

HUBBARD COMMUNICATIONS OFFICE
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Remimeo
Dianetics Checksheet
Class VIII
Case Supervisors
Registrars
Public Officers

HCO BULLETIN OF 19 JULY 1969

Dianetics and Illness

Although mention of this is made elsewhere in the Dianetics Course, the facts about ILLNESS do not seem, in practice, to reach the Case Supervisors or Dianetic Auditors.

The idea that one can always get rid of an illness by auditing ONE chain to basic is false. Man dreams about "one-shot" cures to a point where he could be accused of being impotent!

Here is an example: A preclear "has always wanted to get his bronchitis handled". In Dianetics a list is made for chest or lung pains or sensations. One is chosen and erased. The "bronchitis" is now better or even absent for a few days. Then we have the preclear back again saying "It didn't cure my bronchitis".

Enough cases are handled successfully by running one chain on a somatic that people get stuck in the win.

Here is another example: The pc says he has migraine headaches. The auditor assesses a "head pain" quite correctly and then runs out one chain. The migraine does not occur for a week after. Then here's the pc again saying "I've still got a headache."

All this is invalidative of the tech and the auditing. A Registrar or Public Division hearing this tends to lose faith in the powers of the tech.

The FACT is that the illness was not properly handled or C/Sed or audited.

In the first place a pc trying to get cured of bronchitis or migraine - or anyone of a dozen dozen other illnesses - should be sent for a medical examination. How do you know the bronchitis isn't tuberculosis? Or the migraine headache isn't a fractured skull?

A "continual side pain" may be a gallstone.

In short, something which continually hurts or disables may be structural or physical.

So, when you omit the first action (medical) in handling an illness, you set up an auditor for a possible failure.

Many of these things can be cured medically without too much heroic action.

If it is medical and can be cured medically, then it should be.

Also it should be audited. This lets the medical treatment work. Many "incurable" illnesses became curable medically when they are also audited.

The second thing that gets overlooked is that AN ILLNESS IS A COMPOSITE (composed of many) SOMATIC.

The correct auditing action on "bronchitis" or "chest trouble" or "migraine headache" or any other continual worrisome illness is to continue to find somatics, sensations, feeling emotions or even attitudes in the area affected and run their chains.

It takes more than one chain of engrams to build up an ill area.

Having found and run the "deflated feeling" of bronchitis, which was the first best read, the C/S should order and the auditor find and run the NEXT somatic, sensation, feeling emotion or attitude in that area.

It is sometimes necessary to add to the list for that area of the body.

Seeing a continual or recurring illness on the Health Form the C/S and auditor should dig out of that area every somatic, sensation, feeling emotion and attitude that can be made to read and run those chains, each one to basic and erasure.

THAT is the way you handle any illness, whether continual or temporary.

The maxim is that IT TAKES MORE THAN ONE CHAIN OF ENGRAMS TO MAKE A BODY ILL.

Continual reassessing and adding to general lists will get there eventually providing it is done long enough. But this general approach will find a certain number of pcs saying to Registrars, Public Officers and friends, "I've still got my _____".

It is in fact a false report. They didn't still all of it. It is one chain less and therefore better.

But auditing gives gains by deletion. A pc does not suffer from what has been erased. He suffers only from that which has not yet been handled.

Some persons tried years ago to get their trouble handled, somebody or some practice failed and after that they don't mention it at all. They don't support the technology anymore either.

So, in handling illness, give the handling of the structural disease side of it to the medical doctor, and thoroughly handle all the mental side of it with auditing and everyone wins.

Any Registrar or Public Division personnel colliding with

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"My 'tombosis was not handled" should call this HCOB to the attention of the person, the Case Supervisor and the auditors.

Only then can you have 100% tech.

LRH/nt
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