

The Technique of Radionic Diagnosis

The following instructions are designed to enable the student operator to become proficient in the art of Radionic Diagnosis and they comprise four main Lessons. Personal instruction by an authorised representative is desirable.

It should be clearly understood that Radionic Diagnosis does not necessarily detect actual physical manifestations of disease but the predisposing causes.

The Diagnostic Instrument responds to the thought of the operator and reflects his ability to probe mentally. The whole process is one of skilled thinking in conjunction with skilled mechanical operation of the Detector. The clearer the powers of visualisation of the operator the clearer is the response of the apparatus.



DELAWARR LABORATORIES LTD., OXFORD

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INSTRUCTIONS FOR OPERATION STANDARD DELAWARE DIAGNOSTIC INSTRUMENT

LESSON 1

Method of setting the dials.

There is a specific arrangement of the dials for each thought and a Book of Rates has been prepared of physical and mental conditions and parts of the body. This Book of Rates is divided into two main parts—Diseases and Organs.

For convenience in distinguishing them the Disease rates have their second digit as 0 and always commence with the first dial on the top row of the instrument panel. Thus to express the rate for, say, *Tuberculosis* on the dials the correct setting is as shown in Fig. 1. To express the condition of *Tuberculosis in the lungs* the correct dial setting is 40.31(776) as shown in Fig. 2 and the remainder of the dials are set at 0. The appropriate thought to use during the operation is T.B. (lungs). If this is a suitable dial setting for the case in hand there will be a reaction or

“stick” on the rubber surface of the Detector. Setting the dials to the various numbers listed in the Book of Rates produces a “pattern” of radiation rather than a particular frequency. To set the dials for a simple Organ rate, say for the lungs, 776, the first dial on the top row is not now used and remains at 0.

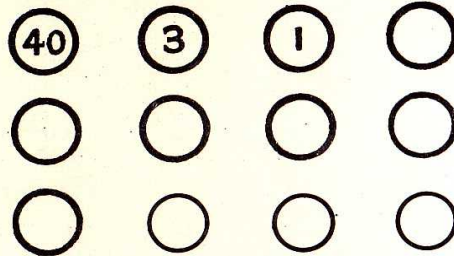


Fig. 1

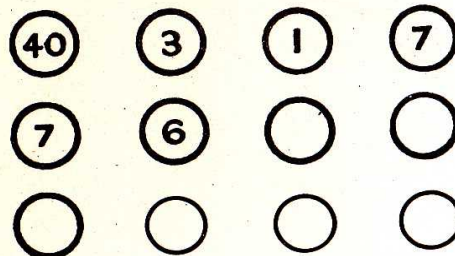


Fig. 2

To determine a true "stick" from a false one.

Fig. 3 shows the Organ rate commencing on the second dial, should more dials be required the second row can be used commencing with the fifth dial

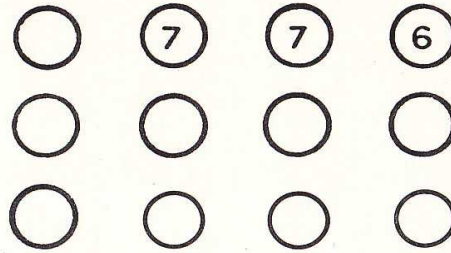


Fig. 3

Place the patient's blood specimen in the appropriate well of the Instrument—the positive well is usually for the male patient and the negative for the female. The disposition of the specimen in these wells must not be taken to indicate sex. They are essentially designed for balanced remedy selection (see Lesson 3).

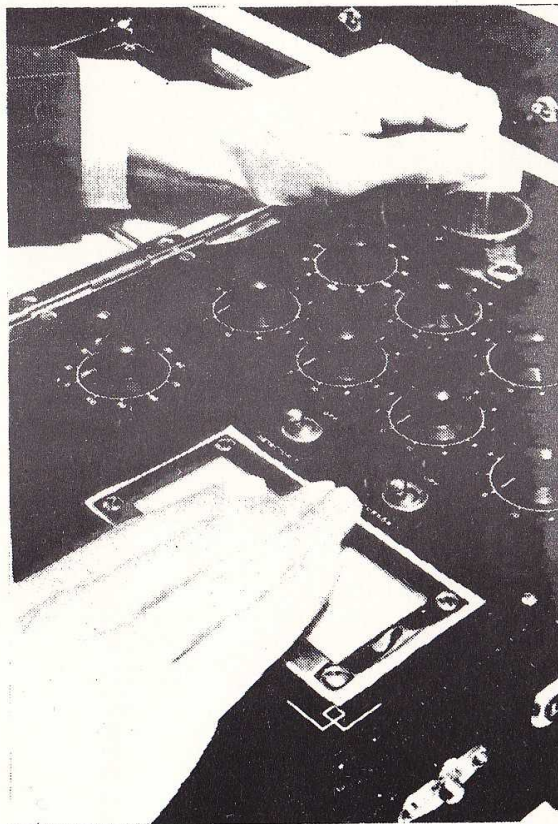


Fig. 4

It is possible for the inexperienced operator to produce a false stick by exerting too much pressure on the rubber surface. The correct mode of operation is seen in Fig. 4 with the right hand held fairly flat but with only the middle finger touching the rubber. A fairly firm pressure is required, the movement is one of stroking from right to left at about two strokes per second. (Left handed operators would have the panel specially constructed with the detector on the left-hand side.) Practice operating with a follow through movement and first of all concentrate on getting the correct pressure.

The correct amount of pressure to apply is when the rubber surface is just *not* puckering under the finger. If the pressure is deliberately increased until a "false stick" is felt and then slightly lessened the correct pressure will be obtained. Up till now the operator has not offered any specific thoughts to the apparatus but now comes the time to try one. First of all the precise thought that is going to be put must be rehearsed in the operator's mind, such as "Which well in the panel does Mrs. Smith's blood specimen go in?" Holding the specimen between the finger and thumb as in the illustration and stroking the rubber detector with the correct amount of pressure the question is put forward and reiterated slowly and deliberately. When the operator records a clear stick or increased frictional resistance on the rubber surface this should promptly be accepted as a true stick or positive result.

It is essential that the pupil operator understands right from the start that a pronounced stick is not possible unless the mind is concentrated on the precise point at issue e.g. "Is this patient's specimen positive or negative?" The temptation in the early stages is to concentrate on "Is there a stick or not?"—which is, of course, not quite the same thing.

Rotating the specimen to critical position.

It has been found necessary to rotate the patient's specimen to a critical position after placing it in the correct well. The method employed is to mount the specimen on a small piece of card in order that it shall be rigid when placed in the well and be controllable during the rotating operation. The left hand then rotates the specimen whilst the right hand operates the detector until the position of the strongest reaction indicates the critical position required.

Adjusting magnetic tuning device.

This magnetic tuning device is situated at the top of the instrument panel. Its purpose is to ensure greater accuracy of results as it enhances the stick. The correct position for this dial is found after the first stick is obtained. Let us suppose that we obtain a stick with the dial setting as in Fig. 1, we then adjust the tuning knob very slowly with the left hand whilst the right hand operates the detector and the correct position becomes apparent when the stick increases in strength.

Method of taking measurements of the efficiency of organs, etc.

The last dial is the measuring dial but it may also be used for rates when more dials are needed. Let us assume that we wish to measure the efficiency of, say, the patient's heart muscle. The organ rate is 25 and so with this on the dials—first dial at 0, second dial at 2 and the third dial at 5—we are ready to measure on the last dial. Commence at 100% and work backwards giving four or five strokes of the right hand to each division on the dial until a stick is felt. It is unusual for any organ to come in on either 90 or 100% unless it is overactive. 80% is taken as a reasonable maximum.

To familiarise oneself with the use of the detector make a list of the endocrine glands and other major organs and then using the last dial *measure* their efficiency of working, thus

<i>Organ</i>	<i>Rate</i>	<i>Efficiency</i>
Ant. Pituitary	694	70%
Post. Pituitary	698	60%
Spleen	465	70%

INSTRUCTIONS FOR OPERATION OF DELAWARE DIAGNOSTIC INSTRUMENT

PART TWO

Technique to be followed when diagnosing a case

The Delaware method of Radionic Diagnosis is designed to find the fundamental troubles supporting the condition of which the patient complains. A cough, for instance, is the end result of a variety of supporting conditions some of which must be treated before the cough can be cured.

It should be borne in mind that such medical terminology as is used in Radionics may be misleading to the medical practitioner and possibly also to the patient; a suitable qualifying statement should therefore be appended to each Radionic Analysis Sheet. If, for instance, nephritis is found radionically, it should only be referred to as a "tendency" to nephritis. A Radionic Diagnosis is not a Medical Diagnosis.

When taking the case it is essential that each one dealt with shall have a case history and the most prominent symptoms available to the operator before he undertakes the diagnosis. The procedure where the disease is not yet determined is to decide on the patient's *most troublesome symptom*. First make a list of the patient's symptoms on a sheet of paper the size of the glass panel on the left-hand side of the instrument. Write in single column well spaced out and then select the first symptom that requires treatment as follows. Set the ninth dial at 10 and all the others at 0—this will enable the symptom of *primary importance* to be found if the operator slides the cursor slowly over each written word. Only the one condition that should be treated first will give a reaction

on the detector. Let us assume that it is Cough, the rate for which is 20244 and proceed as follows:

1. Put the rate 20244 on the dials commencing with the first dial. This then expresses the patient's condition about which we wish to learn more.
2. Measure the " amount " of cough by means of the last dial and record it on the patient's card opposite the date. (See page 8.)
3. We now wish to find the location of the more important conditions which are supporting the cough and so with the **Location Sheet** under the glass in the left-hand panel we place the cursor over each line of print in turn giving four or five strokes with the right hand to each position of the cursor. When a stick is obtained a note should be made as follows:

Mouth and Throat.

Stomach.

Respiratory System.

4. Frequently it is sufficient to pursue one location at a time and so to eliminate we put up 10 on the last dial and offer the cursor to the three locations searching deliberately for the one location that is of *primary importance*. Assuming this gives us the Respiratory System we record it on the card and then turn to Detail Sheet " L ".
5. With Detail Sheet " L " on top of the glass in the left-hand panel and the rate for Cough still on the dials we proceed as before and use the cursor to arrive at the more precise locations for the supporting conditions. We will assume that we are led to—

Bronchi. (2392)

Intrapulmonary bronchi. (4239)

6. **Elimination may be necessary again here, using the rate (10) as above, but we will assume neither of these locations will allow of elimination and duly record our findings as shown on page 7.**

7. **The next step is to arrive at the trouble or troubles affecting these locations and so the Cause Sheet is inserted. To the rate 20244 we can now add the rate for Bronchi, thus 20244 (2392), and with this dial setting we operate the detector and find the following contributory causes and record them.**

Bacterium.

Mineral imbalance.

Fear.

8. **Having dealt with the Bronchi we then turn to the Intrapulmonary Bronchi and proceed as before and arrive at, say**

Bacterium.

With the aid of the appropriate Detail Sheets we can resolve the causes still further and the entries on the patient's card will read as follows—

MR. SMITH.	1.12.60	15.12.60
COUGH		
Respiratory System	80%	
Bronchi		
Mycobac. Tuberc. 6088 (2392)	90%	
Calcium content 3204 (2392)	20%	
Ferrum ditto 3492 (2392)	30%	
Intra-pulmonary Bronchi		
Neisseria Catarrh 5075 (4239)	90%	
Fear — 50627	70%	

Thus we arrive at the location of supporting conditions and knowing what the local conditions are we can give treatment accordingly. Using the ninth dial we can measure the approximate " amount " of disease in each location and the efficiency of working of each cell group— duly recorded under the date. Subsequent columns filled in as the case proceeds will indicate the progress of the case, but regular reports on progress are essential from the patient.

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LESSON 3

Broadcast Treatment Instrument

1. Connect Portable Detector to the testing socket on the front panel of the set.
2. If the Instrument has two blood specimen plates, place blood-spot of the patient on each plate in turn whilst testing for the plate with the stronger reaction on the Detector. If the Instrument has only one blood specimen plate, simply place the blood spot on it.
3. Rotate the blood specimen in a horizontal plane until a reaction is obtained on the Detector.
4. Place the appropriate rate on the dials.
5. Tune the aerial dial by slowly rotating it until a reaction is obtained on the Detector.
6. The Instrument is now correctly adjusted for broadcasting treatment and will continue to do so until it automatically goes out of tune.
7. The aerial dial should be re-tuned each time a fresh rate is set up on the front dials.

When stimulating a cell group the recognition rate in the Book of Rates may be used.

When treating a "disease" condition the *Complementary* Rate to the recognition rate should be used, e.g. to treat and inhibit Strep. Pneumoniae 6067, the correct rate to put on the dials would be 4043. This rate is arrived at by subtracting the dial setting for the recognition rate from the total traverse of the dial; the balance supplies the new rate.

The exception is in the use of rates prefixed with 50 where the treatment rate is 90.

Duration of Treatment

The treatment **should** be intermittent. The period of treatment may vary **from** 10 minutes to half-a-day according to the technique **adopted**. The number of different rates usually dictates the **number** of changes. Rates changed every hour for instance would usually be convenient. In some cases a mass **treatment** is given first thing each day to stimulate the more **important** cell groups, three to five minutes being given to each rate.

The progress of **the** case may be assessed by using the last dial of the Diagnostic Instrument by checking each treatment rate **individually**.

Selection of a Homeopathic Remedy

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

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

Preliminary Selection

It should be **clearly** understood that the sphere of action of each remedy **varies**. The operator cannot expect to get good results **unless** the locations or foci requiring attention are first **clearly** indicated by the diagnosis. Let

us assume that the patient complains of a *loose cough* and that among other things we find it necessary to treat the *Bronchi*. We first measure the "amount" of cough and find it is, say 70% and then with nothing but 0.2392 on the dials, i.e. the rate for bronchi, we turn to the appropriate page of the Repertory. Assuming we are using Dr. Kent's Repertory we would turn to the section marked "COUGH" and under the heading of Loose Cough we find a somewhat extensive list of remedies from which to make our selection.

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

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

Final Selection.

A process of elimination must now be applied and so with the primary rate of 10 on the last dial the more important remedies will be selected by using the cursor. Assuming we now arrive at Arsenicum and Phosphorus we offer the actual bottle or remedy for test as follows. Reverting to the rate for cough and with one remedy still in the well*, we use the measuring dial to see how much of this disease condition will respond to that particular remedy. Probably the Arsenicum would show the greatest reduction, say to 10%, and this would be our final choice at this stage. If the reduction had only been to, say, 30% it is possible that both Arsenicum and Phosphorus are required, in which case they should be put in the well* together and if 10% or even 0% is reached they should be

taken together. In all cases where the heart is suspect the effect of the remedy on this organ should be ascertained by measuring the efficiency of the heart both with and without the remedy in the well*. If the reading is unchanged there will be no sequelae from taking the remedy selected. One further consideration might have been necessary had the finally selected remedy (or remedies taken together) failed to give more than, say, a 30% reduction. A radio-active element such as Radium Bromatum or Uranium would be selected as a *carrier* for the Arsenicum and prescribed to be taken *with* it. Nosodes should be used mainly as prophylactics.

Dosage.

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

NOTE The references to the well of the Diagnostic Instrument refer to the De Luxe Model whereas on the Standard Model circular specimen plates are used instead of wells.