage by stage in the correct sequence until the patient acquires the ability to relax at will.

The instructions are intended for a right-handed demonstrator and patient. With a left-handed patient the demonstrator should stand on the patient's left. A left-handed demonstrator should reverse the instructions given.

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## THE TECHNIQUE OF RELAXATION

THE TEACHING of the Eeman System of Relaxation requires the help of someone whose purpose it is to make the patient aware of the tension he is holding in his muscles, of which he is unaware, and of which he can be made aware by a series of simple movements. The patient, once aware of these tensions, is then shown how to let them go, thus producing a feeling of physical relaxation. Once this feeling of "letting go" has been experienced by the patient, he can repeat it by simply taking up the position of relaxation. *No effort is required of the patient,* since the sensation of relaxation is one of complete "happiness," a limpness similar to that of a rag-doll. It is a good thing for a patient to think of himself as a rag-doll, as something quite inert, which will fall by the force of gravity alone, as a leaf from a tree, or a snowflake, whilst the demonstrator is working with him. The demonstrator, to get the best results, needs to be a person with patience, not too emotionally linked with the patient. A calm manner and, above all, a sense of humour with broad tolerance are essential. The demonstrator, if he is himself a right-handed person, should stand on the right of a right-handed patient and on the left of a left-handed patient. A left-handed demonstrator should reverse these positions.

The patient should lie, face upwards, on a comfortable bed in a warm room, after removing any tight, restricting garments such as belt, collar, tie, corset, "bra," or shoes. The demonstrator should then proceed as instructed in the following pages, observing the order closely, making sure that each stage of relaxation is satisfactory, before proceeding to the next. In this way the patient will become aware of progressive relaxation. In teaching the patient to "let go," a new muscular pattern is being learned

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**STAGE ONE**

Patient flat on his back on bed, head supported on pillow, arms by sides, all tight clothing loosened. Demonstrator on right-hand side of patient.

- I. Ask the patient to give the "Hitler salute" with right arm.
- II. Return arm to side.
- III. Raise both of the patient's arms to "Hitler salute" position.
- IV. Release the left arm. The patient will continue to hold it up.
- V. Point out that this is a tension held unconsciously, and that the arm should fall if unsupported.
- VI. Repeat II, III, IV. The patient will usually continue to keep the arm in the air, although conscious that it should fall. Do not proceed any further with this movement, which is merely to show the patient that he is holding tension.

*Stage One (I)***STAGE TWO**

The patient is lying at ease.

- I. Place your right hand under the heel, and lift up the right leg to an angle of about 45 degrees;
- II. Place your left hand under the knee;
- III. Remove your right hand from under the heel. The knee should bend and the heel drop without any checking action.
- IV. Repeat I, II, III until the patient is aware that the leg below the knee is falling quite freely, simply by the force of gravity.

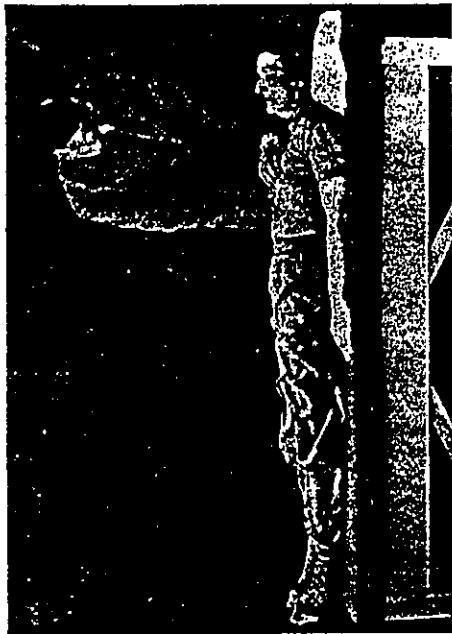
*Stage Two (II)*

at this stage, and he should be encouraged to let this rate of breathing control him, and to make no effort to control it. Wait until this abnormal breathing has settled down into the normal quiet rhythm before attempting to continue the process of abdominal relaxation.

#### STAGE FIVE

The chest usually has much tension in the muscles between the ribs. The use of the sighing breath (as for the abdomen), whilst the operator maintains pressure on the breastbone, is the method employed to release these tensions.

- I. As the patient sighs out, instruct him to (a) allow the chest to sink under your pressure on his breastbone, and (b) when all the breath has been released to allow the chest to sag a little more, as though the shoulders were collapsing on to the chest.
- II. Repeat several times, until the chest has lost its resistance to your pressure. Again there may be the deep, rapid breathing, as experienced with the abdomen, and again it should be allowed to "work itself out" before proceeding to the next stage.



Stage Five (I)

#### STAGE SIX

When the chest has been fully relaxed, test the arms by lifting them as in Figure 1, and you will probably find that they will fall, bending at the elbow and wrist, showing that the relaxation has been accepted for the arms without your having had to teach the patient to "let them go." The release of the tension in the chest muscles has released the tension in the shoulder girdle, and the patient will find it difficult to hold the arms up stiffly, as when first tested in Figure 1.



Stage Six

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#### STAGE SEVEN

- I. Take the patient's head in your left hand.
- II. Lift and pull the head forward, allowing the chin to tuck in, and the back muscles of the neck to stretch, so that the head forms the top of a letter C.
- III. Instruct the patient to continue the deep sighing breathing to allow the pain of stretching muscles to ease by relaxation.
- IV. Take your hand away, and the head should fall like a stone.
- V. Repeat I, II, III, IV until the head falls back quite freely.
- VI. With the head back on the pillow place your left hand underneath the base of the skull and wobble the head from side to side until it moves freely with the least pressure.



Stage Seven (II)

#### STAGE EIGHT

- I. Place your right arm under the patient's knees, and draw them gently over the head.
- II. Instruct the patient to continue with the sighing, relaxing breathing.
- III. As the patient sighs out, gently draw the knees nearer to the head, allowing them to fall towards the head as the muscle tension in the back is eased.
- IV. Allow the legs to slump back gently on to the bed. Repeat I, II, III, IV until there is complete ease and "floppiness" in the legs and lower back. The patient should then have a sense of relaxation throughout the body. In order to test this—
- V. Stand at patient's feet and grasp both heels.
- VI. Give a sideways to and fro motion to the patient's legs. This will give an action similar to "snaking" a skipping-rope, the wave impulse will pass through the patient's body and his head will wobble from side to side, indicating a good sense of relaxation.

Stage Eight (I)



Stage Seven (II)



Stage Eight (III)

#### STAGE NINE

This is the position for complete relaxation by the patient.

Instruct the patient to:

- I. Link his fingers gently, and place his hands over his lower ribs.
- II. Cross the ankles. (If this is difficult, place the feet in contact together without strain.)
- III. Close the eyes, and begin to breathe with the deep, sighing breath, as used during the relaxation of the abdomen and chest.
- IV. With each succeeding, sighing breath, the patient should think in terms of each part of his body as sinking and sagging on to the bed. First the eyes should feel as though they were lead weights, falling into the sockets. Then, with the next breath, the tongue should be allowed to loll in the mouth, with the tip behind the lower teeth, and the jaw hanging loosely. With the next sighing breath, the neck should feel easy and loose. Proceeding from the neck downwards, accompanied with the deep, sighing breath for each separate part of the body, the shoulders, chest, abdomen, hollow of the back, thighs, legs, should in turn fall heavily on to the bed. If any part of the body still feels tense, then return to it in thought and repeat the breathing and "letting go." When the whole body is lying inert on the bed, take a final deep breath, allowing the whole body to fall heavily down, as though going through the bed. Then make no further effort to breathe or hold the breath, but allow the rhythm of breathing to establish its own rate. Shallow breathing will be followed periodically by a very deep breath, which will begin in the abdomen and fill the chest completely. This is a good sign of relaxation, and no effort should be made to control the breathing.

During relaxation a patient may experience release of tension in the form of twitching, laughing, crying, yawning,



#### Stage Nine

heavy sighing, or very rapid breathing for a spell. These are beneficial, and should be allowed to "work out," however violent they may be. No attempt should be made to control such releases, which are symptomatic of the efficient working of relaxation in bringing about the release of tensions.

will find the sense of relaxation taking control of you; you are conserving your energies and restoring the nervous system. This position should always be adopted when one is compelled to listen to irate, tedious, or otherwise "trying" people. It will prevent you from "getting rattled," and help you to keep your equilibrium. Before meals, always make a habit of spending a few minutes sitting in a chair and relaxing. This will allow the rush and bustle of the day to subside for a little time, so that the digestive function can operate to the maximum. To eat whilst mentally tense is to put food into a system which is not working efficiently. This produces the many disorders of digestion so frequently met with to-day. Relaxation before a meal will promote good digestion and avoid the disturbances caused through tension.

## HOW, WHEN AND WHERE TO USE RELAXATION

EVERY NIGHT, before going to sleep, follow the instructions under stage nine. Lie on the back with the fingers linked lightly over the lower ribs, ankles crossed, or feet lightly touching. Use the deep, sighing breathing until the whole body lies heavy in bed, then roll on to the usual side for sleep, take a final deep breath, and allow the rhythm of relaxation to possess you.

During the day, when time is available (say, from half an hour to three-quarters of an hour at the most), lie on the bed after releasing any tight garments. Cover yourself with a light eiderdown and follow the routine for "before going to sleep." In due course you will find that you feel that "you have had enough," and that you wish to move. This heralds the end of a cycle of relaxation, but before you get up, stretch and yawn, until you are thoroughly "limbered up." Think of a cat before it moves away after resting—stretching and stretching every part of its body. Under relaxation, function has been going on with the maximum efficiency, but with the minimum expenditure of energy; and so it is necessary to restore the circulation to greater activity before moving freely.

At any time, when sitting in a chair, or as a passenger in a car, bus, or train, make sure that you are sitting squarely with your back well supported against the back of the seat. Link your hands lightly in your lap, and cross your ankles, allowing the knees to fall outwards. (Never cross the knees.) Take a few deep breaths, and allow the body to sink into the seat. You

#### *How Do the Emotions Affect Muscular Tension?*

Through the solar plexus, the "abdominal brain," which controls all digestive function. This "abdominal brain" is part of the autonomous nervous system, which operates outside our conscious control, and through which all our reactions to colour, taste, touch, hearing, smelling, seeing and emotion are translated into muscular activity. For example, a lowly scent relaxes the muscles, but the smell of a bad egg . . . !

## RELAXATION QUIZ

#### *What is Relaxation?*

Relaxation is "not doing." It is the opposite of tension, which is a state of "doing," even if it is only "holding tight," or "holding on." Relaxation is an experience of "letting go" physically, "de-tensing" all the muscles under conscious control.

#### *Why Do We Need to Relax?*

Because tension in muscles is a waste of energy, which reduces the efficiency of our bodily functions and our capacity to work. Tension, of which we are often unaware, controls us, restricting our mental horizon as well as our physical movements.

#### *Who Can Benefit from Relaxation?*

Everyone, from the youngest to the oldest person can increase his or her capacity for health and happiness by learning to "de-tense."

#### *Why Do Tensions Come in Muscles?*

Because from infancy we have had to learn patterns of muscle-control, in feeding, standing, walking, talking, habits of hygiene, our job of work. Everything we do, apart from breathing, digestion, elimination, circulation, has meant a development of our senses and co-ordination of movement, which means control and tension of muscles.

*Mental* images have physical reactions, e.g. think of sucking a lemon. Fears, worries, anxieties, frustrations, pain, anger, malice, jealousy, hatred, envy, all set up physical tensions.

#### *Why Does the Abdominal Brain React So?*

Because fear, flight, fight, are primitive emotions and primitive man in fear was "geared up" for "flight" or "fight." All his muscles were tensed for activity, breath-rate increased, heart beating more quickly, to meet the need for increased activity. Modern man thinks it is cowardly to run, so he "stands his ground," or becomes "rooted to the spot." He is "petrified," his "hair stands on end," he "breaks out into a cold sweat," and all this because the energy released by fear is used to tense muscles for activity, but which, if not so used, "paralyses" the system, and causes untold harm.

Similarly, he does not fight, but "grits his teeth," "clenches his fists," "feels he could burst," and "goes white with anger" or "purple with rage." Again, all this is due to tension in the muscular system, which is not being used in activity and, as it were, "goes bad on you." During all the time these tensions are built up, digestion ceases completely, and so it is not strange that modern man should suffer indigestion, stomach ulcers, and nervous breakdowns because of these "frustrations."

#### *What Can Relaxation Do?*

It releases energy wastefully used in tension for useful function: e.g. clench the fist and note the blanching of the skin, obliteration of the veins, and the rapid feeling of tiredness in the hand as the fatigue products build up. Tension inhibits function: relaxation stimulates function, especially the digestive function, which operates perfectly in states of happiness, contentment, peace, love, security. Relaxation causes a fall in blood-pressure.

and eases the burden on the heart and lungs. All physical function goes on with the maximum efficiency, and with the minimum expenditure of energy. Wherever you hold tension, as in the example of the clenched fist, you are interfering with function.

#### *What Can Be Expected from the Use of Relaxation?*

Progressive improvement in general health, because the innate intelligence of the body will use energy to promote and maintain life at a high level. More energy released from tension means more life force for creative use.

Progressive improvement in mental states, and consequently happier social relationships. Release of physical tension implies the release of mental tension which must precede the physical tension. Reduced mental tension means a calmer, quieter mind, kindlier outlook, greater tolerance towards "the other fellow," and even "a couldn't-care-less" attitude to former irritations. Increased "awareness" through the ability to recognise tensions as they arise, and to let them go before they do harm, means a fuller life in every sense. As the capacity to direct one's energies creatively develops through the increased "awareness," physical and mental, one's consciousness of living is expanded. *Release through relaxation* means that you control tension, instead of tension controlling you. Release of physical tension will release memory of incidents which have been the cause of the tension, since emotional upheavals, long lost from the conscious mind, still function in the unconscious mind, creating tension and thus inhibiting function.

#### *Does Relaxation Improve Sleep?*

"Sleep, that knits the ravelled skeave of care . . . chief nourisher in life's feast" is Shakespeare's description of the function of life which is more important than feeding. A French proverb says, "Who sleeps, dines." During sleep, and only during sleep, the tiny battery cells in the nervous tissue (Nissl's spindles) are recharged, and much repair work goes on in the system. Relaxation of all physical tensions before sleep is therefore necessary;

so that the maximum energy flow is available for repair. "To go to sleep tensed in muscle is to waken unrefreshed and tired out. Physical relaxation will induce mental quiet, and overcome the "chasey" mental conditions often associated with "laying one's head on the pillow."

#### *What is the Difference between Right and Left-Handed People?*

The body has polarity-positive and polarity-negative, since its energies may be described as "electro-magnetic." In a right-handed subject, it is assumed, for the purpose of relaxation, that the right of the body is positive, and the left negative. The head is positive and the base negative. In a left-handed subject these are reversed.

#### *Why Should the Fingers be Linked and the Ankles Crossed in the Relaxation Position?*

Because by linking the opposite "poles" the energy circuit is closed, and the energy "in circuit" is conserved. It is similar to the horseshoe magnet, which, if left open when not in use, will run down, but will re-energise itself if a "keeper" is placed across the poles when it is not in use.

#### *What Causes Deep Breathing which Comes with Relaxation?*

The release of tensions means the release of fatigue products, which have been held in the tense muscles. The body's way of clearing these is to oxidise them and eliminate them *via* the lungs in the form of carbonic acid gas. Hence the need for deep breathing to meet the increased need for oxygen to cope with the increased acid wastes in the bloodstream. When the breathing settles down to a normal rhythm, the elimination of the acids is completed, and further progress can be made in relaxation.

#### *What is the Meaning of the Twitching and Jumping Experienced in Relaxation?*

Tension released means energy released, and energy in muscle, when released, means movement. No effort should be made to control these movements, since control means tension. When

the twitchings and jumpings have ceased, then the tension has been discharged, just as a coiled clock spring, if severed, will shoot out and quiver until all the energy has been attained.

A deeper sense of relaxation has been attained.

#### *What is the Significance of the Laughter and Tears Produced through Relaxation?*

Laughter and tears are the "safety valves" of the nervous system. Constant control or suppression of these emotional releases means the building up of physical tension in the muscular system. The release of physical tension brings the release of the emotional tension, which has been the cause of the physical tension. It must be expressed before proceeding to a further stage of relaxation. Generally the patient is unaware of the causes of the laughter or tears, and will probably say, "How silly! I don't know why I should do this." He should be encouraged to "let go" completely, and be assured that the outburst is healing, and that he will feel better for "getting it out of his system." When he becomes quiet, a great sense of well-being will be experienced, as though "a load had been lifted" from the patient, as indeed it has.

#### *Can Any Harm Come to Anyone through the Use of Relaxation?*

Relaxation can do nothing but good, since it is the release of energy from malfunction for use in healthy function. No harm can come through the use of relaxation, although resistance to any form of release as manifested in twitching, jumping, laughter or tears, delays the beneficial effects to be gained through "letting go." Once these releases have been set in motion, they should be allowed to run their course without interference.

#### *Does Everyone Have These Outbursts?*

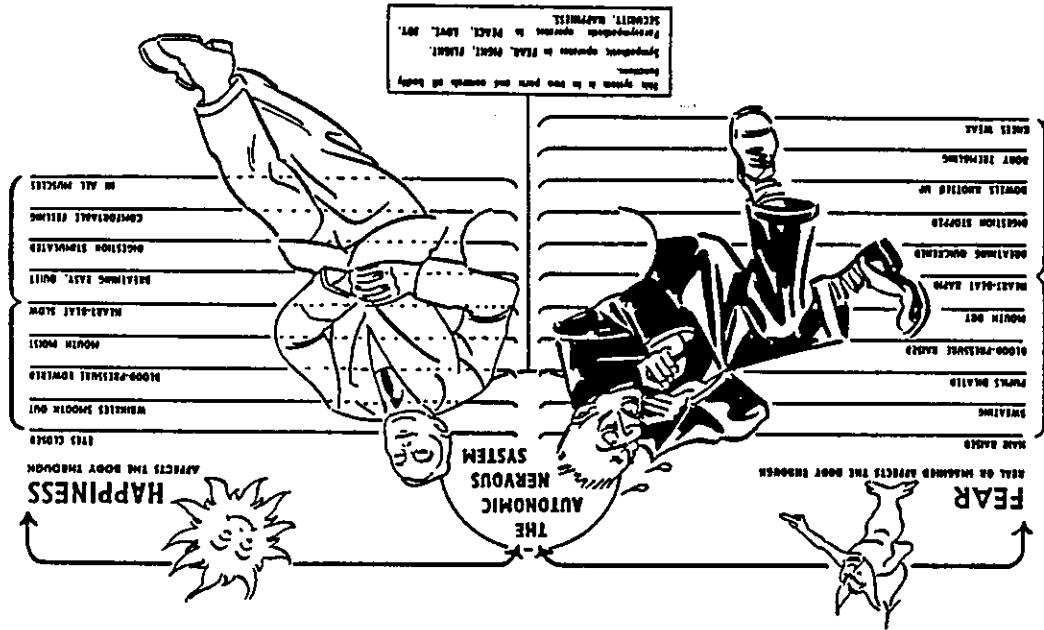
No, only a minority of cases show strong reactions, but everyone does experience the sense of inward peace, quietness, and deep physical comfort, through the use of relaxation.

#### *What is the Innate Intelligence of the Body?*

The body is a self-regulating, self-healing organ, under normal conditions. Function in muscular activity, digestion, breathing,

elimination, and circulation of the blood is maintained by the "innate intelligence" of the body, outside our consciousness. We only become conscious of these activities of the body when they cease to function normally; there is a lack of ease which we call "disease"—the body's alarm signal that something is not working normally. If we cut a finger, or break a bone, it is only the body's own powers of healing which restore normality. Nothing we can do will heal a broken bone. It is the "innate intelligence" of the body which sets in train the complicated business of producing the many different tissues for the repair of the break. The best the surgeon can do is to put the broken ends of the bone in the approximate position for the bone to heal in a straightforward way. The actual uniting of the ends of the broken bone is Nature's own secret. This intelligence is working all the time to keep us alive and functioning at the highest level. If, accidentally, we eat food which is bad, we shall be sick or have diarrhea—the body's effort to eject something which might destroy life. So, too, the eye will water in an effort to flood away irritants which might injure the sight—an automatic response of the body's intelligent control system, working to prevent loss of function or injury to a vital organ.

For the body to function it requires fresh air, water, sunlight, food—especially fruits and vegetables—and adequate rest and relaxation. The correct use of these natural aids to health will keep the body in a state of maximum efficiency, which is health. Just as the "innate intelligence" will attempt to preserve and protect the body from injury, so, too, will it attempt to keep the body well and healthy by cleansing efforts. These may take the form of colds, skin eruptions, or fevers, and should be regarded as "spring-cleaning" efforts of the body's intelligence. They should be accepted as good evidence that the life-preserving forces of the body are at work to eliminate accumulated waste matter from the system. A patient suffering from constipation may find a "looseness" of the bowels after relaxation, showing that the release of tension causes improved function. Similarly, a cold, following relaxation, is an effort of the body to clear



accumulated waste products, and so increase its efficiency. Suppression of such "healing crises" promoted by relaxation is bad, since the "innate intelligence," working to improve the body's health, should be encouraged to clean the system and so improve its function. "Let well alone," and wait patiently for the elimination to run its course. Better health will be the result.

The illustration on page 33 attempts to show the physical results of the emotional patterns as set out in the Quiz sections on page 27. The negative emotions of fear, worry, anxiety, frustration, malice, envy, jealousy and hatred "tie you in knots," and *inhibit* the digestive function. The positive emotions of love, joy, peace, happiness and security release all physical tensions, and *stimulate* the digestive function. These physical responses to the emotional stimuli operate through the autonomic nervous system, and are outside our conscious control. *Tension* inhibits function, and prolonged disturbance of function, through tension, will produce "disease." Digestive disorders, circulatory troubles, nervous conditions, etc., are all on the increase, and in many cases they can be traced to tensional problems.

#### FINAL NOTE

**R E L A X A T I O N** is the negation of effort. Therefore you must never *try to relax* but should just allow the feeling of "letting go" to possess you. Never say, "I must relax," because the word "must" is a command "to do," which creates tension. Once you have experienced the feeling of relaxation induced by the use of this technique, all that is necessary is to take the position lying flat on the back, fingers lightly linked on the abdomen, and ankles crossed. Take a few deep, sighing breaths —sigh, sink, sag, until the whole body feels heavy and sinking into the bed. The more often you use this technique the easier it will become to relax in any and every circumstance. Like anything else which is done without thinking, it becomes second nature.

Time spent in relaxation is time saved, since it improves efficiency, reduces fatigue, restores the body's harmony, and improves health and happiness.

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