

Co-operative Healing

Retrospect and Forecast

A Paper read by

L. E. EEMAN

before the British Society of Dowzers
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BY L. E. EEMAN

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

To test this hypothesis we need experiments in which we can

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

For apparatus we require

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

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

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

EXPERIMENTS WITH ONE SUBJECT

First Experiment.

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

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

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

Second Experiment.

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

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

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

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

Facts demonstrated with one subject:

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

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

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

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

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

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

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

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

CIRCUITS WITH TWO OR MORE SUBJECTS

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

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

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

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

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

This conclusion raises new speculative questions, such as:

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

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

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

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

Two examples will illustrate this point:

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

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

These two examples suggest two possible modes of telepathy:

(1) A sender may radiate physiological and neuro-muscular vibrations, and a receiver detect, integrate, and interpret them, or

(2) The psyche may transmit thought either by radiation within time-space or by psychic means outside time-space.

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

Two examples will suffice.

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

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

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

One example will suffice.

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

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

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

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

One example will suffice.

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

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

I will now emphasize three most important facts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I want to underline the following important facts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I thank you for your patient hearing.

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