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***Introduction and Orientation for All
Magnetic Health Quarterly Publications***

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William H. Philpott, M.D.

FIRST IMPORTANT NOTE

The first 17 pages are introductory in nature and to be found at the beginning of each of Dr. Philpott's works.

It's important that you read and understand these basic principles before you study beyond page 17.

If you are thoroughly familiar with these first 17 pages, and understand their contents, then by all means, start with page 18.

SECOND IMPORTANT NOTE

All of Dr. Philpott's books, including this one, can be ordered directly from him at 17171 S.E. 29th Street, Choctaw, OK 73020; (405) 390-3009.

Appropriate magnets can also be ordered from the same source. See Magnetic Catalog entitled "Polar Power Magnets" Catalog #18, this site. We've added to this catalog several pages relevant to costs.

Dr. Philpott says that he will be pleased to answer questions by telephone. Information

WHAT MAGNETIC THERAPY IS

Magnetic therapy is magnetic-electron-enzyme catalysis therapy. Static magnetic fields move electrons which rotate resulting in a magnetic-electron energy field. Static negative magnetic field electrons spin in a 3-dimensional spiral counterclockwise rotation. In a static positive magnetic field, electrons spin in a 3-dimensional spiral clockwise rotation. A positive magnetic field energizes acid-dependent enzymes. A negative magnetic field energizes alkaline-dependent enzymes. Biological response to a positive magnetic field is acid-hypoxia. Biological response to a negative magnetic field is alkaline-hyperoxia. Alkalinity maintains calcium and amino acid solubility and reverses insoluble deposits of calcium and amino acids in such as arteriosclerosis, spinal stenosis, around joints, amyloidosis, Alzheimer's, etc.

The energy activation of biological enzymes is magnetic therapy

WHAT MAGNETIC THERAPY DOES

The biological response to a static positive magnetic field is acid-hypoxia. The biological response to the static negative magnetic field is alkaline-hyperoxia. Positive magnetic field therapy is limited to brief exposure to stimulate neuronal and catabolic glandular functions. Positive magnetic field therapy should be under medical supervision due to the danger of prolonged application, producing acid-hypoxia.

Negative magnetic field therapy has a wide application in such as cell differentiation, healing, production of adenosine triphosphate by oxidative phosphorylation and processing of toxins by oxidoreductase enzymes and resolution of calcium and amino acid insoluble deposits. Negative magnetic field therapy is not harmful and can effectively be used both under medical supervision and self-help application.

Some of the values of magnetic therapy are:

- Enhanced sleep with its health-promoting value by production of melatonin.
- Enhanced healing by production of growth hormone.
- Energy production by virtue of oxidoreductase enzyme production of adenosine triphosphate and catalytic remnant magnetism.
- Detoxification by activation of oxidoreductase enzymes processing free radicals, acids, peroxides, alcohols and aldehydes.
- Pain resolution by replacing acid-hypoxia with alkaline-hyperoxia.
- Reversal of acid-hypoxia degenerative diseases by replacement of acid-hypoxia with alkaline-hyperoxia.
- Antibiotic effect for all types of human-invading microorganisms.
- Cancer remission by virtue of blocking the acid-dependent enzyme function producing ATP by fermentation.
- Resolution of calcium and amino acid insoluble deposits by maintaining alkalization.
- Neuronal calming providing control over emotional, mental and seizure disorders.

"Magnetic therapy has been observed to have the highest predictable results of any therapy I have observed in 40 years of medical practice."

William H. Philpott, M.D.

ABOUT WILLIAM H. PHILPOTT, M.D.

William H. Philpott, M.D. has specialty training and practice in psychiatry, neurology, electroencephalography, nutrition, environmental medicine and toxicology.

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He is a founding member of the Academy of Orthomolecular Psychiatry. He is a fellow of the Orthomolecular Psychiatric Society and the Society of Environmental Medicine and Toxicology, and life member of the American Psychiatric Association.

Between 1970 and 1975, he did a research project searching for the causes of major mental illnesses and degenerative diseases, which resulted in the publication of the books, *Brain Allergies* and *Victory Over Diabetes*.

Retiring in 1990 after 40 years of medical practice, he has engaged in research as a member of an Institutional Review Board, which follows FDA guidelines. In this capacity, he guides physicians and gathers data on the treatment and prevention of degenerative diseases using magnetic therapy.

The Linus Pauling Award was presented to William H. Philpott, M.D. in 1998 by the Orthomolecular Health Society, "for his scientific leadership and scholarship spanning the entire history of orthomolecular medicine."

Dr. Philpott says, "When I graduated from medical school, the guest speaker stated, "We have taught you what we know. It may well be that half of what we have taught you is not so. But we don't know which half is so and which half is not so". I learned so much in medical school that I was proud of my acclimation of knowledge. Was this speaker for real or simply a learned clinician acting out a false humility? As I marched down the aisle of graduation from medical school, I was proud of my increased amount of knowledge I had gained. I was especially proud of knowing about medications that were known to relieve headaches. Surely among these medications for headaches was an answer for my mother's headaches. I thought that now I have a solution to the lonely hours I spent as a preschooler while my mother was in bed in a dark room. I was all alone wondering how I could help my mother.

"I specialty trained in neurology and psychiatry and had a flourishing practice in these specialties. After fifteen years of practice, I began to wonder why we had so few answers that worked. There was shock treatment for severely ill patients. I gave over 70,000 of these. There were tranquilizers emerging in the late 50's and early 60's. I used these by the bushels on my mental patients. The efficiency was low and the side effects of tranquilizers were astoundingly frightening. One tranquilizer in an ad in a medical journal claimed less side effects than another tranquilizer and yet it took one-half page of fine print to list the side effects of this proposed better tranquilizer.

"I had six therapists (psychologists, social workers and sociologists) seeing my patients in individual and group therapy. The level of results in schizophrenia and manic-depressives was especially discouraging. In the early 60's, behaviorism came to the rescue in helping some neurotics in the ability to train out their symptoms. What about psychosis for which behaviorism had little help? Electric shock proved to have some temporary help. Tranquilizers were of minor help and the side effects were appalling. Obviously, our system was often even making our patients develop physician-induced illnesses. This was particularly troubling with a five-fold increase in maturity-onset diabetes mellitus when using tranquilizers. Were there answers not learned in residency training that we were ignoring?

"In my third year of medical school in 1949, while attending a small group session at Los Angeles County General Hospital, an allergist made the observation about a patient with anxiety whom he fasted for five days during which her anxiety symptoms left. When he exposed her to a test meal of one of her frequently eaten foods, her anxiety returned. He asked, what is the diagnosis? I was studying medicine with the expressed pur-

pose of becoming a psychiatrist. I spoke up, giving the diagnosis of anxiety-neurosis. He said, "No. This is a food allergy". The rumor was that this allergist had ideas that most of my instructors did not agree with. I dismissed his diagnosis until twenty years later (1969).

"In my second year of psychiatric residency training, I read the book *Neurosis* by Walter Alvarez, M.D. In this book, he describes headaches and many symptoms of neurosis and psychosis occurring during deliberate food testing. I could not believe this. I thought Dr. Alvarez made a fool of himself. After all, he was an internist, not a psychiatrist and why was he dabbling into psychiatry. I dismissed his observations and didn't look at this book again for 16 years. I was wrong for ignoring him.

"I learned behaviorism from Joseph Wolpe, M.D. He and I shared the opinion that schizophrenia must be organic in origin. In 1965, he sent me an article by Theron G. Randolph, M.D.

"Amazingly, Dr. Randolph described many mental and physical symptoms as disappearing on a five day fast and re-emerging during food tests on deliberate food tests of single foods. I set this article aside as impossible.

"In 1969, I was a consultant to a boarding school of some 100 socially and educationally disordered adolescents. I was responsible for a neurological and psychiatric examination on each student. One-third either were or had been psychotic. Saul Klotz, M.D. Internist-Allergist was responsible for their physical needs. He proposed to me that we do a double-blind study to determine the extent to which food allergies and non-allergic hypersensitive reactions related to their numerous symptoms. Together we did a double-blind study using food extracts. The results were overwhelmingly positive. I now had to consider how wrong I had been by ignoring the evidence that had come to me through the years concerning maladaptive reactions to foods and symptom-production.

"I was invited by a private psychiatric hospital to set up a study to determine the causes of schizophrenia. Based on the double-blind study of Saul Klotz, I initiated a study of the relation of foods to symptoms in my mental patients. To this, we added a nutritional survey and a survey for infectious agents. This research followed the advice of Theron G. Randolph, M.D. of a five day fast preceding food testing of single foods. This study resulted in the publication of two books, *Brain Allergies* and *Victory Over Diabetes*. From 1970 through 1990, I tested thousands of both psychiatric and non-psychiatric patients with a five day fast followed by deliberate food testing. The patients were monitored for pH changes and blood sugar changes. Viruses, especially Epstein-Barr, cytomegalovirus and human herpes virus #6 emerged as being consistently in our mental patients and those with more serious physical symptoms. All patients maladaptively reacting to foods had some degree of carbohydrate disorder. Maturity-onset diabetes emerged as the end result of prolonged reactions of food addiction. The brain/gut relationship was obvious.

"Therefore, during my testing I observed many minor to major gut reactions to foods. In 1973, a schizophrenic young man entered my research program. His father, president of a bank in Houston, was so impressed by his son's recovery that he proposed a \$4,000,000 research program using my method of treatment. This money was to be provided to the medical school at Galveston over a four year period. I was invited to Galveston to do the project. However, I was satisfied with my current research program and decided not to move to Galveston for it. I went to Galveston and explained my system of diagno-

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“To my amazement, they didn’t do anything I had outlined. Instead, they diverted the money to other projects but did do a Rossette test on a few schizophrenics. The results are published in the book, *The Biology of the Schizophrenic Process* edited by S. Wolfe. The conclusions from the Rossette test is that schizophrenia is either an immunologic reaction or a viral infection since both of these look the same on the Rossette test. This did confirm my findings but disappointingly, did not provide a statistical value of my treatment.

“It is a strange phenomena that there is inherently a resistance for doctors to recognize the relationship between foods and the development of both acute symptoms and chronic degenerative diseases. Some say they are waiting for more evidence such as more double-blind studies or the resolution of conflicting data. It appears to me that this waiting for evidence which really is already here in abundance, is not really the central problem.

“The problem is that it is hard for doctors to change their behavior once they have learned a comfortable set of routines. Doctors, by and large, have obsessive-compulsive personalities. This serves them well in their massive amount of learning that they need to do during medical school and residency training, however, it also serves as a handicap in making changes. The physician becomes comfortable with a set of routines and uncomfortable with making any changes. Also, there are outside pressures such as, if a specialist changes his routines, he will lose some of his referral resources. Physicians, for many reasons, find it difficult and anxiety-producing, to make changes. In my opinion, this mediates against progress more than any other thing.

“The addition of magnetic therapy to my ecology and infection program became a natural. It had been demonstrated by Albert Roy Davis that a negative (south-seeking) magnetic field both alkalizes and oxygenates the biological system. I had already determined by my monitoring that symptom-producing reactions to foods or chemicals was acidifying and oxygen-reducing. I used alkalizing agents such as soda bicarbonate and oxygen to relieve symptoms. I found that a negative (south-seeking) magnetic field was more predictable in relieving symptoms than alkalization with soda bicarbonate. I had demonstrated that degenerative diseases were simply the extensions in time of the acute reactions in which the disordered chemistry of the acute reaction and of the chronic disease having the same symptoms was identical. It became logical then to extend the time of the application of a negative (south-seeking) magnetic field to reverse and heal degenerative diseases along with avoiding the foods, being well-nourished and treating the viral infections. I was delighted to find that a negative (south-seeking) magnetic field will kill microorganisms whether they are viruses, fungi, bacteria, parasites or cancer cells. Gastrointestinal disorders encompass diseased conditions of the entire gastrointestinal tract (gastrointestinal) from mouth to anus and in organs associated with the gastrointestinal tract such as the gallbladder, liver, and pancreas, emptying excretory contents into the gastrointestinal. The diagnostic classification of these gastrointestinal disorders encompass such as 1) infections, 2) immunologic reactions, 3) the minor gastrointestinal reflux states and irritable bowel disorders as well as the major inflammatory bowel diseases (celiac disease, Crohn’s disease and ulcerative colitis).

“Viral infections, especially noted as herpes simplex I

with lesions on the lips and mucous membrane of the mouth, chronic bacterial infections of the mucus membrane of the mouth and the gums around the teeth, and acute bacterial infections of the mouth and throat such as acute streptococcus infection. The esophagus can be acutely or chronically infected the same as the mouth. The stomach and duodenum can be infected with helicobacter pylori producing ulcers. The gallbladder and pancreas can be acutely or chronically infected with microorganisms. The liver can be acutely or chronically infected with microorganisms, especially noted is viral hepatitis. Cirrhosis of the liver can develop secondary to these infections and or due to the processing of toxins. The anus and adjacent colon can be infected with microorganisms. The small and large colon can be infected with viruses, bacteria, fungi and parasites.

“There are several specific identifiable bacteria that can cause diarrhea and inflammation of the colon. There are specific antibiotics useful in killing these bacteria. My objective observation is that a negative (south-seeking) magnetic field can kill all types of microorganisms (viruses, bacteria, fungi and parasites). This fact is fundamental in understanding the value of magnetic therapy. It is logical to use antibiotics specific for each infection. Magnetic therapy using a negative (south-seeking) static magnetic field and colloidal silver providing a negative (south-seeking) static magnetic field can be used along with the specific antibiotics or used without the antibiotics.”

William H. Philpott, M.D.’s Response upon receiving the Linus Pauling Award

“I really thank you a lot for this. I just wanted to say that Linus Pauling was a friend of mine and he wrote the foreword to my book, *Brain Allergies* and I thought I would just read a little bit of this so that you would see his attitude towards my work.”

“The concept that a change in behavior and in mental health can result from changing the concentrations of various substances that are normally present in the brain is an important one. This concept is the basis of orthomolecular psychiatry, a subject that is treated in considerable detail by Dr. William Philpott and Dwight Kalita in their book, *Brain Allergies*. The other general concept, also a closely related one, is that of human ecology. The idea is that substances in our environment can have a profound effect on mental health and behavior. These can be introduced into the environment as a result of our technical culture.”

“I just wanted you to realize that Linus Pauling did appreciate ecology and nutrition both, and said so in this forward to my book. We shared that as a common interest. I have been the one that was responsible for introducing ecology to orthomolecular medicine and the orthomolecular ideas to ecology medicine. I have been a catalyst in getting orthomolecular medicine and environmental toxicology medicine together. This organization needs to, and is, furthering the interest of Linus Pauling and this very important focus in medicine. It will make a difference and I want to congratulate all of you for this interest; keep it growing because it will become a more substantial part of medicine.”

Ethics of Magnetic Diagnosis and Therapy

Magnetic instruments that have been cleared by the FDA and can make claims of value within the limits of their clearance -- these FDA cleared instruments include but are not exclusive to MRI, XOMED hearing aid, TENS class of instruments, diapulse, nerve testing instruments, Magneto encephalogram, Magneto cardiogram, etc. Industrial magnets have not been cleared as medical instruments and cannot claim cure for any condition or disease. Research is in process to enlarge the scope of claims of value of magnetic therapy. The person using magnets to treat a disease needs to become party to a medical supervised magnetic research project. The

Depth of Penetration / Gauss Field Strength

Antibiotic and anti-cancer therapy require a minimum of 25 gauss. The higher the gauss strength, the more therapeutic.

All measurements are made at the center of the product

Product	Surface	1/2"	1"	1 1/2"	2"	3"	4"	6"	8"	
14" x 25" Multi-	324	100	40	25	15	12	10	8	6	
14" x 25" Multi-Purpose Pad w/ a 4" x 6" x 1/2"	450	190	112	80	60	40	25	15	10	
Mega-Field	70	25	15	8	6	5	4	3	-	
4" x 6" x 1/2"	280	230	180	140	112	70	45	23	15	
4" x 6" x 1"	525	450	355	275	210	125	75	35	25	
Power Disc	840	375	135	65	30	16	10	4	-	
Mini Block	730	260	98	44	23	7	3	-	-	
Low-Profile	1250	325	86	29	15	5	-	-	-	
Two stacked Low-Profile	2130	550	145	50	20	10	3	-	-	
Soother Flex Mat	135	35	20	15	10	4	-	-	-	
Deep Penetrating	200	70	40	30	23	15	10	5	-	
Deep Penetrating Soother Flex Mat w/ 4" x 6" x 1/2"	400	245	180	135	105	65	37	15	7	
2 - 4" x 4"	100	89	68	48	34	13	6	-	-	
4 - 4" x 4"	210	180	140	94	65	32	13	4	-	
Bed Grid**	25 Gauss at 28" above the bed -						-	-	-	■
Super Hat	-	-	-	-	-	-	65*	-	-	

*This is a measurement taken at the equidistant center inside of the hat. All other measurements are unnecessary.

** The 70-magnet Bed Grid supplies a therapeutic value magnetic field of 25 gauss up to 18" away from the surface of the bed.

†Measurements were made with a GM-1A Gauss Meter, Manufactured by Applied Magnetics Laboratory - Baltimore, MD

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior magnets used as described in *The Magnetic Health Quarterly* are industrial magnets for which no claim of cure of disease is made. The application of industrial magnets for sleep and pain is a popular self-help application. The magnetic treatment of diseases demands medical supervised diagnosis and treatment in link with a research institutional review board following FDA guidelines for research. William H Philpott, M.D. presents his observations, theories, research protocols and answers to questions for consideration in the hopes of making progress in the application of Magnetic Therapy. Those interested in becoming party to the magnetic research project should contact William H. Philpott, M.D. The goal of research is to firmly establish magnetic therapy as a part of traditional allopathic medicine, which will popularize the application of and provide for insurance coverage for magnetic therapy.

Those choosing to proceed with use of magnets for medical purposes without medical supervision do so on their own responsibility. There is no restriction of the purchase of magnets for whatever reason they are used. There is no restriction on the writing, releasing, acquiring or purchasing of information about magnets.

Disclaimer

I do not claim a cure for any degenerative disease or even guarantee relief of pain or insomnia by means of magnets. My only claim is that there is evidence justifying a definitive controlled research project following Federal Food and Drug Administration (FDA) guidelines to determine the value and limitations of magnetic therapy. These guidelines require a physician diagnosis and physician monitoring under the supervision of a Scientific Institutional Review Board. The application of magnetic fields to humans has been approved by the FDA, which were based in part on toxicology studies, and has been classified as "not essentially harmful".

How Dr. Philpott Changed His Medical Practice

This *Magnetic Health Quarterly* represents my personal focus on health maintenance and disease reversal that has developed from my four years of basic medical school education, specialty training in neurology, psychiatry, allergy-immunology, forty years of medical practice, and my post-retirement research that guides physicians in an examination of the values of static magnetic field application to prevent and reverse degenerative diseases. I am proud to be a medical physician and I am convinced that medical science has a central truth about health maintenance and disease. The improvement in medical practice during my period of practice and observation has been tremendous. Beyond the progress what can and what should we incorporate in established scientific knowledge to the practice of medicine? This *Magnetic Health Quarterly* is involved with what I have observed that has been largely ignored or left out in spite of the abundance of information on the respective subjects. I have systematically recorded my observations concerning these neglected areas.

The public, through their congressional representatives have mandated the National Institutes of Health to widen its scope of research to include promising alternative areas beyond the current traditional application of medical science. This is a wise move since there are valuable alternative areas that have been neglected or ignored. To fulfill its mandated obligation, the National Institutes of Health have appointed advisory committees in important scientific areas to provide guidelines for research. One of the advisory committees is the Electromagnetic Committee, which includes five Ph.D. physicists, and two M.D.'s knowledgeable in electromagnetics. The two M.D.'s are Robert O. Becker, M.D. and myself. Based on the recommendations of this committee, research projects financed by NIH grants are in process.

Biochemistry has become more readily understood than biophysics. Biochemistry has developed many promising, symptom-relieving agents and synthetic replacements for the failing human system. Biochemistry has helped us come to understand the role of nutrition, the role of oxygen, and the roles of many, many more necessary biochemical functions of human metabolism. There are great economic rewards for those marketing these valuable biochemicals. Biophysics has more slowly progressed in its medical applications. The current medical horizon holds the promises of biophysics being equal to or even superior to the therapeutic values of biochemistry. This emerging promise of values especially relates to the biological responses to magnetic fields. The values of biological responses to heat and cold have been well incorporated into physical medicine while the biological responses to magnetic fields has been neglected.

The biological response to magnetic fields has been, to a considerable degree, a mystery until recently. Medical science has been using magnetism without knowing it was using magnetism. Examples are such as electro-convulsive therapy used in mental illness. We can now understand that electricity produces magnetic fields. For example when an electric current produces a high neuronal exciting positive (north-seeking) magnetic field it produces a seizure, following which the brain switches its magnetic polarity from a usual positive (north-seeking) to a negative (south-seeking) magnetic field for a few minutes. This electromagnetic-produced general anesthesia calms neuronal functions and relieves mental symptoms. The thousands of enzyme catalytic reactions occurring in human physiology are energy-driven by magnetic fields. By understanding magnetic field energy enzyme catalysis, we no longer assume some mysterious, spontaneous enzyme catalysis, but instead, with this new knowledge, magnetic fields can be harnessed to energy-drive specific desired enzyme catalysis. Thus, a static negative (south-seeking) magnetic field can be arranged to produce melatonin and growth hormone during sleep. A static negative (south-seeking) magnetic field can be harnessed to enzymatically produce adenosine triphosphate (ATP) and reverse the inflammatory consequences of oxidation reduction end-products (free radicals, peroxides, acids, alcohols and aldehydes) in which oxygen is released from its bound state in these inflammatory products.

It is universally true that no one wants to admit that they have symptoms from the favorite foods they are eating. They ask, how could a food that makes me feel good when I eat it, make me sick 3 or 4 hours later? To most people, this is unbelievable. Physicians are, equally with their patients, resistant to accepting maladaptive reactions to foods as a cause of their symptoms. The physician is taught to look everywhere else than foods and also if it is foods there is likely little or nothing that can be done about it, thus, symptoms produced by maladaptive reactions to foods is a grossly neglected area in therapeutic medicine.

A significant aspect of this dilemma of dismissing food reactions as causes of acute symptoms and degenerative diseases is inherent in the change that occurred in the 1920's when antibodies and complement disorders were discovered. Up to that time, an allergic reaction was simply a symptom production by an exposure to a substance. After this discovery of isolatable immune mechanisms as an explanation for allergy, allergic reactions lost their mystery. They went from no known cause to known immunologic causes. In terms of symptoms from food reactions, those without discernable immunologic

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factors were dismissed as imaginary or psychosomatic and so forth. Only in more recent years, has there emerged evidence of non-immunologic causes of symptoms from foods. These are now being referred to as non-immunologic sensitivities or addictions. The resistance to accept food reactions as the cause of symptoms remains only in the minds of patients and physicians alike.

In the 1940's, Albert Rowe, M.D., Allergist, of San Francisco, observed the relationship of non-immunologic food reactions producing symptoms. He used an initial avoidance followed by a rotation diet to handle these symptoms. In 1950, I attended, along with a dozen other senior medical students, a presentation by Alfred Rouse, M.D., an Allergist. He presented a case of a woman who became anxious when given a specific food. He asked our class, "What is the diagnosis?" I was studying medicine with the specific intention of becoming a psychiatrist. I answered his question with, "This is an anxiety neurosis." He rejected my diagnosis and to my surprise, maintained pleadingly, that an allergic reaction was involved. At the time, all I obtained from this was that he had ideas that were different than most of my instructors and therefore, I dismissed his hypothesis.

In 1952, while a resident in psychiatry, I read a book written by Walter Alvarez, M.D. entitled, *The Neuroses*. I was interested in what this honored internist at Mayo Clinic was saying about neuroses. Surprisingly, he devoted several pages to describing headaches, dulled brain function and emotional reactions to many different types to food reactions. At the same time in my residency training, all of my instructors were completely ignoring these possibilities. At the time, I thought Dr. Alvarez had made a fool of himself. He wasn't a psychiatrist. Why would he be drawing all of these conclusions that had a bearing on psychiatry?

In 1966, my friend Joseph Wolpe, who is referred to as the father of behaviorism, sent me a paper by Theron G. Randolph, M.D. In this paper, Dr. Randolph described fasting patients for five days and when feeding them meals of single foods, many symptoms emerged including the major symptoms of schizophrenia, manic-depression and neuroses. At the time, I thought this was impossible and I set the paper aside. It was four years before I read this paper again.

In 1970, I was a consultant to a school treating adolescents who were socially and educationally disadvantaged. Saul Klotz, M.D., Allergist, proposed that we do a double-blind study on these patients to see if any of their symptoms related to food reactions. This double-blind study was overwhelmingly positive, and from this I was encouraged to initiate a five-year study into the relationship between reactions to foods, chemicals and inhalants to mental symptoms. This resulted in my book, *Brain Allergies*. I was encouraged to do this project by Theron G. Randolph. I reviewed the writings of Herbert Rinkle, Frederick Spears, Walter Alvarez, Howard Rappaport and others. Marshall Mandell spent one day a week for five years supervising my examination of my patients. I followed Theron G. Randolph's method of fasting for five days followed by test exposures to single foods for the next month. The evidence was overwhelming. This study confirmed the allergists who had made observations of the emergence of emotionally and even mentally disordered symptoms due to food reactions, chemicals and inhalants.

Quite unexpectedly, I made another observation that resulted in my book, *Victory Over Diabetes*. The maturity-onset diabetic patients among my mental patients, not only had the

clearance of their mental symptoms but also the reversal of their diabetes. It became clear that maturity-onset; non-insulin type diabetes mellitus is the product of food addiction. John Potts followed up on this with four excellent statistical studies all of which were published in the abstract issue of the *Journal of Diabetes*. There then followed what to me is a strange phenomenon. Even though this work was done the right way and published in the right place, it had no serious impact on the practice of medicine. Here I had demonstrated conclusively that maturity onset diabetes is due to food addiction and that a 4-Day Diversified Rotation Diet routinely reversed diabetes mellitus and that following such a diet prevented the development of diabetes mellitus. Yet, it was virtually ignored. This again, shows how difficult it is to establish a new system of therapy. You are met with all the resistance of the already established method, even though a new method is demonstrated to be superior.

It is a strange phenomenon that in spite of this knowledge about maladaptive reactions to foods and the role of addiction in these foods, we still have numerous diets to reduce weight or to treat diabetes, which ignore food addiction as the driving force of the compulsion to eat specific foods and overeat. Diets that do not honor and properly treat food addiction drives the person, first of all, into the early stage of the diabetes mellitus disease process such as hypoglycemia and the later stage of hyperglycemia given the diagnostic name of diabetes mellitus type II. Properly engineered, the 4-Day Diversified Rotation Diet with the help of magnets initially relieves the symptoms of addiction so the person is comfortable while overcoming their addiction, help in retraining the compulsion to overeat will not only manage obesity but also prevent or reverse type II diabetes mellitus. It is known that approximately 80% of patients, at the time they are diagnosed as having maturity onset-type diabetes mellitus Type II, are obese. It was interesting for me to observe that the reversal of the diabetes mellitus in my patients was not dependent on weight reduction. The diabetes mellitus disappeared within five days as soon as the subject had gone through the food addiction withdrawal phase. There was, at that time, no time for weight reduction to have occurred. Obesity is a stress and should be reversed but it is not obesity as such that makes the person diabetic. It is food addiction.

THE THERAPEUTIC SIGNIFICANCE OF NEGATIVE MAGNETIC POLARITY AND NEGATIVE ION POLARITY HOW NEGATIVE IONS ARE FORMED IN NATURE

The atmosphere, and even within biological systems, is flooded with free static field electrons. There are electromagnetic conditions both in the atmosphere and within biological subjects which turn these static electrons to have either a positive or a negative polarity. In the positive polarity, the electrons are spinning clockwise. In the negative polarity, the electrons are spinning counter-clockwise. The activated electrons attach to particles that are available and produce ions, either positive or negative. Before and during a storm, the atmosphere is flooded with positive ions. The biological response of both animals and people to these positive ions is well-documented as producing tension, anxiety, depression and in cases of predisposed illnesses, physical or mental, the symptoms of the illness are worsened. After a storm is over, then the atmosphere is flooded with negative ions in which both animals and people respond with a sense of comfort and symptom-reduction.

In many parts of the earth, there are waters that have been known for their healing value. A volcanic mountain is a negative magnetic field and is in fact, a magnet. The volcanic mountain is a negative

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magnetic field and the molten mass beneath the volcano is a positive magnetic field. Water that filters down through the volcanic ash of this negative magnet mountain carries a negative ion charge. Characteristically, there are 70+ minerals that are low atomic weight minerals which become negative ions in which negative counter-clockwise spinning electrons attaches to the minerals. This is a stable situation in which when the water with its minerals is removed from the mountain, it remains composed of negative ions. At this same time, the water is always alkaline and is micro water in which the water is in smaller units than water that does not have negative ions. It is important to observe that a volcano and its molten mass below is indeed a magnet, the same as the magnets that are made industrially with negative and a positive magnet field. It is important to note that this negative magnetic field itself of the negative pole of the volcanic mountain charges the low atomic weight minerals to be negative ions. In the same order the negative magnetic field of an industrially produced magnet makes negative ions.

HOW NEGATIVE IONS ARE FORMED BY ION GENERATORS AND BY STATIC MAGNET- FIELDS

Electrolysis-type ion generators can be arranged to release into the air only negative ions. Thus a house can be flooded with negative ions with health values. The negative magnetic field of a static field magnet can be used to produce negative ions. The negative magnetic field of a static field magnet activates electrons to be spinning counter-clockwise. Although the magnet field is static, the electrons in the field are activated and thus are not static. Thus, a static negative magnetic field is indeed an energy field with movement spinning of the electrons in that field. A negative magnetic field is a source of electro magnetic energy in terms of a biological response. Thus, sitting a glass of water on the negative magnetic field of a static field magnet will electromagnetically charge up the water to have negative ions of both the mineral content and other particles in the water. Placing nutrients on the negative magnetic field of a static field magnet will charge up the nutrients to be electromagnetic charged negative ions.

THE SIGNIFICANCE OF NEGATIVE MAGNETIC POLARITY OF A STATIC FIELD MAGNET AND NEGATIVE IONS IN WATER, AIR AND NUTRIENTS NEGATIVE ION CHARGED

The biological response to a negative electromagnetic polarity, whether from a static field magnet or negative ions is that of alkaline-hyperoxia. The biological response to a positive static magnetic field and positive ions is acid-hypoxia. Much is known of the significance of alkaline-hyperoxia maintaining health and acid-hypoxia toxicity producing degenerative diseases. It is health-promoting for us to drink water from a natural source such as the volcanic source which has turned the water into alkaline micro negative ion water or the water treated by an electrolysis unit producing alkaline micro negative ion water or placing the water on the negative field of a static field magnet. It is wise to flood the air of our homes with negative ions from a negative ion generator. It is health-promoting and disease-reversing to use all sources of negative magnetic fields and negative ions to keep ourselves well and reverse our acid-hypoxic toxic diseases.

The negative magnetic field of a magnet provides the optimal therapeutic value for body treatment. Treatment of air, water and nutrients are a valuable adjunct to magnet therapy.

Negative electromagnetic polarity is the energizer of oxidoreductase enzymes which make adenosine triphosphate which is the body's central enzyme energizer and the central metabolic detoxifier.

STATIC MAGNETIC FIELD SOURCES FOR PRODUCING NEGATIVE IONS OF WATER AND NUTRIENTS

(See *Polar Power Magnets Catalog*)

- One 4" x 6" x 1/2" ceramic block magnet. This is a flat surface static field magnet with positive and negative magnetic polarity on opposite sides.

USES:

On the negative magnetic pole side, place water (municipal treated or ground water) and nutritional supplements for a minimum of five minutes. The longer, the better.

There are many other uses for this 4" x 6" x 1/2" magnet such as heart treatment for atherosclerosis, treating aches and pains, inflammation, spinal treatment, local infections, local cancers and much more. See my Magnet Therapy book and my quarterlies.

Cost: \$ 49.95
Shipping: 8.50
\$ 58.45

- Ceramic disc magnets of 1-1/2" x 1/2". These magnets are provided as Soother One which has two 1-12" x 1/2" disc magnets and a band, 2" x 26". These discs have positive and negative magnetic fields on opposite sides.

USES:

The negative magnetic pole of the disc can be used to produce negative ions of water and nutrients.

There are multiple uses for the two discs and wrap such as bitemporal placement for headaches and relief of emotional and mental symptoms, aches and pains, inflammation and small local infections and small local cancers.

See my writings for further details.

COST:
Soother One \$ 21.95
Shipping 8.50
Total 30.45

**William H. Philpott's
MAGNETIC THERAPY MOTTO:**

I do not claim that magnets cured you; you claim that magnets cured you.

Even without being promised a cure, magnetic therapy is worth a try!

THE DEFINITION OF MAGNETIC POLARITY AS USED IN HUMAN PHYSIOLOGY

A magnetometer is used to identify positive (+) and negative (-) magnetic poles. A magnetometer is a scientific instrument, which identifies magnetic polarity in terms of electromagnetic polarity, which is positive (+) and negative (-) rather than the geographic compass needle identification of north and south. When using a compass to identify magnetic poles, a north seeking compass needle identifies a negative magnetic field of a static field permanent magnet. The north-seeking needle of a compass is magnetic positive and therefore points to (seeks) the magnetic negative north pole of the earth and also the magnetic negative magnetic field of a static field permanent magnet. The south-seeking needle of a compass is magnetic negative and therefore points to (seeks) the magnetic positive south pole of the earth and also the positive magnetic field of a static field permanent magnet.

Static field permanent magnets can properly be characterized as DC magnets because they are magnetized by a direct electric circuit current in which the positive electric pole produces a positive magnetic field and the negative magnetic pole produces a negative magnetic field. Those magnetically charging magnets from a DC electric current understand this relationship. Robert O. Becker, M.D., prefers to use the term DC magnets as applied to static field permanent magnets.

In 1600, William Gilbert (*DE MAGNETE*) was the first to point

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior out that the navigator oriented himself with the compass needle pointing toward north, which he called north, when in fact the compass needle pointed north is a south magnetic field.

Several scientists throughout the years have identified this error in naming the magnetic poles. This error in identifying poles still persists as tradition.

The physicist, B. Belaney (*New Encyclopedia Britannica* 1986, Vol. VIII, pages 274-275) again identified this geographic error in identifying magnetic poles and termed it "semantic confusion". To avoid this semantic confusion, he recommended using the electrical polarity definition of positive (+) and negative (-) as applicable to magnetic poles in which a positive electric pole (+) is also a positive magnetic pole (+qM) and a negative electric pole (-) is also a negative magnetic pole (-qM). "M" stands for magnetism.

The body is an electromagnetic organism with a direct current (DC) central nervous system in which the brain with its neuronal bodies is a positive magnetic field and, also produces a positive electric field. The extensions from the neuronal bodies are a negative magnetic field and also produce a negative electric field. The human body does not have a storage battery from which electricity flows or an electric dynamo from which electricity flows. Rather, by a mechanism comparable to a magneto, the human body turns its magnetic fields into DC electric current. It is also true that each cell of the body has a positive and negative magnetic field in its DNA. Since the human body functions on a DC electromagnetic circuit, it is especially appropriate to use the positive (+) and negative (-) identification of magnetic polarity when relating magnetism to the human body. The human body does not have a north and south poled field, but rather has positive and negative magnetic fields from which electricity is produced. A geographic definition not applicable to human physiology whereas, an electromagnetic definition of magnetic polarity is essential. If and when the geographic definition of polarity is used, it still requires a translation into usable terminology for application to human physiology.

For the above reasons the definitions of positive (+) and negative (-) magnetic fields are used when applying magnetics to human physiology. The traditional compass needle oriented naming of magnet poles is included in brackets as negative (south-seeking) and positive (north-seeking).

There is a need to understand the navigational error in identifying the magnetic poles as well as the parallel identification in identifying DC electrical current poles and DC static field permanent magnet poles made from the DC current. To those who have examined for and identified the distinctly opposite biological responses to opposite magnetic fields, the separate identification of the magnetic poles is an important must. To those not experienced in the knowledge of separate biological responses to opposite magnetic poles, the magnetic poles and the gauss levels needed for these responses is what is making biophysics become a predictable science parallel to the predictable industrial application of magnetics.

STATUS OF THERAPEUTIC MAGNETISM

Since Ancient times, the beneficial biological response to magnetism has been praised by a few and doubted by a large number. The magnetic force at a distance that could not be seen leads to doubts of magnetism biological responses. The development of the compass produced a general acceptance of the actuality of the existence of magnetism. During the past two hundred years, the interest in the therapeutic value of magnetism has experienced considerable fluctuations.

The physicist, Albert Roy Davis' observations of the opposite biological response to opposite magnetic poles, set the stage for understanding there were two biological responses to magnetism. It is now known biological response to separate magnetic poles can

be as predictable for biological responses as the use of electromagnetism used in our industrial world. It is now understood the magnetism functions at the atomic level with the movement of electrons which influence biological function. The positive magnetic field (traditional north-seeking pole) spins electrons clockwise while the negative magnetic (traditional south-seeking pole) spins electrons counterclockwise. These opposite electron spins from opposite magnetic poles provides predictable opposite biological response. The biological response to the positive magnetic field is acid-hypoxia. The biological response to the negative magnetic field is alkaline-hyperoxia.

Robert O. Becker² documented the separateness of the positive (north-seeking) and negative (south-seeking) magnetic fields. The positive (north-seeking) magnetic field is the signal of stress injury. The negative (south-seeking) magnetic field governs healing and normalization of biological functions. In terms of neuronal response, the positive (north-seeking) magnetic field is exciting and when sufficiently high such as during sun flares, can even precipitate psychosis in those so biologically predisposed. The negative (south-seeking) magnetic field is neuronal calming and encourages rest, relaxation, sleep and when sufficiently high in gauss strength, can produce general anesthesia. Robert Becker anesthetized his small experimental animals with a negative (south-seeking) magnetic field.

My research has abundantly confirmed these observations of Albert Roy Davis and Robert O. Becker. As a neurologist, I documented by EEG that a positive (north-seeking) magnetic field is neuronally exciting. The higher the gauss strength, the higher the excitement. A sufficiently high positive (north-seeking) magnetic field can evoke seizures in those so predisposed. A negative (south-seeking) magnetic field is neuronal calming. The higher the gauss of the negative (south-seeking) magnetic field, the slower the brain pulsing on the EEG. This information sets the stage in understanding how a negative (south-seeking) magnetic field controls neuronal excitement in neurosis, psychosis, seizure potential, addictive withdrawal and movement disorders. not applicable to human physiology whereas, an electromagnetic definition of magnetic polarity is essential. If and when the geographic definition of polarity is used, it still requires a translation into usable terminology for application to human physiology.

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SINGULAR BIOLOGICAL RESPONSE TO SINGULAR MAGNETIC POLE FIELDS

There is a classic traditional mechanical magnetic model from which there is a predicted two magnetic pole effect from a single magnetic pole field. In this model, the magnetic field radiates out from the singular magnetic pole of a magnet and turns back to join the opposite pole. The traditional assumption is that when the mag-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior netic field changes direction going backward towards the magnetic field on the other side (other pole) of the magnet that this changed direction is the opposite magnetic pole.

I have prepared magnetic fields honoring this assumption that there are of necessity both magnetic poles on the same side of the flat surfaced plate-type magnet with poles on opposite sides of the flat surface. I have compared this with the assumption that there is a single magnetic field on opposite sides of a magnet. I have not demonstrated by biological responses including brain wave (EEG) responses that there are two opposite magnetic fields on one side of the magnet. Consistently, I have observed a single magnetic pole biological and EEG response to single magnetic fields of flat surfaced magnets with poles on opposite sides of the flat surface.

There is another non-traditional magnetic mechanical model that states that the magnetic poles change at the equator by rotating 180 degrees (minor image). Obviously, in the case of the earth, the magnetic fields change at the equator producing a northern hemisphere of a negative (south-seeking) magnetic field and a southern hemisphere of a positive (north-seeking) magnetic field. This model indicates that the magnetic field radiating up from the negative (south-seeking) magnetic field of the magnet as well as the magnetic field that buckles back to the opposite side of the magnet are both a negative (south-seeking) magnetic field and only become the opposite magnetic pole field when it enters the half-way point of the magnet (equator).

Even though a static magnetic field does not move, it still is an energy field by virtue of the fact that electrons are moved by the static magnetic field. The negative (south-seeking) static magnetic field rotates (spins) electrons in that field counter-clockwise. A positive (north-seeking) static magnetic field rotates (spins) electrons in that field clockwise. The movement of electrons in a static magnetic field is called the Aharonov-Bohm electromagnetic potential. Akaira Tonomura has also confirmed this. This change in rotation between the positive (north-seeking) and negative (south-seeking) magnetic fields occurs at the equator of the magnets and not at the point where the magnetic field turns back toward the opposite magnetic field. This magnetic mechanical model agrees with the clinical response evidence of the magnetic field being a full individual field on each side of the magnet.

The magnetic field remains the same pole whether directly above the magnet or the magnetic field that is turning back toward the opposite side. If it did become the opposite pole when it turned back, it would then not proceed to the opposite side. This is true since the same poles repels. Therefore, it has to remain the negative (south-seeking) pole that buckles back toward the positive (north-seeking) magnetic field. This being true, the pole cannot change until it reaches the equator in the magnet between the two poles. An example is that in the case of the earth's magnetic field. The south pole (+) goes toward the north pole (-) and changes polarity at the earth's equator.

(See Depth of Penetration/Gauss Field Strength, Page 4)

MAGNETIC FIELDS BIOLOGICAL RESPONSES UNIVERSAL TRUTHS

Magnetic biological responses are universally the same under any and all sections of the body tested and both of earth's magnetic hemispheres.

1. Centrad and centrifugal atomic energy expressions.

At the atomic level, the counter-clockwise rotation pulls electrons toward the center proton (centrad) while the clockwise rotation of electrons pushes outward from the center proton (centrifugal).

Therefore, there are no free radicals in a negative magnetic field with a counter-clockwise spiral spin of electrons pulling to-

ward the center. Thus, a negative magnetic field is a biological anti-stress, anti-inflammatory response.

There are free radicals in a positive magnetic field with a clockwise spiral spin of electrons pushing away from the center. Thus, a positive magnetic field is a biological stress-inflammation response.

2. Centrad and centrifugal weather energy expressions.

In the northern magnetic hemisphere of the earth the energy expression of counter-clockwise spiral spinning of electrons is with energy expression being toward the center.

In the southern magnetic hemisphere of the earth the energy expression of the clockwise spiral spinning of electrons is with the energy expression being away from the center.

Varied colliding wind streams with varied temperatures and varied pressures can override the earth's natural occurring hemispheric magnetic polarities and produce a local magnetic field opposite to the earth's hemispheric magnetic field. In any event, wherever it is in the earth's hemispheric magnetic field, a counter-clockwise rotation energy pulls toward the center (centrad) and clockwise rotation energy pushed away from the center (centrifugal).

3. The Neuronal pulsing frequency relationship to neuronal magnetic field strength.

The brain's response to a negative magnetic field is a decreasing of the pulsing frequency of the brain relating specifically to the gauss strength of the magnetic field. The higher the gauss strength is the slower the pulsing magnetic field. With a positive magnetic field, the higher the gauss strength, the faster the pulsing field. This reveals that a negative magnetic field is anti-stress and the positive magnetic field is biological stress.

It also holds that the pulsing frequency of the brain can be driven by an external pulsing field using sight, sound, tactile or brain stem with the pulsing field being placed on the upper back of the neck and low occipital. The pulsing field can drive the magnetic field of the brain. Pulsing fields of 12 cycles per second and less evoke a brain negative magnetic field. The intensity of the pulsing determines the gauss strength of the pulsing field. The pulsing field plus the intensity of the pulsing field determines the magnetic behavioral state of the brain. Eight to twelve cycles per second are relaxation. Six cycles per second is relaxation. Four cycles per second is dissociation. Three cycles per second is lapse states. Two cycles per second is sound sleep. One cycle per two seconds is harmless general anesthesia.

4. A 3-dimension spiral electron spin is provided by magnetic fields.

In electromagnetic physical nature, the 3-dimensional spiral is frequently expressed. This 3-dimensional spiral is present in the light refractory levo (left) substances and dextro (right) substances. These are 180-degree mirror image isotopes. Magnetism has the same levo (left) and dextro (right) 3-dimensional spiral spin of electrons, the same as the levo and dextro substances in relationship to light. The biological effects are opposite as to the separate energy manifestations. In the case of amino acids and fats, only the levos have nutritional value. In the case of magnetism, the levo (left spiral electron spin) is an anti-stress, healing and normalizing counter-stress correction from the biological stress dextro (right spiral electron spin).

5. A positive magnetic field is stressful and therefore, does not heal the human body.

6. A positive magnetic field is biologically stressful, raises endorphins and with frequent use, is addicting.

7. A negative magnetic field is biologically anti-stress, does not raise endorphins and is not addicting.

8. A negative magnetic field is anti-stressful and governs human cellular normalization and healing.

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9. A negative magnetic field governs sleep by evoking melatonin production by the pineal gland.

10. A positive magnetic field blocks the production of melatonin by the pineal gland.

11. A positive magnetic field biological response is acid-hypoxia.

This is compatible with the metabolism of microorganisms and cancer and not compatible with human metabolism.

12. A negative magnetic field biological response is alkaline-hyperoxia.

This state is necessary for human metabolism and is not compatible with the metabolism of microorganisms and cancer.

13. A positive magnetic field biological response is vasodilatation and acid-hypoxia.

This makes it unsuited for the treatment of edematous and bleeding areas from acute injuries.

14. A negative magnetic field biological response is alkaline-hyperoxia, and due to the hyperoxia, makes it useful for stopping the bleeding of acute injury, is not vasodilating and resolves the edema of acute injuries.

15. The positive magnetic field acid-hypoxia, in short-term exposure of minutes to a few hours, produces an inflammatory red, raised, edematous area due to the acid-evoked vasodilatation inflammatory reaction.

16. The positive magnetic field acid-hypoxia continuous long-term exposure of a week to two weeks reveals in fact, an acid-evoked inflammatory vasculitis (acid-burn), which is red, raised, edematous and itching with bacterial growth pustules.

17. The acid-hypoxia biological response to a positive (north-seeking) magnetic field activates the acid-dependent transferase enzyme catalysis of fermentation production of adenosine triphosphate for microorganisms (viruses, bacteria, fungi, parasites) and cancer cell metabolism which also replaces the alkaline-hyperoxia necessary for oxidation-reduction enzyme catalysis production of ATP necessary for human cell metabolism.

18. The alkaline-hyperoxia biological response to a negative (south-seeking) magnetic field activates the alkaline-dependent oxidoreductase enzyme catalysis of oxidation-reduction production of ATP necessary for human cell metabolism which also replaces the acid-hypoxia necessary for microorganisms and cancer cell metabolism.

19. A negative magnetic field activation of alkaline-dependent oxidoreductase enzymes in an alkaline medium processes (detoxifies) the biological inflammatory free radicals, peroxides, acids, alcohols and aldehydes to non-inflammatory water and molecular oxygen.

20. A sustained positive (north-seeking) magnetic field acid-hypoxia sustains the necessary life energy of microorganisms and cancer cells and destroys the necessary life energy of human cells.

21. A sustained negative (south-seeking) magnetic field alkaline-hyperoxia sustains the necessary life energy of human cells and destroys the necessary life energy of microorganisms and cancer cells.

22. Cancer cells have a positive magnetic field charge.

23. Normal human cells have a negative magnetic field charge.

24. Microorganisms have a positive magnetic field charge by virtue of their high mineral content with a high conductance and thus stressful higher pulsing frequency whereas human cells with lower mineral content and lower conductance

has a non-stressful low pulsing frequency.

25. The biological response to a magnetic field is determined by the 3-dimensional spiral rotation spin of the electrons in the magnetic field and not by the directional approach of the magnetic field to the biological specimen.

a) Therefore, a flat-surfaced, static field magnet with magnetic poles on opposite sides, has a separate, distinct magnetic field over each side.

b) The directional change of the magnetic field turning back around the sides of the magnet to the opposite pole side, does not change the magnetic polarity electron spin until it reaches the halfway point (equator) between the magnetic fields for the magnet.

c) A unidirectional magnetic field is not necessary to maintain a separation of magnetic fields. The 3-dimensional spiral electron spin and not the direction approach to the biological specimen determines the separate biological response to opposite magnetic fields.

26. IMMUNOLOGIC RESPONSES TO OPPOSITE MAGNETIC FIELDS

A. Substance + Positive magnetic field>sensitization.

Dead or attenuated microorganism+ Positive magnetic field>sensitization. (vaccination)

B. Substance to which subject is immunologically reactive + Negative magnetic field>desensitization.

27. ENZYMATIC RESPONSE TO OPPOSITE MAGNETIC FIELDS

A. Food substrate + Oxidoreductase enzymes + Negative magnetic field> ATP +oxidation remnant magnetism (Negative magnetic field)

B. Food substrate + Oxidoreductase enzymes + Positive magnetic field>No ATP production and no oxygen or water production

C. Substrate (free radicals, peroxides, acids, alcohols and aldehydes) + oxidoreductase enzymes + negative magnetic field>oxygen and water

D. Substrate (free radicals, peroxides, acids, alcohols and aldehydes) + oxidoreductase enzymes + No oxygen and no water positive magnetic field>produced

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E.
Food Substrate +
Acid dependant transferase enzyme + ATP by fermentation +
Positive magnetic field.....>positive remnant magnetism

28. HEAVY METAL DETOXIFICATION

Heavy metals are all electro-positive. Heavy metals produce acidity and metabolically damaging free radicals and acids. Heavy metals biologically damage by attaching to (complexing) biological macromolecules.

A negative magnetic field replaces the electro-positivity of heavy metals with an electromagnetic negativity and thus blocks, reverses and detoxifies heavy metals, tissue complexing, free radicals, and acid production. In the presence of a maintained static negative magnetic field heavy metals are dispersed of in the urine in a non-toxic state.

A.
Toxic electro-positive
heavy metals
(aluminum, mercury,
lead and other heavy metals)
+ a sustained static negative
magnetic field attached
to the heavy metal.....>Dispersed of in the urine as non-toxic
electro-negative metal

29. POSITIVE MAGNETIC FIELD NEUROPATHY

The acid-hypoxic response to a positive magnetic field placed over a nerve trunk produces a peripheral neuritis of tingling, numbness, pain, loss of motor function, loss of sense of pressure, etc. This can begin to occur within 3-4 hours of continuous exposure to a positive magnetic field.

30. NEGATIVE MAGNETIC FIELD HEALING OF NEUROPATHY.

The alkaline-hyperoxia response to a negative magnetic field exposure reverses positive magnetic field neuropathy, toxic neuritis, dialectic neuropathy, etc.

31. OPTIMIZING THYMUS GLAND DEFENSE

The biological stress of a positive magnetic field can be used to optimize thymus gland functions against infections and cancer. Due to the acid-hypoxia evoked by the positive magnetic field the external exposure to this magnetic field should not exceed 1/2 hour, periodically. This same principle of short duration exposure to the positive magnetic field applies to increased hormonal production to catabolic hormone glands such as the adrenals.

32. CAN APPLICATION OF THE POSITIVE MAGNETIC FIELD BE HARMFUL?

The FDA has classified magnetic field application to humans as "not essentially harmful." This 'not harmful' classification of magnetic field application to humans is a half-truth. This 'not harmful' classification occurred due to the pre-market testing for the MRI. The short duration of MRI scan exposure to both the positive and negative magnetic fields is not harmful. However, objective observations by several physicians has demonstrated the following:

A. A brief exposure to a positive magnetic field is not harmful and can be used to stimulate the thymus gland function, adrenal-cortical hormone increase, stimulate a return of neuronal function that have been inhibited by pressure, etc.

B. Prolonged exposure to a positive magnetic field can produce a toxic vasculitis, neuritis, and addiction due to evoked

C. A negative magnetic field is never harmful and helps healing, repairs, increases melatonin and growth hormone production and produces biological homeostasis.

33. MAGNETIC FREE ENERGY.

A static magnetic field is the energy essence of magnetic therapy.

Oxidoreductase enzyme + alkaline-hyperoxia
Food substrate.....>ATP
plus
plus electron free energy from static electric catalytic remnant
field with movement of electrons between magnetism substrate
and enzyme producing a negative (Negative magnetic field)
magnetic field (magnetic free energy)

Negative magnetic field therapy provides magnetic free energy from a static negative magnetic field for alkaline-hyperoxia catalytic reactions.

34. Each side of a static field magnet with magnetic fields on opposite sides of a flat surface magnet produces only a single uniform, magnetic field.

From each single side of a flat surface static field magnet, there is a magnetic field of the same magnetic polarity field turning back to enter the opposite magnetic field. This entry into the opposite magnetic field occurs at the edge of the magnet at the equator which is a half-way point between the opposite magnetic fields. Thus, a subject being exposed to the uniform negative magnetic field of a flat surface magnet receives the negative magnetic field only and does not receive a positive magnetic field coming around the edge of the magnet. The entry of the positive magnetic field is at the equator half-way point between the opposite magnetic fields. This is on the edge of the magnet and not on the opposite flat surface side of the magnet.

Albert Roy Davis, Physicist, for several years used flat surface magnets with poles on opposite sides to determine the separateness of the opposite biological response to the positive and negative magnetic fields. This separate biological response to opposite magnetic fields could not have occurred if there was an opposite magnetic field coming around the edge of the magnet.

Robert O. Becker, M.D. understood that a flat surface magnet with opposite magnetic fields on opposite sides provided only a separate single magnetic field form each side of the flat surface magnet.

Skin tests prove that only a single magnetic field response occurs in response to the single magnetic field on each side of a flat surface magnet. A gauss meter reading documents evidence that only a single magnetic field occurs from a flat surface magnet with poles on opposite sides and that there is not an opposite magnetic field coming around the edge of the magnet. The usefulness of a magnetometer is limited to the reading over the uniform magnetic field over the flat surface of a flat surface magnet with magnetic field poles on opposite sides. The reason for this is that the magnetometer has its own magnetic field which will give an opposite reading when crossing over the edge of the magnet, due to the fact that the bar magnet in the magnetometer reaches beyond the equator at the edge of the magnet.

The erroneous concept model that an opposite magnetic field comes around the edge of a flat surface magnet comes from an incorrect use of a magnetometer, contrary to the manufacturers stated value and limitations of a magnetometer which is "limited to a uniform field".

There is no reason to place mini-block magnets under a 4"

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior mattress pad in order for the surface to receive only a negative magnetic field. When placing mini-block magnets in a bed pad on top of a mattress it is necessary to sufficiently pad between and over the mini-block magnets so the weight of the subject cannot press down between the magnets so as to not reach the equator half-way point between the separate magnetic fields on opposite sides of the mini-block magnets.

The Physiology of Biomagnetics

Humans and all living organisms are electromagnetic. Human life exists as an electromagnetic organism. The central nervous system and the peripheral nervous system function as a direct current circuit with a positive (north-seeking) magnetic field at the positive electric pole and a negative (south-seeking) magnetic field at the negative electric pole. Each cell has its positive (north-seeking) and negative (south-seeking) magnetic fields. The DNA genetic code material of each cell has both positive (north-seeking) and negative (south-seeking) magnetic fields. Magnetic fields govern cell functions and is a necessary functional part of all physiological functions of the human body. Biomagnetics needs to be understood in order to understand the normal mental and physiological energy functions of the human body. Biomagnetics needs to be understood in order to understand how handicapping symptoms develop and also how to reverse these handicapping symptoms. Magnetic energy dynamics is the very foundation of normal and abnormal mental and physical human functions. Magnetic therapy employs the basic fundamental energy dynamics of being alive and responding to stimuli whether these are internal brain thoughts or feelings or an external play on sight, sound or tactile senses. Magnetic field energy, due to being the very energy foundation of response, can alter the biological responses to stimuli.

There are distinctly separate fundamental ways in which magnetic fields exert control over responses to stimuli.

Biological Responses to Separate Magnetic Fields:

<i>Positive Magnetic Field</i>	<i>Negative Magnetic Field</i>
Stress response	Anti-stress response
Neurone exciting	Neurone calming
pH acidifying	pH alkalinizing

Human physiology has a homeostatic function between the positive (north-seeking) magnetic field biological governed biological responses and a negative (south-seeking) magnetic field governed biological responses. The necessary biological homeostasis between a positive (north-seeking) and negative (south-seeking) magnetic field is not an equal amount of both of these fields. The negative (south-seeking) magnetic field has a higher gauss strength than the positive (north-seeking) magnetic field in the human body. The presence of a higher negative (south-seeking) magnetic field than a positive (north-seeking) magnetic field provides the human with the ability to exert a control over any possible excessive positive (north-seeking) magnetic field stimulus response. The neuron bodies of the central nervous system are a positive (north-seeking) magnetic field while the neuron axon extensions into the body are a negative (south-seeking) magnetic field.

Robert O. Becker demonstrated that an injury registers as an electromagnetic positive while the healing state of the injury registers electromagnetic negative. Healing-repair can only occur in the presence of a negative (south-seeking) magnetic field. A positive (north-seeking) magnetic field is the signal of injury sent to the brain following which the brain returns a negative (south-seeking) magnetic field necessary for healing-repair. Magnetic therapy provides an external source of a negative (south-seeking) magnetic field for healing-repair.

The human body can only maintain optimum life function in an alkaline medium. Human life is alkaline-hyperoxia-dependent.

The physicist, Albert Roy Davis discovered that a negative (south-seeking) magnetic field biological response is alkaline-hyperoxia while the positive (north-seeking) magnetic field biological response is acid-hypoxia. My observations confirm Davis' observation of an alkaline-hyperoxia response to a negative (south-seeking) magnetic field. The alkaline-hyperoxia biological response to a negative (south-seeking) magnetic field is why a negative (south-seeking) magnetic field relieves symptoms.

There is a parallel between acid-base balance and magnetic field levels. A biological acid state is always a positive (north-seeking) magnetic field. A biological alkaline state is always a negative (south-seeking) magnetic field. My research examined pH before and after test meals of foods and exposure to common environmental chemicals and also, immunologic reactions. When symptoms occurred during these tests of exposures an acidity always developed. These symptoms can be relieved by the negative (south-seeking) magnetic field of a static field magnet because the biological response to the negative (south-seeking) magnetic field is alkaline-hyperoxia.

pH Biological Response to Separate Magnetic Fields

<i>Positive Magnetic Field</i>	<i>Negative Magnetic Field</i>
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Acid-hypoxia	Alkaline-hyperoxia
Magnetic Response to Stress Injury	
<i>Positive Magnetic Field</i>	<i>Negative Magnetic Field</i>

<p>A positive magnetic field is a signal of injury sent to the brain.</p>	<p>The brain receives the signal of injury as a positive magnetic field and returns the signal of a negative magnetic field. Healing-repair requires alkaline-hyperoxia for oxidative phosphorylation production of ATP. A negative magnetic field biological response to a negative magnetic field is alkaline-hyperoxia.</p>
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No healing-repair can occur due to the positive magnetic production of acid-hypoxia.

The production of ATP by oxidative phosphorylation is blocked by the acid-hypoxia of a positive magnetic field.

Chronic stress, from whatever source, produces acidity. Since acidity ties up molecular oxygen, producing acids, the result is acid-hypoxia. Chronic stress resulting from physical injury or psychological stress have the same biological consequences of the production of acid-hypoxia. An injured muscle or over-stressed muscle becomes acidic and thus also hypoxic. This acid-hypoxic state is inflammatory and painful whether the tissue is a muscle, fascia, tendon or other tissues such as an internal organ.

The problem of inflammation and pain production by acidity becomes compounded since the human life energy (ATP) cannot be made in an acid-hypoxic medium since oxidative phosphorylation is alkaline-hyperoxia-dependent. However, human cells have the ability to make ATP by fermentation using transferase enzyme catalysis. The production of ATP by fermentation occurs when acid-hypoxia is present. This is an emergency energy measure and cannot sustain human life for very long. Lactic acid is a by-product of fermentation, which adds further acid-induced inflammation. Cancer cell initiation and growth can only develop in an acid-hypoxic medium since cancer cells use fermentation for the production of ATP. Infectious micro-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior organisms are acid-hypoxic, fermentation-dependent for their production of ATP. A negative (south-seeking) magnetic field with its production of alkaline-hyperoxia canceling out acid-hypoxia is antibiotic, anti-parasitic and anti-cancerous.

Biological Source of Magnetism

Magnetic field energy is essential to biological life energy. Biological life cannot exist without magnetic field energy. The DNA genetic code contains magnetic fields and passes this magnetic field on to the next generation. Magnetic fields are always both positive (north-seeking) and negative (south-seeking) magnetic fields. However, these positive (north-seeking) and negative (south-seeking) magnetic fields do not have to be of equal proportions. In fact, the human magnetism is higher in the negative (south-seeking) magnetic field than the positive (north-seeking) magnetic field. This is how the human organism maintains alkaline-hyperoxia. Microorganisms', parasites' and cancer cells' magnetic physiology is opposite to the human magnetic physiology in which the positive (north-seeking) magnetic field is higher than the negative (south-seeking) magnetic field.

There are hundreds of enzyme catalytic reactions occurring in the human. A catalytic reaction requires movement of electrons between the substrate and the enzyme. When electrons move, they produce a magnetic field. Thus, alkaline-dependent enzymes are also negative (south-seeking) magnetic field dependent and acid-dependent enzymes are also positive (north-seeking) magnetic field dependent.

Examples of Biological Produced Magnetism

Four Oxidoreductase enzymes

Food Substrate _____>Adenosine triphosphate
 +alkaline-hyperoxia (ATP+ oxidative remnant magnetism; a negative magnetic field)

Food Substrate _____>ATP + a positive
 transferase magnetic field
 enzyme + acid-hypoxia

Secrets of Negative Magnetic Field Therapy

A negative (south-seeking) magnetic field is anti-stressful and thus, neuronal calming. A negative (south-seeking) magnetic field on the brain and spine calms neurones (anti-stress) and aids voluntary relaxation and sleep. It is also true that a negative (south-seeking) magnetic field can be made strong enough to produce involuntary magnetic general anesthesia. Robert O. Becker anesthetized his salamanders with a negative (south-seeking) magnetic field. I have demonstrated the control of seizures by a negative (south-seeking) magnetic field. I have demonstrated the control of movement disorders with a negative (south-seeking) magnetic field. I have observed the control of major mental disorders such as hallucinations, delusions and depression with a negative (south-seeking) magnetic field. The exceptional value of a negative (south-seeking) magnetic field control over neuronal excitation is that it works whether the neuronal excitation is due to an injured brain from trauma, viral infection, maladaptive food reaction, maladaptive environmental chemical reaction, immunologic reaction or repressed unconscious hostility, anger, anxiety and its associated somatic expression. The secret of a negative (south-seeking) magnetic field therapy is that a negative (south-seeking) magnetic field is neuronal calming, cellular metabolic normalizing, enzymatic processing of all types of inflammatory responses

no matter why they are present.

Symptom-producing responses occur due to repeated neuronal excitation paired with a stimulus evoked response. Sensitization is due to neuronal excitation paired with a stimulus. Desensitization results when neurones are held in a calm, anti-stress state while meeting the stimulus that had trained in a maladaptive sensitization response. It is repetition while exposed to a stimulus-producing response that trains in sensitivity and it is repetition while holding the neurones in an anti-stress inhibited state that trains out sensitization. Thus, a negative (south-seeking) magnetic field brain treatment has an immediate cancellation of the maladaptive response and by repetition trains out the maladaptive response. Local inflammation is reversed enzymatically by oxidoreductase enzymes processing of free radicals, peroxides, oxyacids, alcohols and aldehydes.

Oxidoreductase enzyme,
 Superoxide dismutase
 enzyme in an
 alkaline medium

Superoxide Free Radical _____>Hydrogen Peroxide
 (H₂O₂)

Catalase enzyme in an alkaline medium
 H₂O₂ _____>water + molecular oxygen

Superoxide free radical, Oxidoreductase enzymes, Dehydrogenases, Hydroxylases, peroxides, Oxidases Oxygenases, oxyacids, Peroxidases, Reductases alcohols and aldehydes _____>water and oxygen molecules

Alkaline-medium electrostatic field or negative magnetic field

The Role of Magnetics In Enzyme Function

All biological enzyme functions (catalysis) in a living biological system are magnetic energized. There is a measurable catalytic remnant magnetism to enzyme function in live biological systems. Four oxidoreductase enzymes are needed to produce adenosine triphosphate (ATP) from foods. During these enzyme processes, there are two energies being made. One is ATP and the other is oxidation remnant magnetism. Both of these energies are used for the energy activation of enzymes. There are thousands of the enzymes, each with its own selective function. These are named according to their functions. Oxidoreductase enzymes are a family of enzymes with specific necessary functions. These enzymes have the following functional values. They produce ATP and catalytic remnant magnetism and they process the end-products of the metabolic process which are initially the free radical called superoxide which is oxygen with an added electron. If not rapidly enzymatically processed, it will produce peroxides, acids, alcohols and aldehydes all of which are enzymatically toxic, that is inflammatory-producing.

In order for us to understand biological life energy, we must understand the starting point of that energy. Thus, we must understand the functions of oxidoreductase enzymes. We have enzymes and the substrates which they are processing. In the case of producing ATP, the substrate is a food. In the case of processing the toxins or inflammatory producing substances, the substrate are the free radicals and the products they produce. There exists a natural ten-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior dency for the enzyme and the substrate to join. These areas that have a biological attraction to join are called dipoles. However, this attraction all by itself does not produce enzyme action. These are simply the areas where the enzymes and the substrates do line up and join. Otherwise, there has to be an energy. This characteristicly comes from static electrons that are in the body. They help move the enzyme and the substrate together. Once they move, now a magnetic field is created because this is what a magnetic field is all about. It is produced by the movement of electrons. Also, a magnetic field from an external source that is a static magnet field will also produce the movement of electrons. This is why an external source of a static magnetic field will cause the enzyme and the substrate to join because it is moving electrons.

The essence of static magnetic field therapy is the energy activation of enzymes to join substrates for catalysis. In the case of oxidoreductase enzymes, they are alkaline-hyperoxia dependent and do not require ATP for energy activation but do require a static negative magnetic field energy for catalytic activation.

ATP is an energy activator of many enzymes. In alkaline-hyperoxia, ATP dependent enzyme catalysis, a negative magnetic field is a co-factor with ATP as an enzyme energy activator. This is all human enzymes other than those of the mouth and stomach.

In acid-hypoxia dependent enzymes as well as transferases, ATP and a positive magnetic field are energy co-factors. Invading microorganisms and cancer cells are acid-hypoxic dependent for making their ATP.

Thus, a static negative magnetic field strengthens the human cell alkaline-hyperoxic dependent energy state and defeats the acid-hypoxic dependent state of cancer cells and invading microorganisms (bacteria, viruses, fungi and parasites).

Magnetic Dynamics of The Degenerative Process

The central disorders of acute maladaptive reactions are: 1) acidity, and 2) oxygen deficit. Monitoring the biochemical disorders of chronic degenerative diseases reveals the same disorders as acute maladaptive reactions which is acid-hypoxia. Chronic degenerative diseases are observed to be acute maladaptive reactions extended in time to a chronic state with the resultant cellular damage. The contrast between the well cells of the healthy, functioning person and the sick cells of degenerative diseases provides valuable clues as to how magnetics can substantially aid in recovery of inflammatory degenerative diseases, infections from microorganisms and cancer.

In the process of oxidative phosphorylation producing adenosine triphosphate (ATP), molecular oxygen accepts an electron and becomes free radical oxygen (superoxide). If not immediately enzymatically reversed, superoxide proceeds to produce other free radicals, peroxides, oxyacids and aldehydes. These are all inflammatory. The oxidoreductase family of enzymes have the assignment of making ATP by oxidative phosphorylation and at the same time, processing the end-products of this oxidation phosphorylation process. This oxidoreductase family of enzymes are alkaline-hyperoxic-negative magnetic field activation dependent. When these 3 physiologically normal factors are not present, then cellular ATP is made by fermentation. The 3 factors necessary for fermentation to produce ATP are: 1) acidity, 2) lack of oxygen, 3) a positive static magnetic field as an enzyme energy activator. Human cells have the capacity to make ATP by either oxidative phosphorylation or fermentation. Cellular fermentation producing ATP only functions in the abnormal state of acidity and hypoxia. The enzymes catalyzing fermentation production of ATP are transferases which are acidhypoxic-positive-static magnetic field activation dependent. Sugar is catalyzed by transferase producing ATP, alcohols, acids

and carbon dioxide. Hydrolase enzymes catalyzes starches to sugars. Hydrolase also is acid-hypoxic-positive static magnetic field energy activation dependent.

A static magnetic field is the energy activator of all biological catalytic processes. When oxidative phosphorylation catalyzes the production of ATP this catalytic reaction makes negative static field magnetism termed oxidation remnant magnetism. This negative static magnetic field is available to energize oxidoreductase enzyme catalysis and at the same time, block transferase and hydrolase catalysis. Besides the biological available negative static magnetic field from oxidation remnant magnetism, there is an always present electrostatic field (1). In an alkaline medium the electrostatic field produces a negative static magnetic field which energizes oxidoreductase catalysis. In an acid medium, an electrostatic field produces a positive static magnetic field which in turn energizes transferases and hydrolases. Both oxidation phosphorylation and fermentation catalysis are static magnetic field energized. However, they are energized by opposite magnetic poles. Oxidation phosphorylation is energized by a negative static magnetic field in an alkaline-hyperoxic medium. Fermentation is energized by a positive static magnetic field in an acid-hypoxic medium. A static magnetic field is required for the enzyme and the substrate to attach. A static magnetic field present during enzyme catalysis has been documented (2). ATP made by fermentation with its acid-hypoxic medium cannot maintain human biological life energy. ATP made by fermentation can maintain the life energy of microorganisms such as bacteria, fungi, viruses, parasites and cancer cells. The secret to reverse acute maladaptive symptom reactions, prevent and reverse microorganism infections, maintaining human biological health and providing for the reversal of degenerative diseases is to maintain a normal alkaline body pH, hyperoxia and an adequate negative static magnetic field. The biological response to a negative static magnetic field can maintain these necessary components of healthy human cells. Thus it can be understood that exposure to an external source of a negative static magnetic field supports human health and materially aids in reversal of inflammatory degenerative diseases, cancer and the defense against microorganism invasion. This external negative static magnetic field can be applied to local affected areas as well as applied systemically by such as a negative static magnetic field bed.

1) *Encyclopedia Britannica*. Vol 15, page 1060. 1986 edition

2) Fersht, Alan. *Enzyme Structure and Mechanism*
**The Significance of Alkalinity and Acidity
in Biological Health and Disease**

The human body functions in an alkaline dependent state. Hyperoxia, which is necessary for the production of adenosine triphosphate (ATP), can only be present in an alkaline medium. An acid medium ties up oxygen, which is no longer free for the oxidation-reduction process of producing ATP. A healthy human maintains a blood pH minimum of 7.4. Below 7.4, the numerous necessary enzymes for life function in a human lose their function because they are alkaline-dependent. Alkaline minerals such as sodium, magnesium, potassium, and calcium as bicarbonates are a necessary part of the pH buffer system maintaining alkalinity. Therefore, it is necessary that these nutrients be in adequate supply. Insulin also helps maintain the alkalinity, the production of which rises and falls depending on the need to maintain the alkalinity. This is one of insulin's functions. Endorphins, insulin and nutrients producing bicarbonates are all alkaloids and therefore have a normal physiological level. This normal physiological alkalinity is anti-inflammatory, buffers against infections and cancers that are acid-

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Degenerative diseases such as diabetes mellitus, rheumatoid arthritis, local and systemic infections are all acid states in which local areas of the body are acidic and also there are measurable episodes of systemic acidity in these degenerative diseases.

It is highly significant to understand that sensitivity, symptom-producing reactions to foods and or chemicals are acid-producing. I have measured thousands of these symptoms occurring during deliberate exposure to foods and chemicals and when symptoms occur there is a measurable acidity occurring in the blood. The local area where the symptom occurred is even more acidic than the blood. Degenerative diseases have been demonstrated to simply be an extension in time of these acute symptom-producing reactions to foods, chemicals and inhalants. It matters not whether these are immunologic with demonstrated antibodies or complement disorders or whether they are non-immunologic. Acidity occurring at the time of either acute symptom production or chronic disease symptoms is the central common denominator. It is true that immunologic reactions are also acidifying but it is also true that there are many times more non-immunologic type reactions that are acidifying and thus, symptom-producing.

Addiction, whether it is to narcotics or other drugs, or to foods has an acidic phase during the withdrawal of that substance. In addictions, the withdrawal begins to occur at 3-4 hours, post-exposure. Addiction to foods turns out to be the most common cause of symptom producing maladaptive sensitivity reactions to foods. The frequently eaten food becomes a stressor, which is beyond the body's biological capacity to optimally process. When first exposed to the food to which the subject is addicted, there is relief of symptoms because the stress evokes a rise in endorphins and serotonin. Some four hours later, when both endorphins and serotonin drop below the normal functional physiological levels, acidity emerges and symptoms occur. This is why it is so important that all addictions be stopped at the same time. Thus, this includes alcohol, tobacco, caffeine, and all foods to which the person is addicted.

The Role of Oxidoreductase Enzymes in Addiction Including Food Addictions

Members of the Oxidoreductase enzyme family classified by their function are as follows:

1. Dehydrogenases
2. Hydroxylases
3. Oxidases
4. Oxygenases
5. Peroxidases
6. Reductases

Oxidoreductase enzymes are responsible for the production of adenosine triphosphate and oxidation remnant magnetism (negative magnetic field). This is an alkaline-hyperoxia negative (south-seeking) magnetic field dependent enzyme catalytic reaction. When the frequency of a substance exceeds the available functional capacity of oxidoreductase enzymes, then this becomes a stress. The body's response to stress is to raise endorphins and serotonin. This stress over-produces endorphins and serotonin beyond their normal physiological level, thus providing not just a comfortable feeling, but also a super comfortable, even euphoric feeling. Some 3-4 hours later, the production of endorphins and serotonin drop below physiological level, which is now an acidic, inflammatory, psychologically depressive and anxiety-producing state. When oxidoreductase enzymes can be maintained at a normal physiological level,

this addictive state does not occur. We know this is true because when we expose the brain and the symptomatic areas to a negative (south-seeking) magnetic field, it will activate the oxidoreductase enzymes and thus relieve the symptoms. This fact also becomes the center focus for handling the symptoms of addiction in general and food addiction in particular. By the use of a negative (south-seeking) magnetic field applied to symptomatic areas and the brain, the withdrawal from addictive substances including foods can be made comfortable. Maintaining comfort while withdrawing from food addiction is an important part of magnetic therapy of reversing food addiction.

THE ROLE OF ADDICTION IN OBSESSIVE-COMPULSIVENESS

Obsessive-compulsiveness can be a learned response from environmental experiences. However, much of obsessive-compulsiveness is learned from addiction. When contacting the addictive substance, food or otherwise, the subject is super comfortable without body pains and with a mental euphoria. When the addictive withdrawal phase sets in and the discomforts leave and pains, depression, anxiety and tension emerge, there develops first an obsessional wish to obtain relief by contact with the addictive substance again and a compulsion to act on that obsession. Addiction classically trains in obsessive-compulsiveness, which then pervades the entire behavior of the subject. The addict simply, obsessively, can't wait for relief. They can't accept any imperfection, including waiting for relief. Physical pain can be relieved by placing a negative (south-seeking) magnetic field over the area of pain. Brain symptoms can be relieved by placing the negative (south-seeking) magnetic field over the bitemporal areas of the brain. Bitemporal area placement of the discs relieves depression and tension. Placing a magnetic disc midforehead and left temporal relieves anxiety. Placing a magnetic disc over the left temporal and low occipital area is the most effective for relieving obsessive-compulsiveness.

It is understandable that overeating of calories becomes an obsessional compulsive component of food addiction. The system of magnetic weight reduction is to, first of all, stop all addictions. Secondly, handle all the withdrawal symptoms of stopping all addictions. The third is to decide the number of calories that needs to be consumed to maintain an appropriate weight. Eat this number of calories and stop any compulsion to overeat by placing the magnets appropriately on the head as well as a 4" x 6" x 1/2" magnet on the mid-sternum and over the epigastric area. Also, treat any areas of discomfort at the same time. By this method, the person learns with comfort to eat only the amount of calories that will maintain adequate weight. If there is an urge to eat between meals, then place the magnets on the head, the chest and on the epigastric area. Within 5-10 minutes, this urge will have disappeared. Thus, there is a method of self-help maintenance of comfort and magnetic cancellation of obsessive-compulsiveness.

Grandfather Status of Magnet Therapy

Among early medical practitioners, there are references to the medical uses and self-help uses of static field magnets. This description of static magnetic fields for medical use and self-help application holds a record for being among the longest, if not the longest, held application of medical therapeutics. The application of magnetic therapeutics is world-wide. This worldwide grandfather status of application of static magnetic fields for therapeutic reasons is important in view of the more recent establishment of research practices to prove the value and safety of procedures and products. Among the earliest effort at establishing through scientific means, the value of magnetics

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Up to the 1970's, medical practices and sciences had been accepted because of their universal acceptance and application. There now are specific research techniques accepted by the Food and Drug Administration as valuable in establishing a scientific proof of both value and safety. Most medical practices have come to be accepted without this research proof. To this day, a substantial amount of medical practice is grandfathered and proceeds to be used without scientific proof. There is no official list of practices that have been grandfathered. They simply continued to exist without being challenged as to value and safety. Magnet therapy has existed since the early status of the practice of medicine and this has been worldwide. Although, not officially stated as grandfathered, its practice demonstrates that it is grandfathered in the United States and worldwide. In recent years, there has been an increase in the application of magnetics. Years ago, Sears Roebuck used to sell magnets for the relief of pain. In recent years there has been an increase of use of magnets for pain, sleep and other procedures. Magnetic therapy is also, at the same time, undergoing a scientific investigation as to values and limitations. National Institutes of Health is granting funds for this research. There are also privately funded researches in progress.

For many years, biochemistry has been fulfilling its promises of value and of financial rewards for marketing products. Biophysics has been largely ignored in terms of research for years. The times are changing and biophysics is now offering substantial rewards for harnessing magnetic applications.

An Invitation To Do Research In Therapeutic Magnetics

Dear Doctor:

This is an invitation for you to do research in the area of medical magnetics. The research physician works under the consultation and supervision of William H. Philpott, M.D., who is a member of an FDA qualified institutional review board. The research-monitoring physician gives a statement as to the status of the patient and Dr. Philpott provides a magnetic research protocol to be followed in applying the magnets. The research physician agrees to send reports to Dr. Philpott, which then will be assessed by the magnetic research committee. When sufficient data is available on any one subject, then this is submitted for publication in a peer reviewed medical journal. The purpose of this research is to establish magnetics as a solid therapeutic modality in the practice of traditional medicine. This is a request to you to join us in this valuable research. It does not cost you anything to be a party to this research. The patient pays the physician for any service rendered. The patient also buys the magnets used in the research.

The application of magnets to humans and animals for both diagnosis and therapy is FDA approved. There are several approved magnetic instruments that can make claims of value in the specific limited areas that their research has established.

Our research is on the growing edge of therapeutic magnetics, expanding the value of magnetics to human and animal therapeutics. There are many promising values emerging that need definitive research. Would you please help us?

Sincerely,

William H. Philpott, M.D.

Magnetic Therapy

Medical Supervised Research

VS.

Self-Help Treatment

Medical Supervised Research

The objective Observations of the value of magnetic therapy for numerous medical conditions demonstrates what is usually considered to be "too good to be true." Indeed, magnetic therapy de-

serves definitive, controlled research following all the guidelines of the FDA. This research is in process under the supervision of William H Philpott, M.D. and other independent research organizations as well as NIH grant-sponsored researches. This research under William H. Philpott, M.D. requires a local physician to be following the patient. A physician and patient provide Dr. Philpott with a definitive diagnosis and the physician and patient both agree to be reporting at least 3 times a year to Dr. Philpott. Dr. Philpott provides a magnetic research protocol giving the details of the magnets used. This is a home treatment. To defer the cost of this, a gift of \$200 is needed. This is a tax-deductible gift to medical research. This is beyond the cost of the individual magnets that are specified for the condition under consideration. This information is part of a statistical study in preparation for publication in peer reviewed medical journals.

Self-Help Magnetic Therapy

William H. Philpott, M.D. has since 1995 prepared The Magnetic Health Quarterly that range widely on specific subjects. These quarterlies describe magnetic treatment that can be adapted to self-help. Also, there is a series of magnetic protocols describing in general terms treatment of specific conditions but not for a specific person. It is ethical to obtain this information that lends itself to self-help use. There is no restriction in the purchase of magnets. When a person does self-help is his responsibility. The application of magnets has been classified by the FDA as not being harmful. There is misuse of the magnets that can be made, such as using the positive magnetic pole for an extended period of time. Although this does not injure cells, it is acidifying and would not be healthy for long-term use. The cost of self-help is the purchase of a Magnetic Health Quarterly on the appropriate subject. Each Magnetic Health Quarterly costs \$12, and each magnetic protocol for self-help costs \$10. Otherwise, the cost of self-help is the cost of the magnets. In doing self-help, the person obtains the general information and decides without any coaching from anyone, what magnets they want to use and how they want to apply them based on the general information they have received. Many people are admirably helping themselves. It is always wise that major illnesses be under the supervision of the medical research program.

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

405/ 390-1444 Fax 405/ 390-2968

THE MAGNETIC RESONANCE THERAPEUTIC RESEARCH PROJECT:

PHYSICIAN'S PARTICIPATION AGREEMENT

I agree to consult with W.H. Philpott, M.D., in setting up a research project in magnetic resonance therapeutic research. An agreed upon format of monitoring during treatment and after treatment will be followed. The agreed upon format will be provided in printed form so that the research format can be followed by multiple cases and multiple physicians.

I agree to provide a report three times a year. When sufficient data has been accumulated, and the Institutional Review Board agrees, then an author for publication in a peer review journal will be sought.

Address:

Date:

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

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405/ 390-1444 Fax 405/ 390-2968

**THE MAGNETIC RESONANCE THERAPEUTIC
RESEARCH PROJECT:**

PATIENT'S AGREEMENT FOR RESEARCH

I understand this is a research project to determine the value of static magnetic field application to my type of condition. I understand that extensive toxicity studies preceding the Food and Drug Administration (FDA) approval of the marketing of magnetic resonance imagery resulted in the FDA's classifying magnetic exposure to humans as "not essentially harmful." I have not been promised symptom relief. I have not been promised a cure.

I agree to keep an accurate record of my extent of exposure to a magnetic field. I agree to the necessary monitoring of my condition before, during and after treatment as agreed to by my physician in consultation with W. H. Philpott, M.D.

I understand that private and government (Medicare and Medicaid) insurances do not apply for medical research. I understand my physician will not apply for insurance payments for the medical research that is being rendered me. I agree not to apply for insurance payments since they do not apply to medical research. I understand that laws relating to medical treatment for Medicare and Medicaid payments do not apply to medical research. I understand that the physician doing medical research monitoring for my case can charge for the service rendered for which no report to government insurance Medicare or Medicaid) is made and that the research service is beyond, apart from, and not related to any laws relating to medical services rendered to a Medicare or Medicaid patient.

Address:
Date:

SELF-HELP TREATMENT RESPONSIBILITY

You have a right to purchase magnets and do with them as you wish. You have a right to purchase information that is general in nature. The application of self-help does not constitute a medical order.

William H. Philpott, M. D. would appreciate periodic reports of your success. He can use this information in gathering research for publication.

I understand that I am taking responsibility for magnetic treatment if I engage in self-help, non-medical supervised therapy.

I understand that any of the general information that Dr. Philpott has prepared is not a medical order. I understand that any conversation that I have had or will have with Dr. Philpott is general in nature and is not to be construed as a medical order.

Name _____ Date _____

Mailing address _____

City, State, Zip

**INDEPENDENT, SELF-SUPPORTING
RESEARCH DETERMINATION OF THE
VALUES OF MAGNET THERAPY**

There is a steady advancing application of magnetics for health maintenance as well as valuable therapeutic reversal of degenerative diseases. There is a great need to document the many values of the application of magnets for their therapeutic value. The FDA has classified magnetic application to humans as "not essentially harmful." William H. Philpott, M.D. is a chairman of an independent ethical Research Institutional Review Board which follows FDA guidelines for research in magnetics.

Therapeutic research format available:

1. A local physician provides William H. Philpott, M.D. with an initial statement of the research subject's condition prior to magnet therapy. After receiving this initial statement, Dr. Philpott prepares a magnet research protocol to be followed.

The local research monitoring physician makes the initial report and additional reports to Dr. Philpott at four month intervals.

For this consultation service of the research protocol, the initial and periodic communication with the monitoring physician and research subject there is a requested medical research gift of \$200.00. You will receive a receipt for a tax deductible medical research gift. Make your medical research gift payable to HOLOS INSTITUTES OF HEALTH, INC. Send the check or credit card number to William H. Philpott, M.D.

This \$200.00 medical research gift plus the research subject purchasing the magnets used in research makes it economically possible to proceed with self-supporting magnet research.

For research treatment guided by Dr. W. H. Philpott with you monitored by a local physician. Call, write or fax:

William H. Philpott, M.D.
17171 S.E. 29th Street
Choctaw, OK 73020
405/ 390-1444 or fax 405/390-2968

WILLIAM H. PHILPOTT, M. D.

17171 S.E. 29TH Street Choctaw, Ok 73020
405/390-3009 Fax: 405/390-2968

William H. Philpott, M.D., Chairman
Institutional Review Board
W. H. Philpott Magnetic Research

Research gift to HOLOS INSTITUTES OF HEALTH made by:

Name _____

Address _____

Phone _____

Date _____

Received by W.H. Philpott, M.D.

W.H. Philpott, M.D.

Date _____

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Energy Medicine

from the *Magnetic Health Quarterly*
"Energy Medicine" Vol. VIII, 3rd Qtr, 2002

(2002 Revision)

by William H. Philpott, M.D.

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Choctaw, OK 73020

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polarp@flash.net

General Information, Not a Medical Order

No Claim of cure is promised.

*For Medical Supervision under a research program project,
contact William H. Philpott, M.D.*

MEDICAL SUPERVISION IS RECOMMENDED

MAGNETIC PROTOCOL

Magnetic Free Energy Answer

"The Cell is a Machine Driven by Energy"

Dr. Albert Szent-Gyorgi

Nobel Laureate in Medicine

A static magnetic field is an energy field by virtue of electron movements produced by the static magnetic field.

There are two static magnetic field energies; 1) a positive static magnetic field spinning electrons clockwise, 2) a negative static magnetic field spinning electrons counterclockwise.

Modern industry is built around the predictable electron movement direction produced by separate opposite static magnetic fields.

In biological systems, responses to separate and opposite positive and negative static magnetic fields, there is the same predictable response equivalent to the predictable industrial use of static magnetic fields.

Communication between live biological cells is magnetic. Electric current used in nerve cell propagation is made by static magnetic fields (biomagneto effect). The industrial equivalent is the magneto electricity by movement of static positive and negative magnetic fields.

An EEG demonstrates the behavioral correlates of specific brain pulsing frequencies in which 12 cycles per second frequencies and below is non-stress and anti-stress whereas the pulsing frequencies beyond 12 cycles per second is stress. The higher the gauss strength of the negative magnetic field, the slower the pulsing of the brain. The higher the gauss strength of the positive magnetic field, the faster the pulsing frequency of the brain. This can be achieved by exposure of the brain to separate positive and negative static magnetic fields of varying gauss strengths.

The pulsing frequency of the brain correlates with the magnetic state of the neuronal function of the brain. Thus, the magnetic state of the brain can be driven by three mechanisms:

- 1. Static magnetic field from a static field magnet.**
- 2. Ions**
- 3. Pulsing field input from sight, sound or tactile sensory input or by other pulsing frequency sources.**

Ions are electromagnetic charged with a positive electromagnetic charge or a negative electromagnetic charge. The biological response to a positive ion electromagnetic charge and a positive static magnetic field are the same. The biological responses to a negative magnetic ion charge and a static negative magnetic field are the same. Thus, ions and static magnetic fields have equivalent biological response and can therapeutically be

The essence of static magnetic field therapy is the movement of electrons energizing enzyme catalysis. Static magnetic fields can achieve this goal. Ion therapy can achieve the same goal of energy activation of enzyme catalysis. Pulsing frequencies driving the brain's magnetic field can achieve the same goal of energy activation of enzyme catalysis.

ANN'S SUCCESS STORY

Ann has a chronic severe multiple chemical sensitivity. Marked weakness is a major symptom. She has faithfully pursued the systems of several expert environmental and toxicological specialists. She has found Far-Infrared Sauna therapy to be of appreciable value. When she added magnetic therapy, there was marked improvement in symptom reduction. A more optimal value is increased strength and reduced symptoms even when exposed to an assortment of chemicals when she sleeps on the negative field of a 70-magnet bed.

When on vacation away from her 70-magnet bed, her weakness and symptoms returned. Upon returning to the magnet bed, her strength promptly returned and the symptoms faded. Her health requires the nightly use of the 70-magnet bed.

Ann's story is a case of chronic oxidoreductase enzyme toxin inhibition that cannot be managed by mere avoidance of the initiating chemical enzyme toxins but can be managed by a nightly negative magnetic field activation of her oxidoreductase enzymes.

The following is a letter that Ann wrote to me. Re: The 70-Magnet Bed

"To whom it may concern,

"My chemical sensitivities began back in 1983 and by the time I located Dr. Philpott for help in 1985, I had become a 'universal reactor'. After one year, eighty ozone IV's, a strict rotation diet, along with removal of my silicone breast implants, I still was very chemically reactive. The ozone had brought down my pesticide level considerably, as had EDTA chelation which removed much of the lead poisoning in my body, but still I could not function at all in 'the real world'.

"This is when Dr. Philpott realized a new approach was needed and he began to investigate the possible use of magnets. I had instant success wearing them in the head band of my hat. From then on, I was at all times wearing magnets on various parts of my body as well as sleeping on twenty 4" x 6" x 1/2" magnets at night - not too comfortable, but definitely symptom-relieving.

"For many years, I managed to survive in this manner until Dr. Philpott invented the 70-magnet bed which changed my whole life, as now my entire body is captured nightly in a strong, healing magnetic field.

"After three months, I was almost symptom-free of chemical and electromagnetic field sensitivities. However, I am still cautious about my diet - an all organic rotation diet - and walk three miles on the beach every day.

"There is only one drawback to this treatment. When I leave the 70-magnet bed to stay at my house in the Bahamas, I do not do so well after a few weeks and must return early to rejuvenate myself again with strong, negative magnetic therapy. It works!

"Ann Lloyd

Deerfield Beach, Florida"

STATIC MAGNETIC FIELD FREE ENERGY

STATIC MAGNETIC FIELD ENERGY

How can it be that a static (non-moving) magnetic field is an energy? Energy is defined as being evidenced by movement. A static magnetic field does not move. This lack of movement of a static magnetic field has caused some physicists to picture magnetic therapy as a hoax in which subjects are imagining they are favor-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior ably influenced by a magnetic field.

The answer to this criticism about a solid state static magnetic field not being an energy field has been answered by Y. Abaronav and D. Bohn [AHARONOV, Y. and BOHN, D. Significance of Electromagnetic Potentials in Quantum Theory. The Physical Revision. 115, 485. (1959)]. In 1986, the Abaronav-Bohn effect was confirmed by Akaira Tonomura at Hitachi, Ltd. in Tokyo. Thus, movements of electrons do occur in response to a static magnetic field. A static magnetic field is an energy field by virtue of the movement of electrons in the magnetic field. Thus, the engineer, physicist or biochemist claiming that a static magnetic field doesn't influence human physiology are exposing their lack of information. They may have a Ph.D. in a science field and still have never heard of the Abaronav-Bohn effect. The energy is the movement of electrons which affect human metabolism. Some scientists without any experience of observing human responses to magnetic fields are bold to declare magnetic therapy a hoax. It is a strange phenomena that a scientist holding a Ph.D. or M.D. can be so uninformed as to boldly declare himself an expert in a field that he has no knowledge or expertise.

ON NAMING MAGNETIC FIELDS

The original naming of magnetic poles related to the navigator's use of a compass. The compass needle that pointed north was named north pole and the compass needle that pointed south was named south pole.

In 1600, William Gilbert (DE Magnete) was the first to point out that the navigator oriented himself with a compass needle pointing toward north which he called north which in fact the compass needle pointing north is a south poled magnetic field. Several scientists throughout the years have identified this error in naming the magnetic pole. This error in identifying magnetic poles still persists as a tradition.

The physicist, B. Belaney (BELENEY, B. Magnetism. New Encyclopedia, 1986. Vol 18, pp 274, 275. Encyclopedia Britannica, Inc., Chicago. USA) again identified the geographic error in identifying magnetic poles and termed it "semantic confusion". To avoid this semantic confusion, he recommended using the electrical polarity definition of positive (+) and negative (-) as applicable to magnetic poles in which the positive electric pole (+) is also a positive magnetic pole (+qM) and a negative pole (-) is also a negative magnetic pole (-qM). M stands for magnetism.

UNDERSTANDING STATIC FIELD FLAT SURFACE PLATE MAGNETS

Magnetism is the product of the movement of electrons. Whenever electrons move, they produce magnetic positive and negative magnetic fields. A static field magnet is created when minerals capable of receiving and maintaining a magnetic charge in a solid material is subjected to a magnetic field of sufficient strength.

When electrons move in a catalytic reaction a measurable magnetic field is formed. Thus, the human body is making static field remnant catalytic magnetism with every catalytic reaction. Also, a magnetic field can be used to energize a catalytic reaction. This magnetic field energy activated catalytic reaction is the essence of magnet therapy.

The difference between a magnetometer and the gauss meter is that a gauss meter is an electrical instrument measuring a magnetic field when present and a magnetometer is a bar magnet like a compass which has a magnetic field of its own. An example of the difference between a gauss meter and a magnetometer is this:

1) a gauss meter will read the single pole magnetic field of a plate magnet and when crossing beyond the edge of the magnet, it reads that there is no uniform magnetic field beyond the edge of the magnet.

The gauss meter can be lined up with the two opposite polarity magnet field lines going in opposite directions traversing beyond the edge of the magnet. While the magnetometer cannot detect the magnetic field line going in an opposite direction because there is not a uniform magnetic field formed. Furthermore, also a biological response will respond only to a uniform magnetic field and does not respond to the non-uniform magnetic field lines going in opposite directions within the same space.

2) a magnetometer will correctly read the single uniform magnetic pole field when directly over the magnetic field but when crossing beyond the edge of the magnet, it will switch to the opposite pole. The reason for this is that its bar magnet reads the opposite pole at the edge of the magnet beyond the equator between the magnetic poles. The magnetometer's bar magnet can read the opposite pole at a distance of about 3". Some misusing the magnetometer have erroneously concluded that there is a magnetic field from the positive pole circulating around to the flat surface side of the negative magnetic field. The manufacturer placed on the face of the magnetometer the statement of the limitations of the magnetometer in which it states that the magnetometer is only useful in a uniform magnetic field. When you cross over the edge of the magnet beyond this uniform magnetic field, you are then obtaining an erroneous reading of the presence of the opposite magnetic field.

Since a magnetometer with its bar magnet can read only a single uniform magnetic field, it does not detect the opposite polarity magnetic field lines traveling to the opposite magnetic poles. A biological response occurs only to a single poled uniform magnetic field and does not respond to the non-uniform opposite poled magnetic field lines traversing the same space beyond the edge of the magnet.

The original magnetic lines of force model did not allow for separate biological responses to separate positive and negative magnetic fields.

"Despite the fact that magnetic lines of force have no material existence, it is often convenient to picture them in literal fashion and to use them to explain the behavior of objects within a magnetic field. (In doing so, we are using a 'model' - that is, a representation of the universe which is not real, but which aids thinking. Scientists use many models that are extremely helpful. The danger is that there is always the temptation to assume, carelessly, that the models are real, so they may be carried beyond their scope of validity. There may also arise an unconscious resistance to any changes required by increas-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior ing knowledge that cannot be made to fit the model)” (Reference: *Understanding Physics*, Asimov, Isaac. Barnes and Noble Books, 1993. Vol. II, Light, Magnetism and Electricity. Pages 152-154.)

BIOLOGICAL RESPONSE TO UNIDIRECTIONAL VS BIDIRECTIONAL MAGNETIC FIELDS

A unidirectional magnetic field direction occurs when the magnetic field travels in one direction between positive and negative magnetic fields. This unidirectional magnetic field direction exists when there is an air space between opposite magnetic poles. The biological subject is placed in this air space between the two opposite magnetic poles. To treat with a single magnetic pole, place the biological subject within the halfway space up against the desired magnetic field for exposure. Do not cross over the halfway place (equator) between the magnetic poles. A horseshoe-type iron connection between magnetic poles will always produce a unidirectional magnetic field. In a non-horse-shoe-type magnet the opposite magnetic fields need to be close enough to communicate.

A bidirectional magnetic field direction occurs when using a flat-surfaced, static field magnet with magnetic poles on opposite sides in which the magnetic field arches back to reach the opposite magnetic pole side. In this situation, the field first goes up from the one magnetic pole field and then arches back around the edge to the opposite pole on the opposite side of the magnet. Thus, there is first a magnetic field direction away from the surface of the magnet and a second magnetic field direction toward the opposite side of the magnetic field arching around the edge of the magnet. Thus, there is a bidirectional magnetic field occurring. Obviously, this negative magnetic field arching back to the positive magnetic field side is still negative until it reaches the halfway point (equator) between the magnetic fields of the magnet. This has to be still a negative magnetic field or it would not proceed to the positive magnetic field. Magnetic field opposites attract. Thus, the direction of the magnetic field has changed but not the polarity of the magnetic field. The biological responses reveal that there is no evidence of a change in polarity until the magnetic field reaches the halfway (equator) between the opposite magnetic poles. It is the electron spin of the separate magnetic fields that determines the opposite biological responses to opposite magnetic fields. A negative magnetic field spins electrons counterclockwise and a positive magnetic field spins electrons clockwise. It matters not from which side you approach the biological specimen, the response is the same because the electron spin is the same. The biological specimens recognize this spin no matter what direction it comes from. It is the electron spin that determines the biological response and not the direction of the magnetic field to which the biological specimen is exposed.

Someone proposed that if you treat the biological specimen such as the heart, liver or brain and so forth, to the negative magnetic field of a static field magnet with poles on opposite sides of a flat surface, that the field changing direction when arching back to reach the positive pole side will, by virtue of the change in direction, produce a positive magnetic field biological response. This theory turns out to not be true. Biological response testing demonstrates that the positive magnetic field effect is not produced until the magnetic field reaches the positive magnetic pole side of the equator between the two magnetic poles.

If a skin lesion is being treated by a thin magnet such as a neodymium disc that is 1" x 1/8", it is necessary to put a suitable material such as a Band-Aid on the skin first to prevent the magnet being pressed into the skin so as to make contact with the positive magnetic field on the skin. When the 1/8" thick disc is pressed into the skin so that the positive magnetic field at the edge of the disc is

far enough to reach the equator between the magnetic fields and beyond into the positive magnetic field, there will be a ring of vasculitis around the edge of the magnet. When the magnet is sufficiently raised from the surface so that there is no contact with the positive magnetic field, there is no vasculitis. The magnetic field from the negative side arching back to the other side of the magnet does not produce any adverse biological response until this magnetic field from a negative pole side reaches the positive magnetic pole of the disc at the equator. There is no reason for anyone to take my word for this. It is easily demonstratable.

A gauss meter demonstrates that the magnetic pole change is at the equator between the magnetic poles and does not relate to direction of the magnetic field. A magnetometer cannot be used to make this judgement since a magnetometer is a bar magnet with a magnetic field of its own that will reach to the opposite side of the magnet when moving the magnetometer beyond the edge of the surface of a magnet with magnetic poles on opposite sides of a flat-surfaced magnet. An example is a magnetic bed pad with mini-block magnets 1-1/2" apart with the negative magnetic pole facing up will indicate with a magnetometer a negative magnetic field when directly over a magnet. When moving the magnetometer beyond the edge of the magnet between the magnets spaced 1-1/2" apart will read a positive magnetic field between the magnets. The reason for this is that a magnetometer is a bar magnet, the field of which will reach the positive pole at the equator of the magnets between the positive and negative poles of the block magnets. This does not indicate a change in polarity. The manufacturer of magnetometers recognizes this limitation and places on the face of the magnetometer this statement, "Gauss in uniform magnetic field". Both a gauss meter and a biological response test accurately respond to a magnetic field irrespective of direction. Misuse of a magnetometer leads to an erroneous conclusion that magnetic polarity is determined by direction. It is the electron spin that determines magnetic polarity and not magnetic field direction. Only one magnetic field will be received by the biological specimen as long as the exposure does not enter the opposite polarity beyond the equator between the magnetic fields of the static field magnet. An example is that it is safe and valuable to apply the negative magnetic field of a 4" x 6" x 1/2" static field ceramic magnet to the heart, liver, brain and so forth since there will be only the negative magnetic field received by the biological specimen. A magnetic bed pad with mini-block magnets that are 1-7/8" x 7/8" x 3/8" placed 1-1/2" apart with the negative magnetic field facing up will provide a full negative magnetic field. To receive a positive magnetic field requires that the subject press down between these magnets sufficient to reach the half-way point between the negative and positive magnetic fields. Sufficient padding prevents this. There is no reason to place the magnetic mattress pad under the mattress to achieve a full negative magnetic field.

MAGNETIC DYNAMICS OF THE DEGENERATIVE DISEASE PROCESS

The central disorders of acute maladaptive reactions are: 1) acidity, and 2) oxygen deficit. Monitoring the biochemical disorders of chronic degenerative diseases reveals the same disorders as acute maladaptive reactions which is acid-hypoxia. Chronic degenerative diseases are observed to be acute maladaptive reactions extended in time to a chronic state with the resultant cellular damage. The contrast between the well cells of the healthy, functioning person and the sick cells of degenerative diseases provides valuable clues as to how magnetics can substantially aid in recovery of inflammatory degenerative diseases, infections from microorganisms and cancer.

In the process of oxidative phosphorylation producing adenos-

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ine triphosphate (ATP), molecular oxygen accepts an electron and becomes free radical oxygen (superoxide). If not immediately enzymatically reversed, superoxide proceeds to produce other free radicals, peroxides, oxyacids and aldehydes. These are all inflammatory. The oxidoreductase family of enzymes have the assignment of making ATP by oxidative phosphorylation and at the same time, processing the reduced end-products of this oxidation phosphorylation process. This oxidoreductase family of enzymes are alkaline-hyperoxic-negative magnetic field activation dependent. When these 3 physiologically normal factors are not present, then cellular ATP is made by fermentation. The 3 factors necessary for fermentation to produce ATP are: 1) acidity, 2) lack of oxygen, 3) a positive static magnetic field as an enzyme energy activator. Human cells have the capacity to make ATP by either oxidative phosphorylation or fermentation. Cellular fermentation producing ATP only functions in the abnormal state of acidity and hypoxia. The enzymes catalyzing fermentation production of ATP are transferases which are acid-hypoxic-positive-static magnetic field activation dependent. Sugar is catalyzed by transferase producing ATP, alcohols, acids and carbon dioxide. Hydrolase enzymes catalyzes starches to sugars. Hydrolase also is acid-hypoxic-positive static magnetic field energy activation dependent.

A static magnetic field is the energy activator of all biological catalytic processes. When oxidative phosphorylation catalyzes the production of ATP this catalytic reaction makes negative static field magnetism termed oxidation remnant magnetism. This negative static magnetic field is available to energize oxidoreductase enzyme catalysis and at the same time, block transferase and hydrolase catalysis. Besides the biological available negative static magnetic field from oxidation remnant magnetism, there is an always present electrostatic field (*Encyclopedia Britannica*. Vol 15, page 1060. 1986 edition). In an alkaline medium the electrostatic field produces a negative static magnetic field which energizes oxidoreductase catalysis. In an acid medium, an electrostatic field produces a positive static magnetic field which in turn energizes transferases and hydrolases. Both oxidation phosphorylation and fermentation catalysis are static magnetic field energized. However, they are energized by opposite magnetic poles. Oxidation phosphorylation is energized by a negative static magnetic field in an alkaline-hyperoxic medium.

Fermentation is energized by a positive static magnetic field in an acid-hypoxic medium. A static magnetic field is required for the enzyme and the substrate to attach. A static magnetic field present during enzyme catalysis has been documented (Fersht, Alan. *Enzyme Structure and Mechanism*).

ATP made by fermentation with its acid-hypoxic medium cannot maintain human biological life energy. ATP made by fermentation can maintain the life energy of microorganisms such as bacteria, fungi, viruses, parasites and cancer cells. The secret to reverse acute maladaptive symptom reactions, prevent and reverse microorganism infections, maintaining human biological health and providing for the reversal of degenerative diseases is to maintain a normal alkaline body pH, hyperoxia and an adequate negative static magnetic field. The biological response to a negative static magnetic field can maintain these necessary components of healthy human cells. Thus it can be understood that exposure to an external source of a negative static magnetic field supports human health and materially aids in reversal of inflammatory degenerative diseases, cancer and the defense against microorganism invasion. This external negative static magnetic field can be applied to local affected areas as well as applied systemically by such as a negative static magnetic field bed.

All enzymes are pH dependent (acid or alkaline-dependent).

The oxidoreductase enzymes are all alkaline-dependent. In fact, all the enzymes in the body are alkaline-dependent other than the enzymes in the mouth and the stomach which are acid-dependent enzymes. Otherwise, all other enzymes in the body are alkaline-dependent. Therefore, in order for the oxidoreductase enzymes to function an alkaline state has to be produced.

All heavy atomic weight metals are electromagnetic positive. The low atomic weight minerals such as sodium, potassium, magnesium and so forth are capable of producing bicarbonates which then are alkaline. A negative magnetic field supports the alkalinity of these bicarbonates whereas the positive magnetic field blocks the production of the alkaline bicarbonate. Therefore, the first thing that we need to do for these enzymes to function is to place the area where the function is depressed in a negative magnetic field producing alkalinity. The next step is that the negative magnetic field itself now causes the enzyme and substrate to join and thus produce its catalytic function. Magnet therapy in essence is the ability of the negative magnetic field with its counterclockwise electronic spin to produce alkalinity and also the joining of oxidoreductase enzymes and substrates. All enzymes that are alkaline-dependent require a negative magnetic field. ATP serves the role of also helping the enzyme reaction occur. ATP however is not alkaline-dependent nor acid-dependent so it can help activate the enzyme function either in an acid or alkaline medium. The magnetic field is used to keep the alkalization as well as to activate the enzymes. As has been pointed out, the body makes its own enzymes. It makes negative magnetic field enzymes.

ATP is usually made by this process of an alkaline medium plus the activity of oxidoreductase enzymes on food substrates to produce ATP plus oxidation remnant magnetism which is a negative magnetic field. However, there are emergency circumstances in which the body has, through its activity, such as muscle activity during running, used up all of its ATP. Each cell of the body has an emergency mechanism for making ATP by a process of fermentation that does not require the presence of oxygen that is made in an acid medium. With this heavy exercise, there also has become an end product of acidosis which is lactic acid. Therefore, with this strenuous exercise or strenuous chronic activity, be it physical or mental, the body has to resort to this emergency mechanism. This emergency mechanism cannot sustain life for very long. It is just a temporary measure. We have to go to sleep and be in an alkaline state to make our ATP back and thus get our energy back.

Cancer cells make their ATP by the process of fermentation which occurs in the presence of a low oxygen content in an acid medium. Microorganisms that invade the human body have the same mechanism as cancer cells. This is also why, if we alkalinize the body and activate the oxidoreductase enzymes and the other alkaline-dependent enzymes, we can defeat cancer cells and defeat invading microorganisms. It is a matter of having the negative magnetic field strong enough to defeat cancer and these invading microorganisms. This can be achieved by providing the body with a sufficient external source negative magnetic field.

THE ROLE OF SLEEP, HEALTH AND WELLNESS

Human function is divided into what we call the circadian rhythm. There is a period of wakefulness with physical and mental activity. The end product of this physical and mental activity is the production of free radicals, the principle one being superoxide which is oxygen with an added free electron. If not immediately enzymatically processed, it will result in the production of other free radicals and peroxides, acids, alcohols and aldehydes all of which are inflammatory. The longer we sustain this physical and mental activity, the higher the accumulation of the end products of metabolism. In order to process these and get our energy back (that is,

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior get our ATP back) we must go to sleep in which the brain in this period has a negative magnetic field expression and an alkalinity develops during which ATP and catalytic remnant magnetism can be made. Thus, we use up our energy during the day and we redeem it at night during sleep. Thus, sleep is very important. We cannot be well without maintaining adequate, energy-restoring sleep. The body, and especially the brain, placed in a negative magnetic field will encourage the development of deep, energy-restoring sleep. Producing a deep, energy-restoring sleep is an integral part of magnetic therapy.

THE ROLE OF ANTI-INFLAMMATION

Inflammation is caused by the accumulation of toxic end-products of metabolism. Inflammation can be caused by external sources of toxic substances that block enzyme function. Inflammation is always acidifying thus a negative magnetic field treatment for any inflamed areas is an important aspect of magnetic therapy. The negative magnetic field will alkalize the area and activate the enzymes to process the inflammatory substances.

THE ROLE OF MAGNETIC ANTIBIOTICS

The outer membrane of the human cell is electromagnetic negative charged. The outer membrane of invading microorganisms is an electromagnetic positive charged. Thus, the human cell exposed to a static negative magnetic field has its cellular membrane strengthened. Accumulatively, human cells with a strong negative magnetic field can counter the magnetic positive fields of invading microorganisms. There is a battle of polarities of negative polarity of human cells against the magnetic positive invading microorganism cells. Whichever one can come up with the most energy will win the battle. It is the ability of the human cell to make use of the negative magnetic field that gives the human cell the antibiotic advantage over the invading microorganisms.

THE ROLE OF MAGNETIC ANTICANCER

Human cells make their ATP energy by oxidoreductase enzymes which require an alkaline medium, abundance of oxygen and a negative magnetic field. Cancer cells make their energy by fermentation which requires not only an acid medium but also a low oxygen medium. The human cells around a cancer become edematous because the acids made by the cancer cell cause this edema to occur. When these cells are placed in a negative magnetic field and an alkalinity develops, the human cells are no longer swelling and the cancer cells are blocked from making their ATP by fermentation. This is why a negative magnetic field has anticancer value.

THE pH FACTOR IN CALCIUM AND AMINO ACID DEPOSITS

Both calcium and amino acids are soluble at the normal pH range of the human body which is 7.4 to 7.5. Below the normal pH of the human body, both calcium and amino acids become insoluble. There are many examples where calcium and amino acid insoluble deposits can occur singly or combined. In the development of atherosclerosis and arteriosclerosis, there are insoluble deposits of both calcium and amino acids. This can only occur in an acid medium. Calcium can become insoluble in any part of the body where there is a sustained acid medium. This often occurs around inflamed joints for whatever reason the inflammation is there, be it an infection or some other reason which can be just a sustained biological activity with the acid end products of metabolism. Thus, we have deposits occurring in rheumatoid conditions and in injury conditions. There can be stenosis of the lumbar spine or the cervical spine or of arteries that become clogged with calcium deposits producing a stenosis of such as the carotid arteries or arteries of the heart or of wherever else there is an acidity produced.

Insoluble amino acids become deposited in the case of amy-

loidosis. This can occur anywhere in the body. It can occur around the nerve. It can occur in the pancreas. It can occur in the brain to which the name of Alzheimer's is given. The cause of this is acidity in these local areas.

It is very important to examine the causes of acidity. Infections will cause acidity. A sustained chronic injury will cause acidity just as an end-product of metabolism. One of the most frequent causes of acidity are maladaptive reactions to foods. This can be either in the nature of an allergy which is always acidic or in the nature of an addiction in which acidity emerges at the time of the withdrawal phase of addiction. Thus, it is very important to examine for reactions to foods particularly and also chemicals and inhalants.

Deposits of insoluble calcium and insoluble amino acids are reversible by placing a negative magnetic field over the area and maintaining a continuous alkalinity. These insoluble deposits will slowly go back into solution. Thus, magnetic therapy using a negative magnetic field has a very wide application for a large number of conditions in which there are insoluble deposits of calcium and amino acids.

BRAIN NEGATIVE AND POSITIVE MAGNETIC FIELD FUNCTIONS

The brain, based on its neurones can manifest either as a positive magnetic field or a negative magnetic field. During relaxation and sleep, the brain is manifesting a negative magnetic field. During wakefulness, mental and physical activity, the brain is manifesting a positive magnetic field. The EEG tells us the difference between the brain's negative magnetic field functional state and its positive magnetic field functional state. During relaxation and cessation of mental activity, the brain manifests a pulsing frequency between 8-12 cycles per second. Sleep manifests an EEG as low as 2 cycles per second. The thinking brain has an EEG of 22 cycles per second. Under stress, this can go on up to a grand mal seizure of 35 cycles per second.

BIOLOGICAL SYSTEMS MAGNETIC INTERFACE-FUNCTIONS BETWEEN pH, ENZYMES AND MICROORGANISMS FUNDAMENTAL FACTS

Human metabolism requires an alkaline pH between 7.35-7.45.

The biological response to a negative magnetic field is alkaline-hyperoxia. The biological response to a positive magnetic field is acid-hypoxia. Enzyme catalysis is energy activated by magnetic fields.

Enzyme catalysis produces a residual magnetic field.

Endogenous cellular pulsing fields are a manifestation of the specific magnetic field present.

Exogenous pulsing fields produce specific cellular magnetic fields. All human cells are negative magnetic field poled.

All invading microorganisms are positive magnetic field poled. Human-friendly microorganisms are negative magnetic field poled. All cancer cells are positive magnetic field poled.

Oxidoreductase enzymes can either provide or remove electrons as the life biological function may require.

Oxidoreductase enzymes are alkaline-hyperoxic-negative magnetic field-dependent without any dependence on adenosine triphosphate.

Oxidoreductase enzymes biological functions are:

- 1) production of adenosine triphosphate.
- 2) processing toxic endogenous end-products of metabolism.
- 3) processing exogenous toxins.

Toxicity is enzyme inhibition. The essence of toxicity is enzyme function inhibition. Enzymes can be overwhelmed by the quantity of either endogenous or exogenous enzyme toxins. Oxi-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to discover the cell proliferation regulators because he has stated that cancer results from a disorder of cell proliferation regulators. He knew that this occurred in hypoxia. His book on this subject is titled *Electronic Biology and Cancer* (SZENT-GYORGYA, ALBERT. *Electronic Biology and Cancer. A New Theory of Cancer. 1976.* Marcel Dekker, Inc. NY, NY 10016). He knew that this had to be electronic however, he had not discovered that the negative magnetic field is a regulator over the positive magnetic field and energizes all the biological regulators of the body. We now know that it is the negative magnetic field that he was seeking. He said, "when we find this, we will have an answer to the reversal of cancer." Now, we have the evidence that it is the negative magnetic field that he was seeking.

The human organism is the battlefield between positive magnetic field oriented invading microorganisms and human cell negative magnetic field defense against these organisms. Whichever system has the strongest, sustained magnetic field will win the battle, either microorganisms with their positive magnetic field or human cells with their negative magnetic field. The static sustained negative magnetic field of magnetic therapy supports human cells to win the battle against the positive magnetic field poled invading microorganisms.

The electroencephalogram provides monitored evidence of the biological pulsing magnetic fields. When the brain is exposed to a negative magnetic field, the pulsing field is non-stress, being below 12 cycles per second. The higher the negative magnetic gauss, the slower the pulsing field. When the brain is exposed to a positive magnetic field, the pulsing field is beyond 12 cycles per second and the higher the gauss of the positive magnetic field, the higher the pulsing field. Thus, it is understood that the pulsing field of the brain, and of course cells in general, represent the magnetic state of those cells. This pulsing field can be either driven by an exogenous static magnetic field or by pulsing sensory inputs of sight, sound, tactile or other pulsing frequencies that can penetrate human cells.

Bicarbonates are paramagnetic and can receive the attachment of either a negative or a positive magnetic field. The negative magnetic field activates alkalinity. The positive magnetic field blocks alkalinity and thus produces acidity.

Oxygen is paramagnetic and can receive either a positive or a negative magnetic field. A negative magnetic field supports alkalinity and a positive magnetic field supports acidity.

Water is paramagnetic and can retain either a positive or negative magnetic field. The negative magnetic field supports alkalinity and the positive magnetic field supports acidity in the human body.

BIOLOGICAL REGULATORS

Human biological life consists of the circadian rhythm which consists of two phases 1) an awake, alert, conscious period of physical and mental activity, and 2) a relax and sleep phase. The wakeful active phase is driven by the positive magnetic field. The sleep phase is driven by the negative magnetic field. The wake-active phase, if chronically maintained, becomes toxic, depletes energy and if continued, could lead to death. The sleep phase is necessary for restoring life-energy, detoxification and healing-repair.

Each biological response has a counter-regulatory response to prevent an over-response biological injury. For example, there are chemical regulators to inflammation, blood clotting, immune reactions, toxins produced during metabolism and so forth. These counter regulators are chemicals, hormones and enzymes. The regulators are negative magnetic field energized. Metabolism has two expressions of energy which are catabolism and anabolism. Adrenaline, steroid hormones, , endorphins and serotonin are catabolic hormones. Melatonin and growth hormone are examples of anabolic hormone regulators. Ultimately, a negative magnetic field and biological responses to a negative magnetic field are regulators over the harmful effects of prolonged over-expression of catabolism's potential injuries.

The famous biochemist, Albert Szent-Gyorgya, was seeking

to discover the cell proliferation regulators because he has stated that cancer results from a disorder of cell proliferation regulators. He knew that this occurred in hypoxia. His book on this subject is titled *Electronic Biology and Cancer* (SZENT-GYORGYA, ALBERT. *Electronic Biology and Cancer. A New Theory of Cancer. 1976.* Marcel Dekker, Inc. NY, NY 10016). He knew that this had to be electronic however, he had not discovered that the negative magnetic field is a regulator over the positive magnetic field and energizes all the biological regulators of the body. We now know that it is the negative magnetic field that he was seeking. He said, "when we find this, we will have an answer to the reversal of cancer." Now, we have the evidence that it is the negative magnetic field that he was seeking.

Dynamics of Ion Energy

IONS VERSUS STATIC MAGNETIC FIELDS

Ions are electro charged particles. Ions form static electric fields comparable to static electron fields. There are positive charged ions and negative charged ions. The positive charged ions are neuronally exciting and stressful. The negative charged ions are neuronally calming and anti-stressful. This can be particularly noted in the behavior of animals and people before and during a storm when there are positive charged ions. After the storm, there are negative charged ions. There is tension and apprehension before and during the storm and there is a sense of calm and comfort after the storm. Negatively charged ions have the same biological responses as have a negatively poled magnetic field. Positive charged ions have the same biological responses as a positive magnetic field. Since the ion biological responses are equivalent to magnetic fields, they can be used therapeutically interchangeably. It is a matter of which is more convenient to use and under which circumstances they work best. Negative ion fields are especially being used to clean up an environment from toxins and other substances. A negative magnetic field exposure to the human body will process toxins. Ion therapy deserves equal definitive research as magnetic therapy. Homes, offices and hospitals should be making optimum use of negative ion generators.

Ions are absorbed through the skin and especially through the mucous membrane of the lungs. Negative ion therapy complements negative magnetic field therapy and should be an integral part of magnet therapy.

The Significance of Pulsing Cellular Frequencies as Determined by Universal Pulsing Frequencies

When placing a negative magnetic field on the brain, it will manifest the brain function of a negative magnetic field because the neurone function will join the negative magnetic field. When placing a positive magnetic field on the brain, the neurones will join the positive magnetic field and will manifest the pulsing frequencies of the positive magnetic field.

It is also true that a pulsing magnetic field such as through the senses of sight and sound and tactile will also drive the brain and its magnetic field. Thus, pulsing frequencies of 12 and below will produce relaxation and anti-stress. The slower pulsing frequencies will produce sleep. The pulsing frequencies beyond the 12 cycles per second will demonstrate the brain as being manifest in a positive magnetic field and stress. Thus, you can influence the brain either with magnetic fields or with pulsing fields and come up with the same results. From a therapeutic standpoint, this is important because of a choice as to whether to drive the brain with a sensory input or to drive the brain with a magnetic field input, that is a static magnetic field exposure.

The question is, what is biological life energy?

Being alive is a manifestation of electromagnetism. Live human cells have a magnetic field. This cellular magnetic field disap-

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Central Nervous System Pulsing Frequencies, Metabolic and Behavioral Responses to Varied Gauss Strength Levels of Positive and Negative Static Magnetic Fields

BASE LEVEL OF 8 TO 12 CYCLES PER SECOND

This is a base level from which the brain can voluntarily initiate an increasing pulsing frequency or decreasing pulsing frequency and the associated metabolic changes and behaviors of these specific pulsing frequencies. This represents a physiologically relaxed and mentally non-focused state. This is an alkaline-hyperoxic state. To maintain this, the negative magnetic field is higher than the positive magnetic field. At this base level the body makes more biological energy than it uses and thus maintains a status quo of biological functions.

LEVELS OF DECREASING PULSING FREQUENCIES, METABOLIC FUNCTIONS AND BEHAVIORS ASSOCIATED WITH INCREASING LEVELS OF A NEGATIVE STATIC MAGNETIC FIELD

1. Six to seven cycles per second.

This is a super relaxed state which can be produced voluntarily or involuntarily, driven by a negative magnetic field. This maintains a normal alkalinity by activating the alkaline bicarbonate buffer system. This in turn maintains the function of oxidoreductase enzymes which process free radicals and oxyacids for the release of oxygen. This state can also be driven involuntarily by an exogenous pulsing frequency of six to seven cycles per second.

2. Runs of six to seven to two cycles per second.

This can be initiated voluntarily or driven involuntarily by a negative magnetic field or an exogenous pulsing frequency can involuntarily drive sleep or induce the voluntary desire to sleep. The subject can be aroused from sleep by sensory stimuli. This is an alkaline-hyperoxic state in which oxidative phosphorylation producing adenosine triphosphate (ATP) and oxidation remnant magnetism is working at a high efficiency level in processing free radicals and oxyacids with the release of molecular oxygen. More energy is being made than is being used. During sleep the person regains his metabolic energy.

LEVELS OF INCREASING PULSING FREQUENCIES, METABOLIC CHANGES AND BEHAVIORS ASSOCIATED WITH INCREASING GAUSS STRENGTH OF A POSITIVE STATIC MAGNETIC FIELD

1. Eighteen to twenty-two cycles per second.

This is the level of a brain attention focus such as thinking, imagery, motor function and so forth. The majority of subjects function at twenty-two cycles per second with a few functioning at eighteen cycles per second. This can be voluntarily initiated or involuntarily driven by an increasing positive static magnetic field. This is a state of increased energy use and decreased energy production. It is a state of increased acidity and decreased alkalinity and decreased molecular oxygen with the consequences of decreased oxidoreductase enzyme activity. This can be involuntarily driven by exogenous sensory pulsing frequencies of eighteen or twenty-two cycles per second. It is difficult to voluntarily maintain this for more than three minutes. A sense of fatigue will set in and a twenty-two per second cycle frequency will reduce to eleven cycles per second. An attempt to voluntarily maintain this more than three minutes is damaging and begins to produce an acid-hypoxic state. An involuntarily driven pulsing frequency of twenty-two cycles per second by either a positive magnetic field or a sensory input of that frequency results in a state of acid-hypoxia with the consequences of reduced

production of ATP and reduced function of the oxidoreductase enzymes.

2. Twenty-five cycles per second.

This pulsing frequency distorts time, place and person. This is seen in mental states such as schizophrenia, manic depression, psychotic depression and so forth. This can be involuntarily driven by toxicity including acid toxicity such as from infections, maladaptive reactions to foods chemicals or inhalants. Nutritional deficiencies will predispose to this state. This state can be involuntarily driven by an increasing gauss strength level of a positive static magnetic field. The subject becomes weak due to the acid state reducing the production of ATP and reducing the function of oxidoreductase enzymes. This is an acid-hypoxic state.

3. Thirty-five cycles per second.

This is the grand mal seizure level. This can be involuntarily driven by a sufficiently high and prolonged positive magnetic field or by a sensory pulsing frequency of thirty-five cycles per second. This is especially true of a light pulsing frequency such as from a stroboscope. This is an acid-hypoxic producing state.

SUMMARY

An increasing gauss strength of a static positive magnetic field increases the brain's pulsing frequencies and is acid-hypoxic producing. The attention focused brain uses a twenty-two cycle per second positive magnetic field driven state for brief periods. This leads to the conclusion that memory is a product of a positive magnetic field registration in specific specialized neurons. An exogenous pulsing frequency is not needed to alter biological and behavioral responses. An exogenous pulsing frequency can achieve comparable responses to that of a static magnetic field. A static magnetic field associated with a pulsing frequency increases efficiency of producing biology and behavioral responses. This can be achieved by a static magnetic field only of appropriate gauss strength.

GENERAL CONCLUSION

The central nervous system responds to varied levels of a static positive or negative magnetic field with specific pulsing frequencies for each separate magnetic pole at specific gauss strengths. A negative magnetic field corrective behavioral training is an example of negative magnetic field control over the central nervous system positive magnetic electromagnetism.

CENTRAL NERVOUS SYSTEM SYMPTOM PRODUCING EXCITATION

A man living in a large city with heavy traffic described being anxious and tense and feeling sick by the time he arrived at work. He placed two ceramic disc magnets, 1-1/2" x 3/8" bitemporally and drove to work without any anxiety or tension emerging. He was so enthusiastic about this response that he called reporting his wonderful sense of relief.

A young man had a compulsion to repeatedly say the word "circle." When the negative magnetic field of a 4" x 6" x 1/2" magnet was placed on the back of his head, he stopped saying the word, "circle." Deliberate food testing demonstrated that gluten in wheat, rye, oats or barley would evoke the compulsion to say the word, "circle." The removal of these foods stopped his compulsion to say the word "circle." A negative magnetic field could also control this compulsion which resulted from the brain excitation evoked by a maladaptive response to gluten.

A boy reacted to a deliberate food test of eggs with a temporal lobe seizure with the symptoms of confusion and disassociations. When ceramic disc magnets 1-1/2" x 3/8" were placed bitemporally, a deliberate food test of eggs did not evoke any symptoms.

A young woman was observed by her parents to be depressed and socially withdrawn when she ate wheat bread. A deliberate test

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior meal of wheat after 5 days of avoidance evoked her symptoms of depression, social withdrawal and headache. Forty-five minutes of treatment during which she slept with magnets placed on her spine and bitemporally completely reversed her symptoms. A repeated test meal of a food bran which she developed symptoms did not evoke symptoms when these same magnets were placed on her spine and temporal area for a period of thirty minutes prior to the test meal.

These are examples of how a static negative magnetic field can calm the central nervous system and cancel symptoms. It matters not if these are evoked by maladaptive reactions to food, chemicals or inhalants or are responses learned in association to specific stimuli.

In the cases where the symptoms are evoked by an isolated substance (food, chemical or inhalant) these substances should be removed from the diet or contact and spaced for a sufficient period of time for the body to recover. Exposure should be kept at a sufficient infrequent level and reduced quantity so that symptoms do not develop. The responses that have become learned by these substance evoked responses can be trained out by keeping the brain calm while symptom evoking stimuli are re-approached through ordinary imagery while relaxed by actual life exposure to the stimuli. Neurotic symptoms such as anxiety, phobias, depression, obsessions and compulsions and so forth can be trained out by maintaining a calm central nervous system. This can be achieved by exposure to a negative magnetic field while re-approaching the stimuli that evoked these symptoms. This can be achieved through ordinary imagery stimulus re-approach or by actual life experience exposure to the stimuli.

The conclusion is that a static negative magnetic field can calm the central nervous system to whatever degree is needed in order to provide effective corrective behavior therapy training.

Magnetic Protocols

GENERAL OPTIMUM MAGNETIC THERAPY PROTOCOL

ORIENTATION:

This general magnetic protocol is suited for such as metastatic cancer, arteriosclerosis, acute or chronic infections (viral, bacterial, fungal or parasitic), Alzheimer's and other amyloidoses. This general magnetic protocol is good for anyone, even as a prophylaxis against diseases.

MAGNETS USED:

The magnets for the basic therapeutic program:

A 70-magnet bed. These magnets are 4" x 6" x 1". Thirty-five are placed in a wooden carrier, 36" square. Two of these carriers are placed end to end. This produces a bed that is 36" x 72". Place a 2" foam pad over the bed.

A super magnetic head unit composed of four 4" x 6" x 1" magnets. Four of these are placed around the head in a wooden carrier that surrounds the head.

Negative ion generator

SPECIAL CONDITIONS THAT REQUIRE SPECIAL CONSIDERATION:

- Brain tumors: the super magnetic hat composed of 34 neodymium disc magnets that are 1" x 1/8" should be worn when ambulatory.

- Local tumors: suitable sized magnets should be used on each tumor. These should be in place during the ambulatory period when not on the bed or can be worn while on the bed. These magnets can range from the neodymium disc magnet that is 1" x 1/8", usable for small skin lesions to a 4" x 6" x 1/2" magnet is suitable for many tumors and will penetrate deep into the tissues of the

body.

- Special considerations for arteriosclerosis and atherosclerosis: the heart can be treated with a 4" x 6" x 1/2" magnet during sleep or if need be, during the waking period to control symptoms.
- The carotids can be treated with a flexible mat and with mini-block magnets placed on top of this magnet.
- Cerebral arteriosclerosis should also add the super magnetic hat during the waking period.
- Consideration for Alzheimer's: the hat should be worn during the waking period.

- Local infections: these can be treated with a suitable sized magnet. The 4" x 6" x 1/2" magnet is often suitable.

- Negative ion generator used to clean up the environment.

NUTRITION:

Nutrition should be optimized with appropriate supplementation after laboratory studies have determined the nutritional needs.

4-DAY DIVERSIFIED ROTATION DIET:

This is useful for anyone and specifically needed for many disease conditions, especially diabetes mellitus, emotional and mental disorders.

GENERAL INFORMATION ABOUT THE 4-DAY DIVERSIFIED ROTATION DIET

The essence of the 4-Day Diversified Rotation Diet is that foods are rotated on a four day basis, thus preventing their maladaptive reactions, be these allergies or addictions.

One method is to avoid food eaten twice a week or more for a period of three months, rotating all other foods. At the end of three months, then place these frequently used foods back into the diet, rotated once in four days. This method is outlined in my quarterly, *The Ultimate Non-Addiction, Non-Stress Diet* and also in my book, *Magnet Therapy*.

Another method that is preferred by some is to start rotating all foods, even those that are eaten frequently. This can be achieved if the subject will treat themselves to magnets for 15-30 minutes ahead of the meal. To achieve this, place the ceramic disc magnets bitemporally, that is in the front of the ears at the level of the top of the ears. These are held in place with a 2" x 26" band. The discs are ceramic discs that are 1-1/2" x 1/2". The negative magnetic field is always placed toward the body. On the positive magnetic field side, there is hook Velcro that will hook to the band around the head and hold these in place. At the same time, place a 4" x 6" x 1/2" magnet on the sternum with the 6" lengthwise the body. Hold this in place with a 4" x 52" body wrap. Also, place a 4" x 6" x 1/2" magnet with the 6" crosswise the body right over the epigastric area which is just below the rib cage. Hold this in place with a 4" x 52" body wrap. The minimum time of exposure should be 15 to 30 minutes or more before each meal. With this method, there is no avoidance period of the commonly used foods.

Follow the instructions in the Magnetic Health Quarterly, *The Ultimate Non-Addiction, Non-Stress Diet* and or in the book, *Magnet Therapy*, for the true food families. The quarterly on *Addiction* outlines a magnetic weight management system.

COLLOIDAL SILVER:

Colloidal silver is a negative ion and has the value not only of a negative ion but also of the silver itself which is anti-microorganism.

Colloidal silver is made by an electrolysis method that produces a particle size of 0.0001 micron. These small silver particles are charged to a negative magnetic field by the electrolysis method. This solution of colloidal silver is placed in the mouth, especially under the tongue for absorption. This provides quick absorption

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior into the blood stream. These fine silver particles go throughout the entire body. The negative magnetic field magnetically attaches to microorganisms, parasites and cancer cells which are positive magnetic poled. Silver, in its own right beyond that of the negative magnetic field, inhibits the replication of these cells. The small silver particles do not interfere in any way with human cell function. It is recommended to use 40 parts per million starting for the first week with 1/2 teaspoon four times a day and followed for the next three months with 1 teaspoon four times a day. In the case of acute infections, two weeks of treatment of 1 teaspoon four times a day usually suffices.

WATER:

Hydration should be optimized by at least 8-10 glasses of water a day. There are special waters that are useful. Nariwa water is useful with both anticancer and antimicrobial values.

Nariwa water is a naturally bio-energized water from Japan's magnetic mountain., This comes in a bottle containing 500 cc. A minimum of one of these bottles should be used a day and preferably, two. The total amount of water used during a day should be a minimum of eight glasses of water and preferably as much as a total of ten glasses of fluid intake.

There are electrolysis instruments that can alkalize and micronize water which has a similar effect to the Nariwa water. This special water is electrolysis produced.

POLARITY:

Always use a negative magnetic field.

RESEARCH CONSIDERATIONS:

It is requested that reports from the subject be made to William H. Philpott, M.D. at three month intervals. It is encouraged that a physician be monitoring and also reporting the progress.

BEYOND MAGNETISM:

Acute maladaptive reactions to foods, chemicals or inhalants has been documented as producing a brief state of acid-hypoxia. In this state, there is a production of acid and a failure to process properly the end-products of oxidation phosphorylation metabolism. In this state of acidosis, oxygen content is reduced. Maladaptive reactions to foods are the most frequent cause of bouts of acidosis. Degenerative diseases are noted for their acid-hypoxic state. Therefore, every effort should be made to maintain a normal alkaline and normal oxygen state.

A majority of people are maladaptively reacting in one or more ways to foods, thus producing bouts of acidosis and reduced oxygen. It is the better part of wisdom to follow a 4-Day Diversified Rotation Diet. This program leaves out foods that are used as frequently as twice a week or more for a period of three months. This is based on the assumption that these foods are being reacted to in some maladaptive way. It is the frequency of the use that produces the maladaptive reactions. A 4-Day Diversified Rotation Diet is set up to leave out these frequently used foods. After three months, these frequently used foods can be returned to the diet, usually without any symptoms being produced. For further details and the rotation diet, see the Magnetic Health Quarterly entitled, *The Ultimate Diet*, the quarterly entitled, *Addiction* and the book, *Magnet Therapy*.

All addictive substances should be abandoned such as addictive drugs, alcohol, tobacco and caffeine (coffee, tea with caffeine, chocolate, and soft drinks containing caffeine). Addiction is acidifying.

Carbonated soft drinks are acid and should be rarely used. Soft drinks are sweetened with corn sugar and if and when used should be limited to the corn rotation day.

In order to maintain an adequate alkaline state, it is necessary that the minerals that are used in the bicarbonate buffer system be

in adequate supply. These are the minerals calcium, magnesium, potassium and zinc. There are several proprietary preparations that contain these minerals associated with vitamin C as ascorbates. Before using this mineral alkaline water, place it on the negative magnetic field of a 4" x 6" x 1/2" magnet for a minimum of five minutes or more. This will charge up the water and the oxygen in the water with a negative magnetic field which will help the body maintain its normal alkaline state. When using Nariwa micro alkaline water, the mineral water need not be placed on a magnet since it is already magnetically charged.

There is a valuable method of electrolysis which provides an alkaline micro water that has an alkaline pH. There is a home electrolysis unit (The AKAI Electrolysis Instrument) that provides this alkaline micro water. It is recommended that five glasses of this alkaline micro water be used a day.

Nariwa water is a naturally bio-energized water from Japan's magnetic mountain and is the optimum alkaline micro water available. This comes in a bottle containing 500 cc. A minimum of one of these bottles should be used a day and preferably, two.

The total amount of water used during a day should be a minimum of eight glasses of water and preferably as much as a total of ten glasses of fluid intake.

FINAL WORD

The magnetic state of biological cells can be driven by 1) static magnetic fields, 2) Ions, 3) pulsing frequencies (sensory or other). Anti-stress manifests a cellular pulsing frequency of 12 cycles per second or less. Stress manifests a cellular pulsing frequency beyond 12 cycles per second.

The essence of static magnetic field therapy is the energy activation of enzymes to join substrates for catalysis. In the case of oxidoreductase enzymes, they are alkaline-hyperoxia-dependent and do not require ATP for energy activation but do require a static negative magnetic field energy for catalytic activation.

ATP is an energy activator of many enzymes. In alkaline-hyperoxic ATP dependent enzyme catalysis, a negative magnetic field is a co-factor with ATP as an enzyme energy activator. This is true of all human enzymes other than those of the mouth and stomach.

In acid-hypoxic dependent enzymes, such as tranferases making ATP, a positive magnetic field is an energy co-factor. Invading microorganisms and cancer cells are acid-hypoxic dependent for making ATP. A static negative magnetic field strengthens human cell alkaline-hyperoxia dependent energy state and defeats the acid-hypoxic dependent state of cancer cells and of invading microorganisms (bacteria, viruses, fungi and parasites).

A static magnetic field is an energy field by virtue of electron movements produced by the static magnetic field.

There are two static magnetic field energies; 1) a positive static magnetic field spinning electrons clockwise, 2) a negative static magnetic field spinning electrons counterclockwise.

Modern industry is built around the predictable electron movement direction produced by separate opposite static magnetic fields.

In biological systems, responses to separate and opposite positive and negative static magnetic fields, there is the same predictable response equivalent to the predictable industrial use of static magnetic fields.

Communication between live biological cells is magnetic. Electric current used in nerve cell propagation is made by static magnetic fields (biomagneto affect). The industrial equivalent is the magneto electricity by movement of static positive and negative magnetic fields.

An EEG demonstrates the behavioral correlates of spe-

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The pulsing frequency of the brain correlates with the magnetic state of the neuronal function of the brain. Thus, the magnetic state of the brain can be driven by three mechanisms:

1. Static magnetic field from a static field magnet.
2. Ions
3. Pulsing field input from sight, sound or tactile sensory input or by other pulsing frequency sources.

Ions are electromagnetic charged with a positive electromagnetic charge or a negative electromagnetic charge. The biological response to a positive ion electromagnetic charge and a positive static magnetic field are the same. The biological responses to a negative magnetic ion charge and a static negative magnetic field are the same. Thus, ions and static magnetic fields have equivalent biological response and can therapeutically be used as equivalents.

The essence of static magnetic field therapy is the movement of electrons energizing enzyme catalysis. Static magnetic fields can achieve this goal. Ion therapy can achieve the same goal of energy activation of enzyme catalysis. Pulsing frequencies driving the brain's magnetic field can achieve the same goal of energy activation of enzyme catalysis.

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- POSTSCRIPT**
- PLEASE INDULGE ME WITH JUST ONE MORE SUCCESS STORY GERTRUDE*
- When walking down the aisle at graduation from medical school, I felt pride for the mass of knowledge I had accumulated. I now had the skill for the answer to many of human problems of disease. Twenty-five years later, I was concerned about what I needed to know beyond the basic medical knowledge I had acquired. I had mastered three specialties; psychiatry, neurology and allergy. I still found that my most basic answers were beyond the knowledge of these specialties. My specialty became the solving of the failures of traditional medicine. I have had much satisfaction helping people with information beyond the basic skills of a medical physician. The story of Gertrude is such a satisfaction.
- Gertrude's husband called and asked if I would take her as a patient. She consistently vomited after each meal and when given intravenous feedings for her dehydrated and emaciated state, she would vomit.
- He chartered a private plane and flew her from Los Angeles to Oklahoma City. When she entered my office, she was cursing me and calling me all kinds of dirty names. She was obviously psy-

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chotic with a paranoid psychosis. She weighed 69 pounds, looked very emaciated with unhealthy skin and her hair lacked luster. The first thing I did was to give her an intravenous feeding for both hydration and nutrition. She did not vomit. She had been to many physicians and numerous emergency rooms. The first thing the physician would want to do was to hydrate her and give her nutrients intravenously. She always vomited when they did this. It turns out that the difference between my IV and the other IV's she had been given was that I did not include glucose in my IV's. The glucose was a corn derivation. She turned out to be allergic to corn.

I systematically food tested her for a month with meals of single foods. Although she reacted symptomatically to several foods, there was only one food which gave her the symptom of vomiting and that was corn. With the avoidance of corn and other symptom-producing foods, she was sane and without vomiting. I sent her home on a 4-Day Diversified Rotation Diet and appropriate nutritional supplements.

Two years after I had reversed Gertrude's illness, I was in Los Angeles for a public presentation. Gertrude and her husband came to the meeting. She weighed 140 pounds with beautiful healthy skin and with a full head of hair with a beautiful luster. She told her story, following which her husband said, "I want to tell you a story." He told of a surly mean cat that would bite and scratch without provocation. He wondered if it was the food, so he gave her another type of food that did not include the type of foods that he had been regularly giving the cat. The cat became a loving, peaceful cat.

Several years later, Gertrude and her husband were both killed in an accident. I received a notice of their death and the fact that I was in their will. My part of that will was \$150,000.