

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

by L. E. EEMAN

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

After Homoeopathic doses, M. & B. 693.

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

After M. and B. 693, Penicillin.

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

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

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

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

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

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

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

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

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

After Penicillin, urine and other blood extracts.



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

Here is one of her many readings :

MID-BRAIN EFFICIENCY			
Direct contact of fingers and thumbs			
<i>Subjects :</i>	Captain	L. E. Ecmán	
Initial reading .. .. .	68	63	
Thumbs and first fingers crossed ..	42	48	
All opposites joined .. .. .	52	63	
Hands clasped .. .. .	74	78	

All those changes were registered inside five minutes per subject.

Here is another reading :

ENDOCRINE CENTRE EFFICIENCY		
Blind contact through "Dactylopath"		
<i>Subject :</i>	L. E. Ecmán	
Initial reading .. .. .	72	
My thumbs and first fingers are crossed, blind :		
After 10 seconds .. .. .	70	
After 20 seconds .. .. .	65	
After 35 seconds .. .. .	56	

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

We noted that :—

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

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

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

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

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

Dear Eeman,

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

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

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