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Dear _____

As I have thought about it, I thought you would be interested in more of the history of magnet therapy and particularly as it relates to reversal and the death of cancer. There exists a communication problem with traditionally trained physicists. I have explained this in the Energy Medicine quarterly that I have sent to you. The original model of magnetic response only dealt with the ferromagnetic response to magnetic fields. A ferromagnetic material responds to either a positive or negative magnetic field in the same way, which is of course, an attraction. This gives the impression that magnetism is one energy. The physicist comes out of his training, even if he is a Ph. D, with the concept that magnetism is one energy. There is nothing in the physicist's training relating the biological response to separate magnetic fields. I made a presentation at a medical meeting in which I demonstrated particularly the heart's response to separate positive and negative magnetic fields. I observed that in a normal person without a heart problem, that when the heart is exposed to a negative magnetic field it slows down ten beats a minute which makes it behave like a person who is well-exercised and capable of relaxation. Whereas, when the heart is exposed to a positive magnetic field it behaves as a person under stress, that is the heart will beat ten times a minute more. I also observed that the heart skipping beats will normalize its pulsing frequency if and when it is exposed to a negative magnetic field. I also observed that a positive magnetic field can set off tachycardia in a person whose heart is predisposed to this possibility and that a negative magnetic field can reverse the tachycardia. There were two physicists present who had publicly stated that they wanted to contribute to magnet therapy. Both of them offered the criticism of my observations by stating that a magnetic field is only one energy and they completely discounted my objective observations of the heart's response to the separate positive and negative magnetic fields. They had absolutely no experience in exposing the human biological system to the positive and negative magnetic fields. They just discounted it and said that my observations were wrong. Thus, if you have two physicists who want to contribute their knowledge to medicine and they are blocked by their original model that is published in the books that they are reading that indicates that magnetism is only one energy. I think this is sad. We can't make progress until the physicists understand that there are two energies and that the biological response is opposite to these two energies.

Albert Roy Davis was a high school science teacher. He

didn't have a Master's degree and he didn't have a Ph.D. He simply was an interested science teacher at the high school level. He had a hobby of fishing and using earthworms for his fishing. He had a horseshoe magnet on a bench and just by chance, he had two cartons of earthworms and had set one at the positive pole and one at the negative pole. A few days later, he was ready to go fishing and picked up his two cartons. The worms that were at the negative pole had shriveled up and died. The worms at the positive pole had eaten through the carton. Obviously, the worms at the negative pole couldn't feed and the worms at the positive pole were active and feeding. This caused him to start looking at the separate biological responses of the two magnetic fields. He did find that an earthworm, the intestinal tract of smooth muscle and the intestinal muscles were inactivated at the negative pole and at the positive pole the smooth muscle was activated. In time, he was able to demonstrate that the negative pole is anti-stress and that the smooth muscle does tend to calm down and that the positive pole causes the smooth muscle to become more activated which is a stress. Therefore, he was able to outline the negative magnetic field as biologically anti-stress and the positive field as biological stress. He was able to demonstrate that the biological response to the negative magnetic pole is alkaline-hyperoxia and to the positive magnetic pole, the biological response is acid-hypoxia. He cultured cancer on rat's skin and then treated them with a negative magnetic field. The negative magnetic field killed the cancer. He then planted cancer on his own skin and came up with the same results that the negative magnetic field killed the cancer and the positive magnetic field would make the cancer grow. He did this 6 times on himself, thus coming up with convincing evidence that with the negative magnetic field sustained, it kills cancer. This was never published in peer reviewed literature. It was published in the book that he wrote of his observations. He tried to get publication in peer reviewed literature. No one would publish his findings. He tried to get government funds for research and he could never get funds. He did have small amount of money given to him which supported him as he proceeded. One of my friends who was at the time a flourishing real estate agent in Los Angeles, sent him \$25,000 regularly for several years. All he had was this small group of supporters to help him. His work was in Jacksonville, Florida. When I was practicing in St. Petersburg, just by chance, I heard of Albert Roy Davis. I went to see him. He had died just a few months before. Walter Rauls showed me around. He had helped him in writing his research observations and put them into a small book. I was given a copy of a sale of a 4" x 6" x 1/2" magnet to the Research Department of MD Anderson Hospital in Houston, TX. Their research department had examined the response of cancer to a negative magnetic field. This researcher enthusiastically called Albert Roy Davis and said that he also had observed that a negative magnetic field kills cancer. A few days later, Albert Roy Davis received a call from a physician at MD Anderson Hospital and he was told that he was forbidden to make any statement about the observation of their researcher. Then, they dismissed the researcher. This all occurred about 35 years ago. This researcher was a friend of Albert Szent-Gyorgyi who had written a book called *Electronic Biology and Cancer: A New Theory of Cancer*. It made sense to this researcher that a negative magnetic field could kill cancer. Albert Szent-Gyorgyi had stated that cancer results from a disorder from self-proliferation regulators such as occurs in hypoxia and oxidoreductase enzyme inhibition. At that time, he had not isolated that it was a negative

magnetic field although he had postulated that there was an energy that controlled cellular proliferation. Since then, we have confirmed that the negative magnetic field controls cellular proliferation. We now know what he was looking for. Thus, MD Anderson Hospital had the evidence better than 30 years ago that a negative magnetic field will kill cancer. They forbade this information to be made public and fired the researcher. MD Anderson Hospital has focused its attention on chemotherapy and ignored the potentials of magnet therapy.

What we need published in the peer review literature is a new model of magnetism that incorporates the established biological responses of the separate positive and negative magnetic fields. With this, the physicists in training will be prepared to work with the physician with the significance of the two opposite biological responses to positive and negative magnetic fields. As it is now, they are stuck with a model that has ignored biological responses to separate magnetic fields. I am telling you this because I hope that you or some of your friends that are chemists or physicists will take up some of the responsibility of making a modernized model for magnetism. I can tell you something about how to respond. Of course, first of all, you do observe the biological responses of both positive and negative magnetic fields and outline this such as the heart response, skin response, brain response and the EEG response. There are many ways of establishing the separateness of the biological response to the separate magnetic fields. Even the response of electrolysis is valuable. At the positive electric pole, which of course is surrounded by a positive magnetic field, the pH is 2. At a negative electric pole, which is of course surrounded by the negative magnetic field, the pH will be 8. So here you have the acid-alkaline separate responses even in electrolysis. On my own skin, I placed a neodymium disc magnet that was 1" across and 1/8" thick. I placed a positive magnetic field on my skin and a few inches away, I placed a negative magnetic field. I left them on for 2 weeks. At the end of 2 weeks, under the negative magnetic field, the skin was entirely normal. Under the positive magnetic field, there was a vasculitis with pustules. Also, it was painful and of course, there was no pain at all under the negative magnetic field. It is easy to demonstrate also that a skin infection will die in the presence of a negative magnetic field and will grow in the presence of a positive magnetic field. The same is true of skin cancers.

Just for your interest, I have sent you pictures of the treatment of basal cells. This was done at the local university medical school here in Oklahoma City. This dermatologist had taken a picture of before and after. This was on a man who was a representative of a drug company and knew the doctors well because he frequently visited them. He had had these pictures taken. The cancer died in the presence of the negative magnetic field and the pictures showed this. This patient got me to communicating with the dermatologist. He invited me to come to the dermatology department of the university and make a presentation. To arrange for this, he contacted his superior who was in charge of the department. This department head would have nothing to do with this so he had to call me and say, "I can't arrange for you to make a presentation. My department head will not allow it" Then he said, "I have investigated and NIH would give us funds for a research project but I can't do the project because my superior won't let me."

Katherine and I were under the care of the eye department at the university. Katherine and I both had some cataracts. Katherine could no longer thread a needle. We both treated our eyes with the negative magnetic field. Our cataracts were

markedly improved and Katherine can even thread a needle now. So I proposed to this ophthalmologist who was in charge of the ophthalmology department at the university that he do a research project on the value of a negative magnetic field in reversing cataracts and of course, under his observation, we had already demonstrated the value in both Katherine and I. He really was frightened by the idea. He said, "I would have to go to the university and get permission to use magnets in a research. I would be laughed at. I can't do this. I won't do this." He really was adamant and obviously frightened about even the idea so of course, the project never got done even though, under his supervision, we had demonstrated the evidence of the value.

It is of interest to know about what happened at a committee meeting at the National Institutes of Health on electromagnetism. In order to fulfill Congress' request to examine alternative medicine, the NIH formed committees in important areas. One was the Electromagnetic Committee. Five Ph.D. Physicists from universities were appointed. Two M. D.'s were appointed -- Robert O. Becker and myself. I was already in my program of observing the values of magnetic therapy. None of the physicists had anything to say. None of them had a program that related physics to medicine. I then, told of my program and of course, I emphasized the separate biological responses to positive and negative magnetic fields. At that time, I had no knowledge of Dr. Becker's observations. I had not read his two books. Dr. Becker immediately endorsed what I was doing and said I was doing the right thing in the right way. He also observed that I was using the static magnetic field in my research and not a pulsing field and he said "even though I am a party to a bone treatment instrument called the Bassett Instrument which does pulse, there is really no reason for it to be pulsing because you achieve the same results with a static magnetic field." In fact he said there is nothing that a pulsing magnetic field can do that a static magnetic field doesn't also do. One of the physicists who was not the chairman of the committee but assumed the role of speaking for the physicists, commented, "We want to help you physicians." Dr. Becker, surprisingly and rather curtly, answered him back saying, "We physicians already know the value of magnetic application to humans. We ask you to tell us how it works." There was no further comment by the physicists and so in all the intensity, it appeared the meeting was over so Dr. Becker and I got up and left. All the physicists stayed. Dr. Becker then said to me, "I come up with my best formulation, and these Ph.D.'s try to cut me down." In his attempt to publish in peer reviewed literature, he had met the criticism of Ph.D.'s and particularly the one that spoke up and said we want to help you. They were critical of his work and interfered with him getting published in peer reviewed literature. This is the same physicist that later criticized my observations about the biological effects of the separate positive and negative magnetic fields, especially as they related to heart function. His criticism was simply that a magnetic field is one field and not two fields and therefore, my observations simply were not valid. He didn't even consider that there would be a value in seeing if someone could confirm what I had observed. I knew of course, that it had been confirmed by Dr. Becker and had been initially even stated by Albert Roy Davis. I had gotten my information from Albert Roy Davis. When I did read Dr. Becker's work, I found that we were in agreement. In my later writings, I frequently refer to Robert O. Becker as a confirmation of what I had observed. Beverly Rodrick, Ph.D., of Temple University was chairman of the committee on electromagnetism. As it turned out, the physicists

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had all stayed after Becker and I left and had their own committee. Their opinion was that I was wrong in my observations. They purposely did not want to state that I had a program that should be endorsed. The final statement by Dr. Rodrick said nothing about my statement or Dr. Becker's endorsement of my research and in fact, when I received this final statement which in itself was a good one, but made no mention of the separate biological response to the separate poles, my name was left out of even being on the committee. I wrote to her and pointed out that my name was not on the committee. She wrote a letter back to me that it was an oversight. It is as though I wasn't important to the committee. They purposely didn't endorse what I had observed and by error my name was even left out as having been on the committee.

I received a phone call from the National Institutes of Health asking me if I would be on a committee deciding grants in magnetism. I had to think about it and the timing that would be involved. I wrote a letter stating that I would be pleased to be on the committee. I didn't hear from them right away so therefore I called and was told that in the meantime before they received my letter, they had found someone else to be on the committee to take my place. They said they would call me at a later date. I haven't heard from them and it has been over a year. I understand that Dr. Robert Becker is on the committee deciding grants. The Cardiac Research Department of Oklahoma University Medical School did apply for a grant and was turned down. The program was not a good program and I would have to have turned it down also had I been on the committee. I am in communication with them and hopefully can encourage them to apply for a grant in the treatment of cardiac arrhythmia. They haven't decided to do that, however, interesting enough, they will send me subjects for my research.

I recently wrote a protocol for a brain tumor case and, as usual, I sent along a copy for the monitoring physician. The oncologist had done everything he could for his patient and had come to the end of his rope and had no more treatment for her. When he examined the protocol, he laughed about the idea of a magnetic field treating a brain tumor and in humor he said to the patient, "Did you say that doctor's name was 'crackpot'?"

Recently I was called by a medical doctor friend of mine and he said, do you have any idea how many times your name appears on the Internet. I, of course, have no idea. I don't even have an Internet, although Enviro-Tech Company has my name there. He says my name is on the Internet 2,500 times. Most of these of course are good, but I also know of one, an oncologist who was so incensed by the idea of a negative magnetic field treating cancer that he wrote a denial and placed it on the Internet. His denial was that Otto Warburg made his statement back in the 30's for which he of course was given the Nobel prize and then he says, "That was so long ago that certainly it is now outdated and not correct." He gave no evidence that this is true, in fact, we have even recent evidence confirming that Otto Warburg was right all the while. Of course, I used to have writings on nutrition and I did write chapters to 17 books that I did not author. Every once in awhile, someone will tell us that they got my name off of the Internet because someone had been so pleased with their treatment that they told about it and put it on the Internet.

Of course we meet with resistance of something new. Even when MRI was being developed, there was considerable resistance with physicists simply saying, "It can't work." Now it has an honorable position in medicine. Interestingly enough, the doctor who invented MRI started out to determine if he could

develop a magnetic treatment for cancer. His sister had died of cancer and this was his motivation. He got side-tracked from his original goal of finding a magnetic answer for cancer and developed the MRI. He never did proceed to determine if he could use a negative magnetic field to reverse cancer. It would be incorrect for me to give you the impression that I am meeting a lot of resistance. I am meeting a lot of open-minded physicians. I have at least 160 who have reported cases of value to me. There are lots of grateful people who are now using magnets for many kinds of conditions. It just happens that more cases of cancer are now coming to me than any other kind simply because medicine has such a poor answer and in the majority, we have an answer. We also have a beautiful answer for schizophrenia, manic-depressive. No tranquilizers. No antidepressants. We have subjects who were useless, hallucinating or delusional, who, with the magnetic program, have no symptoms of psychosis at all and are attending the universities. Just imagine a universal antibiotic. We have it. And it works. Just imagine a universal anti-inflammatory agent. We have it and it works. Just imagine a universal anti-stress system. We have it and it predictably works. The future of magnetic therapy is bright and it's efficiency is such that it will be a substantial part of tomorrow's medicine. It's efficiency is such that it is making its inroads today. In my years of medical practice, I never found anything with the predictableness of magnetic therapy.

If you or your friends would become interested in providing peer reviewed literature with an updated functional model for magnetism, I would be most pleased to be a party of that research.

What about you and your physicists and M.D. friends doing a project providing an updated physics magnetic model including separate responses to the positive and negative magnetic fields. You could head up the research project and obtain money from NIH. Research grants in magnetism are being provided. You could hire physicians to do segments of the projects.

Sincerely,
William H. Philpott, M.D.