

CHAPTER 11

DISTANT HEALING

The origins of Radionics are considered, and the use of dowsing in combination with this method of distant healing described. The author comes to some controversial conclusions — it works but not in the way you may think it does, as the laws of physics are defied time and time again.

One of the methods of healing at a distance is the technique called 'Radionics'. Before we look at this method of working, it will be as well to consider the origin of such an unlikely method of working.

It all started with a Dr Abrams before the last war. He was working with patients and discovered that the sound that he heard on his stethoscope, when percussing the abdomen of his patients, seemed to vary depending on the illness of the patient. Apparently he was using a primitive form of dowsing, using the patient's abdomen as a sounding board! This in itself was quite a remarkable observation, but he proceeded to take the matter further. He realised that the patient was in this context only an instrument, so he replaced the patient with a diaphragm, which worked just as well. This later developed into a small diaphragm made of thin rubber which was used as a 'stick' pad rather than something to be struck. The idea was that on stroking the pad, if the answer was 'yes' then the finger would stick to it, a 'no' would result in the finger sliding over the pad surface.

The use of the pad was just another method of dowsing, a small increase in finger tension being all that was necessary to make the finger stick to the rubber instead of sliding over

it. Nowadays people use pendulums, but the stick pad was used for a long time before this, it being thought that it responded to a different phenomenon to dowsing, to give a meaningful response.

A breakthrough came when Abrams wondered whether his results were due to some sort of natural vibration that could be tuned in to with electrical apparatus. He therefore built a machine which consisted of a set of rheostats (electrical variable resistors) of the type that were then used to control the filament current of radio valves. The rheostats were provided with knobs that were calibrated. The set of rheostats was wired in series, and the end connection terminated underneath the 'stick' pad. The patient touched a connection to the other end of the rheostats and the dials were adjusted one at a time from their zero positions until a 'stick' reaction was observed. With six knobs this gave a six-digit code. What Abrams found was that the settings of the knobs were always the same for patients suffering from the same illness. Thus if Bovine TB gave dial settings of 415628, then this code could be written down in a book. If a patient was checked with the instrument and settings of 415628 were obtained, then the diagnosis could be obtained from looking up the 'rate' in the codes that had been compiled. In that case Bovine TB would therefore be the diagnosis.

The rates were compiled quite simply by determining the instrument settings from a patient with a known illness. These were cross-checked with results from other patients and the instrument settings were then recorded in a book. This formed the standard set of rates for the instrument.

Because the instrument was manufactured with a black ebonite front panel (typical of scientific instrument practice before the last war), it became known as the 'Black Box'. This was many years before aeroplane flight recorders appeared that were given the same name. At this stage, the Black Box was basically a diagnostic instrument which could be used when symptoms were confusing. Providing that the

rates had been compiled carefully, then the results obtained were usually accurate. It was assumed that the instrument was somehow in tune with the illness, the circuits resonating with the patient.

The next stage was to remove the need for the patient to touch the instrument. A sample holder was provided that was connected to the end of the box circuit remote from the stick pad. It was found that the instrument worked just as well when a sample from the patient (sputum, urine or blood) was placed in this container. Distant diagnosis was now possible; the instrument had no longer to be brought to the patient.

The final breakthrough came when the reverse process was tried. As the system could be resonated to the patient to provide diagnosis, could it be worked in reverse? In other words could the oscillatory circuits, set up by the rheostats, be tuned to another rate which would beneficially affect the patient?

This was done by taking a patient with a known illness. The instrument was then retuned one rheostat at a time, checking for a 'stick' that would correspond with a treatment rate. Hopefully this second rate would broadcast radiations back to the patient that would help in the healing process. This was tried, and much to their surprise it seemed to work. The patients given treatment from the Black Box did get better more rapidly than those without such treatment.

Another set of rates was therefore produced to go in the record book. These rates were those required to broadcast the healing treatment back to the patient. It was from this background that the Radionic instrument was born and it can now be seen where the term Radionic came from. It was derived from the assumption that the box worked with radiations, both from and to the patient.

Various people developed this idea further from its initial beginnings. George De La Warr was perhaps the best known name in this field after the war. The De La Warr Black Box

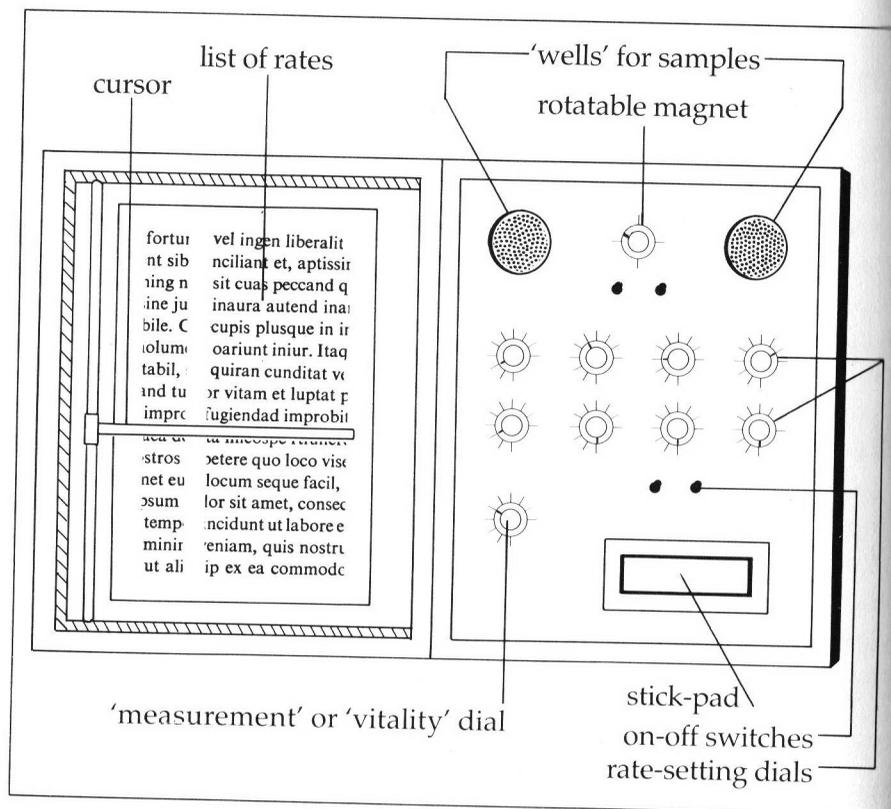


Figure 20. The De La Warr Black Box

(see Fig. 20) was one of the best known boxes in the UK at that time. De La Warr developed the box further and even produced a Radionic camera which produced photographic prints from samples obtained from patients.

Not everyone managed to use the box. There was a well publicised court case where a lady took the De La Warrs to court because she said that she had suffered severe mental illness from trying to make the box work, and she claimed it was a fraud. She was supported on legal aid to pursue the prosecution, but the De La Warrs won their case. The judge said that although he had been completely unable to grasp how the box worked, the evidence that had been produced to support its effectiveness was overwhelming. Although

the De La Warrs had won, British justice being what it is, they were almost made bankrupt from fighting the case in court.

The Black Box, in all its different variations, works. Of that there is no real doubt, but how does it work? When the stick pad was replaced with a plate, over which one could dows with a pendulum, the resonance ideas began to look a bit thin. Also the use of rheostats was peculiar from an engineering standpoint because resistance damps out electrical oscillations, not tunes them in. In short, there is no orthodox explanation for the design whatever. So like dowsing, we have a problem. It should not work, yet unrepentantly it does so!

I wondered about this when I first read about Radionics, and I built myself a Black Box using resistors and calibrated scales which worked for me when using a pendulum. Very peculiar. I tried changing the wiring inside and said to myself, 'The box will continue to work.' The box still worked for me. Finally I made the ultimate leap, I made my Grey Box.

The Grey Box (see Fig. 21) is so called because it was built in a box that was already painted grey. It has a grey top panel and knobs with calibrated escutcheons. It has a sample holder and a telescopic aerial for broadcasting treatments. I also provided it with selector switches so that its mode of operation can be changed. For instance it can be switched from analyse to treatment modes without resetting the rates: they are the same for both, which saves looking things up. This has the additional advantage that one does not even need a book of rates, unless you wish to know what the patient's problems are. All one need do is to dows for the settings of each of the nine dials in turn, with the patient's witness (hair sample, etc.) in the sample holder. When all the dials are set, then one extends the aerial rod and changes the switch from 'analyse' to 'treat'. It works very well, but there is just one problem. There is nothing inside it! No potentiometers, no wiring, nothing! This can

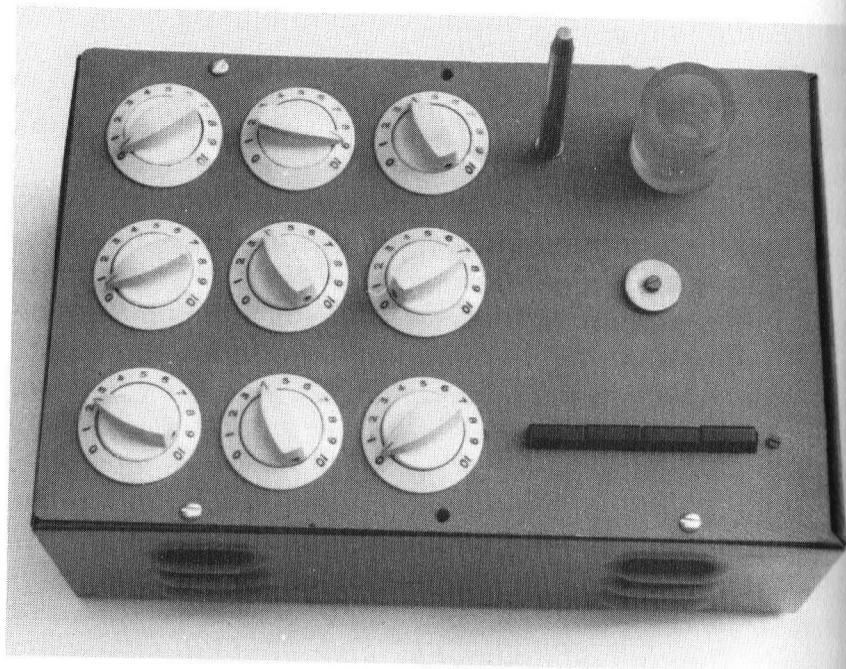


Figure 21. The 'Grey' Box

be seen in Figure 22 where a side view of the top of the box can be seen.

I was not the first one to do this. I discovered a few years after I made the box that an American lady had been prosecuted in court for selling 'black' boxes with nothing in them but sawdust. The fact that they apparently worked was immaterial. It was just as well for the De La Warrs that their box looked more scientific, and therefore more believable.

We have this unfortunate idea that unless something has a rational explanation or *looks rational in its appearance*, then it cannot work. I am sure that many people have come into healing through Radionics because the boxes have an impressive setting-up procedure and look technical. My experience is that they are an impressive crutch which may well be of use if we doubt our own legs will support us. However *there is no magic in the box*. The real magic is inside

the thing that is called 'myself'. All of us possess powers and abilities that far exceed our dreams. What we need is the confidence and wisdom to use them.

I know many people who have started off with Black Boxes and have ended up by discarding them. Not because they could not get results with them, no, it was because they found that they could get equally good results without them.

Now this may all sound a bit negative and anti-radionics. It is not meant to be so. It is meant to show how easy it is to be carried away by pseudo-technology and miss the basic points in the process.

If you rent or buy a Radionic or other type of Black Box, you will find that it comes complete with a book of rates for that particular machine. This is to save you the laborious

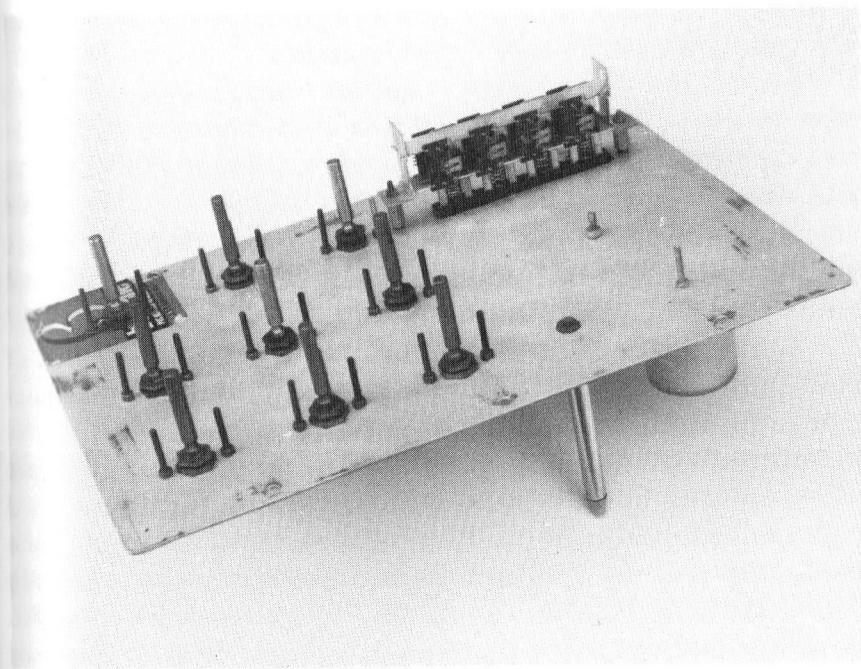


Figure 22. End view of the top panel of the Grey Box showing absence of any functional wiring

process of working them out for yourself. However, like other dowsing systems, herein lies a problem. As was mentioned in Chapter 2, factors like specific lengths of pendulums, lengths and directions of 'fundamental rays' of rates, etc., tend to be personal — independent testing of dowsers gives different figures for each person. So how does a published book of rates work?

It seems to be that if one accepts that the rates in that particular book are correct, then those rates will work for you. Curiouser and curiouser, as Alice said.

It is these apparent conflicts that are widely exploited by people who are desperately trying to expose dowsing, etc., as a fraud. I must admit that it all does seem to be strange and can appear to be the unacceptable face of dowsing.

As with so many situations, one must be careful before jumping to premature conclusions. It is temptingly easy to pooh-pooh ideas because one does not like to accept their implications. So, keeping this in mind, let us have a look at the question of rates as a typical example.

There have been many different Radionic machines manufactured over the years. The late Malcolm Rae was forever producing larger and larger machines; one of these had no fewer than forty-nine dials to set up. The idea seemed to be that the more complex the machine, the more selective it could be and therefore the more effective. Amongst these machines there were quite a few that had the same number of settable dials with the same number of calibrations (usually 0 to 9). One investigator did the correct thing to investigate the much vexed question of rates — he obtained two machines with the same number of dials complete with their respective books of rates. He then asked experienced Radionic-machine operators to use the new machines and do analyses of samples from patients. He found that the results were good, correlating closely with what was known of the patients. However what he had not told the operators was that some of them were using the manufacturer's set of rates for the machine, some of them

were using the rates (which were different) for the other machine. The accuracy was just as high when using the incorrect book of rates.

The conclusion therefore appears to be that we can either produce our own set of rates, or use those prepared by someone else. Providing that we accept those rates as being correct, then they will work for us.

At this point I appreciate that all attempts at a rational explanation seem to fade into non-existence. How on earth can one know what lies inside a book when one has never opened it? Yet the fact remains that it works. In reality it is really no more impossible than dowsing down an index of remedies. It is uncomfortable that it works, but I have proved its efficacy on innumerable occasions when dowsing for a particular patient's needs. I repeat, what matters is that it works. The human being has far more powers than can be explained logically to the satisfaction of the rational mind. The intuitive, illogical, feeling-based, feminine aspects of our natures is a reality, whether we be man or woman. Successfully using an incorrect book of rates is just such a case. The pseudo-scientific person will refuse to accept this, and from this has arisen the concept that there are several rates that will work for any particular purpose. Therefore in Radionic circles there arise arguments about which is the best rate to use for a particular purpose. I suggest that this is merely a sop to the rational mind — trying to make respectable something which is linked to a different type of reality.

Within the Radionic field ideas exist that Radionics is absolutely safe, that it cannot possibly cause harm. Now such concepts are always suspect. If one has the power to affect things, then unwise action can always cause harm, even if one's motives may seem to be for the good. In any case, what is harm and what is good? All too often such things are viewed only from an emotional standpoint with a failure to see the wider implications.

One peach farmer in the USA was suddenly confronted with a plague of caterpillars which would have destroyed

his entire crop later in the year. Rather than use poison sprays he used his Radionic box. He dowsed for a rate that would clear his trees of the caterpillars, set up the rate on the box, and waited. Within a week all the caterpillars had died off. When reported, this upset many people who had had the cosy thought that Radionics was a benign method of healing; some said that it was an outrageous use of the box. Yet this is too simplistic a view. We need to look wider.

Suppose it was *your* livelihood at stake and was threatened by the caterpillars, what then? From a safe position it is only too easy to criticise or to say how things should be done; when one is directly in the firing line, things look different. I remember my father saying that if the generals in the First World War had ever spent time in the trenches in the front line, where he had been, then there was no way they would have made such stupid decisions as they did.

There are two approaches to trying out a black-box method of healing. First of all you could go on a short introductory course to develop a feel for it. If it still seems to be what you want to do, then rent a box and see how you fare. The Radionic Association (address in Appendix 1, see p. 174) would be the best point to start your investigations, as they cater for all Radionic training requirements in a thorough manner. Your dowsing does need to be reliable; unless you can obtain consistent 'yes' and 'no' answers, then your Radionic results are likely to be equally variable.

Secondly, you could try a do-it-yourself approach. You could make up a box like the one that I made, but this needs a source of suitable materials and a basic set of engineering tools. The cheapest method of all is that evolved by a dowser from Northern Ireland who saw my Grey Box. In his method you throw the box away!

Take a long strip of paper, say 20 cm long by 4 cm wide, and write down the numbers from 0 to 9 along it. This is what you will dowse over. On a separate sheet of paper write down the name of the patient. Decide what length of

code you are going to use; I am sure that four digits is sufficient, but you may like to use six or eight to fit in with some of the commercial systems. Take a suitable sample from the patient (hair, etc.) in the left hand, assuming that you dowse with the right, and dowse along the set of numbers until you find a reaction. You need to have in mind the question, 'I am dowsing for a treatment rate for this particular patient.' Write down the number, then dowse down the numbers for the next number, write it down, and so on. You will finally finish up with a four-, six- or nine-figure number which represents the rate needed to treat the patient. Put the patient's sample on top of the number that you have written down, and that is all there is to it. Nothing more to do.

Recheck the patient the following day, and if the numbers keep the same or alter, either way is fine. When you dowse all zeros, this indicates that there is nothing more you can do to help in that particular way.

If you are not happy with imposing a fixed number of blanks to fill in, then make a numbered strip as above but with an extra place marked 'end', as is shown in Figure 23. Dowse as before, but dowse starting with the end label. Keep writing down the numbers until you obtain a reaction from the end place. The numbers you have written down are the required treatment rate. In this case, a reaction from the end place at the start of dowsing will indicate that no further treatment of this type will be of assistance to the patient.

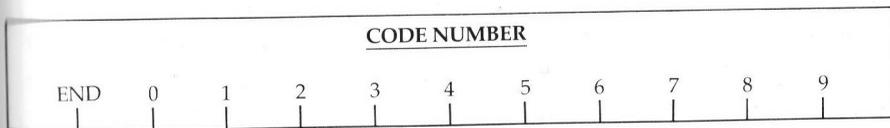


Figure 23. Decimal scale for distant treatment with number codes

Incidentally, the British Radionic Society at that time had outlawed David Tansley and his box, and it was the De La Warr Box that was the approved model. David was a *persona non grata*. As with many fringe areas, the Radionic Society had developed its own orthodoxies and beliefs of what and what was not acceptable. Perhaps because David Tansley was marketing boxes in competition with theirs, David was definitely 'out'.

Later on the Society apparently realised that as he was becoming more and more successful, and better and better known, they were on a hiding to nothing. The conclusion was that they did an about face and welcomed him into the fold. Later, he became their president.

Earlier I showed how we could throw the box away and just dowse for a number code. How about the final possibility — throw away the code? After all it looks as if the intelligence behind distant 'box' healing is dependent on the operator rather than the box. Perhaps a code is not needed at all.

Try out the following and see what happens. Take a hair or other sample from someone who requires healing. Even a signature will do if nothing else is available. Hold a pendulum over the sample and relax. Inform your mind that you wish the pendulum to rotate for as long as healing energies are being accepted by the person requiring healing. Keep the thought in mind that you are transmitting healing energy to the other person for them to make use of *if they so wish*. Then watch your pendulum. All being well it should start rotating. Just keep relaxed and watch, *and don't try to do anything*. If you wish to visualise energies leaving you, or feel a link with the other person, fine, but the main thing is just to allow good will towards the other person to exist. Nothing more.

All being well, after a short time the pendulum will slow down and stop rotating. If it is still 'running' after five minutes, the odds are that you are trying rather than just letting it happen. That is it! Nothing more to do, no complex

rituals, no striving to help the other person, no ego trip either. Just you offering healing to the other person and checking with the pendulum to see when you can move on to the next thing that you need to do.

You will know instinctively when to move on to the next patient needing treatment. It seems too simple. Yet it works. Dare I say it, but when you become competent, then you can even throw the pendulum away.

So use a box by all means, as you may find it helpful. Remember that it takes time to develop expertise and confidence, and always bear in mind however that *you* are the essential ingredient, and that it is your good will towards the person needing healing that is paramount. Good will is essential; trying only gets in the way. It is also important to be relaxed and not to be anxious, so practising meditation or relaxation can help enormously. The best healers that I know seem almost offhand about it all. Not that they don't care — no. It is simply that they do not identify themselves as being healers; they only see themselves as someone who is able to help others from time to time. The true magic comes from relaxation and a non-identification with whatever healing takes place.