

the
Energy
Cure

Unraveling the Mystery
of Hands-On Healing

William Bengston, PhD
with Sylvia Fraser

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Introduction

OVER THE PAST THIRTY-FIVE YEARS I have successfully treated many types of cancer—bone, pancreatic, breast, brain, rectal, lymphatic, stomach, leukemia—as well as other diseases, all using a hands-on technique that is painless, noninvasive, and has no unpleasant side effects. To my knowledge, no person I have healed ever experienced a recurrence.

The effectiveness of this treatment has now been proven in ten controlled animal-experiments, conducted in five university medical and biological laboratories by trained, skeptical researchers. Though my initial response to the validity of hands-on healing was one of incredulity, the accumulation of replicable scientific data has overwhelmed my own disbelief. I have become a failed skeptic.

By choice and training, I am a sociology professor at St. Joseph's College in New York. Though I try to keep my two lives separate, some spillage inevitably occurs.

About twenty-five years ago, I taught two women in their mid-forties who had raised their families and then returned to the classroom together to earn their BA degrees. In eerie fashion, both Laurie and Carol received the same sobering diagnosis at the same time: breast and lymphatic cancer had metastasized, meaning tumors were spreading throughout their bodies. Each was told by separate doctors that her disease, if left untreated, would kill her in about four months.

Both women were married to professionally successful, conservative men who expected them to take the traditional medical route, which meant radiation and chemotherapy. Laurie, who is very outgoing and persistent, had heard stories of my healing abilities. Against all advice, she opted to be treated by me. I had experienced Laurie's feistiness on our first meeting, when she badgered me into admitting her to one of my sociology courses despite her lack of prerequisite credits. Now she was even more determined to opt for hands-on healing in preference to the harshness of chemotherapy.

For two months I treated Laurie six days a week, sometimes many hours a day. So intense was the process that I developed alarming lumps in my own armpits and groin, which disappeared when I physically disconnected from

her. The usual medical tests administered by her doctors, including X-rays, blood work, and CAT scans (three-dimensional body imaging), showed her tumors to be shrinking. Eventually they disappeared.

By then we'd had the sad experience of attending Carol's funeral.

Laurie and I celebrated the fifth and tenth anniversaries of her remaining cancer free. We still keep in touch sporadically, and her husband, who had opposed my treatments, has become a friend and supporter.

In my experience, the people with the best prognosis for a cure are the youthful ones with the most aggressive cancers. Four-year-old Ryan was a cute, bright kid who loved trains and who could name every stop on several Manhattan subway lines. He had been diagnosed with retinoblastoma, a particularly nasty cancer that usually led to removal of one or both eyes, followed by brain tumors and death. By the time his anxious parents brought him to me, he was "medicalized" from having been dragged from doctor to doctor. Even talking about illness made him angry.

When Ryan came into my home, he was pouting and whining like four-year-olds do. I said, "Ryan," then held up my left hand, which is my healing hand. Grabbing it, he laid it against his eye. Then he sat quietly for about an hour while I went through the healing process. About the time I felt the treatment to be completed, Ryan pulled away, reverting to a contrary four-year-old.

That became our little *modus operandi* for the first four treatments. Even though I thought Ryan was cured, I added a few extra sessions while we awaited test results. Now his parents had to hold him, squirming and protesting, as if he sensed he no longer needed me.

For a couple of years Ryan's mother sent me e-mails, during which she referred to Ryan's recovery as a "fond memory of a magical time."

In dealing with cancer, I have had no failures where my two conditions for success have been met: that the person completes the course of treatment, and that he or she comes to me before having radiation or chemotherapy. My sense is that conventional medical treatments, intended to kill cancerous cells, also destroy something "energetic" in the patients. This, I believe, is diametrically opposed to the nurturing effect created by energy healing. Administering hands-on treatment afterward feels like trying to activate a dead battery.

Though my most dramatic results have been with cancer, I have also cured other diverse conditions. Paul from Michigan was about forty-eight when he contacted me six years ago. A marathon runner, he had been diagnosed with a heart-valve problem requiring surgery. Paul was determined to do whatever it took to avoid an open-heart operation, the thought of which terrified him. Fixing Paul's valve required about five sessions for which he—a goal-directed person—pursued me by car, train, and plane. He still continues to run marathons.

In general, the longer a disease has taken to develop, the longer it takes to cure, much like playing a videotape backward. With diseases such as diabetes, Parkinson's, and arthritis, I have been able to lessen debilitating symptoms by up to 50 percent, but not make the condition go away. My treatment is not faith based. Neither patient nor practitioner is expected to believe in anything, including the process itself, for it to be effective. Nor do I consider hands-on healing to be a replacement for traditional Western medicine. Where I differ from most doctors is in my greater belief in the body's ability to cure itself, often eliminating the need for radical intervention.

I have also discovered through my own research that products dispensed by pharmaceutical companies as tried, tested, and true often owe their advertised benefits to the interpretation of experimental findings rather than to irrefutable facts. Perhaps this is the reason for so many drug recalls due to toxic or unpleasant side effects. This suggests to me that populations into which a drug is introduced are often part of an extended human experiment.

Hands-on healing has the advantage of being completely safe. Its principles underlie Eastern healing practices such as acupuncture and yoga, which are backed by four thousand years of tradition. They are also supported by quantum physics, which describes the material world in terms of energy fields.

I discovered my hands-on ability through a mentor who was a natural healer. We met in Long Island, New York, during the summer of 1971, when I was twenty-one. Though Bennett Mayrick was in his late forties, he had only recently discovered that he had psychic abilities. By his own testimony, he could hold an object belonging to someone he had never met and give detailed information about its owner. In parapsychological literature, that's known as "psychometry." For months I tested him with objects provided by friends, determined either to debunk his alleged abilities or to understand scientifically how they worked. Even when I designed double-blind studies to outfox him, using protocols that I considered flawless, Ben always beat me.

While conducting readings, Ben began to pick up physical sensations corresponding to the medical problems of the object's owner. His initial impulse was to draft me to help him banish these unwelcome effects. Instead, I became his first patient. He cured me of chronic back pain that has never returned.

Through trial and error, Ben morphed into a hands-on healer without either of us knowing what was happening. Through word of mouth, people would come to him with their afflictions. Ben would put his hands on each one, for thirty minutes to an hour, curing or improving conditions previously considered incurable. He had some unexpected failures. He could not make warts disappear, and as far as

the common cold is concerned, you'd probably do just as well with an inhaler.

With cancers we would typically learn through blood work and CAT scans that the disease had retreated, then disappeared. Most of our patients' doctors classified these unexpected cures as spontaneous remission, a rare but medically recognized phenomenon. By contrast, we were routinely observing such remissions involving a wide variety of cancers. What was happening in each case? What tied these cases together?

Despite gratifying clinical results, I was growing increasingly frustrated from a scientific viewpoint. Each and every patient came with complex physical and psychological issues that made it difficult to isolate the results of Ben's work. Perhaps one might be taking massive doses of vitamin C, or visiting an acupuncturist, or undergoing more orthodox medical treatments.

As a scientist, this problem confounds me even today. Did the macrobiotic diet Laurie insisted on following have anything to do with her cure? Though Laurie's and Carol's conditions were superficially the same, what were the underlying differences? If I had treated Carol instead of Laurie, would she have survived, or would the results for both have been the same? What, in Laurie's case, were the critical factors leading to a cure?

My relentless need for answers drove me into the controlled world of the laboratory in search of ironclad,

replicable validation. Our first experiment was to be conducted with mice in 1975 in the biology department at Queens College of the City University of New York. At the last moment Ben, who abhorred formal testing, refused to participate. Since I had been joint-healing with him for several years, I reluctantly substituted.

In the initial experiment, which became the template, mice bred for research were injected with a particularly lethal strain of mammary cancer that had always resulted in 100 percent fatality within fourteen to twenty-seven days. Through hands-on healing, these results were completely reversed: 100 percent of the mice survived the disease to become cancer free and to live a normal two-year life span! This experiment was replicated once more at Queens College with the same 100 percent success. Eight other replications, with minor variations, at four other biological and medical laboratories produced comparable results. Just as amazing, mice that were re-injected did not get cancer, suggesting they had developed an immunity.

I wish to remind readers that my animal research findings reverse the classic experimental model. I did not begin by testing mice in a lab, producing a theory that now awaits human application. I went into the lab to verify and gain insight into a procedure that I had already successfully used to cure many people of a variety of medical problems, especially cancer.

Admittedly, much remains to be learned about how my treatments work.

- Does hands-on healing kill cancer, or does it stimulate the body's immune system to heal itself?
- Since the mice we cured became immune to further cancer injections, could the blood of cured mice be used to develop a vaccine? Given that my clinical patients have experienced no known recurrence, could the same experimental process be used to produce a cancer vaccine for humans?
- What happens between healer and patient during hands-on treatments? Is energy or information exchanged? How are their brains affected? To try to unlock these secrets, I have been undergoing functional magnetic resonance imaging (fMRIs, which are multilevel scans more detailed than CAT scans) and electroencephalographs (EEGs, which measure the brain's electrical activity) while in healing mode.

More recently, I have directed my curiosity toward a question with broad clinical application: can hands-on healing be learned by others using my techniques? Since most cultures have independently produced a tradition of hands-on healing, it seems reasonable to assume that