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Dear Jon,

This letter concerns your question as to whether there is any university pursuing the evidence I have that a negative magnetic field reverses cancer.

About three years ago, Charles Steinberg had his wife in Montreal Neurological Institute. She had cancer of the brain. Charles Steinberg is a researcher at McGill University and Montreal Neurological Institute is a part of McGill University. Charles Steinberg has a Ph.D. in statistics. His wife had a diagnosed brain tumor at the Montreal Neurological Institute. She had lost much of the function of her left arm and leg. The tumor was on the right side of her head. Twice, she had been hospitalized and had gone through the usual treatment including surgery and chemotherapy. She was now in her third hospitalization and there was nothing more to be done. She was there to die. The time had been projected for her death which was to be soon. Charles Steinberg called me, making inquiry about magnetic therapy. When he told me where his wife was, I told him he wouldn't have a chance because hospitals are not yet honoring magnetic therapy as an experiment. He said he would see what he could do about that. He found a law in Canada that states that if a subject is using a particular modality and it has not been demonstrated that modality is harmful, they can continue it. He told them that the United States FDA had classified magnet therapy to humans as not being harmful. They gave him permission to follow my instructions and place a 4" x 6" x 1" magnet on the right side of her head which was directly over the tumor. They told him that he would have to be responsible for placing the magnet there. He spent much of his time at her bedside with the 4" x 6" x 1" magnet in place. Within a three week period, which was projected as the time that she was expected to die, she had now regained the use of her left arm and left leg. The nurse came in and gave his wife an intravenous injection. Shortly after this, she coughed up blood and hemorrhaged and died in his presence. It turned out that this was an anticoagulant which was routinely given to people who were at bed rest. It had nothing to do with the treatment of the tumor. He looked at the record and found that she had been given an overdose. He approached the university, stating that he didn't want to sue them and would not sue them if they would do magnetic research on brain cancer. Based on this, I prepared a magnetic research protocol for brain tumor. It consisted of using my super magnetic head unit which I invented for the purpose of this research program. It consisted of using twelve 4" x 6" x 1" magnets. It places four on each side of the head and four on the crown of the head. For this project, I also invented the super magnetic hat composed of neodymium disc magnets that are 1" x 1/8". These are all around the head

in the fabric of the hat. Half of the magnets were just attached to the outside of the magnets that were inside of the hat so that the quantity of magnets could be placed directly over where the tumor was.

It was agreed that eighteen cases would be in the project. These were not to be end-stage cases, ready to die but cases that were judged as early stage and three months without any traditional treatment would not be considered endangering the life of the patient. The oncologist was enthusiastic about the program. Unfortunately, an economic crisis occurred in Quebec in which their legislature has been floundering as to what they were going to do about their Medicare. The oncologist at the Montreal Neurological Institute where they treated only brain tumors was discouraged, left the university and went to New York University. He carried with him the protocol but now he has no funds to carry out his project. There has been no stable appointment of an oncologist to take his place so the Montreal Neurological Institute has not been able to fulfill their agreement for a research project. We are just sitting and hoping that two things will happen. One, that an oncologist will be appointed to the Montreal Neurological Institute who will proceed with the agreed program and that the oncologist at the New York University will obtain money for a research project, thus being two research projects. We are just sitting in limbo in the meantime. Since then, something interesting has happened over at the Jewish Hospital in Montreal. A physician at the Jewish Hospital had a relative with a brain tumor. He knew of the project that was planned at the Montreal Neurological Institute so he proposed to the Jewish Hospital that he proceed with the program using the head unit and the magnetic hat that I had invented for that project. This was a bad case. The subject had hydrocephalus because it was an enlarged, inoperable tumor that had become cystic and the cystic fluid of the tumor had to be drained even though they could not do any surgical intervention with the tumor. Even under these adverse circumstances, we won and the tumor was killed.

There is a Veterans Administration in Connecticut in which the Physical Therapy Department is using magnets they purchase from Enviro-Tech Products which is the organization owned by my daughter and son-in-law that makes the magnets that I use. They also purchase these magnets and send them home with the patients. They have also been influential in the Veteran's Administration Hospital purchasing several of our sleep system beds. They have not yet purchased the 70-magnet bed that I consider therapeutic but they have purchased several of our sleep beds. I have about 160 doctors who have signed statements that they will send me information about their patients. They send me patients or I send them patients, whichever it may be. We really are doing very well. The success rate of treating cancer is phenomenal. Cancer does die 100% of the time with adequate gauss strength and adequate duration. We can't win every time because some subjects bring to us the inability for them to survive no matter what is being done. Those are the ones where we cannot win. They are such as depleted liver function, gastrointestinal blockage with the health of the patient unable to undergo surgery, or obstructive lung disease being difficult one. Some of them come to us on oxygen. Other cases are such as hydrocephalus from a tumor that has blocked the flow of cerebral spinal fluid. We can still win if the patient is capable of surviving. We have won even in cases where the cancer from such as an ovarian tumor has spread throughout the abdomen. In those cases, besides the bed, we place a suspension unit which holds 4-6 of these 4" x 6" x 1" magnets directly over the person

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior

without any weight from the magnets.

We are also having fantastic results with treating schizophrenia. The case histories of two of those were placed in my quarterly on Cancer. I find that schizophrenics all give a history of their childhood learning and behavioral difficulties. I find that the child with attention deficit disorder, obsessive compulsive disorder, dyslexia and other disruptive behavioral disorders (and this includes autism) are all the same illnesses as schizophrenia. Their brain simply hasn't been injured as much by the viral infections. I find they all have the same viral infections which is either Epstein-Barr, cytomegalovirus or both. All of these lesser childhood behavioral and learning disorders are candidates for schizophrenia and we have those which we diagnosed with these disorders and by the time they are 20, they are schizophrenics who are now hallucinating and delusional. Not all progress to this latter state but all are candidates. All have been injured by the same viral infections. Originally, I tested broadly both by antibody and cultural studies. I found that it narrowed down that consistently these brain disorders had either Epstein-Barr, cytomegalo or both. So therefore, in later years I narrowed my examination down to antibodies of Epstein-Barr, cytomegalovirus and human herpes virus #6. It turns out that human herpes virus #6 produces multiple sclerosis. That virus is consistently present in multiple sclerosis, therefore the treatment for all of these conditions is to treat the viruses with a strong negative magnetic field which our 70 magnet bed supplies. The herpes viruses do not die. The body has no ability to immunologically kill these viruses. The reason is these viruses have what is called stealth adaptation. That is, they can drop out whatever the immune system is responding to. They still survive because the human immune system cannot kill them because of their stealth adaptation. They can even have a viral infection received from a person whose viruses have undergone stealth adaptation and the immune system of the subject will not produce any antibodies and yet they can be cultured as live viruses from the blood. In order to develop schizophrenia, the child has to receive this viral infection in early life. That injures the brain from its ability for normal development. If however, they get this disease after the brain is mature, the disease will probably be called infectious mononucleosis and the chronic state will be called chronic fatigue and fibromyalgia, which of course always includes depression but not psychosis. Thus, these viruses are really very wicked. There are other infectious states that can have similar symptoms as these viral infections. One that is prominently showing up now is Lyme's disease. The program of the 70 magnet bed will kill any of these organisms. It is interesting that a stool culture showing numerous pathological bacteria and fungi will, after three months of treatment on the bed, show none of these pathogens. However, the good bacteria will be flourishing. The reason for this is that all of the invading microorganisms and parasites are positive magnetic oriented and make their ATP by fermentation either entirely or at least substantially. Whereas, the good bacteria are negative magnetic oriented and they cannot invade the human body because their negativity is repelled by the cellular negativity of the human cells. Yet they can grow in the gastrointestinal tract and make vitamins for us. It is classic that textbooks will give a picture of a competing space in the gastrointestinal tract between the pathogens and the good bacteria. However, that is not what happens when a person sleeps on a strong negative magnetic bed. There is not competition. The good bacteria are flourishing and the bad pathological bacteria and parasites all die.

My first use of negative magnetic field energy was that of reversing symptoms that had been created by food testing and the

deliberate exposure to chemicals. The next step I took is to provide magnets treating the brain and other parts of the body before the deliberate exposure to substances that I knew they reacted to from prior tests and I found it was just as easy to prevent a symptom from occurring as it was to relieve it once it had occurred. Based on this, I have incorporated exposure to magnets ahead of a meal. With this system, we don't have to wait three months for desensitization to occur but they can start their rotation immediately. We more often use a seven day rotation. A negative magnetic field is desensitizing. It is desensitizing to allergies and addictions and toxicities. A negative magnetic field is the best method of all of desensitization. The quantity of the antigen can be a large quantity. The negative magnetic field will always block the response. Providing exposure to the antigen with the negative magnetic field blocking it and desensitizes. The positive magnetic field is the ideal sensitizer and can be used for vaccination.

A current project is that in preparation is the making of a CD disc that will pulse within the anti-stress range which is below 13 cycles per second. Two cycles per second is ideal. The magnetic state of the brain can be driven by sensory impulse; sight, sound and tactile. I am also going to make a DVD that synchronizes sight and sound. With this, we can do the same things that I do with placing a magnet on the head because we can drive the neuronal state of the brain cells and thus of course, secondarily the other cells of the body will join the neurones pulsing. Deep sleep is two cycles per second. Anesthesia is one cycle every 2 seconds. My life goal is to place on the market, magnetic anesthesia. It will be completely harmless. No toxicity whatsoever. It will not influence heart function or respiration. It will replace chemical anesthesia. Also, it could be used for local anesthesia wherever there is pain. Any pain will leave in the presence of magnetic anesthesia and is likely to stay away for an extended period of time and can be repeated as often as necessary without any harm. I visualize the day when psychiatrists will have a magnetic anesthetic machine in their office. A subject can come into the office insane and a few, minutes later, leave sane. This could be repeated as often as necessary and do so without harm. Electric shock is an electrically produced state of magnetic anesthesia. First, with a high level positive magnetic field stimulation a seizure is produced. Following this, the brain automatically switches to a negative magnetic field for several minutes. This is the benefit of electric shock. Not the seizure.

Magnet therapy has a bright future. It is an antibiotic. It is anticancerous. It is the most detoxifying system there is. It will replace chemical anesthesia and on and on. Thanks for listening.

Sincerely,

William H. Philpott, M.D.