



WILLIAM H. PHILPOTT, M. D.
17171 S.E. 29TH Street
Choctaw, OK 73020
405/390-3009 Fax: 405/390-296

Dear Dr. _____

I am delighted to receive your call and your interest in the recent program testing the value of magnet therapy. I am an experienced psychiatrist, having given over 70,000 electric shock treatments and over 50,000 non-seizure electrical stimulation of the brain treatments using the Reiter Sedac. Therefore, I am in a position to make judgement about the values.

The simplest and most minimal magnet therapy treatment for the brain, whether this is tension, anxiety, depression, phobias, delusions or hallucinations, is that of using ceramic disc magnets that are 1-1/2" across and 1/2" thick. These are flat magnets with opposite magnetic fields on opposite sides, therefore the single polarity field can be applied. Place the negative magnetic field of the disc magnets bitemporally, that is above the ears and in front of the ears about an inch or so. These are placed directly over the amygdala and it is through the amygdala that this influences our brain. Usually within five minutes, sometimes even up to 15 minutes, we will have symptom relief. It doesn't matter whether these are minor or major symptoms, neurotic or psychotic. Symptom relief nearly always occurs. This simply calms the brain. A non-stress state of the brain is a negative magnetic field which is a pulsing of the brain no higher than 12 cycles per second. I am a neurologist as well as a psychiatrist and have much experience in EEG, having been in charge of the EEG Department of a hospital and having read thousands of EEG's. The placement of a static magnetic field on the brain has a response of the brain pulsing. With the negative magnetic field, the brain pulses below 12 cycles per second. The higher the gauss strength, the slower the pulsing field. When using a positive magnetic field on the brain, the pulsing field is 13 cycles and beyond. The higher the gauss strength, the higher the pulsing field and it can go dear up to 35 cycles per second, producing a seizure. Disc magnets are strong enough to calm the brain down. I find this to be superior than any tranquilizers, antidepressants or electric shock treatment whether this is seizure produced or non-seizure produced. The treatment of seizures is a magnetic treatment. Seizure level magnetic treatment is a high positive magnetic field with a frequency of 35 cycles per second. The value is not the treatment. The value is the brain adaptation for correction of that high stress. The subject goes into an anesthetic state in which the brain is pulsing very slow and this is the value. However, when we are using the negative magnetic field on the brain, we are not going through the stress to arrive at a reflex non-stress. We are going directly to the non-stress. Therefore, there is no disturbance of consciousness and no symptom production at all, only symptom reduction. This certainly deserves to be statistically studied. It costs \$21.95 for these magnets and the band that

holds them and it costs \$8.50 to ship these two magnets and the band.

I do not, however, consider this minimal treatment to be optimal at all for my patients because what I have found is that they are reacting to foods and chemicals. I found that on an average they will react to at least six different foods and sometimes more. We discovered this by fasting our patients for five days which to my surprise, they were symptom-free. They were all schizophrenic or manic depressive and even if they were a seclusion case, after five days of just water only, they were sane. I mean they were routinely sane, not just occasionally. Then feeding them meals of single foods showed which foods evoked which symptoms. The foods that evoked symptoms more frequently than any other was that of gluten foods -- wheat, rye, oats, barley and corn. But, it could be any food that they use frequently. It wasn't foods that they used infrequently, only foods they used frequently. We determined that there were three mechanisms. One is addiction in which the symptoms emerged in the withdrawal stage of the addiction. Food addiction is very real, just as much as narcotic addiction. Or food allergy is another mechanism. Toxicity is another. Anyway, the frequency made all the difference as to whether this happened or not. Therefore, we had our patients go without any of these foods that produced symptoms for three months. Interestingly, schizophrenics have more physical symptoms than they have mental symptoms. Gastrointestinal symptoms are very common. With a 4 or 7 day rotation diet, many subjects were symptom-free. They had to be sure they were not addicted to anything like tobacco or alcohol because they would develop their symptoms again if they used any addictive substances, including addiction to foods. Allergy to a food and addiction to foods behave alike. They both have a delayed withdrawal phase which occurs at about 3-4 hours after eating the food. The only way you can tell a difference between an allergy and an addiction is to whether there were antibodies to the food or not. If there weren't antibodies, then this is either a food addiction or a food toxicity. Routinely, both are present. We did antibodies on thousands of cases.

Dr. Theron G. Randolph of Chicago had taught me to use soda and potassium bicarbonate after a person had symptoms to a food. This was fair in it's relief. If necessary, we gave bicarbonate intravenously. However, just by chance I heard about a negative magnetic field producing alkaline-hyperoxia. From this basis, I tested to see if it relieved my patient's symptoms from the food reactions and it did a marvelous job. Better than the bicarbonate. The next step was to discover if I put the magnets to the head, heart and the liver ahead of a meal, did it prevent the reactions from occurring and lo and behold, it did. We can block these reactions by treating the patient ahead of the meal with magnets. We use the bitemporal placement and then a 4" x 6" x 1/2" magnet over the heart and one over the liver. The one over the head is essentially adequate. The heart of course will treat the blood. All the cellular elements as well as the water will be magnetized or ionized negatively. The liver, of course, being a detoxifying organ, would quickly detoxify. We really are having marvelous results with this.

However, this is not the end of the story or the beginning of the story. What we found is that all of our mental patients, learning disabled children, behavioral disordered children and autistic children all had the same viruses which is Epstein-Barr or cytomegalovirus and occasionally human herpes virus #6. Epstein-Barr was the most frequent infection. It is common that they had two or more infections. What we found is that

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

there is an encephalitis which does injure the brain and therefore the symptoms even to food allergies, food addictions or toxicities plays into this disorder of the brain so that the brain becomes the target organ, not some other area of the body. That is what is causing these learning disordered, behavioral disordered and autistic disorders and adults with schizophrenia and manic depression. Interestingly enough, the children with excessive compulsiveness are the ones that become manic depressive as adults. The children with some autistic features become schizophrenic. Therefore, our treatment doesn't end with just the magnets placed on the head or treating ahead of meals. What it consists of is killing the viruses. We have demonstrated that a negative magnetic field will kill the viruses. Of course, we want more research proving this. We want culture studies before we begin and a culture study three months later proving that the viruses no longer exist. We don't have any antibiotics that do a good job of killing these viruses. They stun them but don't really completely kill them. We kill them with a negative magnetic field. We still are best to rotate the patient's foods and to treat ahead of meals to keep them symptom-free. Sometimes, they have started reacting to even their chemical environment like car exhaust or other frequent environmental chemicals so we do need to do some avoiding and have the magnets kept available so that if symptoms do develop out of exposure to chemicals, they have the magnets to put on their head immediately to prevent a psychosis from developing. Most of them have a sense of awareness that something is happening which is really a sense of tension. They put the magnets on and then they don't become psychotic. In my judgement, there is no reason for tranquilizers, antidepressants or other psychotic medication and of course all their side effects which really are quite terrible. Magnet therapy has absolutely no harm, no symptoms and no side effects whatsoever. The FDA has in fact classified magnet application to humans as being harmless. They did this out of the toxicity studies that proceeded the marketing of magnetic resonance imagery. We are fortunate that this study has already been done and that the FDA has classified the application of magnets to humans as being harmless. The FDA doesn't know however, that if you use the positive magnetic field for an extended period of time it is acidifying and reduces oxygen and thus produces symptoms. The short exposure time that an MRI uses where only half of the body is placed in the positive magnetic field is not sufficient to produce acidity and therefore is not symptom-producing.

At this time there is a new interest in treating the mental patients with physical treatments including a pulsing magnetic field. However, I am quite disappointed in some of the pulsing magnetic fields which have their frequency beyond the twelve cycles per second. They are still relying on the body's reflex correction of the stress when they are using the pulsing field beyond 12 cycles per second. Those who are now using pulsing fields less than 13 cycles per second are really on the right track. This will not be symptom producing and it will go directly to providing the body as anti-stress rather than going through stress to arrive reflexly at anti-stress. However, a static magnetic field can be used and doesn't need a pulsing field at all to achieve the goal. The brain does its own pulsing. We have demonstrated that when you use a static, that is a non-moving, non-pulsing magnetic field, the brain responds with pulsing. The higher the gauss strength, the slower the pulsing field. Besides, we don't even need a magnet to do this. We can use sensory input like a stroboscope, lights, auditory or tactile input. We could use pulsing fields of sensory inputs and therefore the brain responds

to be in a non-stress state. When the pulsing field of the brain is 12 cycles or less, this is a non-stress state. When the pulsing field is 13 cycles per second and beyond, this is a stress state. I think our first study should be the use of the disc magnets to reduce symptoms and do so without any symptom side effect. The second one is to look at the viruses. We need to document the presence of the viruses, not just to antibodies of the viruses but with the fact that the viruses are there and they are alive. And then after three months of treatment as I have described with the bed and the head unit, then we prove by doing another culture that the viruses are not there. This needs very much to be documented. The method of looking at the immunology response doesn't work for these viruses because they have the capacity of stealth adaptation. The very thing that they leave out that the body is responding to is what has been used to identify the viruses as being present. Therefore, you cannot use that type of test. You have to actually culture the viruses which is the only way you can prove that they are or are not present.

NIH is providing grant money for research in magnetism. I don't think there is any question but that you would get what you need or any number of universities get what they need. We ought to of course, have several universities doing this, showing that it is consistent.

I have sent you a copy of my curriculum vitae. In this, it states that I was a member of the original committee by the National Institutes of Health on electromagnetism. This committee has advised that NIH give grant money, which they are doing. I also have a letter that I haven't yet fulfilled and that is a request to be on a committee deciding the grant money for electromagnetic treatment.

I would like to have my name on research that is being done. Not necessarily being the one that is documented as doing the research, but at least my name in the list of those involved. In fact, I would like to be considered a consultant to these research projects.

I am so delighted that you called me and I look forward to the research that you engendered.

A part of the research should be of EEG evidence that a negative magnetic field evokes a slow pulsing field below 12 cycles per second and the higher the gauss strength, the slower the pulsing field and that a positive magnetic field evokes a pulsing field 13 cycles and beyond and that the higher the gauss strength, the faster the pulsing field. This would be a part of an interesting documentation as to the mechanism of magnet therapy.

Sincerely,

William H. Philpott, M.D.