

HUBBARD COMMUNICATIONS OFFICE  
Saint Hill Manor, East Grinstead, Sussex

HCO BULLETIN OF 7 APRIL 1972RA  
REVISED AND REISSUED 25 AUGUST 1987

Remimeo  
Tech  
Qual  
Medical Liaison Officers

(This HCOB was originally issued in 1972.  
It was incorrectly revised and reissued  
as a BTB on 23 June 1974. That BTB is  
hereby cancelled and the original HCOB  
reinstated.)

(Revisions in this type style.)

TOUCH ASSISTS

CORRECT ONES

(Reference:

HCOB 14 May 69  
HCOB 2 Jan 71  
HCOB 5 Jul 71RB  
Rev. 20.9.78  
HCOB 21 Oct 71  
HCOB 25 Aug 87 II

SICKNESS  
ILLEGAL AUDITING  
C/S Series 49RB  
ASSISTS  
ASSISTS IN SCIENTOLOGY  
TOUCH ASSISTS, MORE ABOUT)

(Cancels:

BTB 7 Apr 72R

TOUCH ASSISTS, CORRECT  
ONES)

Touch Assist HCOBs are right enough as to the data in them. In the past, many had been written by others than myself.

Accordingly, to correct certain outnesses and GET REAL RESULTS EVERY TIME, I gave a correct demonstration to the Medical Officers at Flag. They were also told by someone else it needed a Case Supervisor clearance and by another that it had to be known by a Class IV Auditor. Both of these data were false and were cancelled.

Being alerted now that students learning it do it all over a doll with no idea of balance, I wish to make sure the correct data is known so this tech, very powerful when CORRECTLY DONE, is better understood as to exact use.

I know no better way of giving the real scene than publishing these correct notes by one of the Medical Officers who took notes during the demonstration.

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TALK BY LRH TO FLAG MEDICAL OFFICERS ON

TOUCH ASSISTS, WITH DEMONSTRATION

On assists when you are speaking with medicos you talk to them in terms of restoring comm in blood and nerve channels.

I've recently observed nobody does a correct Touch Assist. Hence I want to show you how to get real results.

Normal errors in a Touch Assist are: (1) Don't go to extremities, (2) Don't equal balance to both sides, (3) Don't carry through (they go to release point only), (4) Don't repeat on following days if needed.

A guy stubs a toe, the other toe is where it is locked up.

There is a balance of the nerve energy of the body on 12 nerve channels going up and down the spine. The type of energy in the body travels at 10 ft. a second.

The energy from a shock will make a standing wave in the body.

The brain is a shock cushion, that is all. It absorbs the shock from a large amount of energy. The neuron synapse is a disconnection.

A wave one way will have a wave reacting the other way. In the sympathetic system the wave locks up on both sides of the body. So do a Touch Assist thoroughly on both sides. Get both sides and unlock *the* standing wave. The purpose of a Touch Assist is to unlock the standing waves that are small electronic ridges of nervous energy that is not flowing as it should.

You can unlock an impulse in the leg and it can get into the spine and lock up. So this is where you get the chiropractor fixing people. But the nerves are "telling the muscles" to hold the bone out of place.

A shock puts, via the nerves, a permanent command into a set of muscles, all different "commands" going out from the shock. The system functions through stops to try to hold that shock back. It's actually nerve to muscle to bone.

Light massage along nerve channels will get muscles unlocked to permit *the* bone to go in place. You unlock nerve channels.

The trick is standing waves. The wave is slowed down as it goes through *the* body, like at each joint. There are brain cells at each joint absorbing the shock.

Inertia -- when enough heavy charge goes through a nerve it stops passing the charge through and just builds it up. A Touch Assist will bring the flow back and the suspended pain, cold, electrical charges and muscle command will blow through.

A shock impulse goes tearing down a nerve in huge volume, all accumulating nodules of standing waves all over *the* body, trying to stop the nerve impulse. The nerve goes into apathy with the huge volume of impulse. Like 100,000 volts of electricity over a small wire, something goes.

With auditing you are bringing back the nerve "from apathy" up through the tone scale. Like getting *the* apathy of *the* nerve up through the pain explosion. So the Touch Assist is short sessioned and always balanced.

At first you might just get an awareness of the area, then maybe after the third or fourth assist (third or fourth day or many more days with one done each day) there is a large jolt that will go through.

The comm cycle is not as important in the Touch Assist as it is with thetan auditing. But it must be present. Here we are dealing with the body. You do give the command, get an answer from the patient and acknowledge each time.

#### The Assist Demo Done on Arthur Hubbard

(Arthur had a wound on his right foot, right side at ball of foot location, wound not healing quickly. See drawing below.)



You want to get the guy where he is available. (Arthur was sitting on a chair with his legs straight and his feet on LRH's knees [one foot on each knee], and Arthur's hands palms down on his shins. Arthur was comfortable -- LRH asked about his comfort.)

The target of all this Touch Assist is the pain in the wound in the side of the foot. The extremity is the top end of the big toe. Both hands and especially finger tips are also extremities. It's a sympathetic system.

On the assist you must go to corresponding extremities.

(R-factor) I'm going to touch you like this (LRH touched Arthur's foot). When you feel it well tell me, okay? Okay.

LRH: Feel my finger?

Arthur: Yes.

LRH: Good.

This was done rapidly, alternating from one side of body to the other, one command and answer and ack for each touch; the assist was done on each toe, back and forth left to right, one for one, touch on one side, touch on the other side. Up each foot, each toe, over to hands, left hand to right hand, one touch for one. This was done for several minutes.

LRH then had Arthur bend over to get to the spine. Arthur said he had some numbness in the lower spine when LRH asked about this area. LRH then did the spine touching three inches from the spine on one side then to three inches on the other side alternately, up the head and around the neck and head.

LRH asked, "How's that?" Arthur said, "Better," gave a cognition on his pants being the same ones he had on during accident, and LRH ended off.

#### Spine

Arthur, during the assist, had numbness in the kidney back area. This is the midpoint between the extremities on

the sympathetic system. In the future if the assist hadn't been done he might have had kidney trouble.

The impulse locks up in the spine, so you have to do the spine too to release that charge.

### Extremity

The extremity is beyond the point of the body injury. Really handling the extremity furthest from the injury, the legs would strip the blocked energy out (if you get the extremity). (During the assist LRH did not do the legs, or arms, only toes, feet, hands, fingers and back.)

### Schools of Healing

The thing that's wrong with each school of healing is that it says it can do the job totally. It can't. An example of this is a Swedish masseuse saying *she* can cure a person. But in addition to massage, let us say, the person doesn't eat. It's not part of the cure, so *it* doesn't cure.

The doctor's bug is diagnosis. He is even setting up a computer system in the country to figure out what is with the person. But they don't have logic or the Data Series to program from so they won't make it.

There is a big hole in Adelle Davis' book on dieting. She doesn't talk enough about iodine on diets, but that is what activates *the* thyroid which burns up the food. So her reducing diets don't always reduce.

If you block out the fields of knowledge you won't get anywhere.

To cure things a doctor should use a number of things (schools of healing) and do each one right.

Regard *the* body with a question mark in your mind.

There is a "brain" at each joint. This is why acupuncture works. One can paralyze a whole body area with it by touching these minor "brains" with a needle. It can do other things as well if you know how.

### Mesmerism

Mesmerism is no relation to hypnotism at all. Mesmerism is animal magnetism. It's a physiological rapport. Not a concentration on mental but on mental-physiological.

To have rapport with something you can be it.

Hypnotism is the reduction and absorption of *the* mental power of the person. In hypnotism one takes over the person. The subject has no control.

When doing physical healing, if you stroke sympathetically (both sides) *and* alternately, inducing a rhythmic motion which is monotonous, you can mesmerize a person.

In mesmerism there is an imposition on feeling. If you mesmerize a person and pinch your back, he will get red in

the same place and feel the pain of the pinch. This is physiological rapport. No words are said during mesmerism.

In assists you don't want rapport; avoid a rhythm; on stroking in massages keep *the* person talking; keep him saying "Yes" and you asking in an assist. Keep him in comm with you. That is why you use the comm cycle, or else all feeling can go out of the body. The comm cycle prevents a mesmeric trance occurring that would leave the patient in rapport.

Rapport is mutual feelingness.

In an assist (1) Keep talking (2) Break rhythms (3) End off. This is important.

Mesmerism is the transfer of *the* feeling and fault of *the* operator to *the* patient. A woman doing massages quietly and rhythmically could be giving her patient her disjointed hip. A doctor with bad eyesight can make his patients worse or vice versa possibly, if he had good eyesight, *the* patient could get good eyesight.

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L. RON HUBBARD  
Founder

LRH:jd.rw.pp