

THE GUK FORMULA

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Chemical Assists

The subject of Guk is not something that has been precisely formulated and it is subject to change. What I am going to relate here, however, is the best we know at the moment on this subject.

A lot of people are already working with Guk without a complete knowledge of it. I cannot put an injunction on you to stop working with it, therefore I had better tell you what I know.

Guk is a technical word. It is what the marines call the concoction they throw together to clean out rifles and make them slick and shiny—at least in one marine detachment of which I know. I decided Guk would be a nice word for what we could give a fancy name and call an osteo-booster. We could name the several special types of Guk with equally long words, but actually what you are going to get is probably Guk 1, Guk 2, Guk 3—short and snappy.

The whole theory behind Guk is the fact that living animal tissue furnishes a method of catalyzing the activities of the body which is not furnished to us by plant tissue. When you check out scopolamine, morphine, cocaine and marijuana, which all come out of plants and herbs, you find a great big goose egg as to their beneficial effect on man.

As far as we have been able to learn at this time, only one of these things has one slight minor assist. All the rest of them foul up therapy. For instance, in the field of plant drugs, most of which are synthesized or originally derived from plants, all the substances called hypnotics are actually anesthetics, and the anesthetics which are being used today are actually hypnotics!

A lot of chemical research was done with plants, herbs, derivatives and synthetics, and it wasn't working out. We got a bit of a theory one day that it was probably animal tissue, that there might be some derivatives of the animal body which would reinforce an animal body, such as man's, to carry on. For instance, look at the efficacy of penicillin, which is, in effect, an animal derivative rather than a plant derivative.

Following this along a bit further, one could possibly go on a program of manufacture. For instance, if we want a euphoric we could find a disease which creates euphoria in the ill person. There are several such diseases; one of them is tuberculosis. Therefore, let's culture tuberculosis and strain it of any possible contagion and we will have a drug which is manufactured by living tissues. So, it looks pretty good; it looks like we have opened up quite a chapter on the subject.

I found out some work had been done along this line, but the product that resulted was so fantastically powerful that it had to be administered in micro-micro-micrograms. It had tremendous impact, something like penicillin which is a mold. But a mold is not quite over the border, it is sort of hanging in between. Actually, thyromycin is manufactured from a soil bacteria and is pretty good on surface wounds. It helps the body, but it has too much jolt when administered internally.

We haven't finished our tests on Guk, but we do find out that the least it does is to take the edge off jittery somatics and aberrations. We also know that it is safe and that it aids one to run engrams, but how much it will influence the case is still under investigation.

In telling you about Guk, I am not posting a didactic manifesto that is "Authority" on the subject of biochemical clearing. We have got much further to go. But, we have got enough now so that we can speed up the case. Just one ingredient of Guk, for instance, will make a case run close to pianola for 15 minutes.

The materials which are currently used in this are amino acids—broken down animal tissue proteins. There is a very cursory theory that once man got a lot more protein than he does now, and that by doing so he might have been a self-clearing mechanism two days after conception, and may have remained so all his life.

Exactly how this tallies, or why man stopped being a self-clearing individual, I don't know. We may have some answers some day, but don't take this as the last word. This is research.

For instance, we are investigating early lives and several lines of thought that such things exist. I know that I myself have been thrown back along the track, and I found it very easy to contact something at 410 B.C., which is what the flash answer was. On further examination I found out what control circuitry was, what dub-in was, and that dub-in makes those pictures people see in prenats. That is control circuitry. If there are pictures, look for the control circuitry because it will be adjacent, somewhere in that engram, and back out goes the picture.

So it might be with early lives, and actually I have not found anyone running early lives who didn't have a great deal of control circuitry. The early life dodge seems to put salad dressing on an actual engram and makes a person irresponsible then for what happened to him. He says, "Well, this happened in another life," and he can dress it up that way.

That is one explanation, and happens to be the one the Foundation is currently buying, but I hope that it doesn't shut off research in other directions because in research we have telepathy, clairvoyance, astrology— everything, anything.

In Dianetics, a person being run on engrams can get some of the most beautiful somatics complete with grief discharges off some former existence. Of course, we find out that all we have got to do is say, "Let's find this in your prenatal bank," or "Let's come forward to your own prenatal life," and boom! the person is running out the actual engram. That is a very smooth technique to get around a dub-in, because you can get unconsciousness and some of the somatics off the case.

We have learned that glutamic acid' has a boosting effect on engrams and on all auditing. The dose is about four tablets, seven and a half grains each, of dextrorotatory glutamic acid ("L (+)"—on the bottle a little "L (+)" goes in front of it) . If you take some of this it is not going to do you any harm, but you are not going to get a good square look at engrams.

You have to be clever to sort out a case that has been run on Guk. You do it simply and quickly. It is run as standard therapy, but it is so much better if you have looked at engrams the tough way, because there will always be Standard Procedure.

Glutamic acid is a very highly specialized synthetic and we might not have highly specialized synthetics available. So Standard Procedure is important even if you have a shot-in-the-arm clear where someone walks in the door, you give him a shot in the arm, and he walks out clear. Standard Procedure works and produces a clear. We don't know at this moment whether you would produce a better clear with Standard Procedure than with a chemical basis. It may be that one could produce a better clear on a handmade basis, but I am inclined to believe that there won't be a vast amount of difference.

Glutamic acid is one ingredient of Guk but it doesn't seem to work very long or very well unless it is superboosted with thiamine chloride, B1. Glutamin all by itself evidently doesn't run very well without the thiamine, and the thiamine is nothing by itself, but together they work very well. So, the dosage is 7¹/₂ tablets plus 200 milligrams of thiamine hydrochloride.

The next ingredient is one which, if you administer it to the case all by itself, accelerates the case quite markedly, and that is 50 to 100 milligrams of niacin. Give it in two consecutive doses, but don't go overboard on niacin. Try to keep niacin down below 200 milligrams per day. It seems to work best if it's kept down below 100, but don't send it over 200 because apparently it will start turning on sunburn somatics. The fourth ingredient of one dose is vitamin C, 200 milligrams ascorbic acid; vitamin A, 50 thousand units; a small quantity of B12, a couple of tablets of 5 micrograms each; and vitamin E. There is a big question on how much vitamin E. Use a good, solid dose, four or five times what is normally given people. It is exaggerated in its dosage.

That is the starter dose called dose A. Dose A is given at the beginning of the case, and then again in about an hour, and again another hour later. (From the beginning you start the auditing, and this can be done in one of three ways which I will describe to you.) Then there is a two-hour jump and you take the fat solubles out of it, which consist of the A and the E, and you also drop out niacin; this becomes dose B. You give dose B every couple of hours for five or six doses, then go into the last dosage on it which omits B12 from dose B. This is dose C.

So, you start the person out with A, A, A, then B. B. B. B. B. B. and then you carry him with dose C until you get him around to the next morning, when you start again with A. That is the Guk formula.

You do this to him for 10 days while you are still auditing him, and that is all there is to it at this time.

This is not yet for general release. I am giving this to you because you will be working with it. In a couple of weeks it will be released generally from the Foundation in the form of a bulletin.

This isn't going to get anybody in trouble but it is probably a long way from the finished package and I had to develop a couple of special techniques just for this Guk.

This is what Guk looks like in action. The person takes a slug of it. He achieves, usually, no great bodily change. He doesn't feel that anything has happened, particularly if he is stuck on the time track. This thing affects somatics independently. But now we work him with Standard Procedure and we may have to work him quite a while to get him out of one of these holders, but we shake him loose somehow and we get him moving.

It doesn't affect analytical ability very much but it certainly affects the engrams and the file clerk gets right in there and starts slugging. He gets brighter and his flashes are more accurate.

We have to get the case moving, and right at the beginning of the Guk run we have two courses we can follow after we have made sure he is moving. One is to just let him run automatically, and the other one is to keep him going in Standard Procedure, using reverie and straight line memory just as though he weren't running on Guk, working with the file clerk, commanding the somatic strip and going right on through. You will find out that this takes the curse off working some of these cases because you can't get into as much trouble in a case with Guk. You can hit an engram three-quarters of the way up the track that will normally freeze up, and it will run. It is not going to run with grace and speed. You are going to have to run it and run it, all its perceptics—really have to run it—but it will reduce and unconsciousness will come off it even though its basic isn't out.

So, that is the way to shoot holes in the control circuitry. One doesn't have to be quite as adroit about avoiding restimulation in the case, but one has to be very adroit in keeping the case going because the case is going to start running like wildfire. In a lot of cases you can chain-audit the person from 12 to 14 hours—that is, auditor after auditor taking over for 2-hour runs on him and keeping him running. But it is not too good to do that and it is a lot of work.

You can audit him for 2¹/₂ - 3 hours with Standard Procedure, then wait until tomorrow and give him another 2 hours of auditing. But he is on Guk right straight along for 10 days.

The other way it can be done is that the person is just checked up so you are sure he is moving on the track, and then you say to him, "The file clerk will now present the engram necessary to resolve this case. The somatic strip will go to the beginning of the engram and begin to sweep it and the file clerk will continue to present engrams until all the engrams in the case have been contacted and erased." If a person can move on the track, the file clerk will present the somatic. That is done on a person who is lying down on the couch, but the analyzer doesn't have to follow it, and doesn't pick up any perceptics except pain (that's what we are trying to get rid of). We are trying to reach under the engrams, pull the somatics out and throw them away. And, of course, the case will audit very smoothly.

It may be that the person is stuck on the track and you have to start in with Standard Procedure and work him loose. But the instant you get it to where he is moving on the track and give the order, the somatics will start turning on and he will lie there and say, "I wonder what that was? Gee, that's tough," grasping his shoulder, and the next thing you know he is grasping his face and grimacing, and then suddenly, "Oof!" as he grasps his knee. For the next 10 days this poor preclear will present the strange appearance of sitting somewhere in a public place and suddenly saying "Ow!" with people looking at him curiously.

The case will run automatically as long as it will run. We have observed that when someone is badly out of valence they will start in with very light somatics, if any. A case has to really get down and think, "Have I got a somatic? Let me see." Then the command somatics will start running out, and he will go around for a day or so and say, "There's nothing to this Guk. It doesn't do anything." Then on about the third morning he will say, "Gee, that's the funniest thing," grasping his back, "I have never had a somatic like this before." It has rolled him into his own valence, he is getting the somatics which are really in his own engrams and they are starting to punch him around. It is a tough bunch that he will get on some of these things, but the great satisfaction which some of these people express when they are busy running these half-murderous somatics is really wonderful to behold.

Strangely, the analyzer does not follow the somatic strip, or pay any attention to it; but the case may run well for 20 minutes or 3 hours with somatics going on and off, until suddenly there are no somatics. "I" isn't paying much attention to this, except as an external observer. "I" thinks for a moment. He probably remembers the time he was sunburned on the back of the leg or he backed into the red-hot Coleman lantern. He recalls that. He doesn't have to think about it. What we are running is the tension out of the somatics.

Now, he should have an auditor somewhere on the other end of the telephone, and it's up to his auditor to check by saying, "Give me a yes or no on the following question: Are you moving?" If he gets a no he then says, "Give me a yes or no on any one of the following words: holder? bouncer? denyer?" If he gets yes on a holder, the auditor wants to know what it is that the somatic strip is suddenly up on. The file clerk has put it there and the somatic will stay rather constant on it, or perhaps there will be no somatic at all. But something is being held forth there, and by just flash answers the auditor should get what it is without playing too much repeater technique on this person.

A person can actually flash himself by saying, for instance, "Am I moving? Yes." He can flash himself on almost anything. Try it some day. A person can't hang himself up too badly on the track.

Now, there is autorunning. You will find out occasionally that a person may even have to be audited after two or three days go by.

The one thing the file clerk doesn't know is that you have to go early. He can give you the incident necessary to resolve the case, but you have to tell him to go to basic-basic. You have to tell him to give it to you.

Sometimes a very sawy file clerk has been sitting around listening to Dianetics, and he says, "Let's look. Why, there was some stuff down there." But the file clerk, ordinarily uninstructed, doesn't pick up the earliest moment.

You pick up somebody who has never heard of Dianetics, you have her lie down on the couch and you say, "There is something that will help us out, and it will now give us the earliest moment of pain or discomfort," talking very mildly about it, and she starts running conception. People say, "Well, of course, all is delusion anyway," but anybody who says "All is delusion" is in bad condition anyway. And if all is imaginary, what wonderful imaginations people have on the subject of prenatales, particularly those psychotics who are lying around in institutions, curled up in balls.

In Dianetics, we are not sparring around wondering "Can I believe it? After all, it's not right to believe it because they didn't say so...." No, we say, "Give me the sperm sequence," and the preclear gives us the sperm sequence. He may give us a delusory dub-in sequence which we let him run for a little while, and then we say, "Let's find the 'control yourself.'"

He looks it over for a moment and says, "Oh, yes. 'You have got to hold down your emotions.'" He runs that for a couple of minutes, and suddenly there is conception. So, we run it.

Probably all cases so far have had to be run down to the bottom of the track. You tell the file clerk, "Give us all the moments of pain or unconsciousness up to the present time." He will miss a lot of them. It exactly parallels what happens in a case erasure. All this phenomena occurs in automatic processing. You tell him, "Go forward to conception," and it will hang up.

One case hung up with just a little scrap of unconsciousness which was left with emotion. A little somatic was still down in conception, and the case got three-quarters of the way up and hung up due to this little somatic.

Another case was audited to the extent of slamming into his own valence every time he got out of his own valence, and when he got to the end of it they found that the morning sickness chain was still there and had to be run.

In clearing a person that is not an oddity. A person will apparently swamp all the way up to 3 or 4 years of age, the engram stops running and you find some grief or something else in the way. Guk has been observed to take grief off some cases, and in some cases it has been observed to lead them there.

At the end of the run (after 10 days), a person should be kept on a reduced quantity of Guk right before he is audited and he should be audited for a couple of hours at a time. Using straight line memory, fill in all the blanks, then go back and run the engrams, getting unconsciousness off, and straighten this case up, because it is mainly going to be affected by an alleviation of the somatics which makes the case a bit easier to run. It takes the tension off the case.

You merely ask for holders, bouncers, deniers, misdirectors. You pay no attention to other things. You are not looking for any aberrative phrases. All you want to do is keep the somatic strip moving, and that is the computation on Guk.

The file clerk will run every somatic in the whole case from preconception right up to present time; but occasionally the file clerk isn't smart enough to know what is down below, so you have to tell him to go there. The only interruption of automatic is that occasionally the file clerk will start hanging around postpartum with late life material, two days old and so forth, and you have to tell him to run on down and get the earlier material.

Don't tell the file clerk, he doesn't move; tell the file clerk to tell the somatic strip. It is as if you had an internal auditor.

But don't expect too much of Guk. It can accelerate and has accelerated those cases to which it has been applied. It can promote clearing and it can fix a case so that the case won't hang up anyplace on the track. You could probably even run birth in a person without restimulating prenatals.

Whether or not it leaves the person healthy, strong and moral at the end of the run is something which psychometry may be able to tell us. Some testing has been done that indicates that evidently this takes place, but any time I sign my name on the bottom of a report, I want a flock of case histories behind it so that we are not off the groove anyplace. We are using medical case histories and we want a series of about 20 on Guk.