

LIVING THE FIELD

ENERGY THERAPIES



LIVING THE FIELD

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Modifying frequencies

At the turn of the 20th century, an American neurologist named Albert Abrams theorized that diseased tissue sent out discordant waves and that these could be cancelled out (and thus help the patient recover) by other substances emanating a counter-frequency.

Numerous others have gone on to postulate that disease amounts to a rogue frequency in the body, which you can cure by returning the body's own energy to normal.

Hundreds of scientists, practitioners and healers have developed machinery or techniques that make use of quantum field effects to heal. This section of the course will look at a number of modern devices using frequency to stimulate healing.

Every living thing—simply by being alive—produces a tiny but measurable electromagnetic (EM) field. Try this simple experiment: tune your radio into a medium- or long-wave station, which slightly detune it so that it hisses. Take your hand away and move it back; walk away and return. Hear how the radio noise changes with the proximity of your body as it responds to your own EM field.

Human body fields aren't supernatural emanations from some mystical aura. They are caused by the workings of the billions of cells in our body, each one of which is powered by a minute electrical charge.

Forty years ago, American scientist Robert Becker first demonstrated that the body's own EM fields play a major role in its self-healing processes. As a result, there are today quite a number of conventionally minded orthopedic doctors who routinely use EM machines to accelerate bone repair and wound healing.

In Europe, however, the use of EM fields in medicine has taken a somewhat less orthodox path. The Anglo-German physicist Herbert Fröhlich was the first to show that the body uses different EM

frequencies to transmit different kinds of information from cell to cell. It was later postulated that these frequencies might be used to diagnose disease.

One of the first diagnostic machines to be developed was called Vega, a German device that measures a small change of electrical impedance in response to substances placed in its electrical circuit. Vega machines have been widely employed by European alternative practitioners to diagnose both the illness and the correct remedy to cure it.

About 25 years ago, another German machine was developed based on a slightly different principle; it aimed to measure the electrical output of the body. This analyzes how the patient's own frequencies differ from that of a healthy person, and relates these to specific illnesses. The technique is called bioresonance, and is claimed to be able to diagnose most illnesses and allergies, as well as detecting the presence of toxins and parasites within the body.

However, the key advantage claimed for bioresonance is that it not only diagnoses, but also cures. The curative part relies on the theory that pathology is expressed as a disturbance in the body's EM fields, and that restoring these fields to normal will affect a cure.

Since our body's cells emit EM fields, just like radiowaves, if it is diseased or stressed, the wave patterns in the fields change. So, the bioresonance machine first analyzes the particular waveform 'oscillations' from the diseased patient, then generates an equal and opposite wave form. When this is transmitted back to the patient, it is believed to set up an 'interference effect' with the diseased frequencies, thus canceling them out—and so curing the problem.

What's the evidence that it works? Perhaps surprisingly for such a new and unorthodox area, there's already been a fair amount of clinical research into bioresonance.

In one unpublished study by Dr R.

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Machowinski in Heidelberg, 14 patients with chronic liver damage were randomly assigned to receive bioresonance treatment, with further 14 acting as controls. Both groups of patients showed the same low levels of liver enzymes before treatment. After bioresonance therapy, while the control group showed no change, the enzymes in the treated group had all increased by about 50 per cent, effectively restoring the patients' levels to normal.

Bioresonance is widely used in Russia, where it has been found to be particularly effective in arthritis. One study showed that, when combined with conventional treatment, bioresonance had a 94 per cent success rate, compared with only 58 per cent using conventional therapy alone.¹

Scientists at Russia's prestigious Academy of Sciences have carried out

research to determine how bioresonance might work in arthritis. They found that it "activates [the body's] protective mechanisms" by "normalizing the activities" of key natural antioxidants such as superoxide dismutase and glutathione peroxidase.²

Animal experiments, too, have had positive results. A standardized stress test using fruit flies involves heating them to a temperature that is slightly above blood heat for two hours, a procedure that normally results in infertility as well as a high death rate. However, when scientists at the Institute for Experimental Pathology in the Ukraine treated these fruit flies with bioresonance while heating them, the flies' fertility was maintained and their mortality rate drastically reduced.

Equally impressive are the results of

Cured by radiowaves

Ann Bing, 48, a secretary for a Croydon newspaper, was struck down with juvenile arthritis, which gave her constantly recurring bouts of severe pain in the knee. Ten years later, she began to have sinus problems. These soon became so chronic and debilitating that she was considered for major surgery. After repeated courses of antibiotics had failed to work, she sought help from various forms of alternative medicine, without success. When the arthritis moved to her hands and her job was on the line, she knew she had to get it sorted.

After a colleague had done a story on local bioresonance therapist Savita Bhandari, Ann decided to try the treatment herself. Savita quickly discovered that Ann was intolerant to cereals, milk and citrus. Savita worked to neutralize wheat—her worst allergy—by giving her phase-reversed electromagnetic signatures of wheat. "I immediately started noticing an improvement," says Ann.

Treatment continued for about 12 more sessions as Savita gradually detoxified Ann's body and neutralized her other intolerances. Within a few weeks, the arthritic pain in the hands had disappeared, followed by a huge reduction in her knee pain. At the same time, almost without her noticing it, the sinus problems stopped.

Today, Ann continues to have one treatment session every three months—"just to keep myself detoxed". Her food allergies, although not totally cured, are much improved. "I still have to watch that I don't eat too much bread", she says, "but for the first time since I can remember, I'm largely pain-free and my nose works properly—I can blow it like other people!"

In Central London, Peter Smith offers bioresonance therapy at the Hale Clinic. For a list of practitioners elsewhere in the UK, contact www.vitahealth.co.uk.

an experiment on the effect of bioresonance on tadpoles. It is well known that tadpoles can be artificially prevented from metamorphosing into frogs by adding the hormone thyroxin to their aquarium water. Using a bioresonance machine, scientists at the University of Graz in Austria recorded the EM signals from a solution of thyroxin and played the signals to the tadpoles. The effect was dramatic: the tadpoles behaved as if they were surrounded by thyroxin and failed to turn into frogs.³

This experiment, which is strikingly similar to research findings by French scientist Jacques Benveniste, displays another feature of the bioresonance machine – its ability to detect the EM signatures of chemical substances. This information can be used both diagnostically and therapeutically. For example, the presence of toxins such as mercury can be detected by their characteristic EM signal. Once the waveform of a toxin is identified, the machine inverts it and replays the wave-

form to the patient, thus eliminating the toxin using the interference effect. A similar technique is used to kill gut parasites.

About 4000 practitioners are now using bioresonance machines worldwide. Most of these machines are to be found in Germany, where 70 per cent of the practitioners are conventional doctors. In contrast, there are only about 40 therapists practicing in Britain and the USA.

Although bioresonance is claimed to treat virtually any illness, in practice, most of the patients who are helped by the treatment are those found to be suffering from allergies, parasites, toxicities or candidiasis.

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1 Ter Arkh, 2000; 72: 50–3

2 Bull Exp Biol Med, 2002; 134: 248–50

3 Vet Hum Toxicol, 1995; 37: 259–60



Pulsed electromagnetic fields

Although the body responds to electromagnetic fields, not all EMFs are good for you. The latest research shows that when they are delivered in rapidly pulsating bursts, they are most beneficial because they mimic the natural electrical currents produced by the body.

The latest devices using pulsed magnetic fields have had remarkable success in healing broken bones, helping wounds to heal, and treating such neurological disorders as multiple sclerosis and Parkinson's disease. They've even found favor in treating mental illness.

A number of practitioners experimenting with pulsed frequencies find that they mainly work by treating the root of all illness, from high blood pressure to digestive problems: stress.

We now know that the cells of the body communicate with each other—but not primarily using chemistry, as believed by orthodox science, but through electromagnetism. This has led to the idea that illness may show up as pathological changes in the body's electromagnetic fields which, in turn, has led to the development of a number of devices that attempt to regularize the body's EMFs.

Bioresonance machines take these fields, invert them and play them back into the body to cancel them out. But a number of other types of machines simply direct EM energy to the body to enhance normal cellular activity.

We already know that some artificially generated EMFs can be harmful—for example, people living near high-voltage electrical power lines are more prone to cancer. The flip side of the coin is that low-power EMFs of the right sort can be beneficial to health.

It has taken years of experimental work to discover exactly which types of EMFs the body finds life enhancing. The first clinical work began with bones in the 1970s, much of it pioneered by US orthopedic surgeon Dr C.A. (Andy)

Bassett. He found that a low-energy magnetic field targeted at a bone fracture would more than double the rate at which the bone would heal on its own.

This led to the development of devices made of simple electromagnetic coils that could wrap around broken limbs, either over the skin or in plaster casts. EMFs were found to be particularly useful in difficult cases where fractures would not heal naturally—for example, because of infection.¹

It was soon discovered that the most effective type of EM field was when the electrical energy was delivered in rapidly pulsating bursts (PEMFs).

One theory was that this stimulated bone growth by mimicking the natural electric currents produced when bone is put under stress, such as during weight-bearing exercise—a process known to strengthen bone.

The next logical step was to try PEMFs on other bone problems. An obvious candidate was osteoporosis—the loss of bone density that often occurs in middle-aged women. In the early 1980s, an experiment was done on postmenopausal women wherein a PEMF coil was wrapped around the arm, and current applied for 10 hours a day for 12 weeks. Sure enough, bone density increased dramatically but, sadly, the effect did not persist after the treatment stopped and so had no long-term benefit.²

Results have been much more promising in arthritis. Here, PEMF devices have been placed around arthritic joints, and less than an hour's therapy a day has resulted in significant sustained reduction in pain. What makes it even more remarkable is that the beneficial effects are achieved with an extremely low-power EMF—less than the strength of the earth's own magnetic field.³

Similar effects have been found with the soft tissues of the body. Wounds and skin grafts heal faster when surrounded by low-power PEMFs, and even damaged nerves regenerate faster. In fact, a whole

range of conditions—from diabetes to heart disease and stroke—is now being treated by EMFs. The reason we don't hear much about this work is that a lot of it is happening in the former Soviet and Eastern bloc countries, where they either can't afford or don't wish to use Western drug-based therapies.⁴

However, EMFs are beginning to make an impact in the West in psychiatry, which has a long tradition of applying electric fields to the brain in the form of electroconvulsive therapy.

Although controversial, ECT appears to work in cases of severe depression. There are two major problems, however: it causes severe side effects and no one knows how it works. But now, psychia-

trists are beginning to use the much lower-power EM therapies pioneered in orthopedics and finding that they work in depression too. Using what is called 'repetitive transcranial magnetic stimulation', researchers have shown that certain frequencies can significantly reduce depression—probably by “enhancing neuronal firing”.⁵

Even more remarkable are the results in multiple sclerosis and Parkinson's disease. PEMFs applied to the head have both markedly decreased the adverse symptoms and improved cognitive functioning. One theory to explain these effects is that the EMFs stimulate the pineal gland to produce melatonin, a hormone that aids cell metabolism.^{6, 7}

Case histories

- ◆ American neurophysician Dr Reuven Sandyk has had spectacular success with both Parkinson's and multiple sclerosis patients. One of his patients, a 74-year-old retired building inspector, had first developed Parkinson's at age 60, and now had severe tremor in the right hand, general unsteadiness, and mental depression and confusion. Tests established that he had severe dysfunction of the left hemisphere of his brain, showing up as an inability to draw shapes. Just two 20-minute PEMF treatments on the skull had remarkable results: his hand tremor stopped, and there was a dramatic improvement in his drawing skills.
- ◆ Another of Dr Sandyk's patients was a 40-year-old woman who had suffered from MS since the age of 18, and was now in a state of near paralysis. Confined to a wheelchair, she was expected to become completely paralysed within a year. In 1992, she began long-term treatment with PEMFs applied regularly to the skull. The first year saw an improvement in her mental functioning and the return of some strength to her arms. During the second year, she began to move her hips and legs. After a further year's treatment, she was able to get out of her wheelchair and walk. She could also move her arms to about 80 per cent of their normal function. “Most remarkably, there was no progression of the disease during the four-year course of magnetic therapy,” says Dr Sandyk. “Her recovery cannot be explained as a spontaneous remission.”
- ◆ In Britain, alternative practitioner Margie Finchell has been offering her clients PEMFs for the last five years, using the MRS 2000 device. She finds it of particular benefit for pain relief as well as being a general tonic to the immune system. One of her patients is 40-year-old Jane Godfrey, who suffered from serious backache after an operation to remove a tumour near her spine. Regular treatment with PEMFs solved the problem—and her headaches as well.

Margie Finchell practises in London (tel: 020 7724 1291); Dr Sandyk can be contacted via Touro College, Dix Hills, New York 11746

Similar beneficial results have also been reported with Alzheimer's disease.⁸

Findings like these have led to the development of commercial low-power PEMF devices for use by medical practitioners, both alternative and conventional. One of the major applications is in sports medicine, exploiting the ability of PEMFs to alleviate pain and repair damage to soft tissues, nerves and bones. Some of these devices involve whole-body treatment, where the patient lies on a thin mattress containing electromagnetic coils that deliver pulsed energy to the body.

One of the foremost experts on PEMF treatments is Italian physician Dr Fabio Petrossi, who runs a large practice in Trieste. He has achieved remarkable success in treating a wide variety of conditions, including psoriasis, high blood pressure, Raynaud's disease and digestive problems.

"The common factor behind many conditions is stress," he says, "and that is why I believe PEMFs are so valuable; they have a direct action on the neuro-

vegetative system, thereby reducing stress and promoting a healthy immune system."

The device he mostly uses is a German-made instrument called the MRS 2000. It produces a 'sawtooth' sine wave EMF, shown to be most compatible with the human body's own EMFs. Treatment usually involves one half-hour session a day.

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- 1 JAMA, 1982; 247(5): 623-8
- 2 Bioelectromagnetics, 1998; 19(2): 75-8
- 3 Altern Ther Health Med, 2001; 7(5): 54-64, 66-9
- 4 Biochemistry, 1993; 51(4): 387-93
- 5 Biol Psychiatry, 1999; 46(12): 1603-13
- 6 J Altern Complement Med, 1997; 3(1): 21-9
- 7 Panminerva Med, 1994; 36(4): 201-5
- 8 Int J Neurosci, 1994; 76(3-4): 185-225



Medicine from 8 miles high

Apart from no longer having nuclear missiles targeted at us, one of the happier results of the ending of the Cold War is the opening up of Soviet medicine. Often classified as top secret in the past, Russian medical research is rapidly finding its way over to the West.

Soviet medicine has tended to take a rather different path from the Western drug-based approach to health. Nearly a century ago, Russian scientists pioneered the idea that the body's processes are primarily based not on chemical reactions, but on electromagnetic signaling.

However, it took more than 50 years for the theory to be translated into practical medicine.

Ironically, it was a Cold War application that was behind the development of one of the first Russian electromagnetic medical devices. In the 1970s, as the Soviet military put their efforts into extended manned spaceflights, their scientists were asked to come up with something that would keep cosmonauts healthy during the long months in space.

Carrying a pharmacy-full of drugs into space would have been impractical, so the scientists looked for something that would boost the cosmonauts' immune system, and so fix any health problems at source. The solution came from Professor Alexander Karasev, at Sochi University, who discovered a way of stimulating the immune system by using electromagnetic signals.

He and his electronics team invented a device that delivers pulsed electrical energy to the body. That in itself is not particularly remarkable—in previous lessons, we have already described a number of such machines. The ingenious aspect of the Karasev device is that it mimics the body's own natural electromagnetic emissions, detects any abnormalities and automatically adjusts its output to correct the abnormality. In this way, claimed Karasev, medical problems could be treated even before they arose.

The West first heard about the device during the Australian Olympics in 2000, where the press dubbed it 'Russia's secret weapon'. Russian athletes used it to treat minor ailments, combat pain and fatigue, and speed up muscle repair, thus stealing a march on the competition—all of which was perfectly legal.

As Western practitioners began to take notice, the Russians realized they needed a catchy marketing name for the device and came up with Scenar (Self-controlled energo-neuro-adaptive regulator). They also attractively packaged the electronics into a hand-held machine the size of a large TV remote controller.

Scenar devices are now widely used in Russian hospitals and are even carried by ambulance crews, who testify to its ability to aid recovery from cardiac arrest, accident trauma and coma. It is also used for drug-free pain relief. As is common in the Eastern bloc, no clinical trials appear to have reached the West, but a major nationwide survey was carried out.

Scenar's 3000 Russian practitioners were recently asked to report on their experience with the device, and medical data were collated for all the main bodily systems. The doctors claimed considerable success across a vast range of conditions.

In the musculoskeletal system, in addition to muscle injuries, diseases such as arthritis, sciatica, lumbago and osteoporosis were all found to benefit from Scenar, with an average 79 per cent improvement.

There was an overall 82 per cent success rate with many circulatory disorders, including strokes, thromboses and heart failure, an 84 per cent success rate with virtually any respiratory problem, and an astonishing 93 per cent success rate with both eye conditions and diseases of the digestive tract.

Also impressive were the results for a variety of neurological conditions—from behavioral problems to cerebral palsy.

The only 'side-effects' reported with

Scenar were unintended improvements in long-standing problems that were not the immediate target of the therapy, for example, scars or skin inflammation.

Curiously enough, though, for a therapy applied to the skin, Scenar was found to have a relatively low 68 per cent success rate with skin conditions. It also

seems to have no effect on cancer other than general pain relief.

Overall, the general conclusion among Soviet doctors was that there are very few conditions that fail to respond to Scenar therapy, a claim that not surprisingly raises many skeptical eyebrows. So how do the inventors of the device

Case histories

Roy Watkins is an electrical engineer who set up an acupuncture clinic in the Lake District 20 years ago and is now a practicing Scenar therapist. One of his recent patients was Helen B, a woman suffering from an overactive thyroid, for which her GP had prescribed drugs. However, blood tests suggested that the drugs weren't working, so Helen was offered radioactive iodine, about which she was naturally very apprehensive. Roy persuaded the GP to temporarily discontinue the drug treatment and began to give her Scenar therapy instead. After just three sessions, Helen's blood was retested and the results found to be normal. A further blood test a month later again showed normal thyroid function.

In London, Scenar therapist Jane Albright has had many successes in people with chronic disorders. One was a 50-year-old man with a severe problem his doctor wasn't even able to diagnose, let alone treat. The man had developed a lump on his neck and was mysteriously losing weight at the rate of 10 kilos a month. However, 20 Scenar treatments later, the lump had disappeared and the weight loss was being reversed.

Without clinical trials, results like these might easily be dismissed as placebo effects. But British vet Roger Meacock has achieved outcomes that cannot be so easily written off—because his patients are animals. Most of his Scenar successes have been with muscle injuries, but he's also had dramatic results with apparently incurable chronic conditions.

- ◆ **Case One:** a sow with severe burns was going to be put down because nothing would heal them, and the animal was failing rapidly. Meacock did a 15-minute Scenar treatment on the burned area and, within three days, the wound started to heal and the sow's appetite returned. She quickly made a full recovery.
- ◆ **Case Two:** a young dog had had three surgical operations to cure an 'inflammatory lump' on the paw, none of which had worked. The next step would have been amputation, but Meacock was called in as a last resort. After just three Scenar treatments, the dog's paw had healed and was later declared to be "sound".
- ◆ **Case Three:** another 'last-resort' case concerned a professional dressage horse that had been out of competition work for a year because of an intractable tendon injury. If Meacock failed to solve the problem, the animal would have to be shot. However, a few months of Scenar treatments did the trick. The horse was soon back in the dressage ring, with the owner reporting that its paces were "better than ever".

Roger Meacock practices near Ipswich (01449 723 723); Roy Watkins practices in Ulverston, Cumbria (01229 586 959); Jane Albright runs the Albright Center at 20 Aylstone Avenue, London NW8 (020 8459 7359)

explain its apparently phenomenal healing powers?

Their first explanation is that, by mimicking the body's own electromagnetic signals; Scenar is able to stimulate a particular set of nerve fibers called C-fibers. These are responsible for the production of neuropeptides, a group of chemical messengers including the endorphins. Neuropeptides are thought to regulate many of the body's self-healing processes. The theory is that Scenar stimulates neuropeptide production, thus invigorating the body's own natural healing.

The second key reason cited for the device's extraordinary power is that it achieves optimal neuropeptide production by obtaining feedback from the patient's skin and adapting its electromagnetic output accordingly. The mechanism is so automatic that almost anyone can use the device with a minimum of training—although that claim is disputed by some health professionals who say that

experience is needed to know where and how to apply it on the body.

There are now about 1000 Scenar practitioners in Europe. In the UK, the device has been licensed by the Medical Devices Agency for use in pain relief although, in practice, it is used to treat a variety of conditions.

Although there is an abundance of anecdotal evidence for Scenar, there is virtually nothing in the way of published scientific data. There are currently three clinical trials underway in the UK on a similar device as well as a major study in the US, not to mention a growing file of case histories from both human and animal medicine. Once these trials are completed and published, the science of Scenar may be able to catch up with the miracle.

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A Quantum leap

In our review of therapeutic devices that tap into the body's own electromagnetic (EM) fields, we shall now look at is called the Quantum QXCI (Quantum Xrroid Consciousness Interface).

Developed by ex-NASA scientist Dr William Nelson, the Quantum is one of the first devices to come out of the US, and claims to be an improvement on the German and Russian machines covered in earlier lessons. Those primarily measure skin resistance whereas the Quantum also takes readings of 16 other measures such as vitamin levels, amino acids, nutrients, food substances, minerals, enzymes, natural sugars, toxins, hormone levels, muscle tone, disease, bacteria, moulds, fungi, viruses, and the health and balance of internal organs. It also claims to be totally objective because the practitioner is only indirectly involved.

Electrodes on the head, wrist and ankles connect the patient to a standard PC running the Quantum software. The computer then transmits a burst of tiny EM signals into the body, and analyzes the feedback it receives by making comparisons with the normal responses of a body in full health. In this way, says Nelson, problems are identified before they manifest as an illness.

Patients can be diagnosed for a host of underlying problems such as food intolerances, vitamin deficiencies, environmental stressors, fungi and parasites—conditions that can be difficult to diagnose by conventional means.

The reaction of the body to each of these factors is measured by analyzing 'evoked potentials', a very brief electrical response at the cellular level. In a single three-minute test session, the patient can produce over 65 million bits of information—a huge quantity of data that can only be handled by a computer.

In addition to diagnosing the patient's problems, the software can also work out the best treatment. As this is 'energy-

medicine' territory, this tends to be homoeopathy, and flower and nutritional remedies.

Quantum may also be used as a therapeutic device where, says Nelson, "faults in the energetic make-up" can be corrected by directing compensatory EM signals to the body. This is a similar function to the Russian Scenar and German bioresonance machines, but Nelson claims the Quantum is superior because it can measure a greater number of EM outputs.

Unlike Scenar and bioresonance machines, however, there appear to be no formal clinical trials of Quantum's benefits. Nevertheless, a whole issue of *The International Journal of the Science of Homeopathy* (1997; vol 1/4) was devoted to the device, describing both the software and a number of clinical reports. In one study of 22 people, some of who had incipient cataract of the eye, Nelson used the Quantum to identify which patients had cataracts by analyzing pancreatic function.

A second study was carried out in 1993 in North Cornwall around the village of Camelford. Five years earlier, the area's water supply had been accidentally contaminated with highly toxic levels of aluminum sulphate, but the medical authorities refused to acknowledge any long-term problems among the local population. Dr Nelson was called in to test 16 people who claimed to have a persistent hypersensitivity reaction to aluminum. The Quantum clearly showed "serious levels of malfunction" in their lymphatic, endocrine, digestive and immune systems.

There are currently two clinical trials in progress, which, if successful, should help to establish the Quantum as a major advance in electromagnetic medicine.

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How do EM devices compare?

Assessing the relative merits of EM devices is difficult for three main reasons: few clinical trials have been carried out to test them; the technologies are at different stages of development; and they often rely on the skill of the practitioner. Nevertheless, here's a quick guide for what treatment is best for which condition.

DEVICE	DIAGNOSIS	BEST FOR TREATING
Scenar	Specialized (pinpoints site of problem, then fixes it)	Musculoskeletal Cardiovascular Digestive Ocular
Quantum	Allergies Nutrition Viruses, bacteria, fungi & parasites Environmental Musculoskeletal Organ dysfunction Homeopathic treatments	Most physical and emotional problems, says manufacturer; therapists report success with musculoskeletal, <i>Candida</i> , allergies and retinal problems, plus depression and other mental disorders
Bioresonance (e.g. MRS 2000)	Allergies Toxins <i>Candida</i> Parasites	Allergies Toxins Arthritis Stress conditions
TENS	None	Pain relief
Pulsed EMFs (e.g. Bemer)	None	Musculoskeletal Bone & wound healing Arthritis Migraine Multiple sclerosis Parkinsonism Alzheimer's disease Depression

Quantum case histories

In Britain, there are around 300 therapists using the Quantum. Claire Dadswell is a Sussex homeopath who reports that the machine is useful for suggesting possible symptomatic homeopathic remedies; she finds it more accurate than an electroacupuncture device. She also uses it as a short-term therapeutic fix: “Quantum can apply an energetic correction to the patient, restoring the body to the proper blueprint for optimal functioning but, in chronic cases, I find the benefits don’t last more than about a week.”

Roger Savage is another homeopath impressed by the Quantum’s diagnostic power. One of his recent cases concerned a jetsetting businessman whom the machine revealed to have potential circulation problems. The patient ignored the implied warning to reduce his stress levels and, two weeks later, suffered a burst varicose vein of the oesophagus.

Conventionally trained physiotherapist Diana Goldsmith has recently begun using the Quantum in her own professional work. She is amazed by its ability not only to diagnose, but also to treat musculoskeletal problems. One of her patients had a two-year-old spinal injury and came to her for treatment. “The first surprise was that the machine correctly identified the sixth vertebra as the site of the injury,” she says. “It then went on to treat the stiff shoulder that had subsequently developed, so the patient can now raise his arm for the first time in two years.”

Another patient had developed an acute flare-up of arthritis in the thumb, causing the whole hand to swell up. “This would have taken two weeks on anti-inflammatory drugs to sort out,” she says, “but the Quantum fixed it in an hour.”

Diane Wilson is a nutritionist and homeopath, and she, too, finds the Quantum particularly useful for diagnosis. “After I’ve worked out my patients’ nutritional deficiencies, the machine will almost always confirm my diagnosis,” she says, “which certainly helps motivate the patient to follow my recommendations!”

Diane finds the Quantum most impressive on animals. She runs a dog-rescue sanctuary and so frequently sees sick animals. Most dogs will happily allow themselves to be hooked up to the electrodes, and the Quantum seems to have no problem interpreting non-human EM data. In one case, a dog’s mystery lameness was pinpointed by the software as a malfunctioning elbow joint—a finding subsequently confirmed by detailed X-rays.

Even more convincing is the case of a dog with an unexplained malaise, which a battery of blood tests had failed to identify. The Quantum diagnosed the problem as a rare form of diabetes called diabetes insipidus; again, this was later confirmed by a specialized lab test.

Contact details

Claire Dadswell: 01825 880 046; Diana Goldsmith: 01983 821 816; Diane Wilson 01825 891 074; Roger Savage: 020 7631 0156 (The Hale Clinic, London). For a list of practitioners in the UK, you can call Penny Fox on 01273 279 451.

A link with good health

The Zero Point Field, the energy field at the heart of all matter, was first discovered nearly a century ago soon after the birth of quantum physics. However, 80 years passed before physicists started seriously speculating about how Zero Point Energy (ZPE) might be tapped.

Some of the potential applications of ZPE now being mooted include ‘free-energy’ systems and faster-than-light travel, but these are still decades—if not centuries—away from fruition. However, some applications of ZPE appear to be already within our grasp—in the area of health.

One of the first to suggest a role for ZPE in medicine was Professor William Tiller of Stanford University. A top-flight conventional scientist, and expert in metallurgy and solid-state physics, 30 years ago he became interested in extrasensory perception (ESP) and unconventional medical therapies such as acupuncture, healing and homoeopathy. To explain the mysterious forces behind them, he coined the term ‘subtle energies’.

Subtle energy has since been linked to the age-old concepts of chi and prana in Oriental medicine, the 17th-century idea of the *élan vital* or life force, and the etheric energy of 19th-century spiritualism.

Although Tiller acknowledges that, at our present state of knowledge, subtle energies are immeasurable, he believes that they are real and can be harnessed. One of the devices he has helped develop is a medical instrument which is claimed to generate subtle energies that can promote health by interacting with the body’s own ‘biofield’.

The idea of the biofield is based on the theory that the body has a highly complex organizing field made up of natural electromagnetic intracellular signaling and subtle energies. These help keep the body in a state of equilibrium by triggering homoeostatic responses to changes in the environment. As these energies operate at

the level of information, they can be weak in conventional terms, but still produce an effect.

The medical instrument Tiller helped devise is called Q-Link. Developed in California, its manufacturer calls it “a marriage of Silicon Valley and Oriental medicine”. At its heart is a crystal that is claimed to generate an energy field that mimics the natural biofield of a human body in full health. The theory is that, when placed on or near the body, the device is able to ‘remind’ the body of its ideal energy-field pattern, thus restoring it to health.

It uses what is called ‘sympathetic resonance technology’ (SRT), although the precise technical details are a secret closely guarded by its manufacturer, Clarus Products, based in San Rafael, California. The company makes two main types of the device: a metal pendant that is worn round the neck; and a powered tabletop box.

The pendant contains three electronic components: a resonating cell, a tuning board and an amplifying coil. The resonating cell is a crystalline substance that is claimed to have been imprinted with the ideal frequencies for an optimally functioning biofield. These frequencies are made ‘coherent’ by the tuning board and amplified by the coil. According to Clarus, the device needs no batteries as it is “powered by the person wearing it”.

The second device is a battery- or mains-powered box, which is said to have a greater range than the pendant. It is meant to be placed by the bed or at the office workstation. The main selling point of both the box and pendant is to combat the effects of the ‘electromagnetic pollution’ generated by computers and electrical appliances.

For any conventional scientist, Q-Link falls hook, line and sinker into the realms of Looney Tunes™ technology. It raises eyebrows on four counts: it emits an immeasurable energy; it can run without power; it interacts with the highly

speculative concept of a biofield; and its primary function (to protect against the dangers of electromagnetic fields) is debatable.

So, the only way conventional science is liable to take notice is by incontrovertible evidence that Q-Link has biological effects.

Fortunately for the future of the technology, a few medical researchers have sufficiently overcome their skepticism to carry out some serious investigation into the device—with interesting results.

Because much non-conventional medicine is dismissed by its opponents as merely an elaborate placebo effect, to be convincing, any research must be able to factor out the placebo response. The most basic medical test, therefore, is in the laboratory, where the effect of a new treatment can be tested on individual cells.

To date, a number of such studies have been completed and, remarkably, all have shown a definite biological effect with Q-Link. Recent tests at the University of Vienna's Cancer Research Institute showed that a powered Q-Link box placed near human fibroblast cells "significantly reduced" the number of cells killed by a powerful carcinogen.¹

A more recent experiment tested the pendant device on people, using a double-blind placebo-controlled protocol—as used in new drug trials. In this case, 16 office workers wore either an 'active' or an identical sham pendant for 72 hours. The results were striking. In the eight people wearing the real pendant, comparing 'before' and 'after' blood samples showed significant differences—all indicating better health. Blood cells became "more normal in shape", and problems

Case histories

Many Q-Link users are office workers worried by the 'electropollution' from computers. Investment banker Ben Wallace's experience is typical: "My job entails sitting behind two screens all day and I was taking more than 12 Nurofen a week for the headaches," he says. "I was also feeling very tired and rundown. Since starting to wear the Q-Link, I have had only one headache."

Rose Montgomery, operations manager at a London computer company, is another convert. "At work, I sit in front of a computer for up to 12 hours a day. I also use two mobile phones. I used to get constant headaches, ringing in my ears and my whole body felt wired all the time. I've been wearing the Q-Link for three months, and my energy levels and concentration are back, and I no longer get headaches."

Liz Barker, an air-traffic controller, says it's transformed her working life: "I used to get really tired at the end of a 90-minute shift, but I now feel I could start another one immediately!"

Away from an office environment, golfers claim it increases concentration, too—and improves their handicap.

More dramatic are some of the case reports from the files of alternative practitioners. One 30-year-old woman with lifelong amenorrhea (no periods) began to menstruate two weeks after wearing a Q-Link pendant. A 39-year-old woman with multiple sclerosis has been in permanent remission for nearly three years, and a man with ankylosing spondylitis says, "The results have been incredible. I have never felt so full of vitality, which means I can take more exercise, and that helps to combat painful bouts of the disease."

For more information on Q-Link and practitioners, call Charles Clark on 01822 616 901 or e-mail Charles.Clark@qlinkworld.co.uk.

such as platelet clumping, colloidal deposits and microbes completely disappeared. In contrast, blood samples of those wearing the sham pendants showed no improvement at all.¹

Although small, this study was one of three showing improvements with Q-Link. Taken together, their results strongly suggest that the technology can have profound effects on health—and anecdotal patient reports appear to bear this out (see box page 22).

But what about the marketing claim that Q-Link protects against electromagnetic fields (EMFs)?

Over the last decade, evidence has been mounting that certain types of EMFs may be hazardous to health. Mobile-phone radiation was put in the spotlight after animal experiments showed harmful brain effects.

Mobile-phone tests on humans have proved less conclusive, but measurable changes in brainwave patterns have been caused by mobiles. Some of this work was done by neurophysiologists in Australia and the UK, who were subsequently asked by Clarus to repeat their experiments, but with Q-Link used alongside the mobiles. Last year, the researchers reported that Q-Link reduced at least some of the brainwave changes caused by mobiles, although it wasn't clear whether these changes were harmful.²

In a much earlier experiment, Q-Link was also shown to have neurological effects on children. In a US study done 10 years ago, Q-Link was tested in a special-needs school, where the teachers had to complete a daily report on each pupil's progress and behavior. On alter-

nate weeks for a month, mains-powered Q-Link devices or identical fake boxes were placed throughout the school. None of the teachers or pupils knew when the real Q-Link devices were operating—indeed, most of them were unaware that an experiment was even taking place.

The results were remarkable. At the end of the month, the children's records were analyzed and a clear pattern leapt from the pages. When the Q-Link was active, overall "maladaptive behavior" decreased by 38 per cent, hyperactivity by 24 per cent and emotional outbursts by 58 per cent—while attention improved by 48 per cent.

These effects must rank among the most dramatic in the history of educational research, so what's the explanation? According to the researchers, Q-Link was particularly effective in this case because the school is both sited near an electricity substation and lit by fluorescent lighting, thus "creating electromagnetic stressors throughout the building"—precisely the kind of environment Q-Link is claimed to counteract.¹

So, despite its seemingly wacky image, SRT does appear to work. However, the science of the theory behind it still has some catching up to do with the remarkable clinical findings.

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1 J Altern Complement Med, 2002; 8 (6): 823-56

2 J Altern Complement Med, 2002; 8 (4): 427-35



Light up your life

In our increasingly urbanized world, we sometimes forget that the energy source of all life on earth is the light of the sun. And yet, we only pay the briefest of homage to it during a few weeks of vacation or snatched lunchtime breaks—and even then, we’re told to beware of its dangerous rays.

But sunlight is actually very health giving. It is our major source of vitamin D and, as recently as the 1930s, Swiss sanatoriums used clear mountain sunshine to heal wounds and cure diseases like tuberculosis. But, with the rise of antibiotics and pharmaceutical drugs generally, all this knowledge was abandoned.

Ten years ago, however, the connection between sunshine, vitamin D and health began to be reexplored by Professor Michael Holick of Boston University. An expert in dermatology, endocrinology and biophysics, Holick believes that many of the old Swiss physicians were right. He goes even further, suggesting that a relatively brief exposure to sunshine can reduce the risk of a number of diseases, including osteoporosis, diabetes and even some cancers. “Vitamin D not only regulates calcium and bone health, but it tells cells to stop overmultiplying,” he says.

One of the planks of his evidence is that cancer rates are higher in colder, cloudier climates. World sunshine data monitored by spacecraft show a significant relationship between low ultraviolet levels and cancer deaths. To obtain the necessary vitamin D from the sun, but protect against skin cancer, Holick recommends that fair-skinned people spend five to 10 minutes in the sun, unprotected, two to three times a week.¹

Sunlight is also good for cardiovascular disease. Dr Damien Downing, in his book *Daylight Robbery*, cites 50-year-old studies showing that sunshine can protect against hardened arteries and high blood pressure.² This may explain why heart disease is more common the further we go from the equator.

Likewise, lack of sunlight is a major cause of mental depression in the winter. In the US, for example, ‘winter blues’ are 10 times more common in the northern states than in the South. Initial medical skepticism has been gradually overturned by literally hundreds of studies showing that light therapy can improve winter depression, now ingeniously renamed SAD (seasonal affective disorder).

The most effective treatment for SAD appears to be a 15-minute session in front of a bright light source; morning and evening.³ Light therapy can also help relieve premenstrual syndrome⁴ and headache.⁵

Exactly how light works in these disorders isn’t fully understood. One theory is that light stops the production of melatonin, a hormone that regulates body rhythms and promotes sleep. This may explain why light therapy also restores normal sleep patterns. But ordinary artificial light is not enough; it must be really bright—at least the intensity of sunrise (2500 lux). Also, the eyes must be open—unless the light falls on the retina, it won’t work.

When light enters the brain, the nerve signals pass not only to the visual cortex, but also to other brain structures like the hypothalamus, pineal, limbic and pituitary systems. This may well explain how light affects melatonin as well as causing hormonal and emotional effects.

In modern physics, light can be viewed either as a wave in an electromagnetic field, or as a stream of massless particles called photons. Sunlight is made up of light of different wavelengths, which the eye perceives as different colors; these make up the spectrum, ranging from the short ultraviolet waves to the much longer infrared ones. It’s now becoming clear that the body needs all of these wavelengths for optimal health.

Much of the credit for this discovery can go to the late John Ott, photobiologist and an expert in time-lapse photography of plants. During a major Walt Disney

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commission, he discovered that plants would not grow optimally under artificial lighting. He spent the next 40 years testing plants and animals under various lighting conditions, and concluded that all living organisms need the full spectrum of light provided by the sun to thrive.

One of Ott's first tests on humans was in schools. He theorized that artificial fluorescent light might be harmful and, so, for one week, he kept a detailed filmed record of children's behavior in a classroom lit by fluorescent lighting. The following week, he replaced the lights with full-spectrum fluorescent lights, and saw a dramatic improvement in the children's behaviour.⁶

A similar, larger-scale study was carried out over a whole year in schools in Alberta, Canada, where classroom lighting was changed to full-spectrum fluorescents and the walls painted in warm colors. Again, there were significant improvements in academic performance and discipline, and decreases in absenteeism.⁷

The major way that light appears to affect the emotions is via color. In Britain, Dr Damien Downing has pioneered studies showing that just painting prison walls a different color can have dramatic effects on the inmates' behavior. In Canada, Professor Harry Wohlfarth has used blue color schemes to calm down hyperactive children, lower blood pressure and reduce stress in general.⁸

Color therapy is rapidly becoming a new branch of alternative medicine, although it can take many different forms. The therapies are based on the fact that colors are simply different frequencies of light; the theory is that all cells and organs of the body have their own vibrational frequencies, and that malfunction shows up as a change in frequency which can be corrected with color.

Some color therapists believe that shining a specific color on the skin will promote physical healing. Others have allied color with ancient Ayurvedic medicine, relating the seven main colors of the rainbow to the body's seven centers of

energy called 'chakras'. The colors roughly follow the order of the colors of the spectrum, with violet representing the crown chakra at the top of the head, and red the base chakra in the genital and perineal region. "It is no coincidence that cities have red-light districts," says esoteric architect Thomas Saunders.⁹

Fifty years ago, German scientist Dr Max Lüscher found that using yellow, orange or red in the classroom increased IQ and academic achievement, while brown or black suppressed intellectual functioning.¹⁰

Pink is another powerful color. It has now been used fairly widely across the USA in police stations and prisons as a means of calming aggressive or agitated inmates such as the 'drunk and disorderly'. But it must be a particular shade, the kind of pink said to be "experienced by the baby in the womb". The color is now called Baker-Miller pink, after the names of the researchers who first developed it.

"Remarkably, these color effects appear to be just as effective in people who are color-blind, suggesting that the mechanism is physiological rather than psychological," says Dr Downing.²

Colored light has been used to treat a variety of physical and emotional disorders. In the USA, a technique called 'syntonometric optometry' shines light through different colored filters into the patient's eyes—some are calming, others stimulating. This helps balance the sympathetic and parasympathetic nervous systems. Some optometrists claim colored light therapy can even correct eyesight.¹¹

In the therapy developed by German naturopath Peter Mandel, acupuncture points are stimulated by concentrated beams of color to introduce "vibrational information via the meridian system".¹² A therapy called 'avaTara' uses colored scented oils, which are rubbed into the skin.

Color is also used in psychological medicine. There are many variants of this technique, but most involve asking the patient to choose the color(s) they like or dislike, or that best describe their mood.

Their choice is used by the therapist to explore aspects of their personality.

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For more information, see:

Association of Color
(www.iac-color.co.uk)

Society for Light Treatment and Biological Rhythms
(www.sltbr.org), or
www.holistic-online.com

Outside In (manufacturer of light-therapy equipment)

tel 01954 211 955,
e-mail info@outsidein.co.uk,
www.outsidein.co.uk

- 1 Presentation to the American Association for the Advancement of Science, 15 February 2002

- 2 Downing D. *Daylight Robbery: The Importance of Sunlight to Health*. Arrow Books, 1998
- 3 J Affect Disord, 1997; 46 (1): 25–38
- 4 Psychiatry Res, 1999; 86 (3): 185–92
- 5 Zh Nevrol Psikiatr Im S S Korsakova, 2000; 100 (12): 40–2
- 6 Ott JN. *Health and Light* (reprint edn). Ariel Press: 2000
- 7 Int J Biosoc Res, 1984; 6 (1): 44–53
- 8 Wohlfarth H, Sam C. *Effects of Color/Light Changes on Severely Handicapped Children*. Department of Education, Alberta, Canada, 1981
- 9 Saunders T. *The Boiled Frog Syndrome*. Wiley Europe, 2002
- 10 Lüscher M. *Lüscher Test*. Test-Verlag, Basel, 1948
- 11 Liberman J. *Light, Medicine of the Future*. Santa Fe, NM: Bear & Co, 1991
- 12 Mandel P. *Practical Compendium of Colorpuncture, vol 1*. Bruchsal, West Germany: Energetic Verlag, 1986



Radionics: a tuning fork for consciousness

Many of the ‘energy medicine’ devices we have covered so far (Lessons Two to Five) can trace their conceptual origins to a medical system called radionics.

Like many breakthroughs in alternative medicine, radionics was developed from a chance observation combined with intuitive insight. In the late 1800s, Albert Abrams, professor of pathology at California’s prestigious Stanford University, stumbled upon the idea that diseased organisms have a specific “energy field”. This, he thought, could both diagnose and treat illness.

Through a series of various experimental designs, he finally arrived at an electrical device that claimed to detect “disease radiations” from just samples of tissue. These radiations could travel along copper wires. Each disease state, said Abrams, could be identified by introducing variable electrical resistances into the wire. These, he said, corresponded to the “vibrations” of the disease—a concept that foreshadowed many of today’s bioenergetic devices.

Abrams called this machine an ‘oscilloclast’ (literally, ‘vibration breaker’); this provided “vibration rates” to correct the disease state—again, prefiguring modern bioresonance theory.

Although the American medical establishment condemned Abrams as “the most finished medical charlatan of our times”, in 1924, a British Royal Society of Medicine investigation tested an Abrams diagnostic system and declared that “the underlying proposition [of the device] is established to a very high degree of probability”.¹

After his death, Abrams’ original devices went through a series of transformations at the hands of a variety of people (most of them British, and some even qualified medical doctors), resulting in today’s standard radionic device.

At its simplest, the instrument is a box with 12 dials and a receptacle in which to place samples. The dials are connected

to variable electrical resistors and calibrated accordingly. To diagnose disease, a sample taken from the patient (such as blood or hair) is put into the machine. The practitioner turns the dials until a response is felt when rubbing a finger on a special pad.

The practitioner then reads off the positions of the dials and looks up the numbers (called ‘rates’) in a book of rates, which lists what dial settings correspond to which individual conditions. Thus, conventional medicine may have diagnosed a disease, but radionics can reveal the underlying problem(s).

Treatment consists of resetting the device to the healing rates for that condition, and ‘broadcasting’ the rates to the patient. The patient need not even be physically present as it is claimed that broadcasting works over any distance.

“It is our common experience as radionic practitioners that the effects of treatment do not seem in any way diminished by distance, even if the patient is on the other side of the earth, and appear to be instantaneous,” says radionic practitioner Dr Linda Fellows.²

Fellows has a doctorate in biochemistry and is one of the leading lights of contemporary British radionics. Her scientific background makes her a valuable advocate for her adopted field.

“The question of how radionics works is one to which we have few satisfactory answers,” she admits. “To those with the prevailing ‘common-sense’ view of the world, claims made by radionic practitioners seem too farfetched to be taken seriously.”

Nevertheless, she points to a growing body of scientific evidence and theory that the world is not a ‘common-sense’ place. Ever since quantum mechanics revealed the extraordinary ways in which particles behave inside the atom, 19th century ‘billiard-ball’ physics has been replaced by a radically new view of reality.

Thanks to the brilliant British physi-

cist John Bell, for example, we now know that even such an advanced theoretician as Einstein could be wrong. In the 1960s, Bell showed that, if quantum mechanics were true, certain particles should be able to interact with each other instantaneously—faster than the speed of light—“something that would have been deeply

Case studies

In his eight years as a radionic practitioner, Nick Franks has treated thousands of patients. One of his recent cases was a 36-year-old woman living in Australia. She had a severe abdominal problem that had been conventionally diagnosed as a massive invasion of ulcers in the colon. Conventional drug therapy had not worked for her, so she decided to abandon the drugs and seek Franks' help.

Using only a sample of the patient's hair, Franks radionically confirmed the gut problem, and determined that the immediate cause was a parasitic infestation.

“Over the first few weeks, I broadcast daily homeopathic detoxification treatments to her in Australia, changing the treatments according to the radionic feedback I received about her progress,” says Franks. Within a week, the patient (who had no idea what treatments she was receiving) e-mailed him to say: “It's like my whole being is purging stuff.”

After three months of more intermittent radionic treatments, the patient went to hospital for her colonic ulcers to be checked out. They were gone. “I had an all-clear; the colonoscopy showed no signs of ulceration,” she e-mailed Franks delightedly, “but please keep up the magic.” Six months later, the hospital took tissue samples of her colon and not only reconfirmed the cure but, unusually, could find no evidence of scarring from the original ‘ulcers’.

Like Nick Franks, radionic practitioner Linda Fellows believes that radionics can operate very deeply within the patient, uncovering long-forgotten problems, which may lie at the root of chronic illness. “Blocks can have many causes—for example, childhood traumas or environmental pollution—even though the actual poisons may have left the body years before,” she says.

One of her cases was a 34-year-old man suffering from a chronic sore throat, a condition that was threatening his career as a singer. No medical reason could be found for the problem. Fellows radionically assessed that his problem was “linked to frustration in adolescence”.

It was then revealed that his father had prevented him from following his chosen career in his teens. But the hidden resentment was still there, manifesting as a ‘corrosion’ in the young man's throat. Fellows radionically “normalized his throat chakra” (one of the seven energetic centers of the body, according to yogic philosophy), and the throat problems cleared up.

Fellows has also helped a man with non-Hodgkin's lymphoma (a kind of cancer) by giving him “long-term supportive treatment” to protect his healthy organs both from the disease and from the chemotherapy he was receiving. Four years later, he is still alive and back at work, with his doctors “amazed at the outcome.”

However, Fellows is quick to point out that, because there have been no proper clinical trials of radionics, isolated medical case histories are somewhat meaningless. In these particular cases, the apparent benefits of radionics could be due to either coincidence or the placebo effect.

shocking to Einstein,” says Bell.³ Furthermore, Bell predicted this interaction could happen at any distance.

Bell’s revolutionary ‘non-locality’ concept remained a theory for 20 years until French physicist Alain Aspect tested it experimentally in 1982. Sure enough, Bell was proved to be right and Einstein wrong.⁴ The conclusion is that there are connections between states of matter that go beyond conventional space–time limitations.

Couple this to the discoveries of the communication potentials of the Zero Point Field, and you have a possible explanation of a host of non-local phenomena,⁵ including radionics.

There are two strands of thought in radionics theory, both of which are associated with fields.

Some radionics pioneers were heavily influenced by the concept of ‘electrodynamic fields’, the existence of which was first postulated by Yale professor of anatomy Harold Saxton Burr in the 1930s.⁶ After thousands of observations of a variety of lifeforms—plants, trees, animals and people—Burr claimed to have discovered an electric ‘life field’ surrounding every living thing. L-fields, said Burr, although detectable by conventional scientific instruments, do not necessarily operate within the conventional electromagnetic spectrum. Their function is to act as matrices for “building, controlling and maintaining physical forms”—an idea that was later taken up and expanded upon by botanist Dr Rupert Sheldrake in his theory of ‘morphic fields’.⁷

Both men believed that these fields are key elements in the evolutionary process, a highly heretical stance to take in a post-Darwinian scientific age. “We are fully justified in regarding the fields of life as the instruments of physical evolution, of which, on this planet at least, the human nervous system is the masterpiece,” said Burr.

The non-electromagnetic properties of L-fields (for example, action at a distance) underpinned the gradual maturation

of radionics away from Abrams’ original concepts.

The second strand of thought in radionics is that the technique is primarily a form of extrasensory perception (ESP) and so more akin to dowsing (see *Lesson Six*). Indeed, many radionics practitioners use pendulum dowsing, or ‘radiesthesia’, in their diagnostic procedure. By means of a series of yes/no questions, the practitioner can obtain information about the patient’s health to which the conscious mind has no access. In the words of Dr Aubrey Westlake, British radionics pioneer (1895–1980), radiesthesia “can, when properly understood, open to us the mysteries both in this world and the world invisible. It can reveal to us the Truth in so far as our finite minds can comprehend it.”

Although the pioneers of radionics believed they were dealing with genuine electrical signals, it turns out not to use conventional electromagnetic energy at all.

The first inklings of this came in the 1950s when conventional electrical engineers investigated the insides of radionic ‘black boxes’. They were surprised to find that, although they were standard electronic devices, the wiring made no sense.

A further twist came when it was discovered that radionic devices were just as effective when switched off.

As a result, the general consensus among practitioners today is that radionics operates in the realm of ‘subtle energies’, and that the box itself serves as a means for the practitioner to mentally ‘tune’ himself rather than as an objective measuring device for the patient. “It is likely that it is the intention of the operator which is the crucial factor in the healing process, with the device appearing to be the least important factor of all,” says animal physiologist and chairman of the Radionic Association Dr Tony Scofield.⁸

Radionic machines are now described as “wave-guides for thought” and “instruments for tuning consciousness”, and may simply be providing “the belief that

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something physical does actually flow through the instrument”⁹

This may explain why there is now a plethora of radionic devices, some of which bear little relation to the original black box. Indeed, some practitioners dispense with boxes altogether, using colored cards or patterns of pegs.

Radionics practitioner Nick Franks has developed his own device for which various forms of treatments, such as homeopathic, gem, color and flower remedies, are represented by patterned cards. These cards are slotted into his radionic instrument and the patterns ‘broadcast’ to the patient.

“Radionics is a form of spiritual healing where the instrument provides two things: differentiated forms of healing energy and support to the practitioner,” says Franks. “However, it may be that, at a certain stage of the practitioner's development, he or she would be able to dispense with the instrumentation and work with the required energies on the level of Higher Mind alone.”

Indeed, as we shall see in the next lesson, radionics has been successfully used in areas far removed from human medicine where placebo effects could not possibly be the case. We will also further explore its links with dowsing.

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- 1 BMJ, 1925; 24 Jan: 179–85, quoted in The Radionic Association. *Horizons in Radionics*. Trencavel Press, 2003
- 2 Int J Altern Complement Med, 1997; 15 (8): 9–13
- 3 Interview with author, CERN, August 1982
- 4 Phys Rev Lett, 1982; 49: 1804
- 5 McTaggart L. *The Field: The Quest for the Secret Force of the Universe*. London: HarperCollins, 2001
- 6 Burr HS. *Blueprint for Immortality: The Electric Patterns of Life*. London: Neville Spearman, 1972
- 7 Sheldrake R. *A New Science of Life: The Hypothesis of Formative Causation*. London: Blond and Briggs, 1981
- 8 The Radionic Association. *Horizons in Radionics*. Trencavel Press, 2003
- 9 Hills C. *Supersensonics: The Science of Rational Paraphysics*. CA: University of the Trees Press, 1975



A healthy crop yield through The Field

In the last lesson, we showed how radionics was the forerunner of many of today's subtle-energy medical devices, establishing the concepts of field effects and resonance. With this lesson, we examine other remarkable uses of this extraordinary technique.

Despite its longevity, radionics has remarkably little clinical evidence to support it. The major reason seems to be that “the nature of radionics is incompatible with clinical trials of the double-blind kind,” says radionics practitioner Dr Linda Fellows.¹

But human medicine is not the only area where radionics has been employed. One of its most well known applications is in agriculture, where it has been possible to test it scientifically.

It was an American civil engineer called Curtis Upton who, in the 1940s, first had the inspiration to try radionics in agriculture. He argued that if radionics can diagnose and treat sick humans, it should also be able to do the same for diseased crops. So he designed a portable radionics instrument to go literally into the field.

Upton's work is among the most extraordinary and challenging in the whole history of energy medicine.

His first experiments were with plant diseases. He soon discovered that if he took one leaf from a field of diseased crops and radionically treated the leaf, the whole field would be restored to health. He concluded that, in some way, the “radiation pattern” of the leaf was strengthened and transmitted to the whole crop.²

But the magic was only just beginning. Upton then tackled the other great enemy of farmers—insect pests. To clear a field of insects, Upton placed a leaf sample from the field in his radionic instrument together with a few drops of insecticide. Astonishingly, he found that the whole field would be pest-free within a couple of days. The insects weren't

killed; they simply flew off somewhere else.

As news of Upton's miracle device spread, he was soon given much larger commissions. One of the biggest was to protect 240 acres of cotton in Arizona against greenfly. On an extraordinary intuition, Upton decided to treat the whole area not from a plant sample, but from an aerial photograph.

Because the 240 acres were scattered among different owners, Upton cut out the target fields from the photograph and placed the excised pieces in his radionics machine. What followed was barely credible. “Frankly we are somewhat mystified,” wrote the farmers whose fields had been radionically treated. “We have found no occasion to use any insecticides, while on the lands of many growers in the general area, a rather serious infestation of aphids [greenfly] occurred.”

In 1949, the Pennsylvania Farm Bureau Federation ordered their research department to make a “thorough investigation” of Upton's methods. For the next three years, it conducted a series of controlled experiments, involving over 10 full-scale trials across hundreds of acres.

All the experiments compared radionically treated target plots with identical untreated control plots. The technique used to make a control plot was easy: Upton simply cut out a strip from an aerial photograph of a field and discarded it before he began radionic treatment on the rest of the photograph.

These are some of the results of the trials,² as measured by independent assessors of the Pennsylvania Farm Bureau, comparing treated with untreated control plots:

Potato yields: 32.2 per cent higher in 1949, and 49.7 per cent in 1950; even compared with chemically treated plots, the ones treated radionically produced up to 22.6 per cent more potatoes;

Corn-borer insect pests: in four tests in 1950, radionically treated plots were found to be, on average, 5 per cent infest-

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ed compared with 13.5 per cent in control plots;

Japanese-beetle damage: trials in 1952 showed radionically treated plots had an average of 11 per cent damage whereas control plots were 58 per cent damaged.

These astonishing results soon came to the ears of the US Government's Department of Agriculture (USDA) headquarters at Beltsville, Maryland—and that's when the trouble started. The USDA sent its own team of scientists to evaluate the Pennsylvania findings. According to local observers, the government scientists came away much impressed, but their report never saw the light of day.

In a letter sent to Upton's group, Beltsville declared that the findings were "of no value" and refused to release the data from their own scientists' report. The USDA then seems to have embarked on a whispering campaign against radionics, using their huge nationwide network of agricultural advisers to rubbish radionics to any farmer who expressed an interest.²

Thus, an extraordinary new technology was smothered at birth. To kill it off completely, the US authorities had only to wait for Upton to die—which he did,

apparently naturally, in the 1960s—about the time of the arrival of Rachel Carson's seminal critique of agrochemicals, *The Silent Spring*.

The USDA episode dealt radionics a blow from which it has never recovered. However, agro-radionic research has managed to survive, kept alive by a handful of people in both Europe and the US.

Organic farmer

One of the most stalwart researchers is Enid Eden in the UK. Originally an organic farmer, she took up radionics in the early 1960s and successfully used it on her own animals. "Radionics is an ideal partner for organic farming," she says. "It is excellent for building up soil fertility."

Like Upton, Eden uses photographs or maps of the area to be treated. Her method is to treat the land first and, if necessary, the crop later, by 'projecting' nutrients to the soil. Having spent many years calibrating agro-radionic devices, she has discovered by experimentation what dial settings (called 'rates') correspond to which nutrients. Thus, to broadcast any particular nutrient, she has simply to turn the dials to the appropriate setting.

Radionics and dowsing

Radionics is closely related to dowsing. The obvious difference is that radionics uses instrumentation. However, unlike conventional electronic devices, the radionic 'black box' is not claimed to make wholly objective measurements, but to rely, in part, on the dowsing ability of the operator.

Underlying both techniques is the theory that there are subtle fields of energy in nature, which can be detected by the human nervous system. In dowsing, this registers as a neuromuscular reaction to the fields. In older radionic instruments, the dowsing response was obtained via an electrostatic sensation on the fingertips when rubbing the smooth surface of the device's detection plate (colloquially called the 'stick pad'). Modern radionics operators now tend to use a dowsing pendulum to determine the 'rates' of the target object, be it crop, animal or human.

Like dowsing, therefore, radionic instruments are tools to make manifest the human body's natural ability to detect subtle-energy fields. The advantage of radionics is that it can help discriminate between the various energy fields, measure their strengths and broadcast new energy-field patterns according to their specific 'rates'.

For example, this is how she describes correcting a nutrient deficiency in a commercial organic vegetable business. “Having planted his lettuces, the farmer didn’t realize anything was wrong until the lettuces started to go yellow,” says Eden. The farmer tested the soil acidity and found a pH of 5.5, indicating a calcium deficiency but, by then, it was too late to add the needed calcium. “We treated the soil radionically every day until harvest, by which time, the pH had risen to 7,” she says. “The plot finally produced 1200 top-quality lettuces.”¹

Eden has also used radionics to deter pests of all kinds—from greenfly and rats to rooks and even deer. But one thing she finds she can’t eradicate is weeds, although she has “managed to keep them below Combine-Harvester level, so they are less of a problem.”

In the US, another hardy agro-radionics lady is Lutie Larsen, who runs a horticultural farm in Utah. She obtained her degree in Agricultural Radionics six years ago from the Keys College of Radionics in Oxfordshire, an organization cofounded by Enid Eden. For her thesis, Larsen presented the results of a radionic project to increase tomato yields, reporting an astounding crop rate of almost 10 lb of tomatoes per square foot. “Today, we regularly grow full heads of lettuce in 20 days using radionics, when the normal is 40–50 days,” she says.

Larsen uses a new American-designed radionic machine called the SE-5. A computer-based system, it is described as a receiver of the “intrinsic data fields” that surround every living object. The SE-5 is said to modulate any diseased data into healthy signals and transmit them back to the target object.

This is essentially what Abrams’ original radionics instrument claimed to do, although now described in the more modern terminology of field and resonance theory.

One of SE-5’s major customers is the Institute for Resonance Therapy near Dusseldorf. Although IRT uses radionics for human medicine, their most notable

work has been in forestry. The impetus has been pollution.

Across Germany, great swathes of forest have been blighted by a failure to thrive, caused primarily by industrial and agricultural toxins. This has resulted in thin leaf canopies and prematurely dying trees.

Over the past decade, Dr Franz Lutz, director of IRT, has been commissioned by various government agencies to apply radionic treatment to damaged forests not only in Germany, but in Austria and Russia as well—all achieved without Lutz’s once stepping foot out of his Dusseldorf office.

The procedure is based on Upton’s pioneering techniques in the 1940s. IRT describes it thus: a map or aerial photo of the forest is scanned into the SE-5, which then applies ‘transformators’ to the image. This information is remotely ‘relayed’ to the forest “to help the system to begin self-healing”. Treatments are given daily and can take up to three years to complete.

The basic technique is similar to the classic radionics ‘rates’ system. According to SE-5’s manufacturer, the device functions as a receiver, transmitter and modulator of the waveform information found in the subatomic, or subtle, magnetic and gravitational energy fields surrounding all matter. The SE-5 analyzes these energy fields to determine the resonance or dissonance (imbalances), to neutralize imbalances and support weak fields, and to balance the levels of natural energies. This is achieved by tuning into a specific energy level, communicating rather like a two-way radio.³

The results look impressive. One three-year study compared treated and untreated forest areas, and demonstrated that the treated forests had a 27 per cent greater leaf density.⁴

SE-5 radionics have now been applied to blighted forest regions as large as 150 square miles. “Radionic resonance therapy introduces a new organizing informational field that allows the entire forest system to adapt to pollution and reorgan-

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ize itself again,” says Lutz.

The healing of nature is an appropriate role for this most subtle of subtle-energy devices. With at least some solid evidence behind it, it could do much to revive the use of this century-old technology.

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- 1 Scofield T, ed. *Horizons in Radionics*, Trenchard Press, 2003
- 2 Russel EW. *Report on Radionics*, Neville Spearman, 1973
- 3 Instrumentation; radionic instruments, psionic instruments, SE-5, in *Living From Vision*, 1995 (online at: www.se-5.com/mmther.htm)
- 4 Theory, concepts and principles in IDF research, in *Living From Vision*, 1995 (online at: www.se-5.com/ther.html)

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Radionics training

Most people can learn to use a radionics instrument. In fact, about 90 per cent of the population is thought to possess the intuitive ability required. This ability, however, falls off markedly in those suffering from any major physical or mental problem, or who are on long-term medication. Highly skeptical people also tend to be unsuccessful with radionics.

- ◆ In Britain, three-year radionics courses are offered by both Keys College, in Oxfordshire, and the Radionics Association (see Contacts).
- ◆ In the US, classes typically cost from \$65 to \$150 per day, and may run from two to four days. In the States, radionics is also known as ‘psitronics’.
- ◆ Radionics instruments are manufactured in the UK by Bruce Copen Labs, Sussex (01444 483 555). Prices start at £450. SE-5 devices cost around \$2700.

When a thought can make you well

In past lessons, we have concentrated on the healing therapies that rely, in one way or another, on energetic frequency. In this lesson, we examine the breakthrough work of Thought Field Therapy (TFT), which demonstrates that thoughts themselves generate an energy field.

Twenty years ago, Dr Roger Callahan, an American clinical psychologist, was having his umpteenth session with a client called Mary.

She was a lifelong hydrophobic, but none of the conventional techniques Callahan was using seemed to work. He simply could not break her almost visceral fear of water, which Mary said was focused in her stomach. At the time, Callahan was studying applied kinesiology, and he knew that one of the acupuncture meridian points for the stomach is on the face, just below the eye. With little else to try, he asked Mary to tap her fingers on that meridian point, as if repeatedly stimulating it. Almost immediately, the fear of water left her—her phobia was gone.

That miracle cure was the start of what Callahan went on to develop into Thought Field Therapy (TFT). Underlying TFT is the theory that thoughts generate a field, which can carry information patterns or ‘perturbations’. When people are distressed, says Callahan, those perturbations are activated and trigger the entire emotional experience.

In conventional medicine, negative emotions such as depression and phobias are believed to be linked to changes in brain chemistry. However, Callahan argues that these emotional states and biochemical changes are really caused by perturbations in the thought field. Abolish the perturbations, says Callahan, and the biochemistry corrects itself—the patient is cured.

Callahan spent the 1980s testing his theories and TFT techniques, mapping

out the connections between negative emotions and acupuncture points. He found that each psychological problem is related to many different acupuncture points, and that successful treatment involves the patient tapping these points in proper sequence. Callahan calls these sequences ‘algorithms’—precise treatment recipes that he says can cure over 80 per cent of patients.¹

Callahan has now taught his technique to other therapists, gradually building up a worldwide network of trained practitioners. “TFT is the only psychotherapy I know of that can produce complete cures,” says UK practitioner Ian Graham. “It gets to the root of the patient’s problem. The meridian points on the body are to TFT what a keyboard would be to a computer programmer—simply a way of inputting coded instructions or data. Once the decoded data have been applied via the meridian system, the perturbation ‘programme’ is inactivated and the negative emotion disappears.”

So what happens in TFT? A typical treatment session starts with the patient deliberately putting himself in the problem mental state, thus generating the ‘thought field’. In turn, this activates the associated perturbations. Then the corrective treatment starts. For example, the patient may be asked to tap the eyebrow five times and then continue tapping on other parts of the body in a specific sequence as instructed by the therapist (see box, page 40).

TFT practitioners report success with a wide variety of psychological problems—not only phobias and depression, but also anger, post-traumatic stress disorder (PTSD), panic, addictions, compulsions and sexual problems. Some therapists even claim to have cured phobias in animals.

Critics of TFT point out that most of this evidence is anecdotal—simply based on case histories—and therefore unproven. However, there has been some, albeit limited, clinical research. In the

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late 1990s, TFT attracted the attention of psychologists Joyce Carbonell and Charles Figley at the University of Florida. In common with many of their colleagues, they had been disappointed by conventional psychiatric treatments, particularly for PTSD, which, at best, has a 20-per-cent success rate, even after as many as 30 hours of therapy.²

Looking around for novel alternative treatments, Carbonell and Figley identified TFT as ‘promising’ and proceeded to pilot-test it on about a dozen patients. Using the patients’ own score cards of how they felt (measured in subjective units of distress), the researchers found that TFT reduced SUDs by more than half.³

This was the impetus for Dr Carbonell to mount another study of people suffering from a more objectively measurable psychiatric problem—the fear of heights, or acrophobia. The test was simple, and involved counting the number of rungs of a ladder severe acrophobics could climb before and after TFT treatment. To make it more like a proper clinical trial, Dr Carbonell arranged for half the acrophobics to receive a sham TFT treatment, consisting of random finger tapping on the body.

Once again, the outcome was clearly in TFT’s favor: “There was a statistically significant difference between the people who had received real TFT and those who had received sham TFT, with the TFT subjects showing significantly more improvement,” concluded Dr Carbonell. “Taken together, our two studies provide unique support for TFT.”⁴

However, because neither of these studies has been published in the conventional scientific journals, skeptics have found it easy to ignore the findings. Nevertheless, the critics have been hard put to explain away TFT’s most astonishing success story—treating the mentally wounded of wartorn Kosovo.

The TFT–Kosovo connection began when Albanian refugees who had fled to Norway were seen by psychologist Dr Carl Johnson, an early convert to TFT. He immediately recognized that TFT had an obvious practical advantage over traditional ‘talking-cure’ psychotherapy because it largely overcame the language problem.

Most of the refugees were suffering from severe PTSD, which is notoriously difficult to treat. And yet, TFT so impressed the two Albanian directors of the refugee camp that they asked Johnson

A typical case history

DF, a 43-year-old man, had been undergoing weekly psychotherapy for two years, but without progress. Says British TFT therapist Robin Ellis: “I found he was still carrying two traumatic childhood memories: of being lost in a crowd; and being shouted at by his mother.

I got him to remember those experiences in turn, thus generating the thought fields. They were quickly cured by TFT. By now, he was visibly more relaxed, and so we addressed his present career frustrations—again, very upsetting for him. TFT quickly brought his anxiety levels down to zero, enabling him to face his life decisions unhampered by his previous fear and guilt.

“The beauty of TFT is that I, as therapist, don’t have to know the whys and wherefores of my clients’ difficulties. They simply have to experience the distress, tune the thought field and allow me to address the perturbation. I have treated people without the slightest idea of the root of their problem—they may be too nervous, embarrassed or broken down to talk. TFT can help them fast, often within minutes. Afterwards, they can still remember their upset, but without the emotional distress.”

to lead a relief mission to Kosovo itself when the war was over.

So, in 2000, Dr Johnson and a small team of TFT therapists set out for Kosovo, where they were introduced to the local doctors. Ian Graham was among the therapists there. “The inhabitants of Kosovo were some of the most troubled people I have ever encountered,” he recalls. “Their Serbian enemies had deliberately set out to produce total community breakdown. By slaughtering only half the members of family groups, for example, they caused the survivors severe psychological trauma—not so much from grief, but from the guilt of still being alive.”

It is difficult to imagine a greater challenge than to heal such a fractured community and, indeed, conventional psychiatrists working for the relief agencies were not having much success. But, when the TFT team arrived, they were met with incredulity. “Skepticism of TFT was as large in Kosovo as everywhere else—including the Albanian physicians,” says Johnson. Nevertheless, a large number of patients were referred to them. Partly to allay the skepticism, treatment was often given in family groups; therapy sessions were sometimes as brief as five minutes.

The results were nothing short of world shattering. “Many well-funded relief organizations have treated PTSD in Kosovo,” wrote its medical director Dr Shkelzen Sylva to Callahan in November

2001. “Some people had limited improvement, but we had no major change or real hope until Dr Carl Johnson came with TFT. We referred our most difficult trauma patients to him. The success for every patient was 100 per cent and they are still smiling to this day. As chief of medical staff, I have full authority over medical decisions in Kosovo. I am starting a new national programme [where] the emphasis will be Thought Field Therapy.”

This is truly paradigm-shifting stuff. In one extraordinary intuitive discovery, Callahan appears to have found the key to the fundamental workings of human emotions—by tapping into The Field of thought itself.

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- 1 Callahan R, Callahan J. *Stop the Nightmares of Trauma*. Chapel Hill, NC: Professional Press, 2000
- 2 JAMA, 1992; 268: 633–8
- 3 Traumatology, 1999; 5 (1): article 4
- 4 The Thought Field, 1997; 2 (3): 1–6

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- ◆ In the UK: tel: 0845 458 3225; www.thoughtfieldtherapy.co.uk
- ◆ In the US: www.tftrx.com
- ◆ Robin Ellis: tel: 01223 892 596



Try TFT for yourself

- 1 Think of something upsetting, including the suspected cause (e.g. a traumatic experience). This may make you feel uncomfortable, so don't spend more than a few moments on this phase.
- 2 When your distress is at its peak, score its intensity between 1 and 10 (from low to high). Make a note of the number.
- 3 Still focusing on the distress, use two or three fingertips to tap solidly (but not hard enough to cause a bruise) five times just to the left or right of the bridge of your nose, roughly where the eyebrow begins.
- 4 Then tap five times approximately 1 in (2.5 cm) below either eye (again, not too hard)
- 5 Now tap five times on the chest under either arm, about 4 in (10 cm) below the armpit
- 6 Finally, tap five times on the front of your chest just below the collarbone and about 1 in (2.5 cm) on either side of the breastbone
- 7 Think of your upset once more and again make a note of your distress score (from 1 to 10)
- 8 If the intensity of your distress is now at least 2 points below the first score, go to step 9. If not, do the following: using two or three fingers of one hand and thinking of the upset, tap the edge of the other hand (on the fleshy part used to deliver a karate 'chop') about 20 times. Repeat steps 3 to 7. When your distress score has dropped by 2, continue to step 9.
- 9 With two or three fingers of one hand, tap a spot just behind the ring and middle finger knuckles on the back of the other hand. Tap this spot (about five taps) continually while doing each of the following:
 - eyes closed
 - eyes open
 - eyes looking down and to one side (head still)
 - eyes looking down and to the other side (head still)
 - roll eyes in a circle in one direction
 - roll eyes in a circle in the opposite direction
 - hum two or three notes of a tune
 - count one to five out loud
 - hum two or three notes of a tune.
- 10 Repeat steps 3 to 6
- 11 On the 1-to-10 scale, rate your distress again. You should notice a considerable reduction in the anxiety you feel when thinking of your upset. If not, a TFT practitioner can determine the correct treatment sequence for your particular problem.

Getting in touch with The Field

This lesson describes a form of energy medicine that is one of the oldest and simplest—a touchless laying-on of the hands. Therapeutic touch, now enthusiastically taken up by nurses working in hospitals, has a long history and much scientific evidence to show that it works.

Of all the energy medicines, Therapeutic Touch (TT) is the treatment that most obviously treats the body's energy field. In fact, TT is a misnomer because the therapist never actually touches the patient but, instead, works on the envelope of subtle energy that surrounds the body.

Although its roots are in Ancient Oriental medicine, TT is a modern Western invention, devised in the 1970s by American nurse Dolores Krieger. From small beginnings in a New York hospital, TT has now spread throughout the US, having been enthusiastically taken up by the nursing profession. There are now over 40,000 TT-trained nurses in more than a hundred hospitals. Part of its success is the very fact that it is a 'touchless' therapy, allowing it to circumvent the medicological minefields of hands-on treatments.

What happens in TT? "We are dealing with a transfer of energy from one person to another—a very natural human potential," says Krieger, now Emeritus Professor of Nursing at New York University. For Krieger, illness is an imbalance or deficit in The Field—what Ayurvedic medicine calls *prana* and Chinese medicine calls *ch'i*, the life-energy force—which the healer's own *prana* can help restore. Because it's such a universal human ability, she claims the art can be taught "in an afternoon" (see box, page 42).

One of the more interesting claims of TT practitioners is that the therapy can work on ailments which neither the therapist nor patient are consciously aware of. The therapist only has to feel an energy

imbalance and then use the power of her own prana to correct it.

Because of its high profile, TT has inevitably drawn the fire of the self-styled 'quackbusters', science's lobby group opposing 'irrational' therapies. A few years ago, they scored a hit against TT when they masterminded an experiment to test whether TT practitioners could detect human energy fields. Cunningly, they got a nine-year-old girl to run the experiment, safe in the knowledge that, if it were successful, they could ignore it as the work of a mere child but, if unsuccessful, they could proclaim that TT couldn't even fool a schoolgirl.

The girl had 21 TT practitioners place both their hands through a screen, on the other side of which the girl held her hand above one of the practitioner's hands. The idea was to see if the TT practitioners could detect which of their hands the girl's hand was above simply by feeling the girl's energy field. Incidentally, the girl appears not to have checked her experimental design with any TT expert.

Predictably, the experiment failed, and TT became an international laughing-stock after the results were published in one of America's more prestigious medical journals.¹ The journal confidently concluded that "the claims of TT are groundless and that further professional use is unjustified", even though it knew very well that nothing approaching that level of certainty can be derived from just one medical experiment, whatever the age of the experimenter.

That strange hiccup apart, there has been a considerable amount of serious research to support TT's introduction into mainstream medicine. The first hurdle to overcome was to demonstrate that TT is more than just a placebo effect caused by the practitioner's mere ministrations—a charge commonly leveled at TT by its opponents.

One of the main effects of TT is to reduce anxiety, but is that a genuine result of the treatment or a placebo effect? One

way to find out is to test patients with a sham treatment—something that looks like TT, but is not the real thing because of alterations to either the technique or the mental intention of the therapist.

Sure enough, when tested against sham TT, real TT wins out fairly consistently. Psychiatric patients in a US public hospital proved to be much less anxious after TT than after sham TT.² In Britain,

Give TT yourself

The goal of Therapeutic Touch is to balance the patient's energy field. Interestingly, it has been found that you don't need to believe in the underlying philosophy of TT to be able to heal. All you need to possess is the strong desire (that is, the directed intention) to help the patient. Nor does the patient need to believe; he only needs to be willing to accept the help.

◆ **Stage One: prepare yourself to give TT**

Use meditation or centering exercises to strengthen and stabilize your own energy field, thus shielding you from any imbalances in the patient (see *Living The Field Lesson Seven*).

◆ **Stage Two: scan the patient's energy field**

This is done by placing both your hands together, side by side, palms facing down, 3–5 inches above the body (i.e. within the energy field).

Starting at the head, move your hands slowly down the body in a synchronized rhythmic motion while trying to detect any blockages in the energy field. Your hands may experience these as feelings of tingling, unusual pressure, a pulling sensation, pulsations or changes in temperature.

◆ **Stage Three: 'unruffling'**

This procedure is designed to unblock the body's energy flow by decongesting energy accumulations, distributing any excess energy to areas of low flow, or sometimes removing energy altogether. This is a largely intuitive process, achieved by making circular sweeping motions of your hands over the patient's body, or drawing your hands swiftly down the body as if sweeping the energy out through the feet. During this stage, TT healers will often flick their wrists or shake their hands vigorously to rid themselves of any excess or negative energy.

◆ **Stage Four: 'Modulation'**

This is when your hands remain hovering over those parts of the body previously assessed as imbalanced. This is closer to conventional healing as it employs the TT therapist's directed intention, as if transferring subtle energies to the patient. Some therapists see themselves as a channel for a universal healing energy that flows through them and out into the patient. Others believe they are somehow redirecting the patient's own energies.

The TT session ends when you intuitively feel that the patient's energies are back in balance. Most sessions take about 20–30 minutes.

As is clear from the scientific research, TT is best at inducing relaxation and relieving pain. How quickly it works depends on the particular problem. A muscle spasm may only require one treatment whereas a chronic condition, such as migraine, may need multiple sessions. TT works equally well with the patient clothed or lying in bed. It has also been found to work well on babies and animals, too.

this capacity has been put to good use at St Bartholomew's Hospital, where nurses have used TT to help critically ill patients get some drug-free sleep amid the hurly-burly of the intensive care unit.³

One novel use of TT has been with Alzheimer's patients, whose irritability and aggression are often difficult to treat. French-Canadian doctors have shown that about 10 minutes of TT has a markedly calming effect on these patients, far better than just sitting with them.⁴

TT can also significantly reduce pain, a finding confirmed by placebo-controlled experiments. In one such study, 60 people suffering from tension headaches were either given real or sham TT, and then had their pain levels assessed over the following four hours. The differences were striking: the people receiving real TT reduced their pain, on average, by 70 per cent, while the sham group managed only half that.⁵

In people suffering from arthritis, two similar studies have further proved the value of TT in not only reducing the pain of the condition, but also in making the joints more supple.^{6, 7}

TT has been shown to help people suffering from the excruciating pain of burns, again in a trial comparing it against a sham TT treatment. This was found in a study conducted by the University of Alabama and paid for by the US Department of Defense, an indication of the growing official acceptance of TT.⁸

Four years ago, the entire body of TT research results—nearly 40 studies—were collected together and analyzed. Although the researchers used very strict rules of scientific evidence, they concluded that most of the studies supported TT—a success rate that even conventional drugs are hard put to achieve.⁹

So how exactly does TT work?

In conventional medical terms, the answer appears to be that it accesses the autonomic nervous system and so, ultimately, the immune system. Detailed physiological measurements taken while

people were receiving TT have revealed that the therapy reduces levels of arousal, thus calming the emotions and allowing the body's own self-healing processes to take over.¹⁰

This ties in almost precisely with the Ayurvedic and Chinese theories of medicine, where *prana* or *ch'i* is believed to circulate to fill areas where it is lacking (*kyo*) while draining off areas where it is excessive (*jitsu*).

The entire system is designed to be self-regulating, only requiring therapies such as acupuncture—and now TT—to give it a gentle nudge, freeing up stubborn and persistent energy blockages.

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- 1 JAMA, 1998; 279 (13): 1005–10
- 2 Arch Psychiatr Nurs, 1994; 8 (3): 184–9
- 3 Complement Ther Nurs Midwifery, 1999; 5 (3): 87–92
- 4 Infirm Que, 1999; 6 (6): 38–47
- 5 Nurs Res, 1986; 35 (2): 101–6
- 6 Nurs Sci Q, 1998; 11 (3): 123–32
- 7 J Fam Pract, 1998; 47 (4): 271–7
- 8 J Adv Nurs, 1998; 28 (1): 10–20
- 9 Alt Ther Health Med, 1999; 5 (6): 58–67
- 10 Int J Psychosom, 1993; 40 (1–4): 47–55

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The healing touch of pure energy

Last month, we looked at Therapeutic Touch (TT), one of the most popular techniques for healing through the human energy field. But there are many others, and each has its own particular healing method.

One of the best-known types of touch therapy is the Japanese technique called *Reiki* (pronounced ‘ray-key’). Unlike TT, it is primarily a hands-on procedure, although it can also be done at a distance if the situation warrants it. And also unlike TT, the healing energy (*ki*, the Japanese word for *qi* or *ch’i*) is transmitted through the healer, who serves as a sort of energy conduit, on into the patient, where the energy will go wherever it is needed. This may seem to be too inconsequential a difference to matter, but Reiki practitioners believe it is crucial, as this means that the healing is not being done by the Reiki practitioner, but by the *ki*, the ‘universal life-force energy’—which is what ‘Reiki’ means in Japanese.

Reiki was developed about 150 years ago by Dr Mikao Usui, a Christian minister and head of a small Christian university in Kyoto, Japan. Inspired by the healing miracles of both Christ and the Buddha, he steeped himself in the Buddhist teachings to discover the secret of how to heal. After a powerful transcendental experience, he acquired the healing powers he had been searching for, and spent the rest of his life touring Japan and healing the sick.

Usui also taught some of his patients how to heal themselves, including retired naval officer Chujiro Hayashi who, after Usui’s death, founded a clinic in Tokyo where people could come for treatment and to learn Reiki. But it was left to Hawayo Takata, initiated as a Master by Hayashi, to bring Reiki back to her home in Hawaii, from where it has gradually spread throughout the West and where it has today become an accepted form of alternative healing, penetrating into both

sports and hospital medicine.

Hospital nurses are now using Reiki as an adjunct to conventional cancer treatment, as it appears to reduce the nausea brought on by chemotherapy. It can also relieve some of the pain of cancer itself, as demonstrated by a Canadian nursing group that recently tested Reiki in a cancer ward.¹

Reiki has also been used at the dentist’s. Patients were given the treatment while having operations for impacted wisdom teeth, and they reported less pain with Reiki than without it.²

But Reiki may do more than simply relieve pain. Indian neurologists specializing in epilepsy say Reiki can have a major effect on epileptic seizures. They found that Reiki has very specific effects on the brain, modifying some of the neural pathways involved with epilepsy, and diminishing the frequency and severity of seizures. They are now using Reiki on some of their more difficult cases.³

What does Reiki involve? Practitioners will often start by air-writing Japanese characters with their hands while silently chanting specific Japanese phrases—symbolic gestures that are believed to give added power to the healing. The healer’s hands are then placed in a series of static positions on the patient’s body, held motionless for several minutes, and then moved to another position until the entire body has been ‘covered’. A full Reiki healing session usually lasts about an hour. For distant healing, the hands may be held up, elbows bent, palms facing out, or they may follow the same pattern as if the patient’s body were present.

As well as easing pain, Reiki is said to speed the healing of injuries and burns, improve sleep, strengthen the immune system, decrease stress and anxiety, and increase a person’s general sense of well being.

Healing Touch is another, much younger, healing technique, although it is based on much more ancient healing techniques. It was founded in 1989 by regis-

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tered nurse Janet Mentgen, now based in Colorado (see Contacts), who intuitively began ‘manipulating the energy fields’ of her patients, and noticed a range of beneficial effects. She spent years correlating her hand movements to the various improvements they seemed to cause so that she could both reliably reproduce them and teach them to others. She has devised about 30 Healing Touch techniques, with names like ultrasound, magnetic unruffling, pain drain, pain ridge, lymphatic drain and spiritual surgery.

Ultrasound, for example, involves bringing together the tips of the thumb, forefinger and middle finger of one hand, and visualizing an energy spike projecting from the tip of each finger. Then, focus the spike into a single, strong beam of energy about six to eight inches long. “Now, without bending the wrist, move your whole forearm back and forth in a random motion so that your fingertips are about an inch or two above the injured area; this focused energy beam breaks up disturbed or blocked vibrational patterns,” says Mentgen.⁴ This is claimed to be particularly good for pain management, stopping bleeding, and accelerating the healing of wounds and broken bones.

Like Reiki, Healing Touch (HT) has been taken up enthusiastically by the nursing profession in the US. A recent survey found that nurses are increasingly using HT “to assist in easing pain and anxiety, promote relaxation, accelerate wound healing, diminish depression, and increase a patient’s sense of well being”.⁵

But how does HT compare with Reiki? Perhaps surprisingly for such a new technique, there has been a fair amount of research to determine whether it works. Like Reiki, HT is often used on cancer patients, but here HT appears to have a slight edge—at least in terms of scientific evidence. A study by the University of Minneapolis tested the technique in a proper clinical trial with cancer patients, and found that HT reduced the patients’ blood pressure, respiratory rate, heart rate, “mood disturbance” and, most importantly, pain.⁶

There is also some fairly good evidence of HT’s beneficial effects on the immune system, with measurable rises in immunoglobulins after treatment. Interestingly, the more experienced the practitioner, the greater the benefit, which suggests that the treatment is having a genuine energetic effect over and above a mere ‘feel good’ factor.⁷

The most recent arrival in the energy-healing field is Quantum Touch. QT was developed in the mid-1990s by American holistic psychotherapist Richard Gordon, who in turn learned the basic technique from healer Robert Rasmusson. The key element in QT is the mental and energetic preparation of the practitioner to maximize his or her healing power.

“Practitioners learn through breath and meditation techniques to raise the vibration of their hands to a very high frequency. When they place their hands in proximity to someone who is in pain, their client’s body . . . will resonate and entrain to the practitioner’s hands,” says Gordon. “The practitioner holds the highest vibration they can, which becomes the dominant frequency, [thus providing] the resonant energy to allow others to heal themselves.”⁸

One of the techniques for raising the vibration frequency is deep abdominal breathing. For example, Gordon instructs QT healers to take a quick deep breath, sucking in as much air as possible in two seconds, and then exhaling slowly for six seconds. Another breathing ‘pattern’ is faster, allowing one second for the in-breath, and four seconds for the out-breath. The vital part, he says, is to do the breathing techniques continuously during QT healing. This keeps the practitioner’s energy vibrating at the highest possible frequency, eliciting the client’s ‘entrainment’—getting the patient’s brainwaves in synch with the practitioner’s—and swamping the client’s ‘lower vibration’.

Much of QT is directed at easing pain. The client is asked to point to where the pain is, and the practitioner places his hands gently on either side of the area, as if ‘sandwiching’ the pain. It may take as

much as 45 minutes for the healing to work but, says Gordon, the hands should remain in place until the pain has gone, or has moved—in which case, the healer should follow it until it finally disappears completely.

To date, there have been no published studies of QT, yet it has been endorsed by one of the most powerful figures in the Alternative Health movement, former neurosurgeon Dr Norman Shealy, founding president of the American Holistic Medical Association. Shealy has tested QT on some of his most difficult pain patients—some with a 30-year history of chronic intractable pain. After just a single session of QT, Dr Shealy reported that these patients had 30–70 per cent pain relief that lasted for over a week.⁸

Equally dramatic results have been achieved on structural problems in the body. According to Richard Gordon, QT allows “the spontaneous adjustment of bones into their correct alignment with only a light touch. Bones glide into alignment within a few minutes,” he says, “and the practitioner need not understand anatomy any more than they need to understand how to digest their lunch, since body intelligence does the work and decides what should move.”

QT has now been adopted by sports coaches who find it a quick-fix for injuries. “In my vast experience, I’ve never seen anything to compare with QT,” says Duane Garner, University of California basketball coach. “It enabled team members to resume competitive play in a very brief period of time following an injury, and the improvements seemed to continue even after the QT sessions.”

There have also been case reports of QT benefit in cases of severe musculoskeletal problems, such as dystrophy,

scoliosis (an S-shaped spine) and even bowlegs. All of these claims need to be confirmed by future clinical trials.

But one thing is already clear—and this is perhaps QT’s most astonishing aspect. Almost anyone seems to be able to learn the QT techniques of controlled breathing, meditation and visualization, which energize and amplify what may be an innate human skill.

“Quantum Touch appears to be the first technique that may truly allow us all to become healers,” says Shealy.⁸

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- 1 J Pain Symptom Manage, 2003; 26 (5): 990–7
- 2 Complement Ther Med, 1993; 1: 133–8
- 3 Neurol India, 2003; 51 (2): 211–4
- 4 Batie HF. *Awakening the Healer Within: An Introduction to Energy-Based Techniques*. St Paul: Llewellyn Publications, 2000
- 5 AACN Clin Issues, 2000; 11 (1): 105–19
- 6 Integr Cancer Ther, 2003; 2 (4): 332–44
- 7 J Alt Complement Med, 2002; 8 (1): 33–47
- 8 Gordon R. *Quantum Touch: The Power of Healing*. Berkley, CA: North Atlantic Books, 1999

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Rewiring the brain

In our review of energy medicines, one newcomer is showing great promise. Called Neurolink, it was developed 14 years ago by New Zealand osteopath Allan Phillips. It is already producing dramatic results in a host of general medical conditions, but particularly with learning and behavioral difficulties in children.

Neurolink's core philosophy sounds visionary, as it sees the ultimate control of health and illness as residing in the brain. But this is not as implausible as it would seem initially. The idea that the brain automatically controls bodily functions is totally orthodox—that's how the autonomic nervous system works. Even the idea that the immune system is connected to brain processes and mental states is now becoming accepted, offering an explanation of the placebo effect and stress conditions.

But Phillips' theory elevates the brain to the level of an all-knowing and all-powerful organ. "I work on the premise that your brain, although not your mind, infinitely knows exactly what your body needs to be completely well," he says.

Although Phillips himself tends to repudiate the connection, the Neurolink doctrine is within the tradition of the energy medicines of the Chinese 5000 years ago. "Neurolink views the body as a highly integrated set of circuits," says Phillips. "However, circuits can break due to excessive physical, emotional, chemical or pathogenic stresses. The aim of a Neurolink treatment is to find out which circuits are no longer intact and reconnect them, thus reestablishing the brain's control over them."

Exactly where these 'circuits' are located is what makes Neurolink a proprietary technique. Phillips spent years mapping the precise positions that he believes correspond with various disease states. Although the details are only divulged to trainee practitioners, the sites

appear to be based on the meridians of Chinese medicine, with an admixture of modern chiropractic.

The way Neurolink diagnoses a 'broken circuit' is borrowed straight from applied kinesiology (AK), colloquially known as 'muscle testing' (see box, page 50). The practitioner places a finger on the points on the body where the circuits are thought to be, and uses the patient's muscle strength to check if the circuit is intact. "The muscle test could be thought of as the practitioner's way of 'talking' to the brain," says Phillips.

How is the broken circuit mended? Here again, Phillips has borrowed from another modern energy-medicine technique—fingertapping for psychological problems (see *Living The Field Lesson Ten*, pages 37–39). While connected to the circuit with one hand, the practitioner taps the part of the skull covering the brain's 'post-central gyrus', a region claimed by Phillips to be the 'integration message center'. "Tapping reminds the brain of what it ought to be doing, as the brain knows exactly what the body needs in order to restore optimum function," he says.

Phillips has trained a total of eight certified practitioners worldwide. So far, only one is in Europe, British osteopath Gavin Burt. In his North London practice, Burt now uses Neurolink for about 40 per cent of his patients—those with conditions osteopathy cannot help. Although he is aware of the lack of scientific evidence for the principles underlying Neurolink, Burt feels it shares a logical basis with osteopathy. "In osteopathy, we don't cure *per se*; instead, we remove blocks which, in turn, improves structural function, allowing the patient's own body to heal itself. Neurolink does something very similar: it rectifies a faulty circuit in the same way as replacing a blown electrical fuse in your house allows the current to flow again."

Burt originally tried Neurolink for a wide variety of conditions, but experience

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has shown him that it works particularly well for certain problems—and surprisingly disparate ones at that. “This may not be true for other practitioners but, for me, the areas that respond well are hormonal problems, skin conditions such as eczema, general fatigue and—what came as a real surprise—infections.” He admits it’s all a bit of a mystery. “How bacteria and viruses are involved in the Neurolink circuits, I have no idea,” he says. “In fact, I cannot answer how or why Neurolink works at all—I just know that it does.”

What has finally convinced Burt about Neurolink is his work with children who have learning and behavioral problems. “I have treated a range of childhood disorders, such as mild autism, hyperactivity, dyspraxia and dyslexia—and most have shown truly remarkable improvements.”

In 2002, Burt began documenting the improvements in his young patients, using a computerized assessment technique. Some of his early results have been outlined in an article in a journal for learning-difficulties professionals.¹ In it, Burt published the clinical data for three dyslexic children who had received about four Neurolink treatments over six

months. Neurolink proved to be “highly effective in reducing impulsivity, facilitating sequencing and enabling thinking . . . [particularly] visual thinking.” Interestingly, these improvements were maintained after the treatment programme ended, suggesting that the gains are permanent.

Support for Burt’s results has come from New Zealand, Neurolink’s country of origin. There, educational psychologists are increasingly referring their most difficult cases to Allan Phillips. Some of the results are stunning. After just a few Neurolink treatments, hyperactive children who had been on long-term Ritalin (the mind-altering drug often prescribed for behavioral difficulties) suddenly became normal well-behaved children, and could be taken off their medication. Dyslexic children radically improved their reading and spelling, with one child leaping from spelling grade 2 to grade 10 the day after treatment.

How does Allan Phillips explain it? Learning difficulties, he says, are caused by a disorganization of the brain that sends confusing data to an already overloaded brain. “Common to all people with some form of neurological disorganiza-

What is applied kinesiology?

Applied kinesiology (AK) was invented in 1964 by US chiropractor George Goodheart, who believed that dysfunction shows up as a weakness in specific muscles, enabling problems to be diagnosed through testing muscle strength.

AK has now spread into many branches of alternative treatments—in particular, for identifying allergies, food intolerances and nutritional deficits. Typically, the practitioner asks the patient to hold or chew the substance under test, and gauges the strength of the arm muscle by pulling down on the outstretched arm. This is claimed to indicate the patient’s need for, or reaction against, the specific substance.

Critics say that AK is not objective, as the practitioner’s own strength is involved, which may bias the assessment—consciously or not. Indeed, when scientifically tested, AK has proved unreliable—for example, failing to distinguish between real substances and placebos.¹

Nevertheless, many practitioners say they find AK genuinely useful. Says Gavin Burt, “I am aware of the negative scientific findings but, for me, AK works; I can’t explain why, but it could be that it is in some way aiding one’s own intuition.”

¹ J Am Diet Assoc, 1988; 88: 698–704

tion is their inability to use the left brain (logical, analytical) and the right brain (creative) at the same time,” he says. “Our day-to-day living demands that we use both hemispheres together. Neurolink is concerned with integrating the left and right brain so they can work together. Only when both hemispheres can register data concurrently will a child be able to reach his or her full potential.”

Burt explains how Neurolink works in more osteopathic and energy-medicine terms: “Just like having balanced joints and muscles, the brain needs to be balanced too. All the individual parts of the brain need to be able to talk to each other both energetically and neurologically in a balanced way for true integration to take place. If this occurs, the child’s classroom achievement can only improve.”

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1 Dyslexia Rev, 2003; 14 (3): 14–6

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A case history

Eight-year-old Callum Nicholls was profoundly dyslexic, struggling to keep up in class and branding himself ‘thick’. “It was so frustrating and upsetting that he just couldn’t seem to learn anything,” his mother says. “I would try to teach him new words but, minutes later, he would have forgotten how to spell them.”

After just one treatment with Neurolink, the boy changed. “Callum came out a different person. It’s like something had been woken inside him,” says his mother.

At home, he began to read with enthusiasm; at school, his attention span improved dramatically. By the following week, he had done well in a spelling test, and beaten six other pupils in a science competition—a giant step for a boy who had been bottom of the class.

Healing in technicolor

In the last lesson, we covered a new energy medicine technique called Neurolink, an acupuncture-based system from New Zealand that sees the ultimate control of health and illness as taking place in the brain.

Now, from Russia, comes a novel piece of medical-computer technology which is based on the same basic principle. It's called Virtual Scanning (VS), and the philosophy behind it is that "medical conditions are the result of a brain programming error", according to Dr Igor Grakov, who invented and developed the technology while at Krasnoyarsk University.

Virtual Scanning is a sophisticated piece of computer software that can be used on any standard PC. Grakov claims it can both diagnose and cure "any somatic or psychosomatic condition". Ever since he launched it onto the market in Russia in 1989, it has taken the world of Soviet medicine by storm, and is now being used in nearly 200 hospitals across the former Soviet Union.

Russian medical statisticians recently collated patient data dating from the first decade of VS use, and reported that its diagnostic accuracy is over 80 per cent, and its cure (or what they call 'recovery') rate is over 90 per cent.¹ It's worth stating these impressive medical results up front, as the technology itself appears to bear no relationship to medicine at all.

Let's start with a VS diagnosis. The patient sits in front of a computer screen that is displaying a simple image, such as a photograph of a landscape or a flower. The colors are further simplified so that the image comprises just six basic colors. The patient is asked to look at the image for 15 seconds and memorize it. The colors are then removed by the computer, and the patient is asked to reconstruct the colors, using the PC mouse to take colors from a simple computer paintbox.

From this elementary color-memory test, Virtual Scanning claims to be able to

make its medical diagnoses. These are not just for psychological conditions—which are at least plausible—but for full-blown physical conditions such as diabetes or heart disease. How does the inventor explain it?

Grakov describes Virtual Scanning not in neurological terms, but in much more general, almost philosophical, language. His theory is that the brain has two 'matrices': one that processes information from the external world; and another that controls the 'internal environment', including the body's state of health. These two matrices interact in each of us in different ways, producing a unique piece of human biology—what he calls the 'personal biological model'.

To explain how VS works, Grakov's argument is as follows:

The VS color-memory test provides information about the state of the external matrix; as the external matrix is intimately bound up with the internal one, its state must be intimately bound up by the state of the internal matrix; so, information from the color test indirectly provides information about the internal state of the patient. This is the logic of the connection between a simple color-memory test and a complex piece of medical diagnostics.

Hardly convincing stuff, yet it was good enough to persuade some Russian doctors to try it out on real patients—with the stunning results mentioned above. VS diagnosed 24 sets of conditions with an accuracy of between 72 and 100 per cent. More than 300 patients were surveyed, whose conditions included osteoarthritis, bronchitis, heart disease, hepatitis and pancreatitis—the last two of which are notoriously difficult to diagnose conventionally. However, what impressed the doctors most was that Virtual Scanning could "identify and reveal pre-pathological conditions"—that is, it could pick up a disease before it had become detectable by conventional means.¹

The treatment part of Virtual Scanning is no less impressive, although here,

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again, the rationale could be considered eyebrow-raising.

Again, the patient sits in front of a PC, and the software brings up a series of slowly flashing colors, selected according to the patient's original diagnosis. Grakov explains the importance of color as follows: "The information that is necessary for the organism's function comes from the environment. Ninety per cent of that information comes to the person via the eyes using colors, which, as we know, are simply electromagnetic wave forms. These wave forms are in turn able to actuate and control physiological functions."

According to Grakov, all disease can ultimately be related to a 'color deficiency'. Thus, VS treatment is designed to restore the body's correct color balance, thus reestablishing homeostasis—the body's own self-regulating mechanism.

Although Grakov's theory may be questionable, color therapy itself is not a new concept, but has had a century-long tradition of use in certain kinds of alternative medicine. Nevertheless, as yet there is no good scientifically based evi-

dence to support its use. Recently, flashing light therapies for dyslexia have been developed but, again, these are largely unproven.

Ultimately, though, whatever one may think of the theory, the results must speak for themselves. One of the studies done for the St Petersburg report tested VS on 20 healthy volunteers aged 20 to 60. All of them went through the full VS diagnostic and treatment process, and all emerged with "marked improvements in the neuromuscular system"—for example, a 33 per cent increase in muscular "stress rate" and a 15 per cent increase in the speed of normal heart-rate recovery after exercise. The Russians foresee VS as being used by anyone who has a physically demanding job such as athletes, ballet dancers and cosmonauts.

In the St Petersburg hospital survey, 1672 patient records were collated and their responses to VS assessed. In total, 39 different medical conditions were treated, and the average 'recovery' rate was found to be 93.2 per cent—despite the fact that these included a number of

Virtual success

- ◆ A 23-year-old man with type 1 diabetes, heavily dependent on insulin, was given five sessions of VS. His blood-sugar levels dropped by 70 per cent, and he was able to reduce his insulin injections accordingly.
- ◆ A 27-year-old man was in such pain from a slipped disc that he had to take four months off work. He was just about to have back surgery when he heard about VS and had three weeks of treatment. He was soon able to return to work and never did need the operation.
- ◆ A man in his 60s had a chronic speech problem (dysarthria), which meant that he could only speak in low mumbles. This had been going on for five years. His NHS hospital did MRI brain scans to check for parkinsonism and Alzheimer's disease, but could find nothing wrong. However, VS diagnosed the problem as poor brain circulation. He was given six VS treatments, and now speaks clearly and audibly.
- ◆ A woman in her 40s suffering from tinnitus and severe migraines had three weeks of VS treatment. Both her migraines and tinnitus disappeared.
- ◆ A woman with severe stomach pains was repeatedly reassured by her GP that there was nothing seriously wrong. However, VS diagnosed a problem in her duodenum, which was "probably ulcerative". She was finally admitted to hospital where the VS diagnosis was confirmed.

chronic conditions such as cerebral palsy, pancreatitis, hepatitis, cardiac insufficiency, diabetes and osteoarthritis. The researchers found that there was not one condition that could not be improved, and 13 responded with “100 per cent effectiveness”.

By the standards of Western medicine, however, these results can be easily dismissed as merely ‘anecdotal evidence’. Because Virtual Scanning does not appear to have been subjected to methodical comparisons against other kinds of treatment or a placebo, patient records on their own will never be sufficiently scientifically convincing.

However, British entrepreneur Graham Ewing hopes to rectify this situation. Together with his Russian-born wife, a medical practitioner, he is planning to carry out a proper scientific clinical trial of Virtual Scanning. He is already responsible for changing the name of the device from the Russian term ‘Mimex’ to the more descriptive ‘Virtual Scanning’.

“This is a spectacularly good diagnostic tool, which could be in every GP’s surgery, thus saving a fortune for the NHS in

diagnosis,” says Ewing. “Treatment is easy and cost-effective, too: the patient can take his color therapy home on a CD-Rom, and be treated simply by sitting in front of his own PC.”

But these are early days. At present, there are only four Scanners outside of Russia, and just one in Britain—owned by the Ewings.

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- 1 *State Scientific Research Institute of Sport-Invigorative Technologies of St Petersburg State report, 15 August 2002*

Contacts

Graham Ewing, Montague Diagnostics, Nottingham (tel: 0115 989 9618; www.montague-diagnostics.co.uk). The Ewings offer a diagnosis and treatment service with a 75 per cent money-back guarantee.



A needle in time can save a life

In our series of new energy therapies, we now turn to one of the oldest. Although acupuncture has been used for five thousand years, it is only recently that modern science has discovered why it works.

Acupuncture is probably the world's oldest energy medicine. First developed by the Chinese during the Bronze Age, its sophistication was unequalled for five thousand years—until the rise of late-20th-century high-tech medicine.

Quite how acupuncture was invented is largely a mystery, but the basic principle is that the body has fields of energy, or ch'i, which are channeled through the body along a set of invisible pathways called 'meridians'. Disease is caused by blockage of the energy flow, but the problem can be righted because along the meridians are access points where the flow of ch'i can be stimulated—usually by inserting a fine needle in the skin.

By the 14th century, the Chinese had identified more than 600 acupuncture points, with new ones still being discovered, demonstrating that acupuncture remains a thriving empirical medicine.

It shot to fame in the West in the 1970s, when Chinese surgeons demonstrated how acupuncture could be used to anaesthetize a patient on the operating table. Despite initial skepticism, over the years, Western doctors have been intrigued enough to investigate a medical system that was to many of them akin to witchcraft.

To date, there have been close on 10,000 studies of acupuncture, many of them evaluating—and confirming—its painkilling ability; this includes most forms of pain, from low-back pain and toothache to migraines and arthritis. Like Western medicine, however, acupuncture doesn't seem to offer cures. Pain relief is generally not long lasting, so treatment often needs to be topped up.

Of all the energy medicines, acupunc-

ture has become the one most favored by Western medicine—to the extent that hospital pain clinics now offer it as an adjunct to drugs. This is largely because doctors now believe they understand how it works.

In the 1980s, brain experts found that acupuncture stimulates natural morphine-like chemicals called 'endorphins', thus providing a plausible explanation of the process. Forget about ch'i energy, mystical meridians and imaginary acupuncture points, said Western doctors, acupuncture works by perfectly understandable mechanisms.

The generally accepted theory is the one proposed by the late Professor Patrick Wall, based on his 'gate control' theory of pain. Acupuncture needles stimulate the peripheral nerves and act as a sophisticated counterirritant to the original pain, thus stimulating endorphins—or so the theory goes.

But its shot full of holes. If the theory were true, sticking needles into any part of the body should result in an analgesic effect. But experiments by Dr Bruce Pomeranz of Toronto University (one of the scientists who discovered the endorphin connection) have shown that acupuncture works only when the correct acupuncture points are stimulated. Yet, according to the gate-control theory, the needle site should be irrelevant.

Furthermore, acupuncture is much more than a mere anesthetic. According to no less a body than the World Health Organization, acupuncture has been proved effective in over 100 conditions, including cerebral palsy, paralysis after stroke, nausea, bowel disorders, stomach ulcers, urinary problems, addictions, asthma, hay fever and the common cold.¹ Few of these conditions involve endorphins.

So, the conventional explanation for acupuncture is incomplete. But is the Chinese explanation is any better? Surprisingly, the answer is yes.

Although conventional medicine

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pooh-poohs the idea of meridians and acupuncture points, some researchers have used the tools of modern science to seek out these so-called imaginary points and pathways . . . and have, in fact, found them.

In the 1970s, Dr Robert Becker, a pioneer of electromagnetic medicine, discovered that acupuncture points have different electrical characteristics from other skin surfaces—in particular, lower electrical resistance.² This was later confirmed by German researchers using a powerful electromagnetic body scanner called a SQUID (super conducting quantum interference device). They, too, found distinct changes in magnetic-field strength at acupuncture points, with a 20-fold drop in electrical impedance compared with the surrounding tissues.³

Even more significantly, the electrical activity of the acupuncture point has been shown to be affected by the state of the organ that Chinese medicine says is related to the point. For example, one acupuncture point for the kidneys is on the wrist and, if the kidneys are diseased, changes in electrical activity are recorded at the wrist acupuncture point. “There are no known anatomical or physiological explanations for these observations,” say scientists.⁴

These findings have been backed up by high-tech brain scanning. In the 1990s, University of California Professor Zang-

Hee Cho, a leading expert in MRI (magnetic resonance imaging), was studying the visual pathways in the brain. After having received successful acupuncture treatment (see box below), he decided to test acupuncture’s claim that a point in the little toe can treat eye problems. He hooked up four volunteers to an MRI brain scanner, and asked an acupuncturist to ‘needle’ the point on their little toe.

Astonishingly, Cho found that this, indeed, caused an immediate reaction in the occipital lobe, the part of the brain that controls eyesight. He was flabbergasted. “This is precisely what the ancient Chinese literature says should happen. But the fact that there is a specific connection between your toe and your visual system is really bizarre,” he said, “and to confirm it scientifically—that’s really mind-boggling.”⁵

Other researchers have discovered hard evidence for the existence of meridians. These pathways through the body had always been considered pseudoscientific nonsense, but no one had bothered to look. However, in the 1980s, two French researchers, Drs Claude Darras and Pierre De Vernejoul, injected radiolabel led liquid (the kind used to show up blood vessels on imaging) into acupuncture points and non-acupuncture points.

What they found was remarkable. At non-acupoints, the radioactive tracer liquid diffused outwards from the injection

Back in action

Dr Zang-Hee Cho, a professor of radiological sciences at the University of California, is a member of the prestigious US National Academy of Sciences, and one of the developers of two major medical-scanning devices—PET (positron emission tomography) and MRI (magnetic resonance imaging).

While on holiday in his native Korea, he slipped and fell, badly injuring his back. By the time he returned to California, he was virtually immobile with pain. He had to get back to work, but there was nothing his doctors could immediately do for him.

Fortunately, California has a large population of acupuncturists, and Dr Cho—against his better judgment—was persuaded to see one. Just 15 minutes of needling got rid of the pain and freed his back. This profound experience led him to carry out his groundbreaking research.

site in a circular pattern. However, when the true acupoints were injected, the tracer followed the exact pathway of the meridian. Even more amazingly, they also found that, when acupuncture needles were inserted into distant acupoints along the same tracer-labeled meridians, the radiolabelled liquid flow-rate increased—precisely as predicted by acupuncture theory.⁶

Acupuncture is now firmly established as a medical reality, and its basic theories confirmed by modern science. In the next lesson, we shall look at what this means for medicine and our whole world view.

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- 1 Jayasuraiya A. *Open International University's Textbook on Acupuncture*. Colombo, Sri Lanka: Open University, 1987
- 2 *Psychoenerg Syst*, 1976; 1: 105
- 3 *Med Acupunct*, 1990; 2 (1)
- 4 *BMJ*, 1999; 9: 973–6
- 5 *Proc Natl Acad Sci USA*, 1998; 95 (5): 2670–3
- 6 *J Nucl Med*, 1992; 33 (3): 409–12



Do-it-yourself acupuncture

Using needles is not a recommended DIY procedure, but applying pressure to acupuncture points can be just as effective. Known as acupressure, the technique may be even older than acupuncture itself.

Acupoints are pressed with something blunt. Most people use their fingers, but these may be too thick, given that acupoints can be as tiny as 0.5 mm in diameter. The blunt end of a pencil (preferably one topped with an eraser) is a safe alternative. Less comfortable, but also effective, is to use a fingernail.

How long do you press for? Even half a second can have an effect but, normally, the pressure should be maintained for one or two minutes.

How much pressure should you use? Enough to feel it, but not so much that it hurts.

Some useful acupoints are:

- ◆ **Point KI 3** (on the sole of the foot, midway between the ankle bone and the Achilles tendon): for lower back pain (and fear)
- ◆ **Point KI 6** (on the sole of the foot directly below the ankle bone): for improved eyesight
- ◆ **Point LI 4** (on the back of the hand at the base of the thumb, in the webbed skin between thumb and index finger): to calm the nerves
- ◆ **Point LU 9** (on the inside of the wrist below the thumb, in the depression where the pulse is usually taken): for cough and asthma

Nuts to allergies

“Acupuncture offers much more than mere pain relief,” says British acupuncturist Adrian Stoddart. He has successfully treated a whole range of non-pain-related conditions, such as psoriasis, chronic fatigue, allergies, acne and joint inflammation.

One of his most dramatic recent successes was with a 17-year-old boy who had a lifelong allergy to nuts. It was such a severe case of nut allergy that, on one occasion, the boy almost died after simply touching something that had previously been handled by another boy while eating peanuts. Conventional medicine could do nothing for him except provide him with a self-injecting adrenaline pump to prevent anaphylactic shock.

The boy was gradually exposed to nuts—on the face of it, a highly hazardous procedure. “I designed the first series of acupuncture treatments to build up the boy’s constitution so that he could tolerate the exposure,” he says. “Only then did I dare introduce him to nuts.” It was all done very gingerly, with the nuts being brought closer and closer, finally even touching his lips—something that should have killed him. Nevertheless, by the end of 10 treatments, not only could the boy taste nuts without harm, he was actually eating them.

“Acupuncture is a powerful energetic medicine that I believe can produce cellular and even genetic changes,” says Stoddart.

Adrian Stoddart practises in South West London (020 8874 4125).

Acupuncture: a very ancient art

Although we think of acupuncture as an exclusively Chinese healing art, new evidence suggests that even primitive man had a sophisticated understanding of meridians and the human body as an energetic system.

About six years ago, the body of a man was found encased in ice in the Italian Alps. The ice was dated to 5300 years ago (the Late Neolithic period), and had preserved the body so well that its skin was intact. What astonished archaeologists was that the skin was covered with 15 different tattoos, each one of them tracing the exact line of the acupuncture meridians used in Chinese medicine. The Neolithic man was not Asiatic, but was clearly a doctor because found with him was a bag of herbal medicines.

Until now, acupuncture has always been thought to be an exclusively Chinese invention. However, the Neolithic European doctor offers the intriguing speculation that acupuncture may be a field of sophisticated medical knowledge that humankind has been intuitively tapping into for millennia.

Even today, this ancient body of knowledge is being added to—and not just from China. About 50 years ago in France, neurophysician Dr Paul Nogier discovered a host of acupuncture connections between the body and the ear. He found 30 ear points that could be needled to give benefit to specific parts of the body. For example, a point in the middle of the earlobe stimulates the eye, one above the auditory canal, the pancreas, and a point near the top of the ear, the knee.

In a flash of intuition, Nogier saw that these various points on the ear corresponded to a human fetus—but upside down.

This led to a new kind of medical diagnosis. Anaesthesiologist Dr David Bresler and two colleagues at University of California at Los Angeles found that

Nogier's ear acupoints have a different electromagnetic output when there's a problem with the corresponding organ. This was put to the test in a double-blind trial. Patients were brought to them with known medical conditions (but not known to the UCLA three), and Bresler's team took electrical measurements of their ear acupoints. Amazingly, the team was able to identify the problem area of the body with 75 per cent accuracy.¹

Indeed, acupuncture is rapidly being confirmed as a genuine medical system backed by solid Western clinical studies. The world's oldest energy medicine has now been totally validated empirically and, to some extent, theoretically, too.

This energetic view of the body, although foreign to modern medicine, is not entirely new to European science. In the 18th and 19th centuries, scientists such as Mesmer, Galvani, Bernard and Hahnemann all believed in what was called the *élan vital*, or life force. But vitalism, as the theory was known, became a dirty word following the work of men like Pasteur and Koch, who insisted that ill health was caused by external microbes, not by a 'vital' disturbance.

Apart from battling against the increasingly reductionist medical paradigm, vitalists had to deal with primitive technology; there was no way for subtle energetic processes of the body to be objectively demonstrated.

A hundred years on, the technology has now advanced to the point where subtle biological energy can be measured. French biologist Dr Jacques Benveniste has shown that tiny electromagnetic signals can carry the whole spectrum of biological information through the medium of water. In Germany, Dr Fritz-Albert Popp has measured the infinitesimal quantity of light produced by body cells, and shown that the light is the same as that used in high-tech telephone transmissions. Neuroscientist Karl Pribram and many other scientists have demonstrated that the brain uses this subtle energy to

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communicate with the body and, indeed, the rest of the world.

“The body’s energetic processes have always been there and were always important, as the history of acupuncture suggests,” says Professor of Chinese Medicine Julia Tsuei. “It is now time to standardize and integrate energetic practices into modern health care and make energy medicine an essential part of medical science.”²

Adrian Stoddart is a successful UK acupuncturist with a large clientele in South West London. The major diagnostic tool of acupuncturists like Stoddart is the pulses. As in Western medicine, these are found on the wrist but, in Chinese medicine, there are 12 of them, and they don’t measure heart rate but *ch’i* energy in the various body systems. Mastering the science/art of reading the pulses can take years, but it does open up new vistas of diagnosis (see box below).

“The Chinese say that if the heart is in the right place, you will be healthy,” says Stoddart. “By ‘heart’, they mean your spirit path and your central loving relationships. The pulses can recognize faults in both of these. For example, if you’re in the wrong career, or have an unhappy

pair-bond, there is a particular pulse picture that goes with that.”

What does this mean for our view of the body and of ourselves?

Originally trained as a biochemist, Stoddart believes acupuncture offers us an entirely new philosophy of medicine. “Western science says that if you go smaller and smaller, the more you will understand,” he says. “This is not true. The electron microscope can show you the finest detail of the body, but it can’t tell you anything about it other than that it’s made of chemicals and is alive.”

Says Stoddart, “While Western medicine believes that going from the wide to the narrow leads to understanding, Chinese medicine says the opposite. You start small and must go wide. To understand a patient’s condition, you need to find out about the patient himself, his beliefs, his background, his community, his astrological chart—even to the extent of using numerology and the I Ching (the Chinese divinatory system).

“You must see the person almost within the context of the whole cosmos—a bit like the medieval European world-view of man. The widest possible set of influences you can study about the person will

A parallel life

Mrs. X, a 60-year-old married woman, was conventionally diagnosed with osteoarthritis of the neck. She also had tremors that made her handwriting very shaky. Acupuncturist Adrian Stoddart took her pulses and discovered that two of her meridians were not integrated: they were running in parallel, but were disconnected. “It was as though there were two people in her,” he says.

Over a course of treatments, Stoddart managed to put the meridians back into harmony with each other. The neck pain and tremors improved. However, during the treatments, he discovered how the meridians had become disconnected. “It was because her personal life itself was disconnected, but on parallel tracks,” he says.

In essence, after 30 years of marriage, Mrs X was unhappy with her husband, but would not or could not leave him. Instead, during the previous 10 years, she had taken a lover. “She was leading two separate but parallel lives; this inevitably impacted on her body, leading to compression of the spine.

“Acupuncture helped her pain and tremor but, of course, while her life situation continued, so did her medical condition. That meant I could only manage her physical symptoms, but not cure them,” says Stoddart.

lead to the greatest understanding and, hence, the best treatment,” he concluded.

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- 1 Pain, 1980; 8 (2): 217–29
- 2 IEEE (Institute of Electrical and Electronics Engineers) Engin Med Biol Mag, 1996; 15 (3)



A thousand points of light

Besides needles, acupuncture can also be carried out using special machinery, which also has the ability to pick up 'wrong' frequencies along the body's meridians for either diagnosis or treatment.

Once acupuncture points were known to be electrically charged, it didn't take long for some acupuncturists to abandon needles in favor of electrodes. The advantages were obvious, not least for people who were too squeamish to accept needles in their skin. But does electroacupuncture (EA) work as well as needles?

The short answer is yes and, in fact, often better. Doctors in China have recently compared needles to electrodes, and shown that electrodes are significantly better at relieving pain—even when using exactly the same acupoints.¹

Electroacupuncture for pain relief is not to be confused with transcutaneous electrical nerve stimulation, or TENS. This is a wholly Western concept of pain relief and is essentially a bastardized version of the Chinese system. It involves placing electrodes directly onto the painful area, and not into acupoints. Researchers still are not certain exactly how TENS works. The two most common explanations are that electrical stimulation of the nerves blocks the sensation of pain, and that TENS triggers the release of the body's natural painkillers, endorphins.

There appear to be few head-to-head tests of TENS and EA. One study with osteoarthritis patients showed that the two treatments were equally effective at reducing pain, but that EA was superior at improving mobility.²

The other difference is that TENS can only help pain, whereas EA is effective across a wide range of medical problems—just like needle acupuncture. For example, EA has proved to be of value in conditions as diverse as bedwetting,³ depression⁴ and stroke paralysis.⁵ Indeed,

EA is now known to be a general stimulant to the parasympathetic nervous system, thus helping to regularize the entire immune system.⁶

British acupuncturist Barbara Gair has been using EA for 17 years. A conventionally qualified nurse, she finds EA much more useful than needles. "You can tune the electrical output according to the needs of the patient," she says. "For example, people with 'low-activity' problems like depression or arthritis need higher frequencies than 'high-activity' patients such as anxious people." She also finds EA to be much faster and "more profound" than traditional acupuncture, mainly because the whole meridian can be treated at once. Typically, patients can be successfully treated within six sessions.

But it's in diagnosis that EA has really taken off, mainly thanks to the pioneering work of German biophysicist Dr Reinhold Voll in the 1950s. He is credited with the discovery that almost all Chinese acupoints have a measurable difference in electrical skin resistance (ESR) compared with the surrounding skin. On surveying the whole of the body, charting these abnormal ESRs, he found that they almost always correlated with the traditional acupuncture points. The margin of error was less than 2 mm, confirming the extraordinary accuracy of the ancient Chinese acupuncturists, who had to find these points without the benefit of 20th-century technology.

Voll claimed that the strength of the electrical charge on the acupoint corresponded with the state of health of the related organ or body system. For example, if the stomach was diseased, the points on the Stomach Meridian (on the leg) will have an altered ESR.

Voll's basic theory has since been confirmed by other scientists. In one study, researchers from the University of California at Los Angeles gave a correct diagnosis of lung cancer in 87 per cent of patients simply by measuring the ESRs

of the corresponding acupoints.⁷ A similar study by doctors at the University of Hawaii took EA measurements of acupoints on the Spleen–Pancreas Meridian and were able to diagnose diabetes with 95 per cent accuracy.⁸

But EA diagnosis can do even more—it can warn of disease states before they occur. “We can find the energy signal of cancer of the colon, for example, and yet absolutely nothing can be detectable clinically,” says Dr Keith Scott-Mumby. “The energetic system is saying that trouble may be coming and be able to characterize what the likely nature of it will be.”⁹

Voll rather self-importantly called the machine he developed ‘Elektro-Akupunktur nach [according to] Voll’ (EAV),

a device for which he has gone on to make some groundbreaking claims. For example, during the machine’s development, he made the accidental discovery that if a patient was physically close to a medication that would benefit him, the ESR readings changed accordingly. Voll seized on this, and quickly redesigned the instrumentation to allow the patient to be tested in the presence of various substances—such as potentially beneficial medications and vitamins, or potentially harmful substances like pollen or foods to which the patient might be allergic.

The basic EAV testing technique he devised is simple: the patient holds a negative electrode in one hand while a positive electrode is placed on a selected acu-

Dogged EAV test leads to cure

Stan Richardson, a now retired EAV practitioner in Yorkshire, had the remarkable case of a 38-year-old woman who was so sick she thought she was dying. Without asking what the problem was, Stan connected her to his EAV machine, which showed “serious drops” on the Stomach and Intestine Meridians. Only then did he ask her: “What’s been happening?”

She said she had been suffering from extreme diarrhea and vomiting for three weeks, and had lost a staggering three stone in weight. Stan studied the EAV readings more closely and saw that it indicated the presence of rabies in the stressed meridians. He asked her, “Have you been abroad recently?”

“Yes, to India, and I’ve been sick ever since,” she replied.

Although she claimed not to have been bitten by anything, Richardson thought it odd because of the clear indication of rabies.

Probing further, Stan discovered that the woman had been feeding dogs with kitchen scraps at the back door of her Delhi hotel. Stan surmised she had been licked by a rabid animal and swallowed the virus from her own fingers, thus causing her severe symptoms.

Stan used EAV to diagnose the correct treatment, which turned out to be a mixture of homeopathic remedies. Within 24 hours, her symptoms had stopped; within a week, she had gained back almost a stone in weight; she then went on to make a full recovery.

Stan and the patient had together solved a serious medical crisis, “using nothing more than quantum energies”, says Dr Keith Scott-Mumby.

“The importance of this story is that no conventional doctor in his right mind would have diagnosed rabies in this situation, or even considered it. Yet the ‘virtual energy’ signal showed quite clearly it was present, and with a suitable remedy led the patient back to safety . . . [Otherwise] she might well have died of ‘severe gastroenteritis’, without the hospital doctors ever suspecting what the cause was.”¹

1 Scott-Mumby K. *Virtual Medicine: A New Dimension in Energy Healing*. Thorsons, 1999

point, usually on the other hand. A tiny electrical current is passed between the two electrodes to measure the ESR. To test a substance, a metal plate is introduced into the circuit, onto which the substance is placed. Incidentally, although Voll was unaware of this, this technique is precisely the same as that devised by Albert Abrams, the American doctor who founded radionics half a century earlier (see *Living The Field Lesson Eight*).

EAV machines have since become widely used by alternative practitioners to detect allergies—especially food allergies, which are difficult to diagnose conventionally. However, over the years, little attempt has been made to document EAV allergy tests scientifically, thus playing into the hands of a largely skeptical medical profession.

Nevertheless, one study has been carried out by a team of researchers at the University of Hawaii. They decided to compare EAV with six other allergy-testing techniques, using a group of 30 people with known food allergies as human guinea pigs. The testers had no idea what these patients' allergies were. When the results were analyzed, although none of the tests totally agreed with each other, the two closest matches were between EAV and the RAST (radioallergosorbent test), widely regarded as the most accurate test as it involves 'challenging' the patient with the actual foods to which he is allergic.¹⁰

Although the EAV allergy test is relatively simple to perform, the physics of how it works is complex. Korean physicist Dr Kuo-Chen Chen believes the test substance creates a phase-modulated signal which is "transported to the proper organ or tissue by resonant absorption using quantum mechanical phase matching".¹¹ For practicing doctors such as

Dr Scott-Mumby, it is primarily an "information field effect".⁹

Voll's machine has since spawned a host of descendants, most notably the German Vega and MORA, the Japanese AMI (Apparatus for Measuring Functions of the Meridians and Corresponding Internal Organ) and, more recently, a clutch of computer-based systems—in fact, many of the 'bioresonance' machines covered in earlier lessons (see *Living The Field Lessons One to Four*)

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- 1 Acupunct Electrother Res, 2002; 27 (2): 107–17
- 2 J Alt Complement Med, 2003; 9 (5): 641–9
- 3 Scand J Urol Nephrol, 2000; 34 (1): 21–6
- 4 Psychiatry Clin Neurosci, 1998; 52 Suppl: S338–40
- 5 J Tradit Chin Med, 2001; 21 (4): 270–2
- 6 Neurosci Lett, 2002; 320 (1–2): 21–4
- 7 Am J Acupunct, 1985; 13 (3): 261
- 8 Am J Acupunct, 1989; 17 (1): 31–8
- 9 Scott-Mumby K. *Virtual Medicine: A New Dimension in Energy Healing*. Thorsons, 1999
- 10 Am J Acupunct, 1984; 12 (2): 105–16
- 11 IEEE Engin Med Biol, 1996; May/June: 64–6

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Homeopathy: medicine without molecules

In homeopathy, a medicinal substance is diluted so much that nothing is left but its energetic footprint. Orthodox scientists claim this principle is preposterous, but both scientific and anecdotal evidence shows that it works.

Homeopathy is one of the most widely used energy medicines in the world, with about a million practitioners worldwide. It is most popular in the Indian subcontinent and South America, but rapidly gaining adherents in Europe and the US. Its rise is looked upon by many doctors with a mixture of incredulity and mockery—but tinged with fear.

“If we were to accept the principles of homeopathy, we would have to overturn the whole of physics and chemistry,” says Professor Colin Blakemore, CEO of Britain’s Medical Research Council, speaking for most scientific and medical experts.

On the face of it, homeopathy does indeed appear to undermine some basic scientific tenets. First developed in the early 1800s, as with the rest of medicine, many of its medications are derived from plants.

But it parted company with conventional medicine when its German founder, Dr Samuel Hahnemann, began to claim that his plant extracts worked better when diluted in water. In fact, he maintained that the more dilute the medicine, the more effective it was. His dilutions approached astronomical proportions—often more than 10,000,000,000,000,000,000,000,000 times more dilute than the original plant extract. He ignored critics who pointed out that, at such levels, there could not possibly be any molecules of the original plant extract left in the solution.

But Hahnemann’s ‘irrational’ medicine has survived the test of time, and many of today’s homeopathic medicines are made using the same high levels of dilution, thus continuing to challenge

conventional physics and chemistry. “One of homeopathy’s basic principles is that the less you give of a drug, the bigger effect it has,” says Professor of Chemistry David Colquhoun, of London University. “This is rather like saying the less whisky you drink the drunker you get, and you don’t need complex science to know that’s not true.”

And yet, the fact remains that sick people often get better with homeopathic treatment.

The most widely held conventional explanation is that any benefit must be due to a placebo effect (the patient’s belief in the therapy causes the patient to get better).

On the face of it, this is plausible in the light of what we now know about how powerfully the mind can influence the body in health and disease.

However, this cannot be anywhere near the entire explanation. One reason is that homeopathy works on animals, which are thought not to have any belief systems concerning medicine and so cannot possibly respond with the placebo effect.

Take the animals treated by British vet Christopher Day. A leading pioneer of veterinary homeopathy, his Oxfordshire practice has become a mecca for ‘last resort’ pets that are untreatable by his conventional colleagues. Day often has stunning results (see box, page 70).

Even more difficult to dismiss, Day also treats farm animals, such as cows, simply by adding homeopathic remedies to their water troughs. This is how he has successfully cured whole herds of cows of diseases such as mastitis (inflammation of the mammary gland), which has important economic considerations as it affects milk production, and New Forest disease (pink eye, or infectious bovine keratoconjunctivitis), which could lead to blindness if left untreated, without having to resort to antibiotics.

Success such as Day’s makes homeopathy particularly attractive to organic

farmers, who prefer to avoid conventional drugs. But it's also powerful evidence that the placebo explanation just doesn't wash.

Where conventional drugs don't go
But what about people?

One telling fact is that an increasing number of conventional doctors are taking up homeopathy—from GPs to surgeons. GPs see it as an answer to chronic diseases, where conventional drugs are often found wanting.

◆ Homeopathy is especially good for

Homeopathic success stories

- ◆ Kim was an eight-year-old black Labrador dog with a skin condition that resulted in large sores on his back, causing him to lose a lot of hair and to bite himself. For the previous five years, the dog had been on repeated courses of steroid drug treatments, which clearly weren't working.

"Skin conditions are notoriously difficult for conventional medicine," says vet Christopher Day, "but they often respond well to homeopathy".

Day gave the dog homeopathic *Sulphur*, a well-known anti-eczema preparation, and at a high dose because Kim was so ill. In homeopathy, a high dose means a higher dilution—the complete opposite of what conventional science would say. Day prescribed a preparation of 200C and, within three months, Kim's skin condition had totally cleared.

- ◆ Dr Peter Fisher, a consultant at the Royal London Homeopathic Hospital, is also the Homeopathic Physician to the Queen (the British Royal Family are great fans of homeopathy, and have helped to ensure its availability on the NHS). "I wouldn't practice homeopathy if I hadn't been convinced by years of personal experience," says Dr Fisher. "I'm conventionally trained in medicine, and I know what you can achieve with drugs, and I've seen homeopathy do things that couldn't have been accomplished by any other means."

One of his patients was a 60-year-old woman with chronic paralysis of the leg—which conventional medicine had been unable to diagnose, let alone cure. The patient was as surprised as she was delighted: "I started homeopathic treatment on a Wednesday and, by Saturday, I was able to move my legs and walk properly—something I hadn't been able to do for nine years. It's a miracle."

Contacts

Royal London Homeopathic Hospital, tel: 020 7391 8833

British Homeopathic Association (for names of homeopathic GPs), tel: 0870 444 3950

Christopher Day, MRCVS, Oxfordshire (and for names of homeopathic vets), tel: 01367 710 324

The National Center for Homeopathy (for names of homeopathic physicians in your area), tel: (703) 548 7790; e-mail: nchinfo@igc.apc.org

North American Society of Homeopaths (NASH), tel: (206) 720 7000; fax: (208) 248 1942; e-mail: nashinfo@aol.com

American Institute of Homeopathy, tel: (703) 246 9501

American Association of Homeopathic Pharmacists, tel: 800 478 0421 (answering service); fax: 800 478 0421; Secretary's e-mail: jlillard@intrepid.net

those areas that conventional treatments can't reach. "No one system of medicine can solve all problems all of the time," says Bristol GP Dr Sam Bonnet. "Regular medicine solves some problems well, but often not minor or chronic conditions. That's where homeopathy is particularly good."

- ◆ It works well on children. "I've seen children improve much faster on homeopathy than conventional medicine," says Buckinghamshire GP Dr Elizabeth Dickson.
- ◆ It doesn't have major side effects, whereas drugs usually do. "It certainly does more good than harm—unlike much conventional medicine," says London GP Dr Richard Halverson.
- ◆ Homeopathy is also routinely used by plastic surgeons, who claim it speeds up healing and reduces postoperative bruising.

Convincing clinical trials

Nevertheless, despite the wealth of anecdotal success, skeptics argue that the only evidence worth considering has to come from properly conducted clinical trials—for example, one in which a homeopathic pill is compared against a dummy placebo pill, just like a trial for a new drug. The conventional view is that homeopathy must be subjected to such scientific scrutiny to prove that it works.

However, in fact, nearly 200 such trials have already been done—mostly over the last 30 years.

The scientific evidence amassed thus far suggests that homeopathy works best for chronic conditions such as arthritis, fibromyalgia and allergies—the sort of problems for which conventional medicine has no answers.¹

Over a decade ago, three Dutch researchers—none of them homeopaths—pieced together this mass of homeopathic trial evidence and carried out a detailed analysis of the combined data. While they found that about a quarter of the trials were negative, most of the results were sufficiently positive for them

to conclude that "the evidence would probably be sufficient for establishing homeopathy as a regular treatment for certain conditions."²

The Dutch study was followed a few years later by a similar survey by a team of German doctors—and they, too, came to virtually the same positive conclusion.³

Predictably, both of these reports unleashed a huge backlash, with experts across the globe denouncing them as naïve and misinformed. Some doctors even suggested that because the evidence for homeopathy contradicts established scientific theory, "normal science must be abandoned".⁴

A shift in mindset

The true issue remains the fundamental scientific problem of how medicines can possibly work without chemical molecules, which is effectively what homeopathy does.

The most recently published study on homeopathy illustrates this problem beautifully. This was a full-scale scientific experiment performed not on humans or animals, but on plants.

Botanists at the University of Pretoria in South Africa wanted to test whether homeopathically diluted fertilizer could have the same effect as standard fertilizer, an outcome predicted by homeopathic theory.

They chose to test the effects of gibberellins, a plant growth hormone, on the germination of barley seeds. The gibberellins were diluted in water, according to the standard homeopathic procedure, up to the so-called 200C level. At this dilution, there is no possibility whatsoever that a single molecule of gibberellin remains in the mix.

The botanists then used that water to germinate the seeds. As a control measure, they also germinated two other sets of barley seeds at the same time: one set of seeds was watered with undiluted gibberellin, while the other set had ordinary water.

The results were extraordinary. Not only did the homeopathically germinated

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seeds grow as well as those germinated in standard gibberellin, but they actually grew better. The homeopathic treatment “consistently resulted in larger seedlings”, reported the lead botanist Dr Brigitte Hamman.⁵

Results like these are stark examples of energy medicine in action, and offer a formidable challenge to orthodox science. In our next lesson, we shall see how a few enlightened scientists have tried to explain the extraordinary puzzle that is homeopathy.

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- 1 Homeopathy, 2003; 92 (2): 84–91
- 2 BMJ, 1991; 302 (6772): 316–23
- 3 Lancet, 1997; 350 (9081): 834–43
- 4 J Alt Complement Med, 1998; 4 (1): 49–76
- 5 Homeopathy, 2003; 92 (3): 140–4



Water: shaken and not stirred

In the last lesson, we showed that homeopathy is a valuable medical treatment, and is particularly good at treating both chronic and minor illnesses. It's cheap, safe and effective, according to numerous scientific studies.

According to the principles of science (and therefore medicine), homeopathy simply cannot work. That's because most homeopathic medicines are—in conventional chemistry terms—just water.

The principles of homeopathy were first established by its German founder, Dr Samuel Hahnemann, 200 years ago. In those days, medicines were derived from plants or metals and often had vicious side-effects.

To reduce their toxicity, Hahnemann diluted his medicines in water, but employed a special diluting technique, which must have come to him in an extraordinary intuition. He decided to add water to the medicines in stages, adding 10 parts of water at each stage. In between each stage, he violently shook the flask containing the water–medicine mixture in a process called ‘succussion’. This, he claimed, ‘energized’ the water so that the strength of the medicine was increased at every stage, in what he called ‘potentization’—this in complete opposition to conventional scientific theory which, of course, says that dilution decreases strength.

Dilution/succussion is still the basic technique used to make homeopathic medicines today, often to levels of dilution at which not a single molecule of the original starter ingredients could still remain.

So, the question is: how can these medicines possibly work?

The answers have centered on the nature of water. Hahnemann believed that succussion somehow ‘imprints’ the water with information about the starter drug. In his day, science was too primitive to explain imprinting, but a later widespread

theory believed snowflakes might hold the key.

“Water is one substance, but its ability to turn into snowflakes shows that it has an infinite capacity for variation in form,” said Dr David Reilly, a leading homeopathic doctor and researcher, during a 1991 BBC television programme entitled ‘Homeopathy: Medicine or Magic’. “Every snowflake is unique, every one of the countless patterns and the fields that maintain that pattern is unique, and so there is potentially an infinite capacity for informational structure within a biochemically identical substance—a structure that could encode biological information.”

It took a brilliant, conventionally trained French scientist to take things further—far enough to provide an almost complete explanation of the mystery of homeopathy.

In the mid-1980s, Jacques Benveniste, then the head of a prestigious French government allergy research laboratory, began experimenting with homeopathy, using one of his standard laboratory allergy tests. He took a substance that he knew would produce an allergic response in his test and diluted it homeopathically.

To his astonishment, the test showed a positive reaction. It produced an allergic response that was just as powerful as the original full-strength allergen—and it continued to react even at the highest dilutions, when not a single molecule of the original allergen could possibly have been retained in the solution.

Intrigued, but cautious, Benveniste ordered a two-year-long series of retests, but the same results kept recurring.

“I was flabbergasted,” he said. “My allergy test is highly reliable and yet it was apparently responding to mere water; I felt I was setting foot into a completely unknown world.”

The other tack he tried was to test the importance of succussion, the vigorous shaking that occurs at each stage of the homeopathic-dilution process. Benven-

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Benveniste compared succussed dilutions with unsuccussed ones, and discovered that succussion was a vital part of homeopathy. Conventionally diluted allergens, he found, had no effect—they were just water.

Benveniste then went on to test Hahnemann's concept of potentization—the idea that, when homeopathically diluted, the strength of the water–herb mixture increases rather than decreases. Benveniste's allergy test was highly sensitive, enabling him to make detailed measurements of the strength of any allergen.

What he found was a further surprise to a man brought up in conventional science. He discovered that the water–allergen mixture became stronger up to the third stage of dilution (one in 1000 parts of water), went into reverse for the next five dilution stages, then began to strengthen again at the ninth and subsequent stages (one in one billion parts of water, and above).

Science generally expects to see things happening in straight lines, as it were, and this abrupt U-turn in the progressive strengths of potentizations seemed to make no sense—a mystery that Benveniste was never able to solve.

Nevertheless, his experiments are a powerful vindication of Hahnemann's basic theory.

Following the accepted scientific practice, Benveniste then asked five other laboratories to try to replicate his findings. And, indeed, they also obtained the same astonishing results.¹ “Even after billions and billions of dilutions, water was behaving as if it could remember the molecules it had been originally exposed to,” he concluded.

The next obvious question was: how can water transfer the biological information of the original molecules during the dilution/succussion process?

Benveniste had already speculated that water might be acting as a “template for the molecule . . . by electric and magnetic fields”.¹ So, he put homeopathic solutions into a ‘degaussing’ machine—the type used commercially to erase magnetic tapes. Sure enough, when degaussed, the homeopathic samples no longer had any clinical effect. “It is very clear that water is a kind of liquid magnetic tape, using electromagnetic fields to store molecular information,” wrote Benveniste.

As a biologist, that was about as far

Your homeopathic medicine chest

Self-prescribing for minor ailments requires a certain amount of medical detective work as it's not as simple as a cure for headache equals aspirin. Finding the correct remedy often involves detailed monitoring of your symptoms plus a certain amount of self-knowledge, as personality characteristics must also be factored in. Nevertheless, self-prescribing can be rewarding and highly beneficial.

There are a number of good DIY homeopathy books on the market, such as *The Complete Homeopathy Handbook* by Miranda Castro (Macmillan, 1990).

Homeopathic remedies are also readily available. Boots Chemists stock about a dozen of the basic ones, including *Arnica* (bruising), *Euphrasia* (itchy eyes, runny nose, headachy sneezy colds), *Natrium Muriaticum* (colds and premenstrual syndrome), *Nux Vomica* (hangovers), *Apis Mellifica* (cystitis), *Rhus Toxicodendron* (eczema), *Gelsemium* (exam nerves, limb aches and sore throat), *Cocculus* (travel sickness), *Belladonna* (sunburn) and *Chamomilla* (sleepless, irritable, colicky children).

Less common remedies can be obtained by mail order from Ainsworths Homeopathic Pharmacy (London W1, tel: 020 7486 4313) or from Helios Homeopathy (Tunbridge Wells, tel: 01892 537 254).

as he could get with his experiments in terms of homeopathy itself. Meanwhile, however, two Italian physicists, who had been looking at water from the point of view of advanced physics, had made an interesting discovery. They found that water has the ability to organize itself into “coherent domains” in which information from other dissolved molecules can be stored and retained even when the original molecule is no longer present.² This was yet another confirmation of basic homeopathic theory.

Almost single handedly, Benveniste provided a credible explanation for a medical therapy that had remained mysterious for over a century. Like all good scientists, his groundbreaking work led him to further discoveries. He provided good evidence that the whole basis of molecular communication may well be electromagnetic. And, yet again, this is a direct challenge to the orthodox theory that it’s all chemistry.

Are the principles of homeopathy now scientifically proven facts? The short answer is “Yes, but . . .”.

The ‘but’ is because conventional science is so hostile to ideas which threaten its dogmas that it will go to almost any lengths to destroy both the ideas themselves and anyone who researches and promulgates them.

This was what happened to Jacques Benveniste. After his first experiments were published, what he referred to as a “McCarthy-like fraud squad”—consisting of a magician, a journalist and the editor of the science journal *Nature*—descended on his lab and made what he claimed was a farcical attempt to repeat his experiments for themselves after changing his protocols. They failed, and instantly concluded the whole thing was “a delusion”.³ What this meant for Benveniste was that, as *Nature* is the most powerful and prestigious science journal in the world, everyone believed its editor’s fraud squad rather than him.

That effectively killed Benveniste’s scientific evidence supportive of home-

opathy and also ultimately spelt the end of his own conventional scientific career.

That was in 1988. However, because of all the publicity surrounding the issue, other scientists have been intrigued enough to attempt to repeat Benveniste’s experiments for themselves. To date, 11 separate laboratories have carried out their own tests, of which eight have completely vindicated him—the latest announced only last month.⁴

So, why isn’t homeopathy accepted? The problem is that the whole area is considered too ‘outside the box’ to be credible. As a result, any evidence that supports homeopathy doesn’t receive the same publicity as any findings that can serve to debunk it.

One of the extraordinary aspects of Benveniste’s research is that he was able to confirm, using the tools of modern science, what Hahnemann—the prescientific 19th-century father of homeopathy—could only have arrived at intuitively. What kind of information field was Hahnemann accessing to ‘know’ that vigorous shaking of water is the way to transfer molecular information? As with many intuitive leaps of genius, he may have been accessing the central information storehouse of all knowledge—The Field.

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In October 2004, Jacques Benveniste died suddenly after a heart operation. At age 69, he was still energetically pursuing his research into ‘digital biology’, an extraordinary novel view of how the body’s cells actually work, and one which may one day revolutionize medicine.

1 Nature, 1988; 333 (6176): 816–8

2 Phys Rev Letts, 1988; 61: 1085–8

3 Nature, 1988; 334: 287

4 Inflamm Res, 2004; 53: 181–8

The healing energy of your hands

Before quantum machines and sophisticated gadgetry, ancient man realized the healing power that emanated from his hands. Now, modern research is verifying the physics of human healing energy.

The laying on of hands is humanity's oldest form of energy medicine. History is full of examples of how some people had the power to heal simply by touch.

Jesus was probably best known to his contemporaries as a healer rather than as a prophet. Monarchs across the centuries have also been popularly endowed with the gift of healing—the idea of being cured by the ‘Kings Touch’, as it was known in Britain, survived until the reign of Queen Anne. And, of course, the laying on of hands is the stock-in-trade of shamans and witch doctors. It is also the starting point of healing techniques such as Qi Gong, Reiki, Quantum Healing and Therapeutic Touch.

The basic technique is usually called ‘spiritual healing’, which is defined as “a systematic, purposeful intervention by one or more persons, aiming to help another living being by means of focused intention (or) hand contact . . . to improve their condition”.¹ Some healers believe that their powers come from divine sources, others that it is a form of psychokinesis and still others that it triggers the body's own self-healing mechanisms.

Whatever the nature of the healing power, there is reasonably good clinical evidence that it can have genuine medical benefits, and that it is not caused simply by the patient's belief in the treatment—the so-called ‘placebo effect’. Indeed, a recent review of over 20 clinical trials of spiritual healing found that around half of them demonstrated significant benefits.²

Even more convincing are the studies that have been carried out on laboratory animals and plants. The most celebrated cases involved Oskar Estebany, a Hungarian cavalry officer who had a reputa-

tion for healing his regiment's horses. In the 1960s, Canadian researcher Dr Bernard Grad tested Estebany's powers in a number of controlled experiments at McGill University in Montreal. In one of these tests, Grad showed that Estebany could speed up the growth of barley seeds by ‘healing’ the water used to germinate them.³

In another, Estebany was asked to heal skin wounds on 100 mice. He simply picked up their cages and gave them ‘healing energy’ 30 minutes a day for two weeks. As a control for comparison, a group of medical students did the same with a matching set of mice. Of the two groups, Estebany's mice showed significantly faster wound-healing.⁴

Since the 1960s, scores of laboratory experiments have confirmed Grad's pioneering work. For example, in 1989, two physiologists at the University of London tested English healer Geoffrey Boltwood's healing powers on plants. They found that he could not only accelerate plant growth, but also protect plants from the effects of toxic substances.⁵

More recently, English researcher Dr Toni Bunnell, at the University of Hull, showed that spiritual healing could affect the activity of an enzyme in a test-tube. She compared true healing with identical sham healing, where the only difference in technique was in the ‘intention’ of the person holding the test-tube. “Across 20 separate trials, the reaction rate of the enzyme sample ‘healed with intent’ was found to be significantly greater,” she reported.⁶

So, it appears that healers are able to produce genuine medical effects—but how do they do this?

One theory has been that healers can affect water molecules. Stephan Schwartz, of the Mobius Society in Los Angeles, has shown that water treated by healers has distinct changes in its infrared-absorption characteristics, which suggests an alteration in hydrogen-bonding.⁷ This could mean that, during energy

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healing, the process actually changes the molecular structure of living things.

Is there anything that can be measured coming from healers that could account for their effects? Certainly, patients experience a feeling of heat—but that could be just a simple thermal effect of the laying of hands.

In the 1980s, Dr John Zimmerman of the University of Colorado decided to use a magnetic-field detector called a SQUID (super conducting quantum-interference device) to study healers in action. This machine had already been used to detect the subtle increases in electromagnetic activity at acupuncture points (see *Living The Field Lesson Fifteen*), so this was a highly sensitive instrument.

In fact, it turned out to be too sensitive for healers. Zimmerman targeted the SQUID detector onto the hands of a healer during a healing session, and was surprised to see an electromagnetic signal so strong that it was beyond SQUID's range of calibration.

Nevertheless, the machine was able to register that the healers' energy field was a pulsating signal ranging from 0.3–30 Hz, with most of the activity being around 7-Hz range.⁸

Zimmerman's findings were confirmed a few years later by scientists in Japan. They found "a large biomagnetic field" emanating from the hands of practitioners of a variety of healing techniques, including Qi Gong, Zen and yoga. The fields they found had a strength of about 1023 gauss, which is some 1000 times stronger than the electromagnetic output of the heart (the signals picked up by conventional heart monitors such as an electrocardiograph), and a million times stronger than the electrical activity of the brain.

The Japanese researchers also confirmed Zimmerman's more detailed measurements—they, too, found that the fields from the healers' hands pulsed "with a variable frequency centered around 8–0 Hz".⁹

Interestingly, this is precisely the frequency range that French biologist Jacques Benveniste found that body cells use for electromagnetic (EM) communication. It is also the frequency output of clinical EM devices used to accelerate bone- and wound-healing.¹⁰

So, the evidence clearly shows that healers emit electromagnetic signals, and that these signals are at the precise fre-

Feeling the healing energy

Experience your own *ch'i* like this:

- ❖ Hold the palms of your hands facing each other, about two inches apart
- ❖ Taking a few deep breaths, focus your attention on the space between your hands
- ❖ Now move your palms about six inches apart, then move them back to the first position (two inches apart)
- ❖ Continue moving them gently apart and together again for a minute or two. You should feel a tingling and a sort of resistance, as though the air between your palms has become thicker. That is your energy, or *ch'i*.

Learn to transmit *ch'i* like this:

- ❖ Place the palm of your hand a few inches above someone else's palm, finding a distance that produces the maximum *ch'i* sensation
- ❖ Now slowly rotate your right hand in tiny circles, as though the center of your palm is a laser beam with which you are drawing a circle on your partner's palm
- ❖ Increase the circumference of the circle so that your palm is shining light on each of your partner's fingertips then move down to the top of the wrist
- ❖ After making several circles, reverse the direction. Can your partner feel any difference?

quencies used by the body's cells for communication and self-repair. Here, at last, is confirmation by modern science of the ancient concepts of *ch'i* and *prana* in Oriental medicine—measurable physical proof of the existence of an etheric healing force.

This represents a huge breakthrough in our understanding of the healing phenomenon—but it is not the whole explanation.

In the next lesson, we will see how healing energy can be transmitted over huge distances—much too far for electromagnetic energy to be the activating mechanism.

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- 1 Benor DJ. *Healing Research, Vol 1*. Munich/Oxford: Helix, 1992
- 2 J Alt Complement Med, 2000; 6 (2): 159–69
- 3 Int J Parapsychol, 1963; 5 (2): 117–33
- 4 Int J Parapsychol, 1961; 3 (2): 5–24
- 5 J R Soc Med, 1995; 88 (4): 203–7
- 6 J Sci Explor, 1999; 13 (2): 139–48
- 7 ISSSEEM (International Society for the Study of Subtle Energies and Energy Medicine), 1990; 1 (1): 43–72
- 8 J BioElectroMagn Inst, 1990; 2: 8–17

The mind of a healer

Mental preparation techniques vary considerably from healer to healer, ranging from invoking the divine to simply quieting the mind. Some healers merely say to themselves: “May this patient receive the healing that they need.”

American psychologist Lawrence LeShan, who has trained individuals to perform psychic healing, describes the process as “the healer becoming as one with the healee. Without that context, results tend to be transient, while with it, results tend to be permanent.”¹

Psychologist Dr Stephen Applebaum says that the best healers have strong imaginations: “like many artists, healers are disinclined to accept the world as it is; they are inclined to make something different of it.”²

However, some experts believe healing can be done without either quieting the mind or even a spiritual approach. This was dramatically proven by two skeptical New York researchers. They simply copied the techniques of a practiced healer, and produced remarkable cures in laboratory mice. Although injected with 100-per-cent-lethal cancer cells, 88 per cent of the mice were cured. What's more, the mice could not be reinfected again.

The same thing happened when skeptical medical students were taught healing techniques. “The techniques did not involve belief of any sort, nor did they include meditation, focused visualization, spiritual discipline, or lifestyle changes. The initial techniques involved a series of routine mental tasks that were not directly intended to produce healing. The mental techniques required several weeks of practice to achieve sufficient mastery to move on to the laying-on-of-hands techniques,” says Dr William Bengston.

“Belief in laying on of hands is not necessary in order to produce the effect; there is a stimulated immune response to treatment, which is reproducible and predictable.”³

1 LeShan L. *The Medium, the Mystic and the Physicist*. Penguin Books/Arkana, 1995

2 Appelbaum SA. *The Mystery of Healing*. Cambridge, MA: Lumen Editions, 1999

3 J Sci Explor, 2000; 14 (3): 353–64

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9 Acupunct Electrother Int J, 1992; 17:
75-94

10 Adv Chem Series, 1995; 250: 277-85

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Healing: a meeting in The Field

In the last lesson, we learned that scientists have tried to explain spiritual healing in terms of conventional electromagnetic (EM) fields. The evidence is conclusive that healers' hands produce very strong EM pulses. In fact, the energy emitted by healers is the largest electrical output ever measured from the human body.

The research conducted thus far on healers suggests that healing may be explained in ways that can be understood by matter-based science.

However, that is certainly not the whole story. Among the first to suspect that healing is a more complex phenomenon was US parapsychologist Dr William Braud. In his pioneering research in the 1980s, he developed the 'healing analogue' experimental technique. The 'patient' was wired up to an apparatus that measured galvanic skin resistance (GSR), a highly sensitive measure of the body's autonomic nervous system, something largely outside of conscious control. The healer, in a separate room up to 60 feet away, was told to try and affect the 'patient' during 30-second periods randomly selected by a computer. The patient, of course, had no idea when these bursts of 'healing' periods were occurring.

Over the years, Braud and his colleague Dr Marilyn Schlitz have tested 62 healers in over 300 experiments, and found "a significant and characteristic variation in GSR response . . . during 'intentionality' [when the healers were trying to influence the patient]", despite the fact that the healers were too far away for any EM radiation to be an operative factor.¹

Healing effects have also been tested over even greater distances. In 1980, scientists at the University of Tennessee asked healers to try to influence the growth of disease-causing fungi as far as 15 miles away while ignoring an identical set of cultures being grown in the same

lab. When the two sets of cultures were analyzed, 75 per cent of the targeted fungi showed less growth than the other, non-targeted ones.²

One of the most dramatic demonstrations of distant healing was observed with a single blade of grass. Also in the 1980s, US industrial chemist Dr Robert Miller was measuring the growth rate of rye grass under different lighting conditions. For this, he was using instrumentation so sensitive that it could detect the growth rate of an individual blade of grass down to a few thousandths of an inch over the course of an hour. Under uniform lighting, temperature and water, Miller found that rye grass grows at a fairly constant 0.006 inches an hour.

Miller happened to meet up with the well-known healer, the late Olga Worrall, and challenged her to affect the growth rate of his experimental grass from her home, over 600 miles away from his laboratory. At the prearranged time of 9:00 pm, Worrall set about sending 'healing energy' to the grass, visualizing a white light all around it.

This is what Miller reported: "All through the evening up until 9:00 pm, the [growth measurement] trace was a straight line with a slope which represented a growth rate of .00625 inches per hour. At exactly 9:00 pm, the trace began deviating upward and, by 8:00 am the next morning, the growth rate was .0525 inches per hour, an increase of 830 per cent."

Although this exceptionally rapid growth rate (equivalent to a foot a day) gradually slackened, Miller observed that one particular blade of the grass continued to grow at a faster rate, and never reverted to its original standard speed.³

During 2000–2002, parapsychologists Serena Roney-Dougal, at the Psi Research Center in Glastonbury, UK, and Jerry Solfvin, at the Center of Indic Studies, University of Massachusetts, ran a series of well-designed, randomized and blinded experiments of distant healing on

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lettuce. These studies took place on UK organic farms, and involved asking a healer to enhance the seeds of various types of lettuce with the intention of producing greater plant health and yield (determined by weight). Here, the lettuce plants did indeed show significantly greater yields, and less slug and fungal damage that could only be ascribed to the healing effects on the seeds.⁴

Such experiments have produced some of the most convincing proof of distant healing, establishing it as a genuine phenomenon, and bolstering what may sometimes be rather less dramatic evidence from real-life tests with people.

In human studies, the modern concept of distant healing is difficult to separate from the age-old, almost instinctive human behavior of praying for someone's recovery from illness. Researchers tend to lump the two concepts together.

In a landmark study in 1988, US medical researcher Randolph Byrd tested the power of prayer as if it were a pharmaceutical product. At the end of the trial, there were no differences between patients prayed for and those not prayed for in terms of length of stay in the CCU. However, the prayed-for patients had experienced fewer heart arrests or

bouts of pneumonia, needed fewer drugs and had a lower overall clinical 'severity index'.⁵

One of the great forces in distant healing research was the late American psychiatrist Elizabeth Targ. With retired hospital administrator Fred Sicher, she chose AIDS—then considered the world's most fatal disease—as the ultimate challenge to her healers. By the end of the six-month study, all 10 of the patients receiving healing were still alive, whereas four of the control patients had died, as expected with such a rapidly terminal disease.

She repeated the study using the same 40 healers, including rabbis, Native American medicine men and psychics. The results were just as dramatic: the prayed-for AIDS patients still fared significantly better than the controls.⁶

So far, distant healing has been studied in about 20 separate clinical trials, with more than half of them showing significant evidence of healing.⁷

The fact that results aren't generally as dramatic in humans as in non-humans may be due to an interesting finding by Braud. He found that people could block the positive intentions of the healer by imagining being surrounded by a wall.⁸

So, it may be that healing succeeds

Test your own healing power

As a beginner, instead of trying out your healing energy on other people, animals or bacteria, experiment with plants. They are, by far, the least troublesome of test subjects, and can make for some very satisfying experiments. For example:

- ◆ Take three pots of the same size, each filled with soil from the same source
- ◆ Now take three batches of seeds from the same packet and plant, say, four seeds from each batch into each pot. Use large ones, such as corn seeds, as they are big enough to allow you to plant them identically—say, with their pointy ends down—and to the same depth
- ◆ Place the pots in the same environment, and water them with measured, equal amounts of water
- ◆ Now, send positive thoughts or prayers to the first pot, ignore the second one, and send negative thoughts to the third (such as imagining the plants in a desert or being bombarded by nuclear radiation).
- ◆ After two weeks, you should be able to see visible differences in growth rates between the first and third pots, with the second, ignored pot serving as a comparative control.

best when there's a reciprocal connection between the healer and patient, which suggests that healing may be more like a resonance set up between two people meeting each other in The Field.

What distant healing shows is that the whole concept of 'energy medicine' may ultimately be misconstrued. "I think it's misleading to call this energy medicine, because that suggests that something measurable and tangible is being exchanged, when the evidence suggests otherwise," says Dr Larry Dossey, a world expert in the science and practice of spiritual healing. "Distant healing is an expression of non-local mind . . . The concepts of non-local mind, non-local phenomena, are widely known in physics now, and we know that nothing is sent in non-locally correlated events."

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- 1 Alt Ther Health Med, 1997; 3 (6): 62-73
- 2 Tedder W, Monty M. Exploration of long-distance PK: a conceptual replication of the influence on a biological system, in Roll WG et al. (eds). *Research in Parapsychology 1980*. Metuchen, NJ: Scarecrow, 1981: 90-3
- 3 Med Hypoth, 1982; 8: 481-90
- 4 J Soc Psychical Res, 2002; 66: 129-43
- 5 South Med J, 1988; 81 (7): 826-9
- 6 West J Med, 1998; 169 (6): 356-63
- 7 Ann Intern Med, 2000; 132 (11): 903-10
- 8 ISSSEEM (International Society for the Study of Subtle Energies and Energy Medicine), 1991; 2 (1): 1-46



The power of magnetic attraction

In this series on the medical and therapeutic uses of fields, we will now touch upon one of the most primary fields of all—magnetic fields.

In a very real sense, magnetic fields are not just primary, but primordial, fields. They were generated during the very birth of our planet, as it cooled from a celestial ball of molten iron and started to circle the sun.

Although the earth's own magnetic field comes from the core of iron that lies at its heart, many magnetic rocks can be found on the surface.

The first recorded use of these rocks for medical purposes was by the celebrated medieval physician and alchemist Paracelsus (1493–1541; born Theophrastus Bombastus von Hohenheim), who reasoned that, as magnetic rocks have the power to attract metal, they might also attract diseases and draw them out from the body. He is reputed to have used magnetic rocks to cure epilepsy, diarrhea and hemorrhage.

Recently, modern science proved him right when doctors successfully reduced epileptic seizures using a magnetic field.¹

With the invention of carbon steel and electricity in the mid-18th century, the first artificial magnets could be made, offering much higher field intensities. However, during a brief and shady encounter with Swiss doctor Franz Anton Mesmer, magnets received a bad press—from which they never really recovered until very recently.

Modern magnets are now made of more exotic materials than steel, which means they can be miniaturized without sacrificing field strength. This has allowed them to be worn close to the body and targeted on particular spots.

For years, magnet manufacturers have had to brave the hostility of a skeptical medical profession, but their perseverance has now, finally, paid off. A number of well-designed clinical trials have recently clearly demonstrated that mag-

netic fields can produce spectacular health benefits—sometimes even when nothing else will work.

Pain relief—and more

The most common application of magnet therapy is for the control of pain. For example, magnets placed on the abdomen have been found to reduce pelvic pain, even in chronic cases.²

An even more difficult pain to treat by conventional means is the often severe shoulder pain that goes along with spinal-cord injuries. However, when magnets were placed on the shoulder, the pain was reduced to almost half within just 60 minutes.³

In diabetes, there is a particular kind of pain and irritation that occurs in the feet, called peripheral neuropathy. When diabetics were given magnetic insoles to wear in their shoes, again, their pain levels have been nearly halved.⁴

What has finally convinced doctors that magnetic fields can produce genuine medical benefits is that it has been very easy to prove, one way or the other. For example, in the three studies mentioned above, the magnets were compared against identical-looking, non-magnetized devices. This rules out the possibility of any 'placebo effect' as an explanation of treatment success, caused by simply believing that the treatment will work—until recently, the standard knee-jerk criticism of magnet therapies.

So, magnetic fields have been proved to effective for pain relief. Yet, magnets can do much more than that—they can actually heal. Plastic surgeons have tested them for wound-healing—again, using fake magnets for comparison—and found that the real magnets significantly reduced postoperative swelling and bruising as well as pain.⁵

Much more amazing, however, is what's been happening in Russian hospitals. There, magnetic field therapy has been tried out on people paralyzed by spinal cord injuries—the kind of paralysis

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that is notoriously slow to improve. Astonishingly, Soviet doctors have found that magnetic fields can speed up the restoration of ‘motor function’ by 50 per cent and ‘sensory functions’ by 75 per cent.

The same doctors have also performed some extreme tests on animals, completely severing the spinal cords of rats. When the crippled animals were placed within a magnetic field, the severed areas grew new nerves, eventually reversing the paralysis and restoring 50 per cent of the original movement in the rats’ hind paws. Putting the obvious cruelty of such vivisection aside, this is a staggering piece of medical science that clearly has major implications for human paraplegics.⁶

How can a magnetic field achieve such apparent miracles? The generally accepted explanation is that magnets cause heat, thus drawing more blood to flush away waste and toxic products while bringing more oxygen and nutrients.

This could account for pain relief or even wound-healing, but is clearly not enough to explain the Russian spinal-injury repair. It also doesn’t explain the tantalizing findings of a team of mildly skeptical British investigators at the College Surgery, Cullompton, and Uni-

versity of Exeter, Devon, who tested a commercially available magnetic bracelet claiming to ease joint pain. The researchers also asked the magnet manufacturer to make two extra sets of identical-looking dummy bracelets, one with a very weak magnetic field, the other with no field at all. The three bracelet types were then randomly worn by nearly 200 osteoarthritis sufferers for three months.

The results were a triumph for the magnets: while the low-strength or dummy bracelets had no effects, the real magnets reduced pain by an average of 27 per cent. That may not sound like a lot but, as the scientists pointed out, it is “similar to that found in trials of frontline osteoarthritis treatments, including . . . nonsteroidal drugs.”⁷ In effect, pain relief by magnetic fields is at least on a par with the most prescribed conventional pharmaceutical treatments.

Moreover, the magnetic bracelets, worn on the wrist, didn’t just benefit the immediately surrounding areas of the body because these patients had osteoarthritis of the knee and hip.

So, the therapeutic effects of magnetic fields aren’t just the result of localized heating and increased blood flow.

Are there any other possible explanations? Yes, indeed. Some believe that magnets interact with the iron in blood to

Healing with magnets

A 51-year-old woman had a stomach lesion that refused to heal. Her doctors had tried everything but, despite a whole year’s worth of treatment, it still remained an open wound. In desperation, the hospital tried magnetic fields, wrapping magnets within her standard wound dressings. “In one month, the wound completely healed,” reported her pleased doctors at Toledo Hospital in Ohio.¹

Dr William Philpott of Oklahoma had a 70-year-old patient who, despite having undergone coronary bypass surgery, continued to suffer from heart pain. In addition, he couldn’t walk, his speech was slurred and, not surprisingly, he was chronically depressed.

Dr Philpott decided to try magnetic therapy. He placed a magnet over the old man’s heart and, within 10 minutes, the pain had disappeared. For the next few nights, magnets were applied to the patient’s head. Within a month, his depression was gone, his speech was clear, and his walking had returned to normal.

1 Ostomy Wound Manage, 1998; 44 (5): 24–9

increase circulation in general. Others hypothesize that magnetism may affect hormones, enzymes or chromosomes, or stimulate acupuncture meridians.

Dr Kyochi Nakagawa, director of the Isuzu Hospital in Tokyo, goes even further, claiming that many of our modern diseases result from what he calls ‘magnetic field deficiency syndrome’. He cites evidence that the earth’s magnetic field has decreased by about 6 per cent since 1830 and by possibly as much as 30 per cent over the last 1000 years. His theory is that magnetic therapy simply provides a replacement for the magnetic field that the earth—and we humans living on it—have lost.

However, the latest evidence is that low-intensity magnetic fields (similar to those of the earth itself) have little therapeutic value. In fact, the field strengths that seem to work best are around 2000 gauss or 200 milliteslas (4000 times stronger than the earth’s magnetic field).

Thus, as we’re still without an explanation for how magnets work, as Paracelsus said, “Magnetism is the king of all secrets”.

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- 1 Epilepsy Behav, 2003; 4 (6): 740–5
- 2 Am J Obstet Gynecol, 2002; 187 (6): 1581–7
- 3 J Spinal Cord Med, 2004; 27 (2): 138–42
- 4 Arch Phys Med Rehabil, 2003; 84 (5): 736–46
- 5 Plast Reconstr Surg, 1999; 104 (7): 2261–6; discussion 2267–8
- 6 Zh Nevropatol Psikhiatr Im S S Korsakova, 1989; 89 (5): 41–4
- 7 BMJ, 2004; 329 (7480): 1450–4

Contacts

There are very few magnet therapists in Britain. To find one in your area, visit www.the-cma.org.uk.

The wrist magnets tested by Exeter University for arthritis are made by Ecoflow in Cornwall (tel: 01752 841 144).



Breaking open the head

Cranial osteopathy works with the plates of the skull to regularize spinal fluid. This type of energy medicine may help a range of biological and mental problems.

It is called osteopathy, but there's no flexing of limbs, no cracking of spines, and no grunts or groans. In fact, a cranial-osteopathy treatment is often whisper-quiet, with the patient feeling no more than what has been likened to "the touch of a silk handkerchief".¹ Osteopath Jonathan Hoggard, whose clients include members of the British royal family, describes cranial osteopathy as "a fine balancing process, on a more subtle level than physical adjustment. The sense is more like the laying on of hands in healing."

Says Stuart Korth, who has pioneered osteopathic treatments for children in Britain: "The word 'cranial' is a misnomer, as it applies to much more than the head," he says "and, although it is osteopathy in that it involves righting the body structurally, it is much closer to energetic medicine, as it uses the patient's own energy fields to produce bodily changes."

Cranial osteopathy is considered a somewhat avant-garde technique, but it's actually been around for over half a century. It was first invented in the 1930s by the American osteopath William Sutherland, who was struck by the discovery that the skull is made up of interlocking bony plates. Might those plates be manipulated, he wondered, and, if so, what might that do?

It was well known that the skull and brain (the cerebrum) are separated by a thin protective layer of fluid, which acts as a kind of shock absorber. This fluid is also found along the spine, which is why it's called the 'cerebrospinal fluid'. By the 1930s, it was also known that that the fluid circulated between the brain and the spine. Sutherland put the two observations together, and came up with the idea

that manipulating the bony plates of the skull might improve this cerebrospinal circulation and, thus, influence health.

He was encouraged in this belief by his discovery of what he termed a 'cranial rhythmic impulse' (CRI) or a 'primary respiratory mechanism'—a unique pulsating flow within the cerebrospinal fluid that is similar to, but separate from, the heart beat and, in his opinion, more important to the body's health than breathing. The CRI pulse was only detectable, he said, by 'thinking fingers',² or by what one of his followers described as "a tactile sense trained and developed beyond normal requirements".¹

Sutherland claimed that abnormalities in the CRI indicated blockages in the cerebrospinal circulation, and this led him to develop a set of subtle manipulative techniques designed to "restore balance". Sutherland himself confined his manipulations to the skull but, nowadays, cranial osteopaths also manipulate the CRI within the spine itself.

The technique is not only used for many traditional osteopathic problems such as jaw problems and back pain, but also for a host of apparently unrelated conditions, for example, headaches, chronic fatigue, poor coordination, immune disorders, eye problems, depression, hyperactivity, attention-deficit disorder and even autism.

So how does cranial osteopathy work? Many cranial osteopaths freely admit that it's all a bit of a mystery. For one thing, controlled trials have shown that no two practitioners can agree on the CRI for any particular patient: for example, one osteopath might detect 12 pulses a minute while another would find 15.³

Yet, practitioners tend to describe what they do in the same way. "We find a point of balance in the patient's energy field, and stabilize it through manipulation of the CRI," says Stuart Korth. "One feels the fluid fluctuate until a 'still point' is reached, at which time, the whole rhythm is normalized," says Jonathan

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Hoggard. So, there's clearly something real going on in this silk handkerchief of a practitioner's touch.

And the technique does appear to work, particularly in infants, for whom conventional osteopathy would clearly be too brutal. Stuart Korth, a pioneer in this field, has gone so far as to recommend that every newborn be routinely assessed for treatment. Hoggard agrees. "The most convincing reason for working on babies is that their heads undergo tremendous pressure during birth, which can leave their heads distorted and compressed," he says. Skull compression is, of course, one of the major problems that cranial osteopathy is designed to correct.

Korth points to a number of common infantile problems, such as colic, excessive crying, sleeplessness and glue ear

(inner-ear infection with effusions), that he believes are often caused by cranial distortion. "Around 80 per cent of all newborns show some pattern of stress and strain that may have occurred before, during or soon after birth," he says. These stresses may lead to more serious problems, including clumsiness, sinusitis, cerebral palsy, epilepsy, allergies and asthma. "We have thousands of examples of young patients with dramatic improvements in these kinds of conditions," says Korth (see box below).

However, there have been no clinical trials of the technique. So, for some skeptics, the therapy amounts to no more than voodoo. "Admittedly, not everybody benefits," says Hoggard, "but the number who do is convincing enough to show that it's worthwhile." Korth agrees: "It deliv-

Successful spinal taps

- ◆ Little Clare was born healthy and happy. But, at seven months—out of the blue—she suffered a series of seizures, which became more severe and frequent until she was having over 50 fits a day. Clare was finally diagnosed with a rare and severe form of epilepsy. "The doctors said they could do nothing for her, and that she would have to live with it," says her mother. "They also said she would get worse, and her mental development would be seriously affected."

She turned to Stuart Korth's Center, where Clare was given gentle CRI manipulation on her spine and skull. Astonishingly, after just one treatment, her daily fits completely stopped. In the 18 months since, with monthly treatments, she has had only one bout of seizures.

- ◆ Mother of two Laura Jones had suffered from lower back pain for years. Jonathan Hoggard identified the problem as her sacroiliac joint (where the spine meets the pelvis), which was fused and inflamed. "Conventional osteopathy would have made the inflammation worse," says Hoggard. He decided to use cranial osteopathy, gently manipulating Laura's skull and lower back. "It felt like he was doing nothing," says Laura. "All I could detect was a sort of fluttering from his fingers."

After just one treatment, Laura was pain-free. Now she sees Hoggard about once every six months for a refresher treatment. "She has an inherent defect in her spine, which makes it impossible to cure her completely," he says, "but it can be kept under control with an occasional cranial treatment to gently reestablish mobility."

For most women, the birthing process makes the sacroiliac joint too flexible. "If left untreated, a loose sacroiliac joint can pull down on the meninges in the spine, thus causing a drag on the brain," says Hoggard. "In my view, this could be one important cause of postnatal depression".

ers what I call ‘clinical usefulness’, although it may not yet be quantifiable scientifically.”

For the moment, however, cranial osteopathy remains one of medicine’s many mysteries. As US osteopath Harold Magoun puts it: “There is a source of energy in the CRI, which is closely associated with the life principle . . . a source of power manifesting in intricate patterns . . . an enigma for future research to disclose.”¹

Tony Edwards

TV producer Tony Edwards is also a freelance writer specializing in leading-edge alternative medical and scientific research

- 1 Magoun HI. *Osteopathy in the Cranial Field*. Kirksville, MO: Journal Printing Company, 1966
- 2 Sutherland WG. *The Cranial Bowl*. 1939 (self-published)
- 3 J Manip Physiol Ther, 2001; 24 (3): 183–90

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Biorhythms

We all have them—days when, for no particular reason, we feel below par, can't think straight or are accident-prone. But there are also days when we have unexpected bursts of energy. According to a 100-year-old theory, all of this could be down to whether your biorhythms are in a negative or positive phase.

The idea of life being governed by natural rhythms is a familiar one: we have the day–night cycle, the monthly female cycle, the seasons returning annually. But could there be other, more complex cycles ruling our lives?

That was certainly the conclusion reached by two doctors in the early 1900s, both working independently of each other. Dr Hermann Swoboda, a psychologist at the University of Vienna, monitored his patients' emotional moods, dreams and physical symptoms such as asthma. He noted, in particular, that asthma attacks recurred in a regular cycle, and discerned two distinct cycles—of 23 and 28 day—which he termed 'physical' and 'emotional', respectively.¹

At about the same time, Wilhelm Fleiss, an ear, nose and throat specialist in Berlin, was also interested in biological cycles after discovering that his patients' medical records showed up many bodily functions occurring in the same 23- and 28-day cycles.² Intrigued by these findings, the Austrian mathematician and engineer Alfred Teltscher looked at his own students' academic work, and discovered yet another cycle—one governing intellectual functioning, which seemed to rise and fall in a pattern lasting 33 days.

These three cycles—emotional, physical and intellectual—form the core of biorhythm theory. The 23-, 28- and 33-day cycles are charted from birth (zero). When illustrated as a graph, the three cycles rise from zero to a high point, descend back to the zero line, then fall correspondingly to a low point and rise

back again to zero. As each cycle has a different length, they intersect each other occasionally. Those days when one or more of the cycles crosses the zero line are considered 'critical' days, when that particular function is low.

Although popular in the 1920s, biorhythms really took off 50 years later with two bestsellers: George Thommen's *Is This Your Day? How Biorhythm Helps You Determine Your Life Cycles* and Bernard Gittleson's *Biorhythm: A Personal Science*. More recently, the Internet has provided another fillip, as cycles can be easily calculated online. A number of websites offer a biorhythm-chart service (often for free)—just enter your birthdate, and up pops a graph of your biorhythms for that day or the next.

Proponents claim that knowing your personal biorhythms can guide you through life by, for example, helping you to prevent accidents, decide on business and work plans, control health decisions (such as the best time for surgery) and even choose a life partner.

Do biorhythms work? The short answer is, we don't know. There isn't enough scientific evidence to reach a firm conclusion. On the one hand, many people believe in biorhythms and run their lives by them, having found by experience that their highs and lows correspond to their biorhythm chart. On the other hand, skeptics point out that these correlations could often be self-fulfilling prophecies, particularly given the sheer number of high and low points generated by the three overlapping cycles. A further complication is that new cycles are being added all the time. There is now a 38-day intuitive cycle, a 43-day aesthetic cycle and a 53-day spiritual cycle. This makes scientific analysis almost impossible, and is one reason why the whole idea tends to be dismissed out of hand.

However, there are some aspects of biorhythms that have more respectable credentials. This includes the relatively new science of chronobiology—the study

LIVING THE FIELD

of how the body is governed by time cycles, the most obvious of which are the days and the months.

Interest was first sparked by medical statisticians who discovered some intriguing patterns in the tide of human affairs. For example, most births take place around 4 am, most heart attacks around 9 am and most asthma attacks around 11 pm. Body temperature is lower at night than during the day, irrespective of whether someone is active or not.

German scientist Dr Jurgen Aschoff made a key breakthrough in the 1960s when he discovered that all living things—plants, animals and humans—have internal biological ‘clocks’ that govern a whole range of bodily functions. He showed that this clocking mechanism is totally unconscious and automatic, its major purpose being to prepare the organism for its various activities throughout the day/night cycle.³ Almost all physiological functions have now been shown to have daily rhythms.

The biological clock appears to be hardwired into all living things, although it is not necessarily perfectly synchronized to the 24-hour day. In the case of humans, it turns out that our innate clock

cycle runs at about 25 hours. This was discovered by isolating people away from natural daylight, and monitoring their daily rhythms. People trapped in dark caves, for example, consistently underestimate the number of days of incarceration. Aschoff showed, however, that our body clocks are resynchronized every day by exposure to light.

We are probably most aware of our own body clock when we experience jet-lag, the symptoms of which are mainly due to the forcing of our innate sense of time to conform to an alien one. But seasoned alcohol imbibers have also learned that the same amount of alcohol is far more disabling when drunk at lunchtime than in the evening. Again, this is due to the fact that the liver has a daily cycle of efficiency: it is three times better at detoxifying later in the day.

Feeling drowsy in the early afternoon is another body-clock phenomenon and, although it’s called the ‘post-lunch dip’, it is entirely unrelated to whether we actually eat lunch or not.

Some medical practitioners are now recognizing that biorhythms have profound implications for medicine. Indeed, the efficacy—and side-effects—of many

Know your biorhythms

- ❖ **7 am:** Best time to have sex. The body produces a surge of sex hormones and a rush of adrenaline. Men’s testosterone levels have risen during sleep and reach a peak at this time
- ❖ **8:30–9 am:** Blood pressure and metabolic rate at their highest, so it’s the best time to eat. The same amount of food eaten now puts on less weight than later in the day
- ❖ **9:30–11:30 am:** Brain power and short-term memory at its best
- ❖ **2 pm:** best time for a catnap; worst time for accidents and giving birth
- ❖ **2:30–3 pm:** Long-term memory at its best
- ❖ **4–6 pm:** Reaction time and hand–eye coordination at its best. Muscle temperature and other physical parameters reach a peak, so it’s the best time to exercise (most Olympic records are broken in the late afternoon)
- ❖ **6–8 pm:** Sensory acuity highest at this time; cerebral blood flow also at a peak
- ❖ **7–9 pm:** Stress hormone cortisol plummets, the brain begins to produce melatonin (sleep hormone), blood pressure drops. It’s the best time for socializing
- ❖ **10–11 pm:** Another surge of melatonin, peaking at midnight. Heart rate, body temperature, stress hormones fall.

drugs are known to vary hugely, depending on the time of the day they are taken. Pain thresholds, too, are different throughout the day, so the timing of an operation may be crucial—not least because the surgeon’s skill will also fluctuate during the day.

Western science is now recognizing what Eastern sages have known for centuries. We are not static, isolated beings, but are, in a real sense, linked to the natural rhythms of Mother Earth.

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- 1 Swoboda H. *The Periods of Human Life*. Leipzig-Vienna: Deuticke, 1904
- 2 Fleiss W. *The Rhythm of Life: Foundations of an Exact Biology*. Leipzig-Vienna: Deuticke, 1906
- 3 Aschoff J. Exogenous and endogenous components in circadian rhythms, in *Cold Spring Harbor Symposia on Quantitative Biology: Volume XXV. Biological Clocks*. New York: Cold Spring Harbor Press, 1960

