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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 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 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

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior is that of the research establishing both the value and safety of the application of magnetic energy for magnetic resonance imagery.

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.

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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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Magnetic Management of Addiction
from the *Magnetic Health Quarterly*
"Magnetic Management of Addiction" Vol. IV, 1st Qtr, 1998
(2003 Revision)

by William H. Philpott, M.D.
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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 Management of Addiction
Weight Management
Stress Management

What is Addiction?

Addiction occurs when there is a production of symptoms occurring on the withdrawal of a narcotic. The classic example is the chronic frequent use of cocaine. When the narcotic is high in the body, there is a mental high with euphoria and disordered judgement. Three to four hours later, when the narcotic is low which has also suppressed the body's own production of narcotics, there is a mental low, depression and again, disordered judgement. Thus, in addiction there is a roller coaster type of mental high without pain, followed by a mental low with pain. Human metabolism has an acute stress response reflex. When an injury or other acute stress is present, there is a rise in serotonin in preparation for action. At the same time, this acute stress raises self-made opiate polypeptides (endorphins) to reduce the physical or mental pain of the stress. When the acute stress state keeps being frequently evoked so as to be chronic or near chronic, this counter-stress response fatigues and no longer evokes the production of endorphins and serotonin. This sets the stage for food addiction. Foods are eaten which trigger the production of serotonin and self-made narcotics. There develops a roller coaster type of too little, below normal amount of serotonin-opiate response to the fatigue response which is relieved by eating a food which evokes the serotonin-opiate anti-stress reflex, producing more than a normal amount of serotonin and opiates. Thus, the addiction roller coaster state of food addiction is perpetuated. All addiction, whether to exogenous narcotics or endogenous self-made opiates due to a food stress reaction, have biological deteriorating consequences. The symptom producing withdrawal phase characteristically starts at 3-4 hours post-meal and if a food is not eaten to raise the serotonin-opiate complex, the symptoms will worsen through the next three days. By the fourth day, the withdrawal symptoms are diminishing and by the fifth day, they are characteristically gone. There is a perceptible rise in body acids during this withdrawal phase which normalizes back to a biologically normal alkaline state by the fifth day. My knowledge of this comes from thousands of patients that I have fasted for a five day period. Blood and saliva is tested for the pH. The addiction phenomena is reversed by the fifth day following a fast after which food maladaptive reactions evoke acute symptoms within the first hour of eating a meal of the single food being tested.

The Sequence of Food Addiction **Addictive Withdrawal Phase**

Below physiologically normal serotonin-opiate complex. Fre-

quently, blood sugar is below normal. This occurs characteristically, 3-4 hours after the meal. During this withdrawal phase, there develops anxiety, tension, depression, physical and mental symptoms. Pain often develops.

Addictive Relief Phase

Food meal relieves symptoms and pH normalizes to a normal alkaline pH. Serotonin-opiate complex rises beyond normal. Anxiety, tension, depression, physical and mental symptoms and pain disappear. Euphoria and impaired judgement develop. Blood sugar normalizes and or sometimes, is higher than normal at 1-2 hours after the meal. Addiction is deteriorating with the end stage being maturity onset type diabetes mellitus and it's numerous physical and mental complications. Characteristically, before the development of diabetes mellitus Type II, there are several years of food withdrawal symptoms that occur at 3-4 hours, post-meal, associated with hypoglycemia. At 2-3 hours post-meal, there often is a hyperinsulinism, which precedes the hypoglycemia occurring at the 3-4 hour level. This is the compensated stage of maturity-onset type diabetes mellitus. After several years, the hyperinsulinism fatigues and stops at which time the blood sugar stays up over-night. At this stage, when the blood sugar stays up overnight, the diagnosis of clinically significant diabetes mellitus Type II is made. Finally, in the late, late stage, the insulin production drops so low for a few, that insulin is given as a practical management of the diabetic state. This is the sequential story of how maturity onset type diabetes mellitus develops.

The Dimensions of Addiction

The Role of Narcotics

There are exogenous narcotics serving a useful purpose in medicine to relieve pain. These are such as morphine, Demerol and others used in medicine. The uses of these are by law used under the judgement of a physician. There are a number of exogenous narcotics used illegally to produce pleasurable euphoria and an altered mental state Cocaine is an example.

The human body makes endogenous narcotics. These are termed endogenous polypeptide opiates given the name endorphins.

The Role of Symptom Relief

There is a physiological level of endorphins that is not addicting. In case of a stress-injury emergency there is a pain protection of an acute rise in endorphins along with a rise in synaptic junction transmitters (norephrinephrine, ephrinephrine, serotonin) ready for fright, flight or fight. If and when these stress type injury responses occur frequently, there then develops a state of endorphin addiction with a typical physical and mental symptom relief and euphoria phase when endorphins are higher than normal and a symptom (pain, anxiety, depression, weakness) phase when the endorphins are lower than normal.

The endogenous opiates producing a self-made state of addiction can be evoked by numerous non-narcotic physical and chemical stressors. Tobacco, caffeine, alcohol when frequently used can be stressors evoking endorphins producing addiction. Frequently eaten foods can become stressors evoking the production of endorphins. Alcoholism is addiction to the foods from which the alcohol is made. Alcohol interferes with the selective absorption of foods and thus there is a four times increase in the development of addiction to foods from which the alcohol is made and also the same problem exists when using alcohol with the foods that are eaten. Gambling with its euphoric expectation of winning. Addiction with its disordered metabolism leads to degenerative diseases especially, Type II

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The Role of Altered Judgement and Disordered Affect

Addiction with its pleasurable excitement phase followed by its painful withdrawal phase trains in an addict an obsessive-compulsive neurosis. There develops a compulsion to seek a pleasure phase and avoid the painful phase. Thus, there develops a learned compulsion to seek the narcotic, tobacco, alcohol, caffeine, amphetamine, symptom relieving food, pleasurable anticipation of winning while gambling and so forth. Judgement becomes distorted, affect disordered and hostile aggression expressed when the goal of pleasure seeking is interfered with. The addicted person becomes self-centered and incapable of reasonable interpersonal relationships.

The Role of Disordered Metabolism

The withdrawal phase of addiction to narcotics or the self-made endorphins due to non-narcotic stressors is a state of acid-hypoxia. This is painful and leads to symptoms. Brain function is interfered with by this acid-hypoxic state leading especially to depression and weakness. Target tissues that have either been injured, infected or have otherwise compromised metabolic function are the first to develop symptoms. Most characteristically, pain and soreness. Infections flourish in this state of acid-hypoxia. Carbohydrate metabolism is disordered resulting in hypoglycemia with further symptom production. When the narcotic substance or non-narcotic stressors evoking endorphins produce the euphoric state and symptom relief state, there is a state of alkaline-hyperoxia. Exogenous narcotics and self-made narcotics (endorphins) are alkaloids which produce an alkaline state in which there can be a normal amount of oxygen for biological functions and normal oxidoreductase enzyme function processing the free radicals, peroxides, acids, alcohols and the aldehydes. Thus, there is a seesaw metabolic function including the relief phase followed by a disordered metabolic function during the withdrawal symptom phase of addiction. The higher than normal exogenous narcotics and endorphins create its own problem in disordered judgement and an unnatural euphoria.

A person who misses a meal and has symptoms emerge is in trouble with food addiction. A person who eats food to relieve physical or mental symptoms is in trouble and is either already or will soon become a food addict. The simple fact is that a person eating foods to remove mental stress symptoms, no matter whether this is protein, carbohydrate or a mixture of these is in trouble. Eating to relieve symptoms is simply an incorrect method of managing symptoms or for that matter, weight reduction or optimum weight maintenance. The result of eating to relieve symptoms is mentally and physically deteriorating.

In 1965, I was referred a schizoaffective patient who had attempted suicide. The referring physician sent me a letter stating the patient had hypoglycemia. At the time, I was unaware of the possible relationship of hypoglycemia and emotional and mental states of the person. On inquiry, I was told of John Tintera, M.D. of New York City and his Hypoglycemia Foundation. Based on the information I received from Dr. John Tintera, I did a 6-hour glucose tolerance test on my suicidal patient. At one hour of the six hour glucose tolerance test, she had a blood sugar of 180 mg % at which time she was euphoric and manifested poor judgement. At four hours, her blood sugar was 50 mg % and she was in the depths of depression and again manifesting impaired judgement. I began a routine of 6-hour glucose tolerance tests and found many subjects with euphoria at one hour and depression at four hours often associated with hyperinsulinism preceding the hypoglycemia occurring usually at three to four hours. Dr. Tintera's answer for this abnormal

shift in blood glucose and it's associated symptoms was to have a small protein between meal snack at around two and one-half to three hours post-meal. This materially improved the roller coaster emotional and mental up and down symptoms of my patients. John Tintera placed me on the board of his Hypoglycemia Foundation. I was the only other doctor on this board. In 1969, John Tintera died and I became medical director of the Hypoglycemia Foundation.

Between 1970-1975, I did a research project on 500 hospitalized mental patients, most of which were schizophrenics. From this research, I published two books, *Brain Allergies* (3) and *Victory Over Diabetes* (4). Following the advice of the allergist, Theron G. Randolph, M.D. (5), the patients were fasted on water only for five days. During the first three days of food withdrawal, the patient's mental symptoms increased in intensity and blood and saliva acidity increased. This was demonstrated by both blood and saliva tests. By the fourth day, symptoms were subsiding and by the fifth day, the research subjects were mentally clear and felt physically well or substantially improved. The mental and physical symptoms manifested at four hours while daily using the same foods, now manifested even more pronounced symptoms one hour after a test meal of the same single food. Thus, the symptom reactive foods were separated from the non-symptom reactive foods. The symptom reactive foods were found to be the favorite foods of the subject which were eaten two or more times a week. That is, more than once in four days. This confirmed the observations of Randolph and others that the symptom producing foods were the frequently used foods.

A classic addiction physical, mental, behavioral phenomenon was manifested which included symptom relief on exposure to the frequently eaten food and a symptom emergence after the digestion had occurred and a withdrawal of the food was occurring. This set of symptoms occurred while the subject was eating the foods with their usual frequency of twice a week or more. During the testing phase of single foods, after the five days of avoidance, the symptoms were also compared to antibody studies IgE and IgG and complement studies were being run. This demonstrated IgE reactions to be rare and when present, not to be the frequently used foods. When IgG or complement disorders were present, there was also the addiction phenomenon of relief on contact with the food and symptom emergence on the withdrawal phase occurring at three to four hours later IgG and complement disorders were seldom present. The majority of symptoms produced by foods were demonstrated to be non-immunologic in origin.

During the testing after a five-day avoidance period, blood sugar was tested before the test meal, one hour after the test meal and four hours after the test meal. The picture of the carbohydrate disorder had now changed. There was no more hypoglycemia. There was only hyperglycemia at one hour, which usually had normalized by the second or third hour, post-meal. The carbohydrate disorder was frequent and did not relate to whether this was a carbohydrate, a protein or a fat. It related to a maladaptive reaction irrespective of which type of food. It related to the frequency with which the food was used.

Because of my role as Medical Director of the Hypoglycemia Foundation, Editor of the *Journal of Metabology* and President of the International Academy of Metabology, I was sent the problem cases of physicians using the frequent between-meal food system. I was in the midst of my research project on mental patients between 1970-1975 and proceeded to submit these problem cases to my research program. I fasted them for five days

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior and proceeded with food testing meals of single foods while recording symptoms evoked by these single food meals, blood sugar before and one hour after meals, symptoms before and one hour after meals, and pH of the blood or saliva before and one hour after meals. With this system of examination the answer emerged. The same frequently used foods used for between meal snacks had the classic addiction phenomena of relief on contact and symptom on withdrawal from these foods. During the test phase after the fast, the symptoms emerged within an hour instead of four hours later as had been characteristic while they were eating these same foods frequently. The blood sugar was high at one hour and there was no hypoglycemia at three to four hours. This also established the fact that proteins frequently used are just as symptom reactive as carbohydrates or fats. This research study demonstrated that the answer for these symptoms emerging three to four hours post-meal when using these foods frequently was not frequent between meal feedings. The answer was found to be the avoidance of these frequently used foods for a period of three months while setting up a 4-Day Diversified Rotation Diet in which foods were not used any more often than a once in four or five day basis.

An example is a problem case referred to me who had unsteadiness on her feet, headaches and depression. The frequent feeding of between meal snacks had not solved her problem. On the five day fast her symptoms all cleared. When given chicken, which was her favorite high protein food, her symptoms all returned. The unsteadiness on her feet, headaches and the depression emerged. Thus, it was demonstrated that the very food that she used in an attempt to relieve her symptoms had now become a food that also produced symptoms. Repeatedly, I found that many subjects who had initially obtained considerable relief for anything from one to two years by the frequent feeding in between meal program, had now advanced to a state in which these very foods no longer relieved the symptoms but instead produced symptoms.

Among my patients were a number of maturity onset type II diabetics. When fasted for five days, their blood sugar normalized and on testing of single meals I was able to isolate the foods that produced the hyperglycemia. Thus, maturity onset diabetes mellitus was demonstrated to be caused by maladaptive reactions to foods. They were not different than those patients who were not yet considered diabetics. Thus, clinical significant diabetes was merely an extension in time from the acute carbohydrate disorder reactions that we saw in our non-diabetic patients. These findings are reported in my book, *Victory Over Diabetes*. This fact that maturity onset diabetes mellitus is caused by these maladaptive reactions to foods was confirmed by John Potts (6).

Foods used for the relief of physical, mental or emotional symptoms, no matter whether protein, fat or carbohydrate or a combination of these foods is a mistake. It is more than a mistake. It is the window to addiction. Addiction is the door to degenerative diseases such as diabetes mellitus Type II, rheumatoid diseases, autoimmune diseases, Alzheimer's, arteriosclerosis, cancer and so forth. The safe physiological answer for stress is anti-stress, not a quick fix by low-level stressors evoking the serotonin-opiate complex.

A negative magnetic field provides the non-addictive anti-stress. A negative magnetic field activates the paramagnetic bicarbonates thus producing a normal physiological alkalinity. A negative magnetic field energy activates the oxidoreductase enzymes that release oxygen from its bound state in the inflammatory end-products of oxidation-reduction. This inflammatory

complex includes free radicals, peroxides, oxyacids, alcohols and aldehydes. The oxidoreductase enzymes not only are responsible for producing ATP, but also for processing all of the inflammatory complex resulting from the oxidation-reduction process producing ATP. All oxidoreductase enzymes are not energized by ATP. Oxidoreductase enzymes are energized by a static electric field - negative static magnetic field. Oxidoreductase enzymes are all alkaline dependent. Thus, a negative magnetic field becomes the answer for normalizing the pH back to its alkaline state and energizing the oxidoreductase enzymes. This is why a negative magnetic field will characteristically relieve symptoms within a 10-30 minutes period.

When the head is placed in a negative magnetic field, the pineal gland produces melatonin during sleep. This provides for deep, energy restoring sleep. During the fourth stage of non-REM sleep, serotonin, melatonin and opiates are balanced in their production. Thus, a negative magnetic field is the great normalizer. A negative magnetic field acts directly on neurons to control an excessive electromagnetic excitement. Thus, a negative magnetic field provides immediate control over neuronal excitation as well as normalizing the disordered chemistry that is producing the symptoms. This includes the symptoms that are produced during the withdrawal phase of an exogenous narcotic or endogenously produced opiates.

Serotonin is a synaptic junction transmitter making fight or flight possible. Serotonin exerts a control over an undue excitement potential of norephrinephrine and ephrinephrine. Thus, when a stress occurs there is a rise in serotonin. At the same time that serotonin rises, also endogenous opiates rise to protect against the symptoms (pain) produced by stress or injury. Both serotonin and endogenous opiates have a normal level that they have between stress states. When the serotonin-opiate complexes are raised beyond normal, the subject feels good and in fact, feels too good - even euphoric. There is a compensation mechanism in which the serotonin-opiate complex level drops below normal three to four hours later. At this time, the person feels bad - in fact, feels too bad, such as being depressed and having impaired judgement. Thus raising the serotonin-opiate complex by arranging for foods to do this, leads to addiction in which a chemical symptom precarious tight rope is being walked during a seesaw, roller coaster type disordered biochemistry. The disordered chemistry of addiction is the development of degenerative diseases with diabetes mellitus and it's complications being the central disease process of addiction. Thus, the answer to addiction and it's resulting degenerative disease is not to raise serotonin-opiates to relieve the symptoms but instead to relieve the symptoms with a negative magnetic field that normalizes the pH, releases oxygen from its bound state in the inflammatory complex and normalizes the relationship between serotonin, opiates and melatonin by deep energy restoring sleep. Addiction results when exogenous narcotics are used or endogenous narcotics are produced to repeatedly relieve symptoms or for the pleasurable euphoria produced. Exogenous narcotics are such as:

- 1) Medical use of narcotics for pain relief
- 2) Various illicit narcotics such as cocaine, morphine, and so forth,
- 3) Inherent narcotics in foods such as in lettuce
- 4) Gluten containing cereal grains such as wheat, rye, oats or barley, which becomes a narcotic after the acid dependent proteolytic enzyme digestion in the stomach.

If the duodenal-pancreatic alkaline dependent enzyme proteolytic enzyme digestion does not adequately proceed, then the narcotic from

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior the stomach enters through the mucous membranes of the small intestine. Thus, gluten containing cereal grains are potentially addictive. Gluten containing cereal grains have been noted to provide the highest percentage of maladaptive reactions to foods. Gluten produces the highest percentage of maladaptive reactions of the central nervous system. Several types of maladaptive symptom producing reactions to foods develop from the frequent use of the same food. The biological stress demand made by the frequent exposure to the same food causes these maladaptive symptom producing reactions to develop. There are several identifiable reasons for the symptom producing maladaptive reactions including such as:

1. Immunological reaction including the production of antibodies and complement disorders. The IgE reaction produces an acute inflammatory reaction such as hives and so forth and therefore, is avoided and is not significant in terms of food addiction. IgG, and complement disorders have a withdrawal phase occurring three to four hours after exposure. With the prolonged frequent use of these immunologic reactive substances there develops an adaptation in which there is symptom relief when the foods are initially contacted and a withdrawal phase occurring three to four hours after the exposure. If there is as much as a five-day avoidance of these immunologically symptom-producing foods, then there is a change in the timing when the symptoms occur. After a five day avoidance period on exposure to the food, the symptom will occur within an hour or less rather than a withdrawal phase three or four hours later. This fact is used in deliberate food testing in order to accurately discover the foods that are maladaptively reacting. Thus, we see that these immunologic reactions behave as an addiction and in fact, it is logical to assume that it also is an addiction with an initial rise in self-made narcotics in which the narcotics are beyond normal amounts and thus produce even a euphoric response. When the withdrawal phase occurs the narcotics are less than normal amounts, which in part, produces the symptoms.

2. Oxidoreductase inhibition state. This is produced by acidity. These are alkaline dependent enzymes.

3. Oxidoreductase deficiency state. This is caused by malnutrition of vitamins, minerals and amino acid components of these enzymes.

4. Addiction with a rise of self-made narcotics beyond normal on contact with the substance or addictive food and followed by a drop in self-made narcotics below normal three or four hours later, producing withdrawal symptoms. The relief phase is accompanied by a normal alkalinity. The withdrawal phase is accompanied by an acidity. All of these reactive states such as the immunologic, the oxidoreductase inhibition or the oxidoreductase deficiency all behave the same way with a symptom relief phase on contact and a withdrawal symptom phase three or four hours later. They all behave like an addiction and it is likely true that addiction in terms of self-made narcotics follows through all of these. They also all are relieved with the same process, that is, a negative magnetic field. A low level gauss positive magnetic field can also relieve the symptoms, however, it perpetuates the addiction because the positive magnetic field raises the self-made narcotics whereas, a negative magnetic field normalizes pH and the degree of oxygenation but does not raise self-made narcotics.

5. Some foods contain toxins such as the residues of the pesticide sprays that have been applied to the foods. Some foods contain toxins from fungi. These need not be addictive in their behavior, however, they could develop the same addictive quality with prolonged repeated exposures.

In reversing this food-chemical addictive state, there are procedures that should not be used and procedures that should be used. High protein frequent feeding snacks to handle hy-

poglycemia should not be used. Carbohydrate frequent feeding snacks to raise serotonin which also at the same time raises self-made narcotics, should not be used.

The non-addictive symptom relieving method that should be used is that of using a negative magnetic field. The system is to place a negative magnetic field bitemporally with such as disk magnets using either the ceramic disks that are an inch and one-half across and 3/8" thick with a gauss strength of 3,950 (manufacturer's rating) or super neodymium disk magnets that are 1" x 1/4" with a gauss strength of 12,300 (manufacturer's rating). At the same time, place a magnet of suitable size and strength over any area that has symptoms. Suitable magnets for this are such as, the 4" x 6" x 1/2" magnet or magnetic pads that are 5" x 6" or 5" x 12". The effectiveness of these can be reinforced by placing mini-block magnets an inch and one-half apart crosswise on these magnetic pads. Symptoms will usually leave within ten to thirty minutes. Placing a 4 x 6 x 1/2 inch magnet or magnetic pad reinforced by the mini-block magnets on the mid-sternum and epigastric areas is especially useful in relieving withdrawal symptoms since there is a sense of tightness in the chest and also in the epigastric area as a rather universal symptom of withdrawal. It is imperative to set up a 4-Day Diversified Rotation Diet which initially, for the first three months, leaves out the symptom producing foods which are usually among the foods that are used as much as twice a week or more. When medically used narcotics or when illicit hard drugs are being used, handle the symptoms of withdrawal with the negative magnetic field system rather than continuing the use of the narcotic drugs. This also applies to alcoholism, tobacco, and caffeine containing beverages such as coffee, cola drinks, chocolate and so forth. This also applies to amphetamines.

Biological Homeostasis

Raising the serotonin-opioid complex to reduce emotional and physical symptoms of chronic stress (non-acute stress) violates the law of biological homeostasis. Reducing the chronic stress so that there is no demand for raising the serotonin-opioid complex designed only for a temporary symptom reduction in acute stress honors the laws of homeostasis. A static negative magnetic field reduces the excessive electromagnetic excitement of neurons, processes the stressful biological inflammatory complex (superoxides, peroxides, oxyacids, alcohols, and aldehydes normalizes body pH and processes enzyme toxins) and releases back to oxidative useful molecular oxygen from its bound state. The abundance of molecular oxygen, alkaline pH and the presence of a static negative magnetic field activates the four oxidoreductase enzymes necessary for producing adenosine-triphosphate. Thus, biological energy increases. This provides a true physiological correction of the symptomatic chronic stress state. This static negative magnetic field system of chronic symptom reduction provides a physiologically normalized non-addictive system of handling both acute and chronic stress symptoms. Thus, the negative magnetic field symptom management reduces the energy output and at the same time raises the biological energy input. The system of raising the serotonin and opioid complex to reduce physical, mental and emotional symptoms is itself a chronic stress with biological consequences leading to chronic deteriorating metabolic degeneration.

Magnetic Protocol For Addiction

Orientation

This magnetic protocol applies to addiction to exogenous narcotics as well as addiction to endogenous opiate-polypeptides (endorphins) evoked by frequently eaten food stressors or frequently used chemical stressors such as alcohol, tobacco, caffeine, amphetamines and so forth. Addiction to gambling can

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior be handled by the same magnetic method. It is highly important that all addictions be handled at the same time. Piece-meal resolution of addiction simply extends the misery and the person is likely never to complete the job. The person abandons any and all exogenous narcotics and stops all chemical stressors such as alcohol, tobacco, caffeine and amphetamines and goes on a five day use of only foods used less than two times a week. This also applies to the entire family of any foods eaten two times a week or more. Gluten containing foods are to be left out of the diet if any of them have been used twice a week or more. These are wheat, rye, oats, barley and corn. A four-day rotation diet based on food families is introduced and maintained as a lifestyle. In six weeks, start re-introducing the frequently used foods back into the rotation diet. Dairy products and gluten containing foods are best to leave out for a twelve-week period before introducing them back into the diet.

If need be, magnets can be used pre-meal to prevent symptom production from food. This can be used where there are few foods tolerated.

Minimal Program of Magnets

- Two 1-1/2" x 3/8" ceramic disc magnets
- One 2" x 26" body wrap
- Three 4" x 6" x 1/2" ceramic magnets
- Two 4" x 52" body wraps

Maximum Program of Magnets

Add the following to the minimal program:

- Two 5" x 12" deep penetrating flexible mats
- One 4" x 52" body wrap
- Ten mini-block ceramic magnets that are 1-7/8" x 7/8" x 3/8"
- One magnetic chair pad (composed of mini-block magnets 1-7/8" x 7/8" x 3/8" placed an inch and one-half apart)
- One magnetic mattress pad (composed of mini-block magnets 1-7/8" x 7/8" x 3/8" placed an inch and one-half apart)
- Headboard type sleep enhancer (composed of four 4" x 6" x 1" magnets in a row, 3/4" apart in a wooden carrier that holds them up against the headboard)
- Magnetic eye & sinus unit with additional magnets (composed of one magnetic eye mask, four 1" x 1/8" neodymium discs and four 1/2" x 1/16" neodymium discs)

Non-magnet, program

- Alkaline micro water (made with The Singer Electrolysis Unit for the production of alkaline micro water)

Placement and Duration

Symptoms can be relieved by placing ceramic disc magnets bitemporally. That is, in the front of the ears near the top of the ears. Hold these in place with a 2" x 26" band. Place a 4" x 6" x 1/2" magnet on the mid-sternum. This can be held in place with a 4" x 52" body wrap around the chest. This magnet on the sternum is placed lengthwise the body. Below the rib cage directly over the epigastric area, place crosswise the body a 4" x 6" x 1/2" magnet. This can be held in place with a 4" x 52" body wrap. These magnets are to be in place whenever symptoms occur. Symptoms will usually leave within ten minutes, however, for some it may take up to thirty minutes. It would be ideal for the person to be laying down or in a reclining chair. If laying down in a reclining chair there is no need to place a body wrap around either the chest or the epigastric area. There is no restriction as to the duration of leaving the magnets on the body. The more, the better. Many people will choose,

for ambulatory reasons, simply to use the magnets whenever symptoms occur. It is easy however, to leave the magnets on the head continuously, if desired. It is necessary to remove the magnet from the epigastric area when eating a meal and should not be replaced for at least an hour after the meal. If however, there are some symptoms that develop in the epigastric area. it could be replaced until the symptom is relieved and then removed. The reason for removing the magnet from the epigastric area is that these muscles are silent while the magnet is there and the food will not move from the stomach into the intestines. It is important also, to not have a magnet over the right side of the body on the front for an hour to an hour and one-half after a meal. If any symptoms develop in any part of the abdomen, the magnet could be used long enough to relieve the symptoms and then removed allowing for the movement of food through the intestinal tract. The magnets on the head are usually placed bitemporally, however, some people find more relief if they place a magnet on the mid-forehead and one on the left temporal area. This is best for anxiety and tension. For obsessive-compulsiveness, more relief may be obtained by using the left temporal and low occipital area. Some even find it better instead of a disc magnet on the occipital area, to place a 4 x 6 x 1/2 inch magnet on the occipital area and to lean back against this if in a reclining chair or on the back of the head if laying down.

It is advised that the subject start the food avoidance immediately when handling any other addictions. The foods that are avoided are the ones that are used twice a week or more. Other foods can be eaten. Sometimes it is quite comfortable for the first five days of this avoidance period to use such as a watermelon fast only, if it is watermelon season. In any event, use only foods that are infrequently used. This provides a withdrawal from food addiction. After this five days of avoidance, if foods were introduced to which a person was addicted, there would be an acute symptom production within one hour of exposure to the food. A practical way is to not introduce these foods for at least six weeks and if these were very frequently used foods, such as daily, it would be best especially for cereal grains containing gluten and dairy products to not be introduced for twelve weeks. However, after six weeks a trial could be made of introducing into the meal or even having a single meal of a food that had been frequently eaten to determine if it now does not produce symptoms. If it does not, it can be introduced back into the diet if kept in rotation as a lifestyle. This is the description of the minimal program. Addiction for water-soluble substances is over in five days. However, fat soluble substances such as nicotine from tobacco requires 21 days to leach out of the cells. Therefore, symptoms may be emerging for as much as 21 days in tobacco addiction. Tobacco, alcohol, and caffeine should never be introduced back into the diet, even on rotation. Even though rotation would make it less likely for symptoms to occur, but for optimum health they should not be introduced back into the diet.

For optimum health, add the following procedures:

When sitting down, sit on the chair pad that has magnets in the seat and the back. Place under the seat of this chair pad a 4" x 6" x 1/2" ceramic magnet. The more hours of sitting on this pad, the better.

When sleeping at night, sleep on the magnetic mattress pad. Sleep also with the magnets up at the crown of the head in the headboard type carrier and the magnetic eye & sinus unit on the face. It is also wise to sleep with a 4" x 6" x 1/2" ceramic magnet up against the side of the head. If sleeping on the side, then place it on the side of the head that is not on the pillow with the 6

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior inches length-wise the head or, place it on the back of the head and upper neck. It is well to rotate it from side to side and the back of the head. It is more comfortable to place the 5" x 6" deep penetrating flexible mat on the negative pole side of this ceramic magnet and place this up against the side of the head.

When sleeping, place a 5" x 12" deep penetrating flexible mat across the chest, especially on the left side of the chest so that it is over the heart. Place a minimum of five of the mini-block magnets on

General Information About Magnets

Deep penetrating flexible mats are composed of two stacked plastiform magnet strips measuring 1 1/2" x 7/8" x 1/8". These plastiform magnetic strips are placed in four rows with the 1-1/2" measurement lengthwise in the flexible mat. In a 5" x 6" flexible mat there are 24 magnetic strips. In a 5" x 12" flexible mat there are 48 magnetic strips. The flexibility of these mats makes them very useful since they will fit around the curves of the body without producing any pressure. The therapeutic level of this flexible mat extends to about two inches. When the flexible mat is reinforced with one row of mini block magnets placed crosswise on the two central rows of magnets in the mat, the therapeutic field extended to three inches. When there are two stacked rows of mini block magnets on the mat, the therapeutic level extends to five inches. This places the mini block magnets an inch and one half apart in which there are three placed on the 5" x 6" flexible mat and six placed on the 5" x 12" flexible mat. The flexible mat can also be reinforced by the 4" x 6" x 1/2" ceramic magnet, this extends the therapeutic value to five inches.

Mini block ceramic magnets are sometimes called Briggs blocks because they are used as the Magneto magnets in a Briggs and Stratton gasoline engine. These magnets measure 1-7/8" x 7/8" x 3/8", and they have many therapeutic uses. They can be used on the head, in such areas as the temporal, frontal or occipital areas, for headaches, management of emotional symptoms or seizures. They can be used on fingers or toes. They can be placed on top of the flexible mats to reinforce the depth of magnetic field penetration. They can be used directly on the joints, under or incorporated into wraps around the joints. They are used in the magnetic slumber pads, the multiple purpose pads, and in the chair cushion pads.

Ceramic discs measure 1-1/2" X 1/2", and have numerous valuable purposes. They can be used around the head to treat headaches or other central nervous system symptoms, around joints, over skin or on subcutaneous lesions. The magnetic field of a ceramic disc extends to eight inches. The magnetic field therapeutic value extends to about two and one half inches.

4" x 6" x 1/2" ceramic magnets have a therapeutic magnetic field value extends for five inches. A ceramic magnet that is 4" x 6" x 1" has a therapeutic value extending to eight inches. The 4" x 6" x 1/2" ceramic magnet has many uses such as around joints or to penetrate deeply into the liver, internal organs, the heart, or into the head such as for treatment of tumors. The 4" x 6" x 1" ceramic magnet are used in the headboard-type magnetic sleep enhancer in order to have a field that penetrates into the head during sleep. The magnetic sleep enhancer is composed of four 4" x 6" x 1" ceramic magnets placed in a row 3/4" apart. These ceramic magnets are placed upright in a wooden carrier that holds them firmly up against the headboard. They can be raised or lowered depending on the height of the pillow. They are shipped at the top of the carrier and needs to be lowered so that the head is in the magnetic field. They are resting on a wooden dowel. The wooden dowel they are resting on

should be at the level of the back of the head when the head is on the pillow. The closer the top of head is to the magnets in the carrier at the head of the bed, the better.

The magnetic slumber pad is composed of ceramic mini block magnets that are placed an inch and one-half apart throughout the pad.

The magnetic chair cushion pad is composed of ceramic mini block magnets placed an inch and one-half apart throughout the seat and back of the pad.

The multiple purpose pads [small (11" x 17") and large (14" x 25")] are and composed of ceramic

Mini Block magnets that are placed an inch and one-half apart throughout the pad. This multiple purpose pad has many uses such as being used on the back, the abdomen, and up over the heart and on the chest area. They can be used directly on the joints, under or incorporated into wraps around joints. They are used in the magnetic mattress pad, the multi-purpose pads and the magnetic chair pads.

Therapeutic Sleep

After the program has been setup, the most important thing to address is sleep. It is optimal to sleep on the 70-magnet bed grid or a magnetic slumber pad.

In maintaining health and reversing degenerative diseases, it is very important that there be deep, energy restoring sleep. It is necessary to sleep a full eight or nine hours in every 24-hour period. Energy is used up during the day and is restored during sleep. The hormone, Melatonin, which is made during sleep, controls the depth of energy restoring sleep. The principle area in which Melatonin is made is the pineal gland, which is at the center of the head. This gland makes Melatonin in response to a negative (south-seeking) magnetic field. This is why it is so important to treat the head to a negative (south-seeking) magnetic field during sleep. The retina of the eyes and the intestinal walls also make Melatonin. Treating these areas can also raise levels of Melatonin. The hormone Melatonin has the control of the entire energy system of the body including such as the immune system, endocrine system, and respiration. Melatonin is neuronal calming and encourages energy restoring sleep. Melatonin is a powerful antioxidant and thus is anti-inflammatory. Melatonin also has antibiotic and anti-cancer values.

In order to achieve appropriate production of the hormones Melatonin and growth hormone it is necessary to sleep in a completely light-free environment and without any 60 cycles per second electrical pulsing frequencies. Therefore there should not be any night-light, and electric clock, an electric heated blanket, or a heated waterbed. If light cannot be completely excluded from the bedroom, then place over the eyes and the forehead a light shield or mask of some sort. The magnetic eye & sinus mask is a light shield with 1/16" plastiform magnet in it and additional 1" x 1/8" neodymium disc can be added for extra benefit.

The magnetic slumber pad will encourage the production of Melatonin by the gastrointestinal tract. Any magnetic treatment of the abdomen will encourage the production of Melatonin by the walls of the gastrointestinal tract.

Treating the eyes with the eye & sinus mask will also encourage the production of Melatonin by the retina of the eyes. The magnetic headboard type sleep enhancer up against the headboard will have a magnetic field that penetrates into the head and stimulates the pineal gland to produce Melatonin and the hypothalamus to produce growth hormone. Some sleep very well with a 4" x 6" x 1/2" magnet up against the side of the head. It is best to cushion

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior this by placing a double strength flexible mat (5" x 6") up against the side of the head first with the 4" x 6" x 1/2" ceramic magnet over the flexible mat. When lying on the back, this can be leaned up against either side of the head. When lying on the side it can be on the side of the head that is not on the pillow or be placed on the back of the head. Some find it valuable to place a double strength flexible mat under the pillowcase so their head is resting on the flexible mat. If they are on their back it is on the back of their head; if they are on their side, it is on the side of their head. Six mini block ceramic magnets placed on the positive (north-seeking) pole side will further reinforce this flexible mat. Place these mini block ceramic magnets crosswise the flexible mat 1-1/2" apart. They will magnetically adhere to the flexible mat.

4-Day Diversified Rotation Diet General Information

A local and systemic biological response of acidity is routinely evoked when symptoms develop in response to exposure to foods, chemicals and inhalants. Acidity also produces low oxygen (acid-hypoxia). This is true whether the maladaptive symptom reactions are not immunologic or non-immunologic in origin. Most food symptom reactions are not immunologic. Immunologic and non-immunologic food symptom reactions have a classic addictive seesaw biological response of symptom relief on exposure, with the emergence of symptoms 3-4 hours after the exposure (addictive withdrawal phase). The optimum method of reversing addiction is avoidance. In food addiction, the optimum method of avoidance of the addiction is for there to be a 3-month avoidance followed by an exposure no more often than every fourth day. This is the reason for the 4-Day Diversified Rotation Diet. The short-term management of symptoms can be managed by alkalization, which can be produced by bicarbonate alkalization and more optimally, exposure to a negative (south-seeking) magnetic field, which alkalizes and oxygenates (alkaline-hyperoxia). These alkalization methods can relieve symptoms after they have occurred from the exposure and can also prevent symptoms from developing when the alkalization methods are used prior to an exposure to symptom producing foods, chemicals and inhalants.

The Following is the Optimum Method of Preventing Symptoms from Occurring from Foods:

1. A 4-Day Diversified Rotation Diet. This four-day spacing of exposure to specific foods prevents food addiction. The 4-Day Diversified Rotation Diet is described in greater detail in *The Ultimate Diet* (Vol. VI, First Quarter, 2000) by William H. Philpott, M.D.

2. Pre-meal negative magnetic field exposure. One-half hour before the meal place the magnets on the body. Magnetic discs, either ceramic discs (1-1/2" x 1/2") or neodymium discs (1" x 1/8") placed bitemporally. These can be held in place with a 2" x 26" wrap. Place on the sternum, a 4" x 6" x 1/2" ceramic magnet. Hold in place with a 4" x 52" wrap. An added value can result from placing a 4" x 6" x 1/2" ceramic magnet on the epigastric area, held in place with a 4" x 52" wrap. Place on the thoracic spine a large sized double strength flexible mat; this flexible mat can be held in place with the same 4" x 52" wrap that is supporting the 4" x 6" x 1/2" ceramic on the epigastric area. These can be removed at the beginning of the meal or they can be continued through until the meal is finished. If symptoms emerge after the meal has been eaten, then replace the magnets until the symptoms leave and especially place a suitable sized magnet directly over the symptom area. Also prior to the meal, if there are any symptom areas, treat these with appropriate sized magnets, pre-meal. Always use the negative

magnetic field (south-seeking).

3. Post-meal if any symptoms develop then use suitable magnets placed locally for relieving these symptoms. It could be helpful again, to place the ceramic disc magnets bitemporally. Bicarbonate alkalization is useful one-half hour after the meal, use multi-element mineral ascorbate powder. Take 1/2 teaspoon of multi-element mineral ascorbate powder and 1/2 teaspoon of soda bicarbonate in 1/2 a glass of water.

The above pre-meal and post-meal alkalization method is recommended for.

- Those with a serious state of symptoms reactions to multiple foods in which food rotation is not entirely satisfactory.
- When of necessity, symptom-evoking foods have to be eaten, such as when eating out at a restaurant, or those that have to use this method instead of waiting three months for the reintroduction of their foods.

In my experience, the above method of basic food rotation diet with the addition when necessary of the magnetic pre-meal exposure and the magnetic post-meal exposure is superior to any neutralization method. Neutralization methods do not honor the fact that the basic problems are addiction and acidity (acid-hypoxia). A food rotation diet is necessary to honor the fact that addiction is the major driving force of food maladaptive reactions and that acid-hypoxia is the immediate cause of symptoms. There is no optimally effective method for the management of maladaptive reactions to foods that is equivalent to food rotation.

Alkaline Micro Water

Alkaline micro water helps materially the body's normal alkaline state. Also, being micro water, it enters into the cells of the body more readily than the usual water. This also carries negative (south-seeking) magnetic field as well as being alkaline. The Singer Electrolysis Instrument is used for producing the alkaline micro water. At least five glasses of the water should be ingested each day

Polarity

Always use a negative magnetic field.

Beyond Magnetism

An acute maladaptive reaction 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 alkalinity and normal oxygen state. 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 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 Ultimate Diet* (Vol. VI, First Quarter, 2000) and *Gastrointestinal Disorders* quarterly (Vol. V, Third Quarter, 1999) by William H. Philpott.

All addictive substances should be abandoned such as addictive drugs, alcohol, tobacco and caffeine (coffee, tea with

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior caffeine, chocolate, and soft drinks containing caffeine). Acidification is acidifying.

Carbonated soft drinks are acid producing and should be rarely used. Soft drinks are sweetened with corn sugar and if they are ingested they 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, and potassium. There are several proprietary preparations that contain these minerals associated with vitamin C as ascorbates. The preferred source of alkali minerals is multi-element mineral ascorbates by Klaire Lab. Use 1/2 teaspoon to 1 teaspoon of one of these powders in one-half glass of water, two times a day. The preferred time to take the alkaline minerals is in the morning on arising and again before going to bed at night. When using this mineral alkaline water, place it on the negative magnetic pole of a 4" x 6" x 1/2" magnet for a minimum of five minutes. 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.

There is a valuable method of electrolysis, which provides alkaline micro water that has an alkaline pH. There is a home electrolysis unit (The Singer Electrolysis Instrument) that provides this alkaline micro water. It is recommended that five glasses of the alkaline micro water be ingested daily.

Magnetic Protocol For Weight Management

Body weight beyond physiological normal is often caused by the urge to overeat due to food addiction. Overeating is a compulsive habit no matter what it's psychological or biological driving force. In any event, magnetic therapy plus calorie reduction can materially help in weight management. Magnetic discs placed bitemporally reduces the electrical excitement of the brain and can handle habit urges whether psychological or physiological thus making it easier for the person to adhere to an assigned calorie reduction.

A 4-Day Diversified Rotation Diet is a must in weight management. This will stop food addiction and make it materially easier to follow a calorie reduction program.

A negative magnetic field placed over a fat area will gradually reduce the fat. This magnet reduction occurs only at night while asleep. A negative magnetic field activates growth hormone's ability for fat cells to release their fat. Growth hormone rises only at night during sleep. However, this magnetic fat reduction has little value in maintaining weight reduction without also associating this with calorie reduction.

Weight Management

The Magnetic Comfort System

Components:

a) Magnetic Fat Meltdown.

A negative magnetic pole placed over a fat area at night during sleep will have the biological effect of the fat cells dropping their fat. This happens because a negative magnetic field activates growth hormone. Growth hormone has the assignment of fat cells dropping their fat. This occurs only at night at which time growth hormone is present. There is not enough growth hormone during the waking hours to be significant. Weight reduction of the fat cells dropping their fat occurs only at night when growth hormone is high. This fat area is usually the abdomen. The optimum magnets for treating the fat areas are ceramic block magnets that are 4" x 6" x 1/2". Two are usually used. Place each block magnet over the fat areas. Hold in place with a 4" x 52" Cool Max band. Some significantly obese subjects may need

two of these body wraps. The magnets are placed over the abdomen or other fat areas every night during sleep.

b) Magnet Comfort System of Managing Urges to Overeat and Eat Between Meals.

The magnets used for this are two ceramic discs that are 1-1/2" across and 1/2" thick with Velcro on the positive pole sides. These are held in place on the head with a 2" x 26" Cool Max band. There are three possible placements of these discs. When these discs are placed bitemporally, that is at the level of the top of the ears and about two inches in front of each ear is the first placement to consider. This is particularly noted to handle depression and reduce urges to overeat or eat between meals. The second placement to consider, which is more for tension and anxiety, is a disc on the mid-forehead and left temporal held in place with the band. The third placement to consider, which is maximal for obsessive ideas and compulsive urges, is the left temporal and low occipital (back of the head). When using these discs on the head, the symptoms will usually subside within five minutes. The duration of having magnets on the head can be either just long enough to relieve the symptoms or be continuous. There is no limitation in the time the magnets can be left in place on the head,

A 4" x 6" x 1/2" ceramic block magnet is placed on the sternum (mid-chest) and or also over the epigastric area for the purpose of reducing tension that is often present in these areas based on the discomfort of food addiction withdrawal. This can be placed there at the time there are these urges. It is well to use this to accompany the magnetic placement on the head.

Optimum System of Weight Management

Orientation

This system uses the magnetic fat meltdown, magnetic comfort system of managing urges to over-eat or eat between meals, aversive behavioral training for urges to overeat and eat between meals, the visualization system of food quantity reduction and the 4-Day Diversified Rotation Diet.

Minimum Program of Magnets

- Two ceramic discs that are 1-1/2 " x 1/2 "
- One 2" x 26" body wrap
- Two 4" x 6" x 1-1/2 " ceramic magnets
- Two 4" x 52" body wraps
- Pictures of food quantity initially used for each meal plus pictures of the desired reduction of meal quantity using fixed stages of reduction at six week intervals

Placement and Duration

For 15-30 minutes pre-meal, place the ceramic discs bitemporally or frontal and left temporal or left temporal and occipital based on which of these placements works best for the individual subject. At the same time, pre-meal, place a 4" x 6" x 1/2" magnet on the sternum (mid-chest) with the 6" lengthwise the body and a 4" x 6" x 1/2" ceramic magnet crosswise across the epigastric area (directly over the stomach). Hold these in place with a 4" x 52' body wrap.

When any urges to overeat or eat between meals occur, place the disc magnets on the head and the ceramic block magnets on the mid-chest and epigastric area. Usually these urges will subside within 5-10 minutes.

When these urges occur and the magnets have been placed as described above, place in mind, with the eyes closed, the urge. While focusing on this in your mind, take a deep breath and hold the breath until the mind goes blank. This can be repeated as many times as is necessary to block the urges.

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Prepare photographs of the usual meal sizes that the subject uses. Then make a photograph reducing the quantity by one-third. Place this in front of the plate of food at each meal. At six week intervals, keep reducing the food intake by one-third until the desired weight has been achieved.

It is important that food be rotated to stop food addictions.

Symptomatic Food Reactions General Information

A local and systemic biological response of acidity is routinely evoked when symptoms develop in response to exposure to foods, chemicals and inhalants. Acidity also produces low oxygen (acidhypoxia). This is true whether the maladaptive symptom reactions are immunologic or non-immunologic in origin. Most food symptom reactions are not immunologic. Immunologic and non-immunologic food symptom reactions have a classic addictive see-saw biological response of symptom relief on exposure with the emergence of symptoms 3-4 hours after the exposure (addictive withdrawal phase). The optimum method of reversing addiction is avoidance. In food addiction, the optimum method of avoidance of the addiction is for there to be a 3-month avoidance followed by an exposure no more often than every fourth day. This is the reason for the 4-Day Diversified Rotation Diet. The optimum long term management of food addiction is the food avoidance period produced by the 4-Day Diversified Rotation Diet. The short term management of symptoms can be managed by alkalization by exposure to a negative (south-seeking) magnetic field which alkalizes and oxygenates (alkaline-hyperoxia). These alkalization methods can relieve symptoms after they have occurred from the exposure and can also prevent symptoms from developing when the alkalization methods are used prior to an exposure to symptom producing foods, chemicals and inhalants.

Following is the optimum method of preventing symptoms from occurring from foods:

1. A 4-Day Diversified Rotation Diet. This four day spacing of exposure to specific foods prevents food addiction. The 4-Day Diversified Rotation Diet is described in *The Ultimate Diet* quarterly by William H. Philpott, M.D.

2. Pre-meal.

Negative magnetic field (south-seeking) exposure. One-half hour before the meal place the magnets on the body. Magnetic discs, either ceramic, magnetic discs that are 1-1/2" x 1/2" or neodymium discs that are 1" x 1/8" placed bitemporally. These can be held in place with a 2" x 26" band. Place on the sternum, a 4" x 6" x 1/2" ceramic magnet. Hold in place with a 4" x 52" body wrap. An added value can result from placing a 4" x 6" x 1/2" ceramic magnet on the epigastric area. Hold in place with a 4" x 52" body wrap. These can be removed at the beginning of the meal or they can be continued through the meal until it is completed. If symptoms emerge after the meal has been eaten, then replace the magnets until the symptoms leave and especially place a suitable sized magnet directly over the symptom area. Also prior to the meal, if there are any symptom areas, treat these with appropriate sized magnets, pre-meal. Always use the negative magnetic field (south-seeking).

The above pre-meal and post-meal alkalization method is recommended for;

- Those with a serious state of symptom reactions to multiple foods in which food rotation is not entirely satisfactory

- When of necessity, symptom-evoking foods have to be eaten, such as when eating out at a restaurant, or those that

have to use this method instead of waiting three months for the introduction of their foods.

3. Post-meal. If any symptoms develop, post-meal, then use suitable magnets placed locally for relieving these symptoms. It could be helpful again, to place the disc magnets bitemporally.

A food rotation diet is necessary to honor the fact that addiction is the major driving force of food maladaptive reactions and that acid-hypoxia is the immediate cause of symptoms. There is no optimally effective method for the management of maladaptive reactions to foods that is equivalent to food rotation.

Placing the disc on the head and ceramic block magnets on the sternum and epigastric area for 15-30 minutes before meals will reduce the urge to over eat.

Aversive Behavioral Training for Urges to Overeat or Eat Between Meals

This behavioral training should be accompanied by the placement of the magnets on the head. This consists of, with the eyes closed, placing in mind the urge to overeat or eat between meals. Take a big breath and hold the breath until the mind goes blank. This aversive method says "no — to the urges. This can be repeated as many times as necessary to stop the urges.

Visual System of Food Quantity Reduction

Take a picture of the usual breakfast, noon and evening meals that the subject eats. Take another picture of the same food quantity, reduced by one-third. Have these pictures in front of the plate of food that the subject is going to eat. Have them reduce their quantity intake by one-third. Every six weeks, review this food quantity and keep reducing the quantity by one-third until the desired weight is achieved and being maintained.

Minimal System of Weight Management

This system does not consider the calorie intake but relies on the magnetic fat meltdown and the magnetic comfort system of managing urges to overeat and eat between meals using the magnets placed bitemporally and the 4" x 6" x 1/2" magnet placed on the sternum.

Magnetic Comfort Method For Tobacco Addiction Correction and Other Addiction Corrections

Orientation

The secret of stopping an addiction to tobacco or other addiction corrections is that of remaining comfortable while stopping the use of the addictive substance. This comfort during addictive withdrawal can be achieved by the use of magnetic disc magnets placed on the head and magnets placed on the mid-chest and epigastric area. This magnetic application is capable of stopping the urges. An added value can be achieved by placing in mind the urge to use the product and holding the breath until the mind goes blank.

Minimal Program of Magnets

- Two ceramic disc magnets that are 1-1/2" x 1/2"
- One 2" x 26" body wrap
- Two 4" x 6" x 1/2" ceramic magnets
- Two 4" x 52" body wraps

Placement and Duration

A minimal program would use only the disc magnets on the head and the breath holding aversive treatment. A more maximum program will add the ceramic block magnets for the mid-chest and epigastric area.

The most optimal of all is to stop all addictions at the same time - tobacco, alcohol, caffeine, dextro-amphetamine or any

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior other frequently used, potentially addictive substance. The same system is used for treating narcotic addiction. The secret of correction of addiction is to be comfortable while stopping the use of substances to which the person is addicted. It also is more comfortable if food addiction is handled at the same time. To achieve this, follow the instructions on weight management.

Magnetic Stress Management Protocol

Orientation

First of all, magnetically handle addiction since addiction is a major stressor. Do not use a food to raise the serotonin-opiate complex as this either is addiction or will soon become addiction. Use a negative magnetic field to relieve the symptoms. Sleeping at night in a negative magnetic field will normalize the serotonin and opiate balance. Symptoms can be relieved within ten to thirty minutes with a negative magnetic field appropriately placed on the head and the symptom area. This magnetic treatment normalizes biological function and never leads to addiction or any side effects.

Minimal Program of Magnets:

- Two ceramic disc magnets that are 1-7/8" x 7/8"
- One 2" x 26" headband/body wrap
- Mega-field magnetic bed pad (composed of mini block magnets that are 1-7/8" x 7/8" x 3/8" placed 1-1/2" apart throughout the bed pad)
- Headboard type sleep enhancer (composed of four 4" x 6" x 1" magnets in a row, 3/4" apart in a wooden carrier that holds them up against the headboard)

Optimum Program of Magnets:

Add the following to the above magnets:

- Three 5" x 12" deep penetrating flexible mats
- One 5" x 6" deep penetrating flexible mat
- Two 4" x 52" body wraps
- One 4" x 6" x 1/2" ceramic magnet
- Fifteen mini-block ceramic magnets that are 1-7/8" x 7/8" x 3/4"
- A magnetic chair pad (composed of mini-block magnets 1-7/8" x 7/8" x 3/8" placed an inch and one-half apart)
- A 14" x 25" multi-purpose pad (composed of mini-block magnets 1-7/8" x 7/8" x 3/8" placed an inch and one-half apart)

Placement and Duration

The ceramic disc magnets that are 1-1/2" x 3/8" can be used bitemporally placed, that is, in front of the ears near the top of the ears. These can be held in place with a 2" x 26" headband/body wrap. This works well for depression and most other symptoms. Anxiety is sometimes best relieved by placing a disc on the mid-forehead and the left temporal area. Obsessive-compulsiveness may be best handled by placing a disc on the left temporal and low occipital area. Any discomforts can be treated with either the disc magnets, the 4" x 6" x 1/2" inch magnet or the flexible mats. Placing mini-block magnets on the mats will increase the depth of penetration. Placing the 4" x 6" x 1/2" magnet on a flexible mat will increase the depth of penetration such as when treating an internal organ or the necessity of treating deeply into a muscle or joint.

When sitting down, sit on the magnetic chair pad and place under the seat of this pad the 4" x 6" x 1/2" magnet. The more hours of exposure to the chair pad, the better. This can also be used in the car when driving.

The multi-purpose pad is provided which can be leaned

back against treating either the lower back and thoracic spine or the thoracic spine and the cervical spine and back of the head when leaning back against this in a chair or when laying down. It can also be used beneficially by placing it over the abdomen and up across the heart and the chest. The more hours of exposure to a negative magnetic field, the greater the anti-stress value.

Much of the value is achieved at night during sleep. Sleep on the magnetic mattress pad. Sleep with the magnets in the carrier up against the headboard.

It is well to sleep with a 5" x 12" deep penetrating flexible mat across the chest, especially over the heart. Place the mini-block magnets on this pad. These magnets are placed crosswise the mat an inch and one-half apart. They magnetically attach to the two inner rows of magnets on the pad. Especially place three of these on this pad over the heart. Treating the heart will markedly reduce tension. It will prophylactically prevent the development of atherosclerosis. It can treat inflammation of the heart such as following a viral or bacterial infection. It is wise to have the treatment of the heart as a lifestyle routine.

It is wise to sleep with a 4" x 6" x 1/2" inch magnet up against the side of the head. If lying on the back it could be placed up against either side of the head. When lying on the side, it can be on the side of the head not on the pillow or placed on the back of the head and the upper neck.

It is also highly useful to treat the low abdomen during sleep. This can be achieved by placing a 5" x 12" deep penetrating flexible mat across the low abdomen-pubic area. Place on top of this, six of the mini-block magnets. Hold this in place with a 4" x 52" body wrap.

The eyes can be treated with the magnetic eye & sinus unit.

General Information About Magnets

Double strength flexible mats are composed of two stacked plastiform magnet strips measuring 1-1/2" x 7/8" x 3/8". These plastiform magnetic strips are placed in four rows with the 1-1/2" measurement lengthwise in the flexible mat. In a 5" x 6" flexible mat there are 24 magnetic strips. In a 5" x 12" flexible mat there are 48 magnetic strips. The flexibility of these mats makes them very useful since they will fit around the curves of the body without producing any pressure. The therapeutic level of this flexible mat extends to about two inches. When the flexible mat is reinforced with one row of mini block magnets placed crosswise on the two central rows of magnets in the mat, the therapeutic field extended to three inches. When there are two stacked rows of mini block magnets on the mat, the therapeutic level extends to five inches. This places the mini block magnets an inch and one half apart in which there are three placed on the 5" x 6" flexible mat and six placed on the 5" x 12" flexible mat. The flexible mat can also be reinforced by the 4" x 6" x 1/2" ceramic magnet, this extends the therapeutic value to five inches.

Mini block ceramic magnets are sometimes called Briggs blocks because they are used as the Magneto magnets in a Briggs and Stratton gasoline engine. These magnets measure 1-7/8" x 7/8" x 3/8", and they have many therapeutic uses. They can be used on the head, in such areas as the temporal, frontal or occipital areas, for headaches, management of emotional symptoms or seizures. They can be used on fingers or toes. They can be placed on top of the flexible mats to reinforce the depth of magnetic field penetration. They can be used directly on the joints, under or incorporated into wraps around the joints. They are used in the magnetic slumber pads, the multiple purpose

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Ceramic discs measure 1-1/2" x 1/2", and have numerous valuable purposes. They can be used around the head to treat headaches or other central nervous system symptoms, around joints, over skin or on subcutaneous lesions. The magnetic field of a ceramic disc extends to eight inches. The magnetic field therapeutic value extends to about two and one half inches. 4" x 6" x 1/2" ceramic magnets have a therapeutic magnetic field value extends for five inches. A ceramic magnet that is 4" x 6" x 1" has a therapeutic value extending to eight inches. The 4" x 6" x 1/2" ceramic magnet has many uses such as around joints or to penetrate deeply into the liver, internal organs, the heart, or into the head such as for treatment of tumors. The 4" x 6" x 1" ceramic magnet are used in the headboard-type magnetic sleep enhancer in order to have a field that penetrates into the head during sleep. The magnetic sleep enhancer is composed of four 4" x 6" x 1" ceramic magnets placed in a row 3/4" apart. These ceramic magnets are placed upright in a wooden carrier that holds them firmly up against the headboard. They can be raised or lowered depending on the height of the pillow. They are shipped at the top of the carrier and needs to be lowered so that the head is in the magnetic field. They are resting on a wooden dowel. The wooden dowel they are resting on should be at the level of the back of the head when the head is on the pillow. The closer the top of the head is to the magnets in the carrier at the head of the bed, the better.

The magnetic slumber pad is composed of ceramic mini block magnets placed an inch and one-half apart throughout the pad.

The magnetic chair cushion pad is composed of ceramic mini block magnets placed an inch and one-half apart throughout the seat and pad.

The magnetic chair cushion pad is composed of ceramic block magnets placed an inch and one-half apart throughout the seat and back of the pad.

The multiple purpose pads [small (11" x 18") and large (14" x 25")] are composed of ceramic Mini Block magnets that are placed an inch and one-half apart throughout the pad. This multiple purpose pad has many uses such as being used on the back, the abdomen, and up over the heart and on the chest area.

Therapeutic Sleep

After the program has been setup, the most important thing to address is sleep. It is optimal to sleep on the 70-magnet bed grid or a magnetic slumber pad.

In maintaining health and reversing degenerative diseases, it is very important that there be deep, energy restoring sleep. It is necessary to sleep a full eight or nine hours in every 24-hour period. Energy is used up during the day and is restored during sleep. The hormone, Melatonin, which is made during sleep, controls the depth of energy restoring sleep. The principle area in which Melatonin is made is the pineal gland, which is at the center of the head. This gland makes Melatonin in response to a negative (south-seeking) magnetic field. This is why it is so important to treat the head to a negative (south-seeking) magnetic field during sleep. The retina of the eyes and the intestinal walls also make Melatonin. Treating these areas can also raise levels of Melatonin. The hormone Melatonin has the control of the entire energy system of the body including such as the immune system, endocrine system, and respiration. Melatonin is neuronal calming and encourages energy restoring sleep. Melatonin is a powerful antioxidant and thus is anti-inflammatory. Melatonin also has antibiotic and anti-cancer values.

In order to achieve appropriate production of the hormones Melatonin and growth hormone it is necessary to sleep in a completely light-free environment and without any 60 cycles per second electrical pulsing frequencies. Therefore there should not be any night-light, and electric clock, an electric heated blanket, or a heated waterbed. If light cannot be completely excluded from the bed-room, then place over the eyes and the forehead a light shield/mask of some sort. The magnetic eye & sinus mask is a light shield with 1/16" plastiform magnet in it and additional 1" x 1/8" neodymium disc can be added for extra benefit.

The magnetic slumber pad will encourage the production of Melatonin by the gastrointestinal tract. Any magnetic treatment of the abdomen will encourage the production of Melatonin by the walls of the gastrointestinal tract.

Treating the eyes with the eye & sinus mask will also encourage production of Melatonin by the retina of the eyes. The magnetic headboard type sleep enhancer up against the headboard will have a magnetic field that penetrates into the head and stimulates the pineal gland to produce Melatonin and the hypothalamus to produce growth hormone. Some sleep very well with a 4" x 6" x 1/2" magnet up against the side of the head. It is best to cushion this by placing a double strength flexible mat (5" x 6") up against the side of the head first with the 4" x 6" x 1/2" ceramic magnet over the flexible mat. When lying on the back, this can be leaned up against either side of the head. When lying on the side it can be on the side of the head that is not on the pillow or be placed on the back of the head. Some find it valuable to place a double strength flexible mat under the pillowcase so their head is resting on the flexible mat. If they are on their back it is on the back of their head; if they are on their side, it is on the side of their head. Six mini block ceramic magnets placed on the positive (north-seeking) pole side will further reinforce this flexible mat. Place these mini block magnets crosswise the flexible mat 1-1/2" apart. They will magnetically adhere to the flexible mat.

Polarity

Always use a negative magnetic field.

Beyond Magnetism

An acute maladaptive reaction 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 alkalinity and normal oxygen state.

Majorities of people are maladaptively reacting to foods in one or more ways, 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 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 Ultimate Diet* (Vol. VI, First Quarter, 2000) and *Gastrointestinal Disorders* quarterly (Vol. V, Third Quarter, 1999) by William H. Philpott.

All addictive substances should be abandoned such as

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Carbonated soft drinks are acid producing and should be rarely used. Soft drinks are sweetened with corn sugar and if they are ingested they 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. The preferred source of alkali minerals is multi-element mineral ascorbates by Klair Lab. Use 1/2 teaspoon to 1 teaspoon of one of these powders in one-half glass of water, two times a day. The preferred time to take the alkaline minerals is in the morning on arising and again before going to bed at night. When using this mineral alkaline water, place it on the negative magnetic pole of a 4" x 6" x 1/2" magnet for a minimum of five minutes. 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.

There is a valuable method of electrolysis, which provides alkaline micro water that has an alkaline pH. There is a home electrolysis unit (The Singer Electrolysis Instrument) that provides this alkaline micro water. It is recommended that five glasses of the alkaline micro water be ingested daily.

Four-Day Rotation Diet

Day I

Meat

Bovidae: Lamb, Beef, Goat, Deer, Cheese, Milk and Yogurt

Fish Fish and/or shellfish can be on any or all days by keeping the type of fish or shellfish different for each day.

Vegetables

Potatoes: Potato, Tomato, Eggplant, Red/Green Peppers and Pimento

Goosefoot: Beet, Spinach, Swiss chard and Lamb's quarters

Composites: Lettuce, Chicory, Endive, Escarole, Artichoke, Dandelion and Safflower

Corn: Fresh Corn as a fresh vegetable

Fruits

Mulberry: Mulberry, Figs and Breadfruit

Rose: Strawberry, Raspberry, Blackberry, Dewberry, Loganberry, Young-berry, Boysenberry and Rose Hip

Grape: Grapes and Raisins

Cashew: Mango

Nuts:

Sunflower: Sunflower Seeds

Cashew: Cashew and Pistachio

Protea: Macadamia Nut

Thickening

Tapioca

Seasonings

Grape: Cream of Tarter

Potato: Chili Pepper, Paprika and Cayenne

Composites: Tarragon

Nutmeg: Nutmeg and Mace

Sweetener Beet Sugar

Tea Rose Hips, Chicory and Dandelion

Sprouts Legumes, Bean Sprouts, Alfalfa Sprouts and Sunflower Sprouts

Fresh Vegetable Green Bean Sprouts, Alfalfa Sprouts and Sunflower Sprouts

Day II

Meat

Bird: *All fowl – Chicken, Turkey, Duck, Goose, Guinea, Pigeon, Quail and Pheasant

Eggs Eggs

Fish Fish and/or Shellfish can be on any or all days by keeping the type of fish or shellfish different for each day.

Vegetables

Myrtle: Pimento

Grass: Millet

Parsley: Carrot, Parsnip and Celery

Mushroom: Mushroom and Yeast (Brewer's or Baker's)

Mallow: Okra

Fruits

Plum: Plum, Cherry, Peach, Apricot, Nectarine and Wild Cherry

Pineapple: Pineapple

Pawpaw: Pawpaw, papaya and papain

Grains:

Gluten: Wheat, Oats, Barley, Rye and mature Corn

Non-gluten: Millet, Sorghum, Bamboo shoot and Malt

Nuts:

Plum: Almond

Beech: Chestnut

Brazil nut: Brazil nut

Flaxseed: Flaxseed

Thickening Wheat flour, Agar-agar (vegetable gelatin from sea algae)

Seasonings

Myrtle: Guava, Clover, Allspice and Clove

Parsley: Celery seed, Celeriac, Anise, Dill, Fennel, Cumin, Coriander and Caraway

Pedaliium: Sesame

Orchid: Vanilla

Oil Cottonseed, Flaxseed and Sesame

Sweetener Corn sugar, Clover honey and Molasses

Tea

Sterculia: Papaya tea

Day III

Meat

Suidae: Pork

Fish Fish and or Shellfish can be on any or all days by keeping the type of fish or shellfish different for each day.

Vegetable

Mature Legumes: Pea, Black-eyed Pea, Soybean, Lentil,

Peanut, Lima Bean, Navy Bean, Garbanzo Bean, Great Northern Bean, Pinto Bean and Kidney Bean

Laurel: Avocado

Lily: Onion, Garlic, Asparagus, Chive and Leek

Fruits

Apple: Apple, Pear and Quince

Banana: Banana and Plantain

Heath: Blueberry, Huckleberry and Cranberry

Gooseberry: Currant and Gooseberry

Ebony: Persimmon

Buckwheat: Rhubarb

Grains

Buckwheat: Buckwheat and Rice

Nuts

Legume: Peanuts

Birch: Filbert (Hazelnut)

Conifer: Pine Nut (Pinon)

Thickening

Arrowroot: Arrowroot Flour

Seasonings

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Arrowroot: Arrowroot

Heath: Wintergreen

Legume: Licorice

Laurel: Cinnamon, Bay leaf, Sassafras and Cassia bud/bark

Pepper: Black & Whit Pepper

Oil Soybean, Peanut and Avocado

Sweetener Fructose, Carob syrup, Maple sugar, Tupelo honey and Cane sugar

Tea Alfalfa, Sassafras, Garlic and Apple cider/tea

Day IV

Meat

Meat: Rabbit, Fowl not used on Day II (Chicken, Turkey, Duck)

Fish Fish and/or Shellfish can be on any or all days by keeping the type of fish or shellfish different for each day.

Vegetables

Morning Glory: Sweet Potato

Gourd: Cucumber, Pumpkin, Squash, Acorn and Squash seeds

Mustard: Mustard, Turnip, Radish, Horseradish, Watercress, Cabbage, Kraut, Chinese Cabbage, Broccoli, Cauliflower, Brussel Sprouts, Collard, Kale, Kohlrabi and Rutabaga

Olive: Black/Green Olives

Fresh Grain Vegetables Sprouts: Wheat, Rye, Barley and Oat

Fruits

Gourd: Watermelon, Cantaloupe and Honeydew

Citrus: Lemon, Orange, Grapefruit, Lime, Tangerine, Kumquat and Citron

Honeysuckle: Elderberry

Palm: Coconut and Date

Nuts

Seeds: Pumpkin seeds, Squash seeds and Coconut

Walnut: English walnut, Black walnut, Pecan, Hickory and Butternut

Thickening Cornstarch

Seasonings

Mustard: Mustard

Mint: Basil, Sage, Oregano, Savory, Horehound, Catnip,

Spearmint, Peppermint, Thyme, Marjoram and Lemon Balm

Oil: Coconut, Olive, Pecan and Corn

Sweetner: Date sugar, Honey (other than Tupelo or Clover)

Tea: Kaffer

How to Use the Four-Day Diversified Rotation Diet Without Deliberate Food Testing

Many people find it practical to go directly to a four day diversified rotation diet without food testing. First, the person assumes that he or she is reacting to any food eaten as frequently as twice a week, or to any members of that food family. The person leaves these frequently used foods out of the diet for three months. At the initiation of the rotation diet, stop all use of caffeine (coffee, teas with caffeine, cola drinks, chocolate), tobacco and all alcoholic drinks. **Do Not Reintroduce These Into The Diet.**

For the next three to four days, there will be withdrawal symptoms. Handle these symptoms as described in the section, How To Initiate This Program.

Three months later, these foods are reintroduced back into the diet. Nearly always (95% of the time), these foods will no longer be reactive as long as they are kept on a once-in-four-day basis in this diet. When reintroducing foods into the diet, simply add the food to the established rotation and observe whether or not symptoms occur. If no symptoms occur, then this food can be rotated. If symptoms occur, wait another three months before trying this food again.

One way to expand the use of foods is to sprout cereal grains and legumes. A person should be certain that the grain

or bean is sprouted with approximately 1/4" or more of a sprout. The foods that have been sprouted will no longer carry the same reactive capacity that the non-sprouted foods do. Thus, once sprouted, grains and legumes can be introduced into the diet immediately.

A potential reaction to chemicals can be determined by sniffing the product. These products include clothes, carpet, car exhaust, or anything to which a person has frequent exposure.

Gluten is the most frequent and severe symptom reactor of all foods. Thus, gluten is the most likely food substance to continue evoking symptoms. Common physical reactions to gluten include: gastrointestinal problems such as celiac disease and Crohn's disease (gluten enteropathy); jerking muscles (Tourette's syndrome); and headache. Emotional and mental symptoms caused by reactions to gluten range from mild (tension, anxiety, phobias, depression, obsessions, compulsion) to severe (psychotic depression, hallucinations, delusions). There is genetically determined immunologic reaction to gluten occurring at a ratio of 1 in 200 Irish people and 1 in 2,000 non-Irish. These immunologically reactive people should leave gluten out of their diet. Wheat, rye, oats, barley and mature corn all contain gluten. If gluten is introduced, only a small amount should be used, and then avoided for months.

In addition to being the most reactive food substance in terms of immunologic and non-immunologic maladaptive reactions, gluten is the most addictive of all food substances. Gluten is split in half during the first stage of digestion, which occurs in the stomach by a combination of hydrochloric acid with the enzyme pepsin. This splitting of gluten produces an active narcotic (exorphin). This narcotic becomes addicting when it is absorbed through the small intestine with-out further digestion by pancreatic enzymes and their normal alkaline medium. Many people do not produce adequate pancreatic enzymes or associated sodium and potassium bicarbonate. Thus, these people are subject to gluten addiction if they use gluten frequently. Alcoholics using alcohol prepared from wheat, rye, oats, barley or corn will have symptoms emerge on deliberate food testing for these gluten-containing foods. Vodka addicts have symptoms to provocative food testing for white potatoes. Wine addicts have symptoms to a provocative test meal of either grapes or the substance from which the wine is made. This applies to wine vinegar as well. Beer addicts have symptoms with test meals to brewer's yeast or any gluten-containing cereal or rice used in the beer-making process.

Dairy products and beef are the second most symptom reactive foods. Characteristically, the person who reacts to dairy products also reacts to beef, and vice versa. In terms of the frequency of symptoms, corn products are approximately equal to dairy products and beef.

People with homocystinuria have symptoms from dairy products and meats. Homocystinuria is an infrequent genetic error. It is caused by a deficiency of cystathionine 8-synthase enzyme, in which methionine cannot be processed properly. Occasionally, homocystinuria is due to a nutritional deficiency of the B complex vitamins, especially B₁₂ or folic acid. In these nutritional deficiency cases, B complex supplementation solves the problem of food reactions to high methionine containing foods. People with genetic homocystinuria must rely on avoidance of foods high in methionine. They must also supplement cystine, which comes from methionine. In addition, they should also supplement taurine, which is made from cystine. Taurine is important in keeping the central nervous system calm.

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Another rare genetic enzyme disorder is carnosinuria. This is caused by a deficiency of the enzyme carnosinase. This enzyme processes carnosine and anserine. If not enzymatically processed, carnosine and anserine are toxic to humans. People with this genetic enzyme disorder must avoid foods containing carnosine and anserine. Carnosine is found in all land animals. Anserine is found in tuna and salmon. Carnosinase is a zinc-dependent enzyme. Therefore, carnosinuria is occasionally caused by zinc deficiency. Zinc deficiency can be determined by a laboratory assessment. Physical symptoms of zinc deficiency include: white spots in the fingernails and toenails; ridged or easily splitting fingernails, and stretch marks on the skin, especially on the abdomen or breasts. When carnosinuria is caused by a nutritional deficiency, zinc supplementation can solve the problem. A carnosinase enzyme deficiency can produce a wide range of symptoms. The most prominent symptoms I have observed are attention deficit and hyperactivity. For example, a ten-year-old boy with attention deficit and hyperactivity on laboratory testing was demonstrated to have both carnosinuria and zinc deficiency. Neither supplementation with zinc nor rotation of foods solved his problem. However, upon removal of meats, tuna and salmon from his diet, he was free of symptoms. Thus, he had a genetic enzyme deficiency.

I have explained these genetic and nutritional enzyme disorders in order to point out that although rotation diet solves most food reaction symptoms, these other causes of food reactions must some-times be considered. Laboratory tests can make the determination. People who try to help themselves without medical supervision can make this determination only through trial and error.

For twenty years I deliberately food tested my patients. This consisted of five days of avoidance of any food used with the frequency of two or more times a week, followed by food tests of single food per test-meal. In my original five-year research study, a five-day food fast was used. Classically, it is the foods eaten with a frequency of two or more times a week that produces acute symptoms and is responsible for the symptoms of degenerative diseases. This is true of degenerative diseases such as diabetes mellitus II, arthritis of various types, inflammatory reactions such as tendonitis, myositis, fibrositis, and many pains such as headaches and pains elsewhere in the body. Secondly, these maladaptive reactions are most important in major mental disorders, multiple sclerosis, lupus, etc. These diseases classically start with a viral infection, which disorders the immune system and injures target tissues where symptoms are produced.

Stress factors such as injury, frequency of use, local infection, etc., often serve to prepare a specific area of the body to be the area selected as the target tissue area in food reaction. An example is carpal tunnel syndrome classically occurring in the wrist that is used most frequently. I have examined numerous carpal tunnel syndrome cases and found them all to be due to food maladaptive reactions. The stress of use associated with the food reaction combine to produce the inflammatory reaction of the specific area. In major mental illness, there exists a primary chronic viral infection of the brain, which prepares the brain to be the target organ for a maladaptive food reaction. Malnutrition can also be a factor predisposing to maladaptive reactions to foods, chemicals, and inhalants and to the selection of particular tissue areas for the maladaptive reaction.

Years of experience of deliberate food testing has provided convincing evidence that it is the stress of the frequency of contact that produces the maladaptive reactions to foods, chemicals, and inhalants. This is true, whether these are IgG immuno-

logical reactions or non-immunological reactions. The frequency needs to be more than two times per week. A practical food rotation diet can be set up, avoiding any food eaten as frequently as two times a week or more. Initially, avoid these foods for three months. Ninety-five percent of the time, after three months of avoidance, these initial foods left out of the diet can be introduced back into the four-day diversified rotation diet without symptoms being produced. Gluten from wheat, rye, oats, barley or corn is the most frequent and most serious food producing reactions. Dairy foods come in for a good second. Any food used frequently can become a reactive substance. The same principle of frequent contact producing maladaptive symptoms applies also to chemicals and inhalants.

The four-day diversified rotation diet and avoidance of symptom of frequently used foods is initiated at the same time. Furthermore, to be discontinued at the same time is the use of any tobacco, alcohol, and caffeine beverages. The first three days will be the most serious symptom-evoking period. By the fifth day, usually the symptoms have materially subsided and have become manageable. To handle the acute withdrawal symptoms, the person needs to have available the following magnets:

- Two 1-1/2" x 1/2" ceramic disc magnets
- Two 4" x 6" x 1/2" ceramic magnets
- For some people, it would be well for them to also have a 5" x 12" deep penetrating flexible mat

These magnets can be used either continuously during this withdrawal phase or used just at the time the withdrawal symptoms emerge. It usually requires 10 to 30 minutes for magnetic management of the symptoms. First, place the ceramic disc magnets on each temple area, that is, in front and at the level of the top of the ears. These can be held in place with a 2 x 26 inch self-fastening band. Other placements that may be found to be profitable are a left temple and low occipital area or a left temple and frontal area. The left temple is used in a right-handed person, and the right temple is used in the left-handed person. At the same time, place a 5 x 6 x 1/2 inch ceramic block magnet on the mid-sternum, that is, the middle of the chest, on the front. Also, a 4 x 6 x 1/2 inch thick magnet should be placed directly over the epigastric area, which is just below the sternum. These can be held in place by a 4 x 52 inch body wrap or an Ace bandage, or if the person is lying down, these magnets can just rest on these areas. Some may find it profitable or even necessary to use the 5 x 12 inch multi-magnet flexible mats on the lumbar and thoracic spine. The person would need to be lying down to do this. To use this magnet, always use the negative magnetic field. After this acute phase is over, the person uses these magnets to relieve symptoms if and when they reoccur. The rotation diet should become a life style. The subject also should sleep on a magnetic bed pad and with magnets at the crown of the head. This system is described elsewhere in more detail. Also, the subject would do well to be supplementing specific nutrients such as vitamin C as mineral ascorbates, B complex vitamins and minerals (especially calcium and magnesium).

Self-Help Food Testing

There is no practical reason to do self-help food testing. It is best to proceed without food testing

Deliberate food testing should not be done without medical supervision on the following.

- 1) Diabetics on insulin
- 2) Seizure cases
- 3) Dangerously aggressive cases such as in some psychotics

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Even though I am not recommending self-help food testing, the principles of self-help food testing are as follows:

- 1) Five day avoidance of foods used as frequently as two or more times a week. Wait five days before using any of these foods in a single meal food test.
- 2) Use test meals of single foods.
- 3) Monitor for the emergence of physical and emotional symptoms as well as blood pressure before the meal and one hour after the meal. The pulse should be taken before, and one hour after the test meal. In a non-insulin dependent diabetic (Type II), test the blood sugar before the meal and one hour after the meal. It is also well for anyone to test the blood sugar. There are many high blood sugars (beyond 160) in patients who have not been diagnosed as diabetics. When the blood sugar is beyond 160 in a non-diabetic, it demonstrates that this person is in a pre-diabetic state.
- 4) Symptoms can be relieved by bitemporal placement of ceramic disc magnets which are 1-1/2" x 3/8" held in place with a 2" x 26" headband.
- 5) Stop all tobacco, alcohol and caffeine when the program starts.

Final Word

Addiction leads to degenerative diseases, especially maturity onset diabetes mellitus. Food addiction is very real and the most frequent addiction. A 4-Day Diversified Rotation Diet is optimal to prevent and or reverse food addiction. Do not use food as a symptom reliever or for weight management such as has been advised. Some weight reduction medications using the serotonin-opiate complex produced so many symptoms, they have been withdrawn from the market. The tranquilizer-antidepressants using a method of raising the serotonin-opiate complex produce serious, devastating side effect symptoms and therefore, cannot be recommended. A negative magnetic field properly placed relieves symptoms, produces melatonin, produces normal energy restoring sleep and normalizes the serotonin-opiate ratio and has no side effects. A negative magnetic field associated with a non-addictive state is markedly superior to tranquilizers, antidepressants and weight management medications.

Warning

The system described in this write-up uses the negative magnetic pole field only. The positive magnetic field or the mixed positive-negative magnetic fields will not achieve the necessary results. A negative magnetic field calms neurons and normalizes biological functions. A negative magnetic field does not evoke the production of serotonin or endorphins. A negative magnetic field has a biological response of alkaline-hyperoxia. A negative magnetic field activates oxidoreductase enzymes that process free radicals, peroxides, acids, alcohols and aldehydes and releases oxygen which is bound in these substances thus making oxygen available for producing ATP in the oxidation phosphorylation process.

A positive magnetic field, whether singly or mixed with a negative magnetic field, excites neurons, produces acid-hypoxia, and blocks oxidoreductase enzyme function. The positive magnetic field on the heart increases the pulse rate and can evoke tachycardia in a subject predisposed to tachycardia. A positive magnetic field excites neurons and can evoke a seizure in a subject predisposed to seizures. A positive magnetic field evokes the production of serotonin and endorphins and for this reason can produce magnetic addiction. Positive magnetic field addiction produces pleasurable euphoria, disorders judgement, and has a painful withdrawal phase. Positive magnetic field addiction can lead to the frequent use of the magnet to relieve pain and when used on

the head can be misused to produce pleasurable euphoria. A positive magnetic field addiction is a true addiction with all the features of addiction.

My reason for presenting this subject of a positive magnetic field addiction is because there are magnets marketed for pain that use both positive and negative pole fields. These are not suitable for treatment of addiction, weight management or for stress management.

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