MANUAL OF RADIONIC PRACTICE

DELAWARR LABORATORIES LTD
Radionic-Magnetic Centre Organisation

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PART ONE

Definitions of Radionics and Historical Review

Definitions of Radionics
Radionics may be practised in the following categories:

a) Human
b) Animal
c) The formulation of Remedies
d) Agriculture and Horticulture

The therapeutic application of Radionics involves the analysis and treatment of a case by the use of instruments designed for the purpose. The object of the Analysis is to determine the predisposing causes of the patient's condition. The importance of being able to detect psychological causes in physical disease classifies Radionics as a Psycho-somatic Study.

The object of the Analysis in the case of Agriculture and Horticulture is to determine the cause of plant disease and to determine the mineral and trace element deficiencies in the soil that may be contributory. However, the present Course relates only to Category (a) above.

The children and Young Persons Act 1963
In the case of children under 16 years of age it is a provision under the above Act that adequate medical aid shall be provided and parents or guardians should be asked to sign a form indemnifying the Practitioner against any claim in respect of this Act.

HISTORICAL REVIEW

RADIONICS has a close association with many ancient philosophies and beliefs from which a new science is being discovered. The name was, in fact, coined in America and in the 1940's it began to spread but was promptly banished abroad because of its subversive possibilities. It has, however, taken root in Britain where it enjoys, in 1966, all the insecurity of a foundling which must inevitably influence academic thought in due course throughout the world. It is a science of the interaction between Mind and Matter showing the complete inter-relationship of all things. It

points the finger to that ingredient in the energy that forms all matter, the ingredient of Mind.

Radionics is a startling science that stems from the ancient art of Radiesthesia, an art practised by certain skilled men throughout the ages, certainly as far back as the early Egyptians 3,000 to 4,000 years ago and to the Babylonians or even earlier. Possibly the best course to follow in introducing the subject in this Course is to trace the development of apparatus that has been evolved today which has such an interesting ancestry. The following extract is apposite from a Paper read to the Oxford University Scientific Society in 1961 by G.W. de la Warr.

Extracts from 'The Power of Thought'

Undoubtedly the first instruments ever used in this field were the Dowsers' twigs or Divining Rods and the Pendulum that was held in one hand. There are early Greek and Egyptian records that these were used in the detection of minerals as well as of water. It is not generally known but the divining rod will not move unless the mind of the diviner is concentrated on the point at issue – Is there water here? If the thought processes are wandering the results will be correspondingly affected. In fact, this simple device may be used for detecting a variety of things. I have seen the same Divining Rod used in the detection of 'arthritis of the spine' and the correct position located. A somewhat cumbersome method of diagnosis that compares unfavourably with radionic methods but it serves to draw attention to the role the operator plays in the diagnostic procedure depending on what method of detection is used.

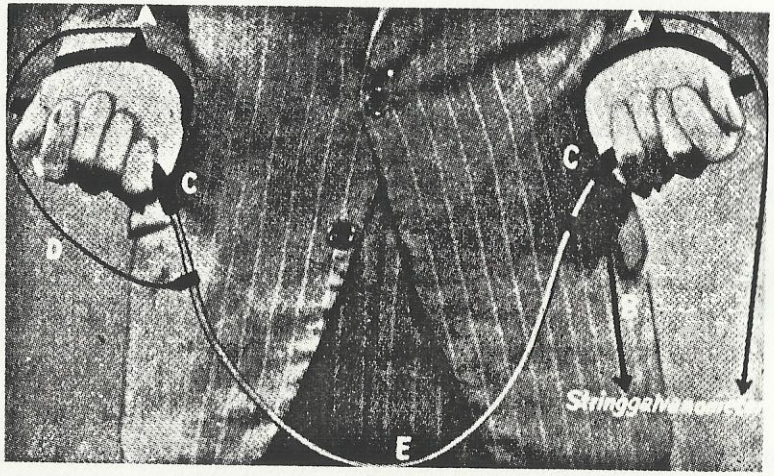

FIG. 1
Experiment carried out at the Physiological Laboratory at Leiden, Holland, using a metal divining rod, one end of which was connected to an electrode of a string galvanometer. The other electrode of the galvanometer was connected to the wrists of the dowser and it was found that there were fluctuations of the skin potentials when the dowser moved into a dowsing zone.

Fig. 1 shows an interesting experiment carried out at the Physiological Laboratory at Leiden in Holland. A loop shaped metal rod was used as a divining rod and one end of it was connected to an electrode of a string galvanometer. The other electrode of the galvanometer was connected to the wrists of the dowser and it was found that there were fluctuations of the skin potentials when the dowser moved into a dowsing zone. In other words there was a slight physiological change in the operator.

Other types of divining rod in common use range from various designs of pendule held between the finger and thumb to the latest design recently purchased by a Municipal Corporation for £80 with which to detect buried pipes and cables.

There is another aspect of dowsing that is not generally known that might be described as distant dowsing. The British Society of Dowsers call it Map Dowsing and it is possible for the dowser to get the divining rod to move merely by thinking accurately about the distant site whilst mentally searching for 'water'. An extremely interesting book has been written on this subject called 'Adventure Unlimited' by Evelyn Penrose (Published by Neville Spearman) describing her prowess as a very capable diviner.

The Electronic Reactions of Dr. Albert Abrams

I am now going to deal with the first attempts on record where actual electrical apparatus was used in the distant detection of disease conditions. I refer to the work of Dr. Albert Abrams who was among the earliest pioneers of Radionics and the phenomenon we are still investigating. He was born in 1865 in San Francisco and died in 1924. He graduated with first-class honours in medicine at Heidleburg University and was later made Professor of Pathology at Stanford University, California.

While he was at Heidleburg his brilliance attracted the attention of Professor Van Helmholtz and a lasting friendship developed. Helmholtz advised Abrams in matters relating to the production of his apparatus with which he was to detect disease in living tissue. Back in the United States Abrams also become the protege of Dr. Millikan the famous atomic scientist of Rutherford's day.

There were various types of instrument made by Abrams, some of great ingenuity, and one of these was his Sphygmobiometer seen in Fig. 2, with the human being the circuit.

Abrams' book entitled 'New Concepts in Diagnosis and Disease' published in 1924 (Physico-Clinical Co. San Francisco) describes how he discovered that the dullness of note changed when he was percussing the abdomen because of the reflex action of the stomach. He did a great deal of research on other body reflexes from superficially applied stimuli but he decided that the audibility factor was more easily discerned when the percussion was made on the abdomen. The dullness of note was found to change and even to disappear entirely when the blood specimen of a diseased person was brought near to the healthy subject in the circuit. He developed this into a technique of putting the distant patient's blood specimen in a

closed container that was wired to the Sphygmobiometer, all as seen in Fig. 2. By dividing the abdomen of the healthy subject into areas of specific response he was able to diagnose the patient according to which area on the abdomen gave a reaction. In a person suffering from T.B., for instance, the dullness disappeared from the area shown on the third sketch in Fig. 3 but only when the dials were set at 4 and 2, which was his rate for Tuberculosis. This figure shows different diagnostic areas and each

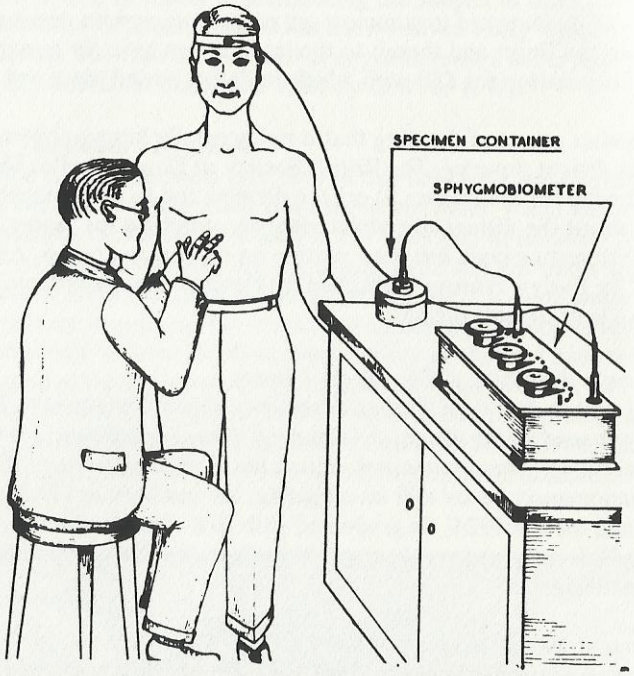

FIG. 2
Abrams' Diagnostic Apparatus in use showing abdomen of healthy subject being used as a detector. The blood sample of the distant patient in the specimen container. The Sphygmobiometer is tuned to detect a specific disease reaction.

area has its appropriate tuning on the Sphygmobiometer. You will see later how we ourselves have independently corroborated these dial settings by more advanced methods. Abrams' diagnostic technique was demonstrated freely and was actually extended to detect anxiety states and other psychological conditions. It is important to know that Abrams' claim to detect non-physical states alarmed his colleagues and before many years had passed he was practically an outcast from his own profession in spite of the fact that his method of diagnosis would stand up under test conditions.

Subsequent developments

A number of persons about this time were experimenting with various kinds of detector that might eliminate the percussing of the human abdomen. A Canadian by

the name of James Whiting applied for a patent in 1924 for a detector that was based on obtaining a 'visual' effect with the eyes closed.

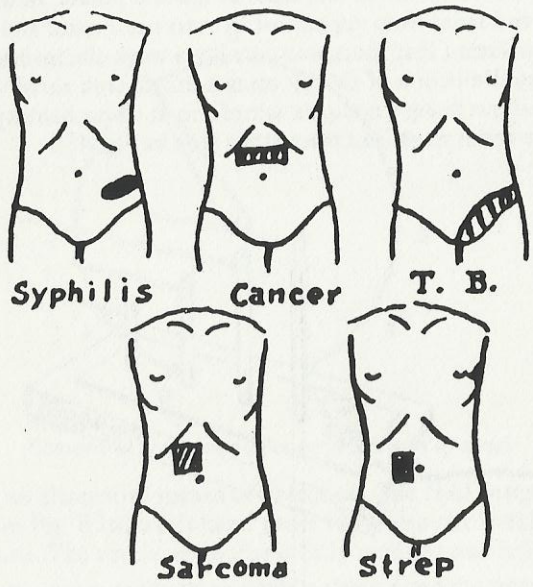

FIG. 3
Locations on abdomen where "dullness" accompanies disease.

In 1926 the Pathometric Corporation (now defunct) of Los Angeles, produced their Pathoclast which had several stages of radio amplification and a metal plate detector on which the whole hand of the operator was rubbed with a circular movement. When the correct tuning was made with the blood specimen in the circuit the friction between the hand and the metal plate suddenly increased. Investigation showed, that the apparatus would work almost as well when it was switched off. Do not misunderstand me here, I am merely saying that another type of energy was becoming apparent in the operator that could induce an effect in the apparatus.

About this time Ruth Drown, a student of Abrams, produced an instrument with a rubber diaphragm which had to be rubbed by one's finger in order to obtain a reaction at the appropriate moment. The instrument had nine dials and used a blood specimen but no electricity. The specimen was clipped to a metal plate on a wander-lead. Considerable skill was necessary in the use of this type of apparatus.

To bring the work in our own country into relief I must describe how I entered this field of enquiry in 1942 purely as a hobby. My wife and I were convinced that there

was a radiation of some kind from all living things and among our first experiments we tried to detect the radiation from a young larch tree. In those days the only form of detection we had was either a diviner's rod or the simple pendulum device used by radiesthetist, and when walking around a larch tree holding a divining rod of whalebone we found that it did in fact react at specific points. In those early days of the war, radio and radar were uppermost in everyone's mind and we jumped to the immediate conclusion that there was possibly a weak electromagnetic signal from our larch tree. Detection of this by using a simple stub aerial was the sort of thing I had in mind but being a complex waveform in all probability we constructed the four miniature aerial masts and brass stubs seen in Fig. 4.

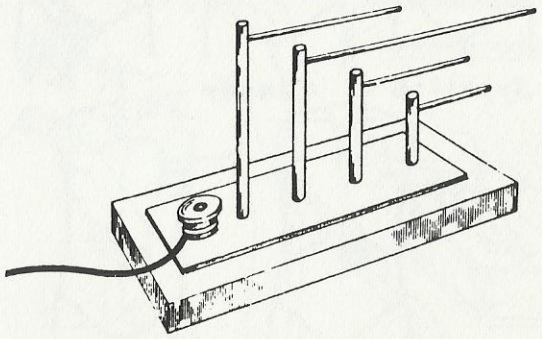

FIG. 4
Layout of experiment using stub aerials of different lengths to detect radiations from tree.

Knowing that it was necessary to relate the length of the aerial to a signal wavelength we determined the lengths of the aerials by trial and error using the pendulum as a means of detection. However, we were unable to detect any vivible effect when the apparatus was coupled to our Oscilloscope but we did not give up the search.

About this time I was asked by a group of people to make them some copies of the American Drown Instrument which used a rubber diaphragm as its hand operated detecting device. At that time we did not know that the claims made for this apparatus were not entirely correct but I was confronted with just what I wanted as a mechanical means of altering the lengths of my curved stub aerials (see Fig. 5). It simply meant curving our stub aerials in a circle and arranging a sliding contact that was operated by a knob on the instrument panel. Dividing the total length of each aerial into ten equal intervals would therefore enable us to quote tuning numbers or rates that were quite possibly comparable to those of the Drown apparatus. It was now a simple matter of arranging a series of adjustable aerials in a box all joined together to give complex waveforms at will and also to be able to detect them.

The Delawarr Diagnostic Instrument.

Turning then to the actual construction of our first crude form of Diagnostic Instrument you will observe from the wiring diagram in Fig. 6 the arrangement of adjustable aerials. This, we hoped, would form the basis of an Instrument that would

detect the elusive radiation from our larch tree or even a piece of diseased tissue. Fig. 7 shows the layout of the panel of one of our first Models. Two remedy selection sockets or wells were provided for specimens (positive and negative), nine dials by which tuning is effected, a magnetic stabiliser, a rubber pad and a bakelite

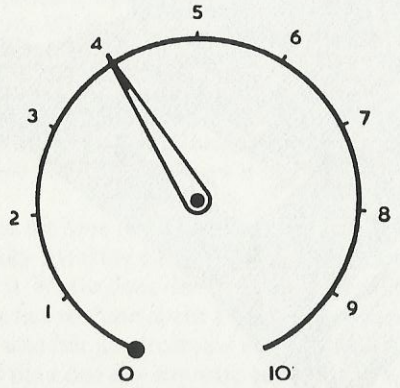

FIG. 5
Convenient arrangement for varying length of aerial.

surface to rub as an alternative means of detection. The final design of the Instrument seen in Fig. 8 has a left hand panel to receive our **Detail Cards** to aid the process of diagnosis. The whole apparatus is fully portable and is listed as the Mark 5 model.

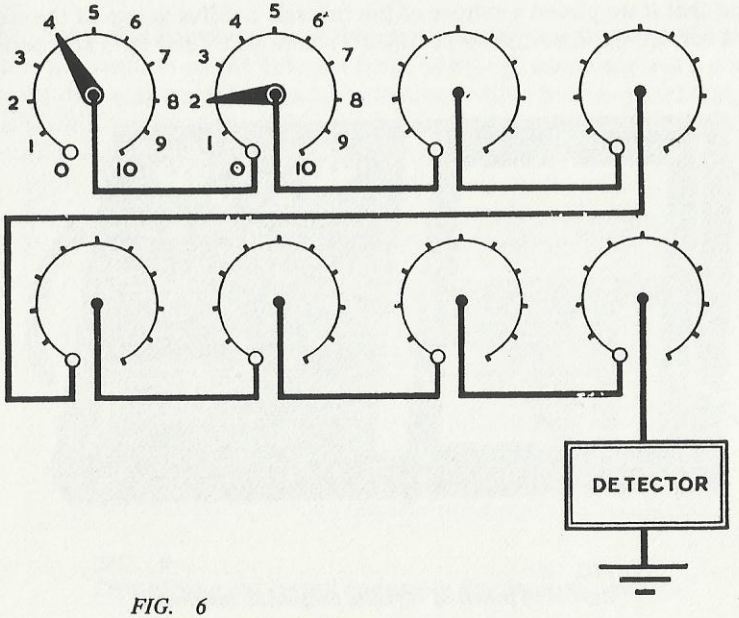

FIG. 6
Experimental wiring diagram for Diagnostic Instrument.

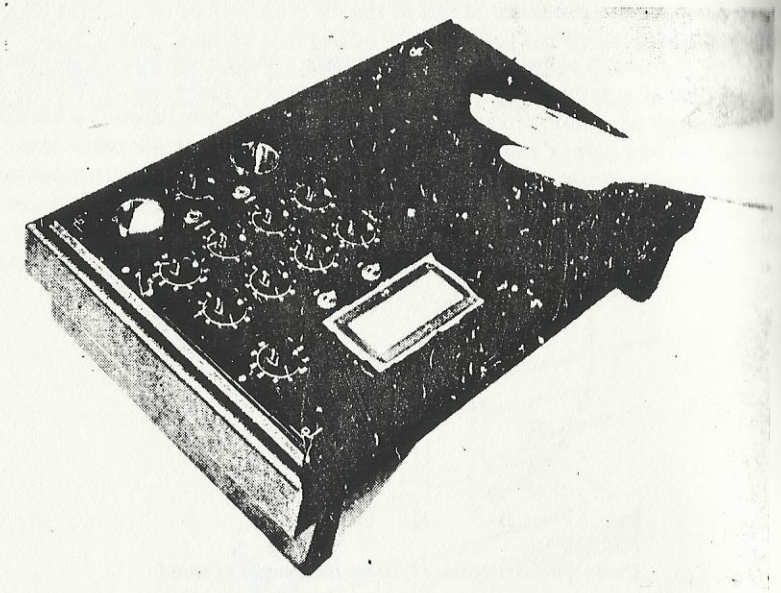

FIG. 7
Early form of Daignostic Instrument where either the bakelite surface or the rubber detector can be rubbed by the hand or finger.

We found that if we placed a culture of the tubercle bacillus in one of the specimen wells and rotated the first dial we obtained a reaction at 4 and then at 2 on the

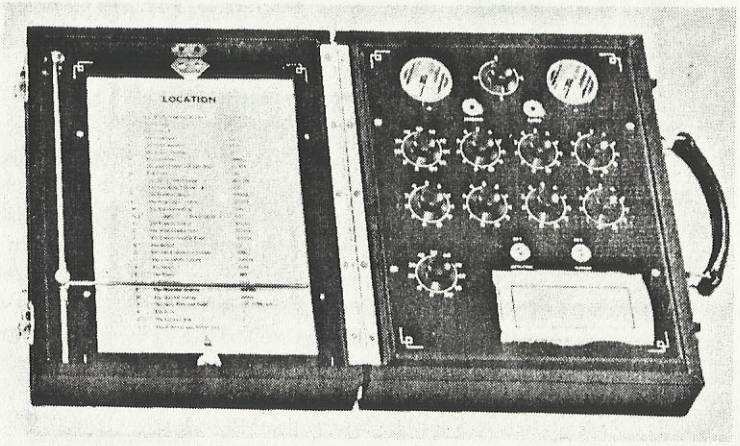

FIG. 8
Layout of panels of Portable Diagnostic Instrument.

second dial. Referring to Fig. 6 you will observe that there is corroborative effort here as it coincides with both the Abrams and the Drown rates of 4.2. Another corroboration is found in the rate for syphilis as we all three quote the same rate of 5 and 5, and again in the rates of 5 for Carcinoma and 5 and 8 for Sarcoma. In my opinion it is a matter of the relationship between the two peripheral lengths on either side of the pointer, a proportional relationship. The Abrams dial moved an arc of approximately 90 degrees whereas mine moves 320 degrees but the proportional tuning is the same. The preparation of a rate is fairly simple matter of finding the appropriate position on the dial or dials for whatever object the rate is made. We have proceeded on these lines and produced between six and seven thousand rates, or dial settings, of things ranging from human anatomy to soil bacteria. I will show you presently how a rate is made.

This wiring diagram we have just been looking at in Fig. 6, however, has several omissions electrically speaking and being a scientifically minded gathering the first thing you will ask is 'Where does the electric current come from ?' It is a question that everyone asks and we have spent a tremendous amount of time and energy in trying to discover whether an electronic device could be used instead of the detector pad. And then one day my wife and I got an unexpected shock, unhappily it was not an electrical one, it was when we discovered we could calibrate the dials in **sound waves**. As an example let us consider one of our rates. The rate for heart muscle is 2 on the second dial and 5 on the third dial, but we found we could get correspondence between an audio frequency oscillator and different positions of the dial. Two and five on the dials respectively gave reactions to the sonic frequencies of 700 and 870 cycles per second respectively.

Another factor that convinced us of the sonic solution was that with the wrong sized box the reaction on the detector faded as though **resonance** was a possible factor. We then constructed a special instrument with a bottom panel that moved vertically and found that for different rates we needed a different position of the bottom of the box, that is to say a different size of cavity.

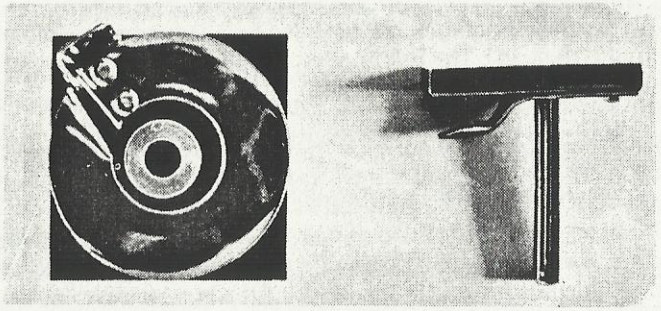

FIG. 9
Type of rotor and contact ring used in new resonator assembly.

We then set about re-designing our dials more from a sonic point of view and Fig. 9 shows us one of the new contact rings with the rotor removed. We now call them our resonators and they consist of a split washer of mild steel rigidly fixed at one end as a cantilever with a brass sliding contact. You will observe it is free to vibrate and a very complex arrangement of harmonics is produced, but I will refer to this again later. The inside of the instrument now looked like a special form of vibraphone. (Fig. 10).

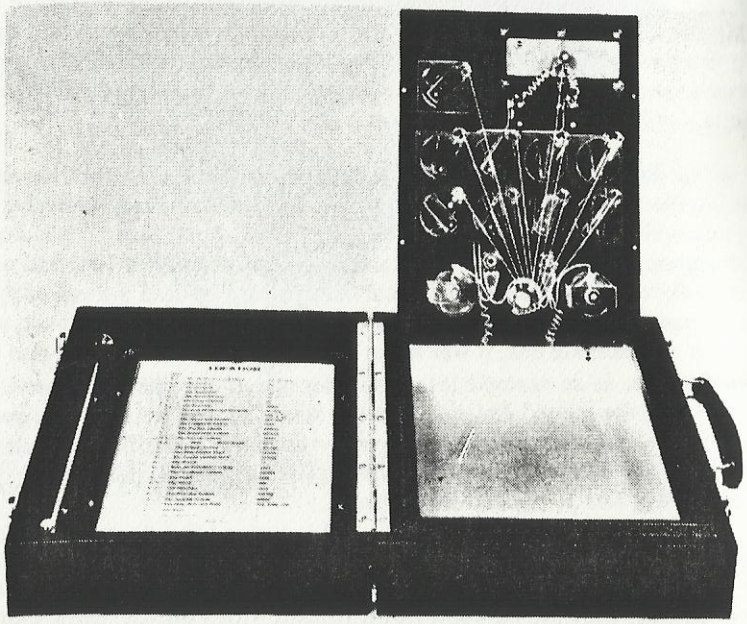

FIG. 10
Layout of components on underside of panel of Diagnostic Instrument. Each resonator assembly is connected by wire to a small mixing platform which is connected to the bottom plate of the detector.

The complex vibrations from each dial were led by a taut wire to a mixing platform and thence to the Detector. The reactions on the Detector were very noticeably improved and we felt we had made progress.

It is now that I must correct an omission that would have been an unnecessary complication to introduce before, but we had included a simple bar magnet in our previous apparatus. It is actuated by a dial at the top of the panel and it is at this point we also fixed the mixing platform where a wire from each resonator terminates. If the magnet is correctly rotated for a particular rate there is a stabilising effect on the instrument. It compensates for the depth of the box in some way as there is then no need to vary the depth of the cavity, and also the reactions on the Detector are clearer when the magnet is correctly used. There are other qualities concerning a magnetic field that have been verified by co-workers and scientists, but they relate to other aspects of our work and not to the diagnostic problem. The bar magnet we

have standardised on is 1½" long by ¼" diameter and we use it in an unorthodox manner as it is rotated about its N—S or long axis. I am seemingly postulating that there is a magnetic relationship between living things, but more of this later.

We thus have an instrument panel made up of two specimen wells, a magnet, nine resonators with dials and the Detector, and we proceed to use it for diagnostic purposes. However, it is one of the penalties of any research work that a fresh discovery can always be made that will torpedo the thing you have so carefully built up. We found this to be true when our second major shock arrived. Working one day on the case of Mr. Jones and checking in on completion, we found that the specimen we had been using in the specimen well belonged to Mrs. Smith. On re-analysing the case we found that we had much more of Mr. Jones' case than of Mrs. Smith's. It now appeared that the **mind** of the operator could dominate the apparatus to a certain extent, and that the blood specimen was of secondary importance.

This triggered off experiments which showed conclusively that if the operator knew the patient personally and deliberately held him in mind whilst operating the instrument a blood or hair specimen was in fact unnecessary. This was a major setback but it had its compensations, however, as we were so intrigued to find that **thought** was powerful enough to affect any instrument at all.

Undoubtedly we were getting clear reactions on the Detector of some kind and I was reminded of the earlier days when we received so much encouragement from Dr. Guyon Richards, who was then President of the London Medical Society for the Study of Radiesthesia. He startled the audience during one of his addresses by saying that he simply **asked** his pendulum the question, 'Do I prescribe this remedy or that remedy for Mrs. Smith's ulcer?" and he visualised the two substances and obtained his answer by interpreting the swing of the pendulum. Whether it was the correct one or not we had no means of telling but he was satisfied with his results. What was the connection between our method and his and were our results satisfactory? Had we in fact advanced at all from the 5/- pendulum to the £100.00 apparatus we now used? It was certainly a challenge, but I am glad to say that we are safely through that period now.

Various forms of electromagnetic stimulation were applied and **all** of them produced an effect but nothing measureable by any other means than the rubber detector, that is to say, in 1963. We have developed two types of energy assisted Diagnostic Instruments, the Mark 7 which uses electronic oscillators and transducers and the Mark 8, which uses polarized light to increase the resonance phenomenon.

Mark 7 Diagnostic Instrument

Fig. 11 shows the general panel layout of the Mark 7 Instrument. There are the twelve dials and their resonators of the same type as before and the usual magnet, but this time there are also two electronic oscillators with transducers to assist the sonic phenomenon. One oscillator supplies harmonics in the audible frequency range and the other oscillator is variable and supplies V.L.F. from 0 to 350 cycles per second.

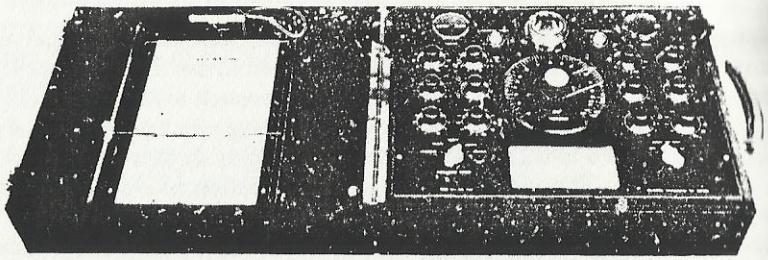

FIG. 11
Layout of Mark 7 Diagnostic Instrument energized by a variable electronic oscillator.

The procedure is to set the resonator dials first and then switch on the oscillators and find a frequency that enhances the reaction on the detector. This makes the apparatus much more sensitive to the thought of the Operator and the process of analysing the case may commence. I would like to reassert that when the Operator puts forward the correct thought and the Instrument is correctly tuned to the patient's condition there is a distinct 'stick' as we call it, on the detector. The Operator has only to switch to another thought and the apparatus will not respond. This is an important factor to remember.

It is interesting to note that 70 per cent of the thousands of persons who have visited the Laboratories have the ability to operate this form of detector. We select and train suitable operators in the many branches in which this work may be applied.

Nodal points around all living things

There has been an important development connecting various aspects of this work. Some years ago we found that there were points of influence of some kind around the Diagnostic Instrument but that they were also around all living things as well. They formed an orderly pattern in space and appeared to extend outwards indefinitely. Fig. 12 shows some of the Nodal Points around the human and an antenna erected at one of them that establishes a state of rapport with that person however distant they may be. The method of detecting these Nodal Points is with Portable Detector and Antenna. Two persons are required, one to work the Detector (whilst blindfolded if a demonstration is to be given) and the other to move the Antenna slowly over the wall or screen and mark the positions obtained.

It is thought that a hitherto unknown magnetic quality is thus being shown that will enable a new relationship between all things to be appraised at academic level. It may throw new light on the phenomenon of rapport which is so basic in Radionic Therapy.

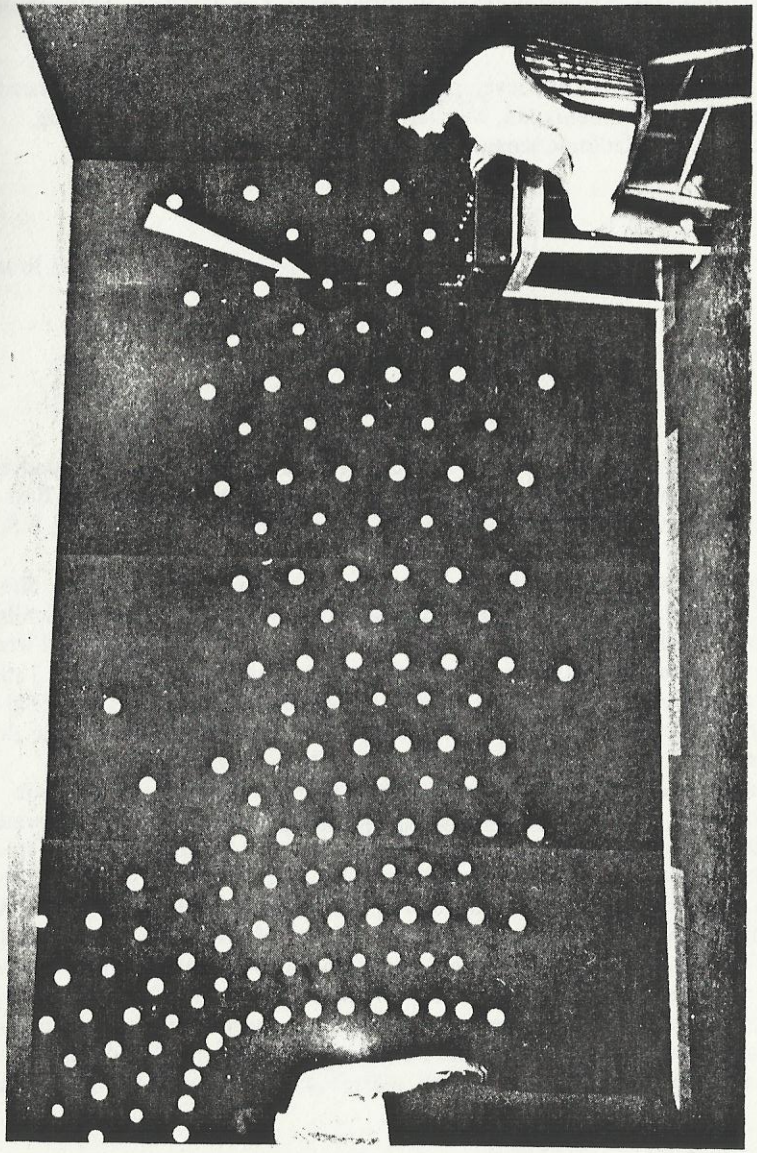

FIG. 12

CHRONOLOGICALLY SPEAKING

A REVIEW of the ancestry of Radionics is made difficult by the fact that not all the workers engaged in it have publications to their credit. Furthermore, there are, as yet, no Radionic Archives to which reference may be made.

If we allow that Radionics has developed as an instrumental form of Radiesthesia which itself is several millenia old, we could perhaps enumerate the following names in the purely Radionic sense.

Abrams
Starr-White
Wigglesworth
Regnault
Boyd
Colson
Eeman
Drown
de la Warr

The use of the word Radionics would appear to have coincided with the founding in c.1940 of the 'Inter-National Radionic Association' whose address was 827 East Walnut Street, Springfield 4, Missouri, U.S.A., the Editor being H.J. Rogers, B.S.,D.C.

Ruth Drown was a student of Abrams and a contemporary of Wigglesworth. She produced a Diagnostic Instrument using dials and a rubber tactile detector, whilst Wigglesworth produced a form of friction detector on which the whole hand was rubbed in a circular motion. The apparatus was called the Pathoclast (U.S.A.) and consisted of a very complex console with various dials and indicators connected to its circuitry. It made use of contemporary radio and electrical components, as do many present day instruments produced in Great Britain and in France. In England, de la Warr was probably the first to replace the standard type of radio potentiometers or rheostats, used as tuning elements in earlier Radionic instruments, by specially made resonators based on research with small tunable antennae. It is also worthy of note that it was at the Delawarr Laboratories that research was first instigated into the part played in diagnosis by the thought patterns of the operator when using the Diagnostic Instrument.

PART TWO

Practical Radionics

List of Standard Reference Books required

Illustrated Medical Dictionary.
by Dorland.

Principles of Anatomy.
by Gray.

Principles of Determinative Bacteriology.
by Bergey.

Anatomy of the Nervous System.
by Ransom and Clark.

Diseases of the Nervous System.
by Walshe.

Atlas of Anatomy by Pauchet and Dupret.

The Merck Manual of Clinical Medicine.

Case History of each Patient

It is essential that the case history of each patient be available together with the description of the current symptoms from which the patient is suffering. This should be available before any attempt is made to deal with the case. The information should be clearly recorded in a convenient and standard form and must always be filed for future reference. This forms the basis of every patient's **Case File** to which all correspondence, further checks and check-analyses can be added as the case proceeds.

Whenever it is possible to interview the prospective patient personally, this should be done because such a meeting can assist the development of the practitioner's observations and can also be of great psychological benefit to the patient.

Specimens
Although specimens may take the form of hair, blood, or a small photograph, it is preferable to have the blood as a specimen. Several of these should be taken on white filter paper of a standard diameter for ease in filing. A single filter paper with the say six blood spots thereon, is convenient to use in the course of analysis in the well of the Instrument. When mounting the specimen on the special card for the purpose, one blood spot only is cut from the filter paper and fixed to the card. Each specimen card should be clearly marked with the patient's name and protected by a small cellophane envelope.

Technique of Analysis
Since the Diagnostic Instrument responds to the thought of the Operator, the process is one of skilled thinking in conjunction with the skilled manual operation of the rubber detector. The Instruments at present in use have a series of dials in a specific arrangement with two specimen wells, a magnetic tuning device and a manually operated detector pad. The left hand side of each Instrument contains a panel into which either **Detail Cards** or diagrams can be placed as required. This panel is fitted with a sliding cursor bar which acts as an additional aid to the operator in focussing attention on the appropriate line of point or parts of diagrams.

A **Book of Rates**, or dial settings, has been prepared and is divided into two main parts; **Organs** in the second part and **Diseases** in the first part. To give it the full title – 'Diseases and conditions of the Mind and Body'. For convenience in distinguishing between organs and disease rates, the disease rates or dial settings have the second digit as 0 and they always commence on the first dial in the top rwo of the instrument panel. This particular dial is calibrated in tens from 0 to 100 whereas all the other dials are calibrated in units from 0 to 10.

In expressing the rate for **Tuberculosis**, for example, the correct position for the first three dials would be as follows:

First dial	40		)	40.31 Tuberculosis
Second do.		3	)	40.31 Tuberculosis
Third do.			1)	

All other dials would remain at 0. To express the rate simply for an **Organ** such as **Lungs**, for example, the correct position for the first four dials would be as follows:

First dial	0		)	
Second do.		7	)	
Third do.			7)	0.776 Lungs
Fourth do.			6)	

To express the combined rate for **Tuberculosis of the Lungs**, the correct position for the first six dials would be as follows:

First dial	40					)	
Second do.		3				)	
Third do.			1			)	40.31 (776) T.B. of Lungs
Fourth do.				7		)	
Fifth do.					7	)	
Sixth do.					6	)	

The brackets are a convenient form of separating the organ rate from the disease rate for the purpose of identification when treatment is being considered.

Special Note

Whenever any rate, or dial setting, for either an organ or a disease rate, includes the figures 1 and 0 in sequence the dial setting should be 10. That is to say the last position on the dial if calibrated in units.

The last dial on the instrument panel may be used as a measuring dial when this is not taken up by rates or dial settings in the case of long combinations. The purpose of the measurement is to ascertain the intensity of the condition and also to ascertain the 'efficiency' of any particular part of the anatomy involved. It must be fully understood that the intensity of the condition cannot be interpreted as indicating the clinical state but merely to indicate the degree of imbalance approximating to metabolic imbalance.

To determine the 'efficiency' of an organ
Let us assume that we wish to measure the 'efficiency' of an organ, say the patient's heart muscle. The rate for this is 25, and so with the settings of 2 and 5 – the second and third dials respectively we are ready to measure on the last dial. The question that is being posed meanwhile should be 'How well is the force field of the patient's heart muscle functioning?'

This is perhaps a difficult concept at first, but not when one recalls that –

> "Radionics is a science of the interaction between Mind and Matter."
> In Radionics we do not diagnose the physical body direct, we are assessing and dealing with the Dynamic Force Field or Aura that motivates it, sometimes called the Pre-Physical Body, and add to the confusion – a Counterpart Body. All these descriptions will be dealt with later, but for the moment we simply retain the concept that in the Mind and Matter relationship – **the Mind can only affect the physical body through the intermediate stage provided by the Pre-Physical Body.**

In measuring the efficiency of the patient's heart muscle therefore, we simply envisage the Dynamic Force Field around it because this field itself may be distorted and **inefficient** because of psychological states. This relationship is referred to in some detail later.

The more intelligent use of the Cause Sheets

It will be seen from a study of the Cause Sheets that they do not contain all the diseases and conditions which are set out in the Disease section of the Book of Rates. In fact, the heading to the Cause Sheets states:

GUIDE TO CLINICAL CONDITION

This is because it is sometimes possible for the practitioner to find an involvement of an organ and not be able to arrive at the cause of the involvement because that cause is not listed in the Cause Sheets. It would be impractible to resort to bulky Cause Sheets as it would extend the diagnosis time unnecessarily.

To give an example let us take the case of a patient who is suffering from a heart complaint and that a medical practitioner has termed the complaint as 'valvular incompetence'. The organs involved will include the valves of the heart and possibly the circulation, and on using the Cause Sheets the cause of the involvement will rightly be found as 'incompetence' of the valves, since this appears on the Cause Sheet. However, it is not possible for the operator to be led to detect that there is a cardiac insufficiency as such because this condition does not appear on the Cause Sheets, but nevertheless the patient will certainly be suffering from it. Obviously this is where the student has to use his own initiative and this we encourage in the following way. The student will know that valvular incompetence can produce either circulatory back pressure or circulatory insufficiency in that part of the arterial system covered by the valve involved, and so he must call his own knowledge into play. The normal method of doing so is to use the standard reference books which are quoted at the beginning of this Session by re-reading them in association with the specific problem in mind.

For instance, assuming that the condition under analysis is 'valvular incompetence' this rate will be set up on the dials of the diagnostic instrument, and the student will operate the detector with one hand whilst pointing to the appropriate part of the ext with the other. Thus the supporting condition of 'circulatory insufficiency' affecting the cardiac musculature in this case being used as an example will be brought to light and will appear in the final Analysis. An **Antenna** is provided with each Diagnostic Instrument for the purpose of pointing to appropriate text or to the locations on a diagram. This Antenna has a number of other uses which will be described in due course.

General procedure in Analysis

1. With the Instrument open in front of the operator and all dials set to 0, (and here all the references will be related to the popular Mark 5 Instrument) both switches to the ON position, take the specimen and place it in the correct well of the Instrument after selection. The selection is made by operating the rubber detector whilst posing the mental question "Is this the correct well for this specimen?"

2. With all dials still at zero, rotate the blood specimen in the well it now occupies, but meanwhile posing the question "What is the correct position for this specimen to occupy in relation to the patient?" — whilst operating the detector.

3. Next rotate the magnetic tuning device whilst posing the question "What is the correct position for this magnet to enable me to analyse this patient's condition?" — meanwhile operating the detector. Let us assume that we are analysing Mr. Smith's heart condition which is stated to be **Tachycardia.**

4. Set the dials for the patient's principal sympton, i.e. Tachycardia 50.129

5. Move the cursor bar down the **Location Sheet** on the left hand side of the Instrument whilst operating the detector. Record the Detail Cards thus selected as follows, and extract them in readiness for analysing the case in greater detail:

Pancreas	Sheet F
Ductless Glands	" K
Respiratory System	" L
Heart	" T

6. The operator now places the selected **Detail Cards** in the left hand panel one by one and picks out the locations that are involved in the patient's symptom of Tachycardia. There may be several **detailed locations found,** but let us assume that one of them is the **Islands of Langerhans.** This is then entered on the foolscap size paper that will be referred to as the **WORK SHEET.** The student is being taught to make a Radionic Analysis but also how to follow the standardised procedure for recording the findings. First of all the **Work Sheet** is prepared on which is recorded each finding as it is made and then from this the **Final Analysis** is made, and subsequently the **Summary.** These will be referred to in some detail later.

7. It is now necessary to find the **Causes** of the involvement of each **detailed location,** and the dials are returned to zero. Now the rate for the first detailed location found, in this case the Islands of Langerhans, is set up instead. Placing the **Cause Sheets** 1, 2 and 3 in the left hand panel move the cursor bar over each card in turn to determine the causative factors involving each detailed location. The question to pose during this operation is, "What is the cause of the involvement of this location relative to the tachycardia?"

Let us assume that we find reactions to:

Hormone Imbalance		Sheet 7
Mineral	do.	do. 8

and that we can now turn to the Cause Sheets. Commencing with Sheet 7 we can determine which hormone is in imbalance. Let us assume that it is Insulin. To determine whether the secretion is deficient or in excess the appropriate rates 10. 10. 10 and 50. 10 are separately set on the dials. This calls for the rate for Islands of Lagerhans to be removed and the rate for Insulin substituted plus that for either a deficiency or an excess. The result is then entered on the Work Sheet.

We have yet to apply the remainder on the Cause Sheets in connection with each detailed location and so restoring the rate for the Islands of Lagerhans to the dials we may find, in this particular case, that there is some Degeneration. Repeating this procedure for **each** of the precise locations already found these results are also added to the Work Sheet.

Two columns are to be provided on the right hand side of the Work Sheet, one is for the **efficiency readings** of an organ obtained in the manner described on Page . The other column is to record the **percentage encroachment of the disease.** This is purely an indication of the patient's Dynamic Force Field around the body and may not necessarily be taken to indicate the clinical state. This is where Radionics is able to throw more light on the onset of physical disease conditions, it enables the operator to assess the onset or abatement of a condition by measuring the force field. It is easier to express it in a percentage but bearing in mind that 10 or 20% need not be considered as 'serious', whereas 70 or 80% would most certainly be regarded as such.

8. The **Work Sheet** will now read as follows:

TACHYCARDIA

In association with the following locations,

Pancreas	Sheet F
Ductless Glands	do. K
Respiratory System	do. L
Heart	do. T

	Rate	% Dis.	% Organ
Pancreas			50
Islands of Langerhans	0.99719		40
Hormone imbalance	50.7903	40	
Insulin	0.808		
Deficiency	10.10.10	40	
Mineral imbalance	30.528	40	
Calcium	0.3204		
Deficiency	10.10.10	40	
Degeneration	40.229	50	
Ductless Glands			60
Pituitary	0.547		50
Hormone imbalance	50.7903	40	
Pitressin	0.939		
Deficiency	10.10.10	40	
Adrenalin	0.257		
Excess	50.10	70	
Psychological condition	50.6274		
Anxiety	90.769	70	
Respiratory System			
Lungs	0.776		60
Pulmonary substance	0.4215		60
Inflammation	40	40	
Lesion	80.8871	40	
Congestion	70.48	40	
Vagus nerve	0.6888		60
Inflammation	40	60	
Heart			50
Left ventricle	0.259		40
Infarct	40.427	40	
Intraventricular septum	0.3185		50
Scar tissue	0.6643	40	
Sino auricular node	0.2256		40
Lesion	80.8871	50	
Purkinje fibres	0.4665		50
Trauma	10.92	50	
Bundle of His	0.8526		50
Trauma	10.92	60	

Having been shown the correct procedure for making an Analysis and setting down the findings, more attention can now be given to the other symptoms of which the patient complains. Also during the course of the Analysis any other condition or involvement that has been revealed should now receive attention. For example, the condition of congestion found in the pulomonary substance could possibly be part of **another** picture – say the **Tuberculosis** picture.

Producing the final Radionic Analysis by elimination

When the **Work Sheet** is finally completed it should be carefully examined to see whether all the information on it is important enough to be brought forward to feature in the **Radionic Analysis.** Some of it may be irrelevant, but it is usual to transfer items from the Work Sheet that have a measurement greater than 30%.

In this way the operator will easily be able to build up the list of the conditions to be transferred to the Radionic Analysis. The final form of the Analysis is, therefore, as seen on the next page. The abbreviations for the sub-division that will assist later reference are as follows:

Cardiovascular	C–V	Neuro Psychological	N–P
Central Nervous	CNS	Ear, Nose and Throat	ENT
Respiratory	RESP	Musculo-skeletal	M–S
Gastro Intestinal	G–I	General	GEN
Genito Urinary	G–U	Systemic	SYS

Selection of the Treatment Rates

The recommended treatment should be set out at the bottom of the Radionic Analysis and these are arrived at as follows: Place the Analysis in the left hand panel of the Instrument and run the cursor over it whilst asking the following question, having first set the last dial, or measuring dial, at 10, "Is this the condition of primary importance in the treatment?"

Six treatment rates are normally selected at the outset and these are obtained from the recognition rates in the following manner:

When treating a 'disease' condition the **Complementary Rate** to the recognition rate should be used e.g. to treat Infarct of left ventricle 40.427 (259), the correct treatment rate is 60.683 (259). This rate is arrived at by subtracting the dial setting for the recognition rate from the total traverse of the dial; the balance supplies the new rate. The exception is in the use of rates prefixed with 50 where the treatment rate is 90. The recognition rate for the Organ is not complemented.

RADIONIC ANALYSIS

Name ..... Reg. No. ..... Date .....

Date received .....

Symptoms as given

Irregular heartbeat and tires easily.

FINDINGS			%
CV	Tachycardia	50.129	80
	Lesion of sino auricular node	80.8871(2256)	50
	Infarct of left ventricle	40.427(259)	40
	*Trauma of Purkinje fibres	10.92(4665)	50*
	*Trauma of bundle of His	10.92(8526)	60*
	*Scar tissue in intraventricular septum	80.410.1(3145)	60*
RESP	Lesion of pulmonary substance	80.887(4215)	50
	Inflammation in ditto	40(4215)	40
	Congestion of ditto	70.48(4215)	40
	Inflammation of vagus nerve	40(6888)	50
NP	*Anxiety state (affecting pituitary)	90.769(547)	70*
GEN	Deficiency of pitressin	10.10.10(939)	40
	*Excess adrenalin	50.10(257)	70*

Prognosis

Fair.

Recommended treatment

Broadcast	90.981
	90.18(4665)
	90.18(8526)
	20.6909(3145)
	10.341(547)
	0.747

Descriptive Summary

Finally a Descriptive Summary should now be prepared to send to the patient or an agreed representative for their information. This Summary should be couched in terms that can be recognised at medical level and must not include reference to the 'prohibited' diseases. Practitioners may not claim to treat the following diseases: Bright's disease, cataract, diabetes, epilepsy, glaucoma, locomotor ataxia, paralysis, tuberculosis, cancer. Veneral Diseases must not be treated.

A letter must accompany the Summary and it should explain any points that cannot be covered by the wording already used. It should also offer treatment if this is considered practicable, and **Fees must be mentioned** at this stage. If the **Prognosis** is Fair or Good it may also be referred to in the letter.

Example of Summary

NAME: Mr. X.Y.

SYMPTOMS

Irregular heartbeat and tires easily

Radionic Analysis confirms a condition of Tachycardia with a lesion of the sino auricular node and trauma of the Purkinje fibres. There is evidence of scar tissue in the intraventricular septum resulting in overstimulating of the Purkinje system.

Radionic Analysis further suggests inflammation of the sino auricular node and vagus nerve, and there is a secretion imbalance. There is further evidence that the general condition of arrhythmia is aggravated by emotional instability and anxiety.

Note.
The findings of this Analysis, although expressed in medical terminology, apply only in their Radionic interpretation.

Letter to accompany Summary.

Mr. X. Y.
14 Blank Street
Blanktown
Blankshire.

25th April, 1966.

Dear Mr. X. Y,

Further to your consultation with me, I now enclose a copy of the summary of analysis made on your case which naturally confirms the condition of tachycardia.

There is no doubt that your past prowess as an athlete has contributed towards the presence of the lesions occurring in the cardiovascular system, but I am pleased to say that there is no evidence of associated organic heart disease.

However, the situation now is that paroxysm's take place involving the ventricular contractions and I do not think that the fatigue is associated with anything but the respiratory system.

I should be very happy to try and help you in your present uncomfortable state and perhaps you would let me know whether you would like me to put you on Radionic broadcast treatment, the fee for which is £x. xs. 0d per month.

Perhaps I should confirm that the broadcast therapy does not require you to be in attendance, although in certain circumstances, physical treatment could well be of benefit. Perhaps you would let me have your instructions regarding treatment in due course and shall look forward to hearing from you.

With best wishes.

Yours sincerely,

Another type of case is now given as **a second example**, but this time with an alternative method of setting out the Work Sheet. As the sequence of operations in preparing a Work Sheet is as follows:

1.	Location Sheets			
2.	do	do	Details	
3.	do	do	do	and Rate
4.	do	do	do	and Percentage measurement
5.	Cause Sheets		Details	
6.	do	do	do	and Rate
7.	do	do	do	and Percentage measurement

It is sometimes easier to tabulate these findings as shown. It enables the combined rate to take the form of the final Analysis.

WORK SHEET NAME: Mr. E. J. C.

Symptoms

Sugar in urine, lumbago and constipation.
(The symptom selected for Analysis is Diabetes Mellitus).

Locations selected

Sheet F	Pancreas
do H	Liver
do M2	Nervous System
do U1	Blood

Location	Rate	%	Cause	Rate	%
Sheet F					
Islands of Langerhans	0.99719	30	Atrophy	90.6	
Pancreas (F)					
Islands of Langerhans	0.99719	30	Atrophy	90.6	60
A cells	0.99	30	Damage	70.7663	70
- do -			Impairment	30.10.554	55
Liver (H)					
Liver	0.596	45	Enlargement	80.42	50
Nervous System (M2)					
Autonomic nerves	0.795	50	Impairment	30.10.554	50
Blood (U.1)					
*Leukocytes	0.3071	30	Excess	50.10	60
General (found from rate Book)					
Metabolic rate	0.3772	40	Excess	50.10	60
Lumbar nerve plexus	0.138	55	Diabetic	90.7651	70
Spinal ganglia	0.4704	50	Impairment	30.10.554	65
Carbohydrate metab.	0.3203	40	Impairment	30.10.554	60
Blood sugar	0.4095	35	Excess	50.10.	50
Insulin	0.7759	35	Deficiency	10.10.10	75
General conditions			Fatigue	80.457	60
			Glucosuria	30.783	45
*Translate as Leukocytosis				60.575	

RADIONIC ANALYSIS

NAME: Mr. E. J. C. Reg. No. T/H/1583 Date: 23/5/66

Date received: 1/5/66

Symptoms as given

Sugar in urine
Lumbago
Constipation

FINDINGS			
SYSTEMIC	Diabetes mellitus	30.236	70*
	Deficiency of insulin	10(7759	75*
	Damage of islet cells of pancreas	70.7663(99)	60*
	Atrophy of islands of Langerhans	90.6(99719)	30
	Impairment of A Cells	30.10.554(99)	40
	Impairment of carbohydrate metabolism	30.10.554(3203)	50
C/N/S	Diabetic neuritis of lumbar nerve plexus	90.7651(138)	60*
	Impairment of autonomic nervous system	30.10.554(795	50*
	Impairment of spinal ganglion	30.10.554(4704)	60
LIVER	Enlargement of liver	80.42(596	45
	Metabolic disfunction	50.210(7354)	50
	High B/M rate	50.10(3772)	50*
BLOOD	Excess blood sugar	50.10(409)	40*
	Glycosuria	30.783	45*
	Leukocytosis	60.575	30*
GENERAL	Fatigue	80.457	60
Prognosis	Poor		

Recommended treatment

Broadcast.	**Regime 1**	**Regime 2**
	70.874	40.535
	0.7759	70.327
	30.3447(99)	0.4095(409)
	70.0556(99)	0.3772
	10.3459(138)	10.3459(138)
	0.795	20.68(596)

SUMMARY

NAME: Mr. E. J. C. 23rd May, 1966.

SYMPTOMS

Sugar in urine
Lumbago
Constipation

Radionic analysis confirms a condition of diabetes mellitus arising from deficiency of insulin, itself the result of damage and atrophy of the A cells of the pancreas. There is evidence of subsequent impairment of the carbohydrate metabolism.

Radionic analysis further suggests a condition of diabetic neuritis involving the lumbar plexus with impairment of the autonomic nervous system and also the spinal ganglion. There is further evidence of some enlargement of the liver with general metabolic disfunction, and the supporting conditions of excess blood sugar, glycosuria, leukocytosis, and fatigue.

Note: The findings of this analysis, although expressed in medical terminology, apply only in their Radionic interpretation.

Letter to accompany Summary

23rd May, 1966.

Mr. E. J. C.,
14 Blank Street
Blanktown
Blankshire

Dear Mr. E. J. C,

Further to my letter of 1st May, I now enclose a copy of summary analysis on your case, from which it will be seen that my analysis confirms the condition of diabetes mellitus.

The general symptoms of your case follow the fairly classic pattern of diabetes, with pains in the lumbar region, and irritation, especially between the toes and the penis. The abdominal distension is a function of a metabolic imbalance and your inability to control your diet to exclude carbohydrates.

I shall be very happy to try and do anything I can for you and perhaps you would let me know whether you would like me to put you on treatment, the fee for which would be £x. xs. 0d. per month. There would be no delay in instituting treatment since the treatment prescription is already made out on the work copy of the analysis.

I am sure that you understand, of course, that it would be necessary for you to follow a fairly rigid diet as far as carbohydrates were concerned, if the radionic broadcast therapy was to be of any benefit to you. I should be very happy to send you some suggestions regarding this matter when I hear from you.

With best wishes.

Yours very sincerely,

PART THREE

Practical Radionics
(Treatment techniques)

Broadcast Treatment or Teletherapy
The six treatment rates as derived from the Radionic Analysis are then transferred to the **Patient's Card** that is attached to the Teletherapy Instrument. The various other procedures that are performed for the purposes of record are described under **Office Procedure.** The six broadcast treatment rates together with any other type of treatment prescribed is referred to as the **Regime.**

To determine a Complementary Rate
When stimulating a cell group the recognition rate in the Book of Rates may be used. When treating a 'disease' condition the Complementary Rate to the recognition rate should be used, e.g. to treat and inhibit Haemophilus Influenza 70.28, the correct rate to put on the dials would be 30.82. This rate is arrived at by substituting the balance of the full traverse of the dial. It is a simple case of substracting 70 from 100 and getting 30, and subtracting the 2 from 10 and getting 8 and 8 from 10 and getting 2. There is an exception when using rates prefixing with 50. Here, the treatment rate is 90.

Tuning the Broadcast Treatment Instrument
A Portable Detector and Antenna is required for this and it may be convenient to rest the Detector on a table in order to leave one hand free for the tuning operation. A piece of rubber between the Detector and the table will prevent the Detector moving. The sequence of operations is as follows:

1. Mount the blood specimen on the mounting card provided.
2. Connect Antenna to the testing socket on the front panel of the instrument and set the magnetic tuning dial at 0.
3. If the Instrument has two blood specimen plates place the blood specimen on each plate in turn whilst seeking the plate with the stronger reaction by means of the Detector. If the Instrument has only one plate no selection is necessary.
4. Rotate the blood specimen in a horizontal plane until a reaction is obtained on the Detector. Mark the mounting card with an arrow pointing North. It will be unnecessary to make subsequent tunings in this way.

5. Place the appropriate rate on the dials.
6. Tune the magnetic tuning dial by slowly rotating it until a reaction is obtained on the Detector.
7. The Instrument is now correctly adjusted for broadcasting treatment and will continue to do so until the patient stops receiving.
8. The magnetic tuning dial should be re-tuned each time a fresh rate is set up on the dials on the front panel.

There are certain preliminaries, however, for instance it is important, when setting out the treatment for a patient, to consider what is most important from the patient's point of view. That is to say, in the event of a patient having extreme discomfort to say a limb, it is far more important initially to relieve the patient's discomfort than it is to attempt to treat the primary causes of the discomfort. This is an important consideration because in every case a patient needs to have confidence in the therapy and the best way to achieve this is to relieve any discomfort. It is no comfort to a patient to be told after a period of say three or four weeks of treatment with no relief that the pain will eventually go when the primary causes are removed.

Duration of treatment

The more rates from an Analysis that can be dealt with during a 24 hour period the better. For this reason the practice at these Laboratories is to have a regime of treatment which changes every hour-and-a-half throughout the nine hours and also allows one rate to be left on until the next day. Practitioners will need to work out this sequence themselves but it is considered that the number of times that rates are changed during the day should enable the patient to have a complete turn round of treatment once in every 24 hours.

Vertebral subluxation

In the case of a patient who has a vertebral subluxation which may be producing nerve impingement and consequent myopathic spasm it is useless to attempt to treat the subluxation by putting up the complementary rate. It is also useless to expect to restore such a patient to normality unless osteopathic or chiropractic manipulation is given. The patient should be strongly advised to submit to this ancillary treatment.

Breaks, fractures and bony lesions not of the degenerative type should not be treated by the complementary rate for fracture, but the restoration of the bone should be carried out by stimulating the blood circulation, increasing the haemoglobin content, normalising the periosteum and so on. (It should perhaps be mentioned here that the skilled use of Symphytum (coloquially referred to as Bone Set) can be of great assistance either applied in mother tincture form or taken orally).

SUPPLEMENTARY TREATMENTS

Frequently it is necessary to prescribe supplementary treatment somewhat as follows:

Sonic therapy
Colour therapy
Magnetic therapy
Massage
Osteopathy
Homeopathy
Naturopathy
— and sometimes a limited Allopathy.

It should be a part of every practitioner's code of ethics that a patient is not limited to straightforward broadcast therapy unless there is no indication of the necessity for anything else. The total treatment prescribed should be such that it is the most beneficial and it may include allopathic medicines such as Vitamin supplements, analgesics such as for muscular discomfort and anal hygiene.

It is illegal for anyone other than a Registered Pharmacist or a Medical Practitioner to prescribe drugs other than those exempted in the Third Schedule of the **Pharmacy and Poisons Act 1933 and the Pharmacy Act 1953.** It is also important to know that the following limitations of action apply when actually **examining a patient.** It is not permitted to make a vaginal or a rectal examination even in the presence of witnesses.

SONIC THERAPY

Foremost among the supplementary treatments that may be recommended for a certain type of case is Sonic Therapy, or as it is sometimes called Vibration Therapy as applied directly to the skin of the patient by means of the VT/2 apparatus.

Stimulation by complex sound waves

Physical structure will resonate to appropriate sonic frequencies. A number of frequencies applied simultaneously can produce a stimulatory effect in living tissue. This effect can be obtained by the skilful use of the VT/2 apparatus and the tape controlled Vibrator in the hand of the Practitioner. Four magnetic tapes are available to provide appropriate frequency patterns as required by the case in hand. There is a choice of the following:

Tape A	for treating the	Muscular System
Tape B	do	Skeletal System
Tape C	do	Musculo-Skeletal System
Tape D	do	Peripheral Nerves

Sound energy will transmit through solid bodies of great complexity and stimulation of particular cell groups can be obtained in depth as long as appropriate energy patterns are used.

The absorption of sound energy

Audion sound waves below 400 cycles per second can be made to travel right through the body but the loss of energy by absorption is considerable and this can be made use of to obtain tissue stimulation. The lower frequencies of the order of 60 c/s and below penetrate best and may give up 90% of their energy when passing through the thickest part of the torso.

Another factor contributing to the absorption and transmission is the choice of frequencies. Certain frequency patterns are known to have specific stimulatory effects and if the Vibrator transmits the complex wafeform seen on the oscilloscope at A as in Fig 1, on say the thigh of the patient, the waveform seen at B will be detected on the opposite side of the thigh. The absorption of energy is thus apparent for a well chosen wave complexity.

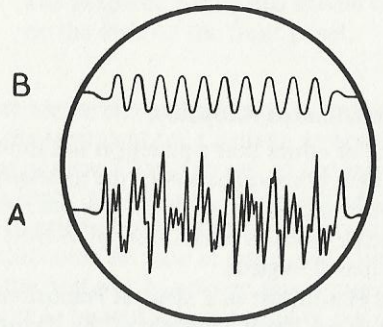

Fig. 1

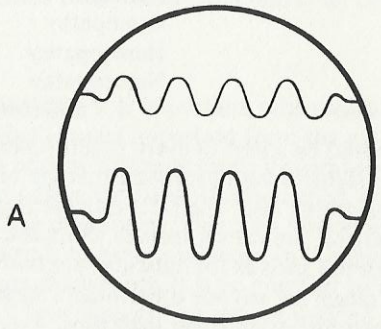

Fig. 2

Certain corpuscles in the tissues have the faculty of transducing pressure waves into electrical stimulus. Information concerning these effects, with especial reference to corpuscles, is contained in the paper 'Mechanoreceptors' by Quilliam and Armstrong in the I.C.I. Ltd., publication 'Endeavour', May, 1963. Although this research dealt with only single frequencies, it is evident that complex pressure waves will produce the necessary complex stimululation as long as low frequencies prevail. The frequency range to which the body's mechanoreceptors will respond lies between 50 and 800 cycles per second.

Single waves supplied by a simple sine wave vibrator as seen at A in Fig. 2 have very little specific therapeutic effect apart from stimulating the surface tissues around the point of application. Although there is evidence of this energy being absorbed during its passage through the tissues practical experience shows that sustained therapeutic effects are not obtained until the appropriate frequencies are combined into the desired waveform.

General indications in the choice of tape to be used

Sonic Therapy is advocated for those conditions which come under the heading of muscular, skeletal, musculo-skeletal and peripheral nervous involvements. It is the responsibility of the practitioner to determine the origin of the group under which classification the patient's condition comes in order that the correct tape may be selected.

Tape "A"

Those conditions which come under the general classification of 'muscular' and which would benefit by the use of Tape "A" would include the fibromyositis and fibromyalgia groups which themselves include the variations of the conditions known as 'rhematism'. Any of the fibro-muscular tissues may be involved in this

group, particularly those in the back (lumbago), the neck (torticollis), the shoulder and thorax (pleurodynia), the thighs (Charleyhorse), and general muscular spasms.

Under certain conditions of peripheral nerve involvement Tape "D" would also be used in conjunction with Tape "A" for lumbago, torticollis, pleurodynia and charleyhorse where compression (of fibromyositic origin) is experienced of the lumbar, brachial, radial, thoracic, gluteal and saphenous nerves.

Tape "B"

The Skeletal Tape "B" would be used in osteo-arthritis, the differentiation between this and rheumatoid arthritis being the hard, firm nodules on the terminal phalangeal joints as opposed to the proximal phalangeal joint nodules of rheumatoid arthritis. The other possible involvements in osteo-arthritis would be the knees, the hips, abd the lumbar and cervical spine. There is normally no muscular spasm with osteo-arthritis, but stimulation of anchorage points and end plates may sometimes have a beneficial effect.

Under the classification of skeletal conditions comes osteitis deformans (rheumatoid spondylitis) which involved the small joints of the spine and producing ankylosis. The general involvements are firstly the sacro-ileac joints and then the joints of the spine.

Tape "C"

Tape "C", which is designed for use with musculo-skeletal conditions, is indicated for use in the conditions of rheumatoid arthritis which may involve the joints of the fingers, knees and feet and nearly always produces muscle spasm with subcutaneous nodules involving the proximal phalangeal joints. In this classification comes also gonococcal arthritis involving the knees, wrists and ankles, with possibly tenosynovitis proximal to the affected areas. Psoriatic arthritis comes in the same group with the general involvement similar to rheumatoid arthritis. Bursitis comes in to the same classification.

Tape "D"

The fourth general classification is for the involvement of the peripheral nerves and calls for the use of Tape "D". This is used wherever there is involvement of sciatic nerve groups and lumbar plexus group of osteo-arthritic origin. Those nerves which are concerned in the rheumatoid spondylitis group or origin, include generally the lumbar nerves.

As mentioned in the second paragraph under Tape "A" the use of Tape "B" would be indicated where there is nerve involvement of fibromyositic origin as in compression of the lumbar, brachial, radial, thoracic, gluteal and saphenous nerves.

COLOUR THERAPY

The healthy person would appear to absorb his full quota of light energy when the full spectrum is available. It has been determined that when an animal is allowed only certain narrow bands of the spectrum it will produce certain diseases (see Dr. Ott's work when published). In sickness the body requires certain colour frequencies to restore its state of balance but it would appear that the interference with the aura by psychological and emotional states prevents certain parts of the spectrum from being absorbed. Colour therapy can supply this need and the psycho-somatic interchange of energy restored to normal.

The appropriate treatment rates and attendant colours for use with the Colourscope are determined by the Operator after the Radionic Analysis has been made. A colour chart is provided, or the actual colour slides may be used as 'witnesses'. When a number of colours are required in a single combination it is sometimes expedient to prepare a special slide of vertical slivers of the various colours required and to file it for future use, such as 'Atomic fallout'.

When selecting the appropriate colour or colours for a particular rate the dials should be set for this rate before the selection is made.

SELECTION OF HOMEOPATHIC REMEDIES

The use of certain drugs or almost any Homeopathic Remedy as ancillary treatment is normal practice in this work. An extensive knowledge of the Materia Medica is helpful but not essential for this method of remedy selection. It should be borne in mind that homeopathic remedies act through the medium of the etheric body which itself is probably the channel by which infection reaches the physical body. Stimulation of specific body cells in order that they may attain their natural state of health is the surest way to eliminate disease where psychological methods have failed.

The method used is first to select the remedies appropriate to the case by the Subjective Method of operating and then to verify them by the Objective Method, a final routine determines dosage.

Preliminary Selection
It should be clearly understood that the sphere of action of each remedy varies. The operator cannot expect to get good results unless the locations of foci requiring attention are first clearly indicated by the diagnosis. Let us assume that the patient complains of a **loose cough** and that among other things we find it necessary to

treat the **Bronchi.** We first measure the 'amount' of cough and find it is, say 70% and then with nothing but 2392 on the dials, i.e. the rate for bronchi, we turn to the appropriate page of the Repertory. Assuming we are using Dr. Kent's Repertory we we would turn to the secion marked 'COUGH' and under the heading of Loose Cough we find a somewhat extensive list of remedies from which to make our selection.

Strictly speakijng it is better for this list to be reproduced on a suitable card for use under the cursor bar but it is usually more convenient to use the antenna to point to each of the names of the remedies, as printed, one by one repeating the name of each one as it is dealt with. The correct procedure is to give four or five strokes on the detector to each 'possible' remedy repeating the name of the remedy carefully either mentally or aloud.

Several remedies may be indicated and they must then be written down in tabular form for use under the sliding cursor.

Final Selection
A process of elimination must now be applied and so with the primary rate of 10 on the last dial the more important remedies will be selected by using the cursor. Assuming we now arrive at Arsenicum and Phosphorus we offer the actual bottle or remedy for test as follows:

Reverting to the rate for cough and with one remedy still in the well, we use the measuring dial to see how much of this disease condition will respond to that particular remedy. Probably the Arsenicum would show the greatest reduction, say to 10%, and this would be our final choice at this stage. If the reduction had only been to say, 30% it is possible that both Arsenicum and Phosphorus are required, in which case they should be put in the well together and if 10% or even 0% is reached, they should be taken together. In all cases where the heart is suspect the effect of the remedy on this organ should be ascertained by measuring the efficiency of the heart both with and without the remedy in the well. If the reading is unchanged there will be no sequelae from taking the remedy selected. Nosodes should be used mainly as prophylactics.

Dosage
All that remains to do now is to prescribe the dosage and so placing the actual remedy in the well and setting all dials at 0, the Dosage Chart should be placed under the cursor and the appropriate dose obtained. Where two or more remedies are required they are placed in the well and dealt with separately. The time of day for taking remedies is important, but the operator will be able to assess this also should it be essential by typing the appropriate hours on the reverse side of the Dosage Chart.

It is to be hoped that one day a study will be made of precise timing for medication after having determined the critical points of interaction between the patient's biological and psychological rhythms.

PART FOUR

Office Procedure

Synopsis of Procedure and Documentation at the Delawarr Laboratories

The following notes are designed to give a broad outline of the method of filing and the documentary procedure for a Radionic Practice. The whole of the procedure is first of all divided into three main sections as follows:

Section	A	All correspondence and documents relating to the patient.
do.	B	All other correspondence.
do.	C	Accounts

Section A is divided into five **Sub-sections** as follows:

A/1	Enquiries re diagnosis and treatment and replies.
A/2	Acceptances and instructions to proceed.
A/3	Analysis and Summary sent.
A/4	Requisition for treatment on yellow form. do, change of treatment on pink form. (start Cobra file).
A/5	Requisition termination of case on blue form Note to Accounts Department.

Sub-section A/1 **Enquiries and replies concerning Diagnosis and Treatment**

This section is designed to receive letters from new patients which are replied with a personal but stereotype letter giving the same information. The patient's questions are answered and reference is always made to the fact that Radionic Therapy is not possible without first carrying out a Radionic Analysis after being given the full information regarding the patient's symptoms at the present time and also a short medical history giving diseases and conditions that can be remembered, their dates and any treatment that may have been given. Childhood illnesses are important if they can be remembered.

The patient's full christian and surnames are requested, together with the age and marital state if any, and the approx. time lag for carrying out the Analysis should be given.

The **carbon copy** of the reply is stapled to the original letter of enquiry and filed in a box-file in chronological order. These box-files are arranged in datal order covering a period of approximately three months to avoid congestion.

Sub-section A/2 Acceptances and instructions to proceed

If the would-be patient subsequently requests an Analysis be carried out the original letters are extracted from the box-file and placed in a large manilla envelope. The documents should now consist of the following:

The original letter of enquiry.
The carbon copy of the reply.
The second letter from the patient.
A blood specimen, or a hair specimen.
A case history.
A cheque.
A receipt for the cheque from the Accounts Dept.

The letter from the patient is then answered stating that the papers have been passed forward for Analysis, enclosing a receipt for the Analysis. The manilla envelope is then placed in a concertina type file alphabetically arranged.

Sub-section A/3 Analysis and Summary

When the Analysis is completed and the Summary typed the carbon copies should be placed in the manilla envelope together with the carbon copy of the covering letter. The envelope is now placed in another file.

Sub-section A/4 Commencement of Treatment

If the patient requests treatment the letter requesting such treatment is pinned to the outside of the envelope containing the patient's record so far and passed through for a requisition to be made out for treatment. This requisition form is coloured yellow and bears the instructions that treatment should be commenced in accordance with the prescription set out on the Analysis Sheet. The colour is also a reminder that accounting action must be taken before any further filing takes place.

When the treatment requisition has been signed a letter is written to the patient stating the date on which treatment commenced and asking for a Report in a specified time. If a cheque has been received for treatment a receipt should accompany the letter. General and specific instructions concerning the patient's responsibilities are also set out in the accompanying letter.

The manilla envelope containing all the documents to date is sent to the Accounts Dept., to enable an entry to be made in the daybook. All papers are then transferred from the envelope to a standard Cobra file which is duly tagged for the central filing cabinet. All subsequent correspondence is kept in this file. Changes in treatment are recorded on a pink form and filed.

Sub-section A/5 Termination of case

When treatment is discontinued a requisition note which is blue in colour is sent to the Treatment Room to ensure that treatment is stopped. The file and the letter requesting discontinuation of treatment is sent to the Accounts Dept. with the blue form uppermost and the whole of the documents are transferred to a thicker Cobra file (with separators) 'Cases terminated'.

When an old patient returns for treatment the letter does not go to Sub-section A/1 but is placed directly in an A/2 envelope together with all the previous correspondence which has been extracted from the 'Cases terminated' file ensuring continuity in the case of patients who frequently return for treatment.

Section B All other correspondence

In this section under separate files are the letters to and from practitioners which may not be relevant to one particular patient. The title of this file is 'Miscellaneous Practitioners'.

A separate file will also need to be maintained for orders for homepathic and other remedies used in the practice, together with orders for stationery, etc.

Section C Accounts filing

The Accounts Dept. keep a carbon copy of every account sent out to patients, one copy of monthly accounts and two carbon copies of the initial account for Analysis. This allows one for the A/2 file.

General supporting documentation
In addition to the foregoing certain records are kept to maintain continuity and ease of search among the records. A continuous record is kept of **all patients on treatment** month by month. This list is prepared from a second copy of the yellow treatment requisition form kept until the end of each month. It is important that this corrected monthly list be handed to the Accounts Dept. for checking against the book entries to avoid discrepancies arising. The agreed list is then passed to the Treatment Room staff who check it against the master index of patients on treatment. The finally agreed list is retyped and one copy is retained in the master file.

Instructions to Treatment Room

The yellow form **(Commence treatment)**

This instruction is made out with one carbon copy which goes to the pending file A/4. The top copy is sent with the Cobra file to the Treatment Room, it is then signed as to the date of commencement of treatment and returned together with the file.

The pink form **(Change of treatment)**

This requisition is needed when any change of treatment from previous treatment is required, whether to institute an ordinary **recheck change** of treatment or to institute **emergency treatment.** One carbon copy is kept as before and the master copy filed separately.

The blue form **(STOP treatment)**

This requisition is made out with two carbon copies and is intended to issue instructions to discontinue treatment on an existing patient. The master copy is attached to the file and goes to the Treatment Room as before, one copy is kept in the pending file A/4 and a second copy is sent to the Accounts Dept., for advance accounting action. This is done because the movement of files through the organisation sometimes takes two or three days during which time the Accounts Dept, may be in the process of sending out invoices and should be warned. Receipt of this advance information indicates to the accountant that treatment is about to be stopped and the books can be made up. The master copy of the blue Stop Note when received back should be put into the file containing the consolidated list of patients.

The standard forms used in the practice are attached hereto and may be copied by the practitioner for his personal use.

PART FIVE

Electrical requirements and maintenance of apparatus

The practitioner should have a working knowledge of Electricity and Magnetism to ensure a more intelligent use of standard equipment. As it would be impracticable to do more than introduce the student to basic principles in a course of this nature, it is recommended that those wishing to pursue the study of electricity further should read any standard work on Technical Electricity.

The Electron Theory

The Electron Theory states that electricity is a manifestation of energy due to the action of electrons in motion, the electron being defined as a minute particle having a negative-charge and estremely small mass. Electrons are the negatively charged components of atoms and balance their positively charged and more massive nuclei. Thus, an atom of Hydrogen with a nucleus of positive charge 1^+, has one electron to balance it, whilst an atom of Oxygen having a nucleus charge 8^+ has, therefore, eight electrons and so on.

The outer electrons in the atoms of conducting substances are capable of movement from atom to atom and it is such a movement of electrons along the atoms of a piece of wire that constitutes an electric current. When such a current flows, it produces an associated magnetic field concentrically around the conductor – the strength of field being proportional to the strength of current flowing in the conductor.

Static Electricity

Is a state in which a material has either a surplus or a deficit of electrons. It is an unbalanced state there being no flow of current – hence the name 'static'. A material having a surplus of electrons is negatively charged whilst a deficit of electrons denotes a positive charge. A force of repulsion exists between objects of like charge and a force of attraction between objects of opposite charge. Static electricity may be produced by friction between materials e.g.

Woollen cloth and a glass rod.
An aircraft and dry air.
A car body (insulated by the tyres) and the air.

etc...

The supreme example of static electricity being observed is in thunderstorms, in which the static potentials between clouds and Earth become so great that a discharge takes place in the form of lightning (a very large spark).

Direct Current

The tension between two unlike charges can only be relieved by allowing electrons to flow from the state of excess to that of deficiency, thus cancelling out the tension. This may be done by connecting them together by means of a conductor (a metal wire or other conducting medium) or by allowing an arc to develop (if potential is high enough). When this takes place an electric current flows in the conductor during the period of discharge. A steady maintained flow of electrons in a conductor is called a Direct Current (D.C.)

It should be noted that in all D.C. applications and equipment **the polarity must be respected.**

A Battery, which of course supplies D.C., is a device in which chemical action produces a surplus and a deficit of electrons between its poles. In a common type of dry cell, for instance, the central carbon rod is positive to the Zinc cannister which is negative.

Alternating Current

Alternating current (A.C.) is that current which flows back and forth in a conductor at regular intervals so that its polarity is being constantly reversed. In this country the electricity mains current is alternated at a frequency of 50 cycles per second and in the United States at 60 c.p.s. It must be realised that A.C. can be made to operate on a wide band of frequencies, those flowing in parts of radio or electronic circuits being of much higher frequencies.

A.C. is used generally for the transmission of power for its many advantages over D.C. The chief advantage being the ease with which the value of voltage can be changed by means of transformers with low power losses, whereas voltage alteration when using D.C. gives rise to very heavy power losses. This is a most important factor in the transmission of electric power.

Polarity does not have to be observed with A.C. although a particular relationship between Line and Neutral in A.C. supplies must be observed at all time. This will be explained under the heading, "General Safety Precautions". When an alternating current flows back and forth in a conductor, the magnetic field associated with it, reverses polarity in step with the current alterations and is thus an alternating magnetic field.

Magnetism and the Earth's Magnetic Field

Magnetism is an invisible force which can only be observed by the effect it produces.

The magnetic field about a magnet can best be explained as invisible lines of force leaving at one part of the magnet and entering it at another. The positions at which

the magnetic force appears to be concentrated are called the poles. The lines of force are called 'flux lines' and the shape of the area which they occupy is the 'flux pattern'. The number of lines per unit area is the 'flux density'.

The earth itself exhibits the characteristics of a magnet with two concentrated poles situated some distance from the geographical poles. Unlike the simple magnet, lines of force are distorted by many factors and so do not run exactly from pole to pole. The lines are plotted so that the difference between the true line and the actual at any place can be determined. This angular difference is known as 'deviation'.

A freely suspended magnet in the earth's field will align itself with the earth's lines of force. The poles of the magnet are named from this action, that pole which seeks the earth's north pole bring called the North pole of the magnet (or the RED pole) and that which seeks the earth's south pole being labelled the South pole of the magnet (or the BLUE end).

In the same manner as electric charges, like poles repel and unlike poles attract. It is well to note that lines of force cannot cross each other and that on meeting they turn aside, a factor which accounts for the attraction and repulsion.

The Magnetic Compass

The behaviour of a freely suspended magnet in the earth's field has already been mentioned. The compass needle, in a simple instrument, is a magnet so marked that the north seeking end is easily distinguished. This will indicate a north reading which will require correcting by the application of 'deviation' to give the true magnetic north. Since the magnetic poles do not coincide with the geographical poles a further correction to the compass reading is necessary. The angle between the geographical north and the magnetic north is known as 'variation'.

In more complex compasses further corrections are made some of which can be built in. There is, however, one more which must be known by the student and that is the angle of 'dip'. Stated simply this approximately is the angle at which the north pole lies beneath the point at which the observer stands since the surface of the earth is curved. In other words the amount below the horizon from where the observer is positioned.

Induction

Magnetism may be 'induced' in a material which does not normally have this property. When a piece of ferrous metal is placed in a magnetic field it presents an easier path for the lines of force than air and so some lines are bypassed through the metal which then exhibits magnetic properties. This is induced magnetism. This effect is in addition to the effect of being in the Earth's weaker field also!

When a conductor moves in a magnetic field so that it cuts the lines of force, a current is induced to flow in the conductor proportional to the strength of the field and the rate of cutting the lines of force. If the direction of travel of a conductor in a magnetic field is reversed, the direction of current flow will also be reversed.

This behaviour of a conductor in a magnetic field is the basis of the generation of electricity in quantity – both D.C. and A.C. When a conductor situated in a magnetic field has a current from an external source applied to it, it will tend to move across the field in a direction determined by the polarity of the supply and the polarity of the magnetic field. This is the basis for the operation of electric motors. The principle of Induction underlines the operation of all Transformers, as follows:

When two coils are placed in proximity with their axes co-incident, an alternating current flowing in one coil will produce an alternating field which interacts with the secondary coil inducing a current to flow in the secondary – the only link between the two coils being, the magnetic field.

Electrical Units

Ampère
Volt
Ohm
Ohm's Law
Watt (W)

Ampère (amp)
Unit of current **flow**. Based upon the number of electrons moving through a material in one second. (Approx. 6×10^{18} electrons per second). Measurement of amperage is by ammeter in series with the circuit, i.e. so that the current drawn by the circuit flows through the instrument.

Volt (v)
Unit of **pressure**. The electromotive force between two unequal charges, measured by voltmeter across the circuit.

Ohm
Unit of **resistance**. Represented by Greek letter omega. It is the opposition offered by a material to the flow of current. One ohm is that resistance which will allow one ampere of current to flow when an electro-motive force (e.m.f.) of one volt is applied to it.

Ohm's Law
States the relationship between voltage, amperage and resistance. It is usually expressed in terms of V, I and R respectively, but the student will find it easier to remember if expressed in more usual terms:

$$\text{amps} = \frac{\text{Volts}}{\text{Ohms}} \qquad \text{Ohms} = \frac{\text{Volts}}{\text{amps}} \qquad \text{Volts} = \text{Ohms} \times \text{amps}$$

This Law is based upon the behaviour of D.C. but for the practical purposes can be used for A.C. calculations in purely resistive circuits.

Watt (w)
Unit of power, is the product of Volts and Amps in a circuit and is the unit used to denote the loading imposed by an appliance on the supply.

$$W = \text{Volts} \times \text{Amps} \text{ or } \text{Amps} = \frac{\text{Watts}}{\text{Volts}} \text{ or } \text{Volts} = \frac{\text{Watts}}{\text{Amps}}$$

As Resistance (R) enters into the above relationships, being inherent in all electrical circuits (Ohm's Law), the following relationships also apply:

$$W = (\text{Amps})^2 \times R \text{ and } W = \frac{(\text{Volts})^2}{R}$$

Watt/Hour
The unit of energy used to determine the rate of consumption of electrical energy by an equipment. The practical unit is the Kilowatt Hour and is used in Electrical Energy meters installed in consumers' premises to determine the amount of electricity consumed, thus a Unit = a consumption of 1,000 Watts for a period of 1 hour and is chargeable at X pence per unit.

The simple Circuit
This consists of a power supply and a resistance which may be any piece of electrical equipment such as a light bulb, a heater or a resistor. The practical circuit would also have a switch included. It will be seen from Ohm's Law that the current flow will depend upon the voltage applied and the degree of resistance. If by chance the resistance falls to zero or is bypassed by material of zero resistance (short circuit) the amount of current which can flow is only limited by the supply. This is a dangerous situation so beware of causing a short.

Fuses
These are protective devices which must be included in all mains supply circuits and any other where it is desirable to protect equipment. The simple fuse is usually a length of wire, mounted in a fireproof holder or in a sealed tube having external contacts. The wire is so made that it will rapidly overheat and burn out should it be subjected to an excess of current thus opening the circuit and stopping the flow. Therefore any equipment will not be subjected to overload and possible destruction. It will be obvious that the supply wiring will also be protected in this way.

It should now be possible for the student to calculate the correct fuse for his equipment or to protect any circuit in use. A very brief example is appended.

An electric heater supplied with a mains pressure of 250 volts and rated at 1,000 Watts would require a fuse of:

$$\text{amps} = \frac{\text{Watts}}{\text{Volts}} \qquad \text{so} \qquad \frac{1{,}000}{250} = 4 \text{ amps.}$$

The nearest fuse which would carry a load of 4 amps would be a 5 amp one. Overload in this case of one amp could be carried by the heater without damage.

Earthing

All equipment used with a mains supply MUST be earthed according to the maker's instructions. This is easily understood. In any equipment it is always possible that by accident or neglect the supply can reach the casing or some part where contact can be made with the user. The current must be supplied with a path of escape which is easier to take than through the user. This path is the earth line.

General Safety Precautions

Efficient earthing and correct fusing are essential. Frayed or worn cables should be replaced at once. All connections should be firm with no exposed bare wire. All switches should be OFF before connecting or disconnecting any appliance. All A.C. equipment must be supplied with a three core cable coded as follows:

RED covered wire is the LIVE one (sometimes called LINE).
BLACK or Blue indicates the NEUTRAL return.
Green or White indicates EARTH.

Switches must be placed in the LIVE side (LINE).

Note:

Although the NEUTRAL conductor of the mains supply is at approximately zero potential to EARTH, the **NEUTRAL AND EARTH** wires must **NOT** be connected together.

In any house installation, it is wise to check or have checked, that the correct LINE - NEUTRAL relationship exists between the supply main and the wiring of the house or premises. It is not unknown for this to be reversed so that the LIVE line of the main is connected to the NEUTRAL of the house wiring and vice versa. This is highly dangerous as the switches merely interrupt the **NEUTRAL** under these circumstances switching off the appliance, but leaving the **LIVE** side voltage through to all appliances left plugged into sockets. All cases of LINE-NEUTRAL reversal should be reported to the Electricity Authority **at once.**

GENERAL AMENDMENTS TO THE MANUAL OF RADIONIC PRACTICE MADE ON THE OCCASION OF THE LETTER PRESS PRINTING IN JANUARY 1977

This manual was originally used to cover in sections, courses of instruction on the use of the diagnostic instrument and the use of treatment instruments in a Radionic practice. It contains much of historic value and the Directors of the Laboratories have decided that as most of the text of parts one, two and three were written by the late George de la Warr, they should remain for historical interest that they undoubtedly have. It does mean however that since 1966, none of the instruments portrayed in the Manual, are now available and changes have taken place as a result of technical development and the use of newer and more modern materials.

Primarily this means that the circuit diagram shown in figure six in the historical review, is not now correct nor does the layout of the panels of the standard diagnostic instrument look like figure eight and neither does it imply the use of the type of rotor and contact ring shown in figure nine.

The standard instrument is so referred to in all our catalogues and the instrument shown is not now referred to as the "Mark 5" model.

Figure ten would not describe the layout of components on the underside of the panel of the diagnostic instrument and figure eleven does not portray the current E.E.M. diagnostic instrument. Again, up-to-date photographs of all our instruments appear in the current instrument catalogues.

The reference to standard forms used in the practice at Delawarr Laboratories which occurs under the heading of General Supporting Documentation and instructions to treatment room, are not enclosed in the Manual but sample copies may be requested from Delawarr Laboratories who would be only to happy to give advice on setting up procedure for Radionic practice.

Finally and importantly, the instructions given under "General Safety Precautions" in part five are incorrect. In accordance with the new regulations published as a result of the European Economic Council, the colours of all three wire cable forms are as follows; red covered wire is the live one, (sometimes called the line), blue indicates the neutral return, green and brown striped cable indicates earth.