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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:	<u>8.50</u>
	\$ 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	<u>8.50</u>
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

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior endorphins and serotonin, microorganisms and cancer cell replication.

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

28. HEAVY METAL DETOXIFICATION

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

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

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

29. POSITIVE MAGNETIC FIELD NEUROPATHY

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

30. NEGATIVE MAGNETIC FIELD HEALING OF NEUROPATHY.

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

31. OPTIMIZING THYMUS GLAND DEFENSE

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

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

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

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

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

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

33. MAGNETIC FREE ENERGY.

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

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

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

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

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

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

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

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

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

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

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior 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
 peroxides, Dehydrogenases, Hydroxylases,
 oxyacids, Oxidases Oxygenases,
 alcohols Peroxidases, Reductases
 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.

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

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

Research gift to HOLOS INSTITUTES OF HEALTH made by:

Name _____

Address _____

Phone _____

Date _____

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

W.H. Philpott, M.D.

Date _____

HOLOS INSTITUTES OF HEALTH is an IRS-Registered, Tax Deductible 501C-3 Organization

Detoxification
from the *Magnetic Health Quarterly*
"Detoxification" Vol. VII, 2nd Qtr, 2001
by **William H. Philpott, M.D.**
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Choctaw, OK 73020
405/390-3009 Fax: 405/390-2968
polarp@flash.net

*General Information, Not a Medical Order
No Claim of cure is promised.*

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

MEDICAL SUPERVISION IS RECOMMENDED

MAGNETIC PROTOCOL

Acid Toxicity, Chemical Toxicity, Heavy Metal Toxicity

MAGNETIC FREE ENERGY DETOXIFICATION

Theron G. Randolph, M.D. was the first to observe that when symptoms develop on deliberate exposure after a five-day period of avoidance, acidity develops. He postulated that this acidity disordered enzyme functions (1). My research of fasting patients for five days, followed by deliberate test exposure to foods while monitoring blood or saliva pH before and one hour after post-test meal demonstrated consistently that acidity developed when symptom reactions occurred (2).

We are now prepared to identify the enzymes involved and their functions. They are the family of oxidoreductase enzymes (3). They have the assignment of making ATP and oxidation remnant magnetism (a negative magnetic field) by the process of oxidation reduction (4). These enzymes are alkaline-dependent and therefore do not function in an acid medium. When acidity develops due to a maladaptive reaction, these enzymes do not function. These maladaptive reactions have several sources, principally of which are addictions, true Immunologic allergies and otherwise hypersensitive reactions. In making ATP, both alkalinity and hyper-oxygenation is necessary. Furthermore, these enzymes also have the assignment of processing toxins and free radicals. Superoxide is a biological product of oxidation-reduction when ATP is made. Superoxide must be processed quickly or it develops into other toxic substances such as peroxides, oxyacids, alcohols and aldehydes. When the oxidoreductase enzymes do their job properly, the end product of these toxins is molecular oxygen and water. Also, exogenous toxins from environmental substances are processed by these same oxidoreductase enzymes. These exogenous toxins include any sources and also such as petrochemical hydrocarbons which are processed by cytochrome P450. This also includes heavy metal toxins. Heavy metal toxins are toxic because they are electromagnetic positive, which forms free radicals and the chain of inflammatory reactions from free radicals. A negative magnetic field replaces the electromagnetic positivity of the heavy metals and cancels out their toxicity. In this non-toxic state, they are processed out of the body as non-toxic.

The way that a negative magnetic field functions is to, first of all, attach to the bicarbonates and increase their alkalinity and secondly, to energy activate oxidoreductase enzymes. In the natural course of biological catalytic function of these enzymes, they use static field electrons to move between the enzyme and the substrate, which then produces the catalytic reaction with an end result of molecular oxygen and water. When electrons move, a magnetic field is produced. The magnetic field produced by the oxidoreductase enzymes is a negative magnetic field. These static electrons activating enzyme catalysis is termed free energy since it comes from the environment of the sea of electrons we are in and not from energy produced by the food we eat. In fact, oxidoreductase enzymes are not ATP dependent and do not use ATP as an activator. Since the movement of electrons produces a magnetic field, then ultimately the energy activator is a negative magnetic field. This is why an exogenous source of negative magnetic field will energy activate oxidoreductase enzymes. The stronger the magnetic field, the stronger the catalytic reaction. This use of free

magnetic energy from a static field magnet is why magnetic therapy works.

Theron G. Randolph was right that acidity develops when maladaptive reactions occur and in fact the acidity is the cause of the reaction. We now understand the enzymes involved which are the family of oxidoreductase enzymes that are alkaline dependent and therefore their catalytic reaction function is blocked by acidity. A negative magnetic field will, first of all, alkalize, and second, energy activates oxidoreductase enzymes thus rapidly relieving symptoms. This is magnet therapy.

There are several valuable lessons that we learned out of my research. The custom was to fast the patient for five days, using water only. In later years, we learned the trick of using foods that were seldom used, such as watermelon, for a fast that worked the same way. I did some monitoring that had not been done before. I had been interested for some time in hypoglycemia and diabetes. Therefore, I monitored the blood sugar before and an hour after each test meal of single foods. Dr. Theron Randolph had stated that his observations were that when symptoms emerged there was acidity with swollen cells that emerged that caused the symptoms. So, I monitored the pH of the blood and or saliva before the test meal and after the test meal. I also was looking for infections so we originally did a broad-spectrum study of bacteria cultures, viral antibody studies and cultures for fungi. Out of this came some valuable information. Blood sugar was disordered about half of the time. A number of my patients were also diabetic and their diabetes cleared when we removed the foods that gave them the hyperglycemic reaction. These foods could be returned after three months without this occurring. This resulted in me writing a book called *Victory Over Diabetes*. We found that common among our mental patients were antibodies to Epstein-Barr, cytomegalo and Human Herpes #6 (one or more of these). We also found that most of the patients had Candida in their vaginal or stool samples. The pH studies were very important because we did find that indeed acidity emerged at the time symptoms occurred which was one hour after the test meal. These pH studies had never been done before. We were also running immunology studies and we found out that the majority of the symptom producing foods were not caused by immunologic reactions but by another mechanism which we isolated to be food addiction. It was also Theron G. Randolph that found that food addiction was an important cause of symptoms. We found the common denominator to symptom production was that of acidity whether or not their reactions were associated with immunologic phenomena or no evidence of immunologic disorder. Allergy today would be quite a different science had it been known that a common denominator of symptom production was acidity and not antibodies or complement disorder. You can only know this if you are doing deliberate food or chemical exposure testing while monitoring the pH changes. As far as infections are concerned it seemed apparent that my mental patients had an infection of one of the lymphotropic viruses (Epstein-Barr, cytomegalo and Human Herpes #6) and that this had injured their brain. They had this infection while their brain was in the developmental stage and it had injured the brain. This is why the brain is the target organ for symptoms due to food reactions. The actual central illness is the viral infection and the reactions to foods, chemicals and inhalants giving mental symptoms was a secondary phenomena. This was important of course, because avoidance and spacing of contact can handle symptoms. A 4-Day Diversified Rotation Diet became a very important tool. In fact, I have had to conclude that

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior there is no substitute for a 4—Day Diversified Rotation Diet. Neutralization and desensitization for foods simply does not match the value of a 4-Day Diversified Rotation Diet.

Since I had observed that acidity emerges at the time symptoms emerge, I was using the method of soda bicarbonate given orally or sometimes intravenously along with breathing oxygen. Of course, when there is an acid pH there is always an oxygen deficit because molecular oxygen cannot remain free in an acid medium. This is where my utilization of magnets occurred. I was in practice in St. Petersburg, Florida. Albert Roy Davis was in St. Petersburg, Florida. I heard of his work in which he stated that a negative magnetic field alkalinized and oxygenated. This is what I was doing, providing baking soda and also oxygen. For this reason, I tested out to see if I could relieve symptoms with a negative magnetic field placement over the area where the symptoms were occurring. It is true that using a negative magnetic field is more predictable than the use of soda bicarbonate and the breathing of oxygen. I had come to realize that chronic diseases are simply extensions in time of acute reactions. Therefore, I began to treat the symptoms of degenerative *diseases* with magnets. I began this study 18 years ago and by this time have considerable experience in treating not just acute symptoms, but chronic diseases with magnetic therapy.

The Role of Enzymes in Detoxification

Oxidoreductase enzymes are the only enzymes metabolically, specifically assigned the job of detoxification. This is why it is so important to understand their role in detoxification as well as their role in energy activation by a static negative magnetic field.

Proteolytic enzymes have a partial role in detoxification due to their ability to reverse inflammation. It is the oxidoreductase enzymes that have the broad-spectrum detoxification capacity. It is amazing how quickly and efficiently a wasp sting, bee sting, ant bite or other insect bite or sting will detoxify without any residual with the application of a negative magnetic field to the injury. When a person experiences the efficiency of detoxification, there is no longer a wonder of how effective a negative magnetic field is in activating oxidoreductase enzymes for detoxification.

Enzymes are energy-driven biological entities that constitute the many components necessary for the making of life-energy production and all of its entities in turning raw food elements into living structures and functions of these structures. Toxicity is in essence the poisoning of enzyme functions. There are thousands of enzymes with thousands of functions in the human organism. The oxidoreductase enzyme family is a specific set of enzymes with two essential life functions. Their first function is to make foods into energy that drives specific enzymes and their functions. The second function is to process the toxic spin-off of the food being processed to adenosine triphosphate energy (ATP). The capturing of life energy from foods is termed oxidation-phosphorylation. Thus oxidation phosphorylation processes by virtue of four oxidoreductase enzymes makes ATP and catalytic remnant magnetism called oxidation remnant magnetism. This catalytic produced magnetic energy is a negative magnetic field. In this process, molecular oxygen (O_2) accepts an extra electron and is now superoxide (O_2^-). Superoxide is toxic. If not processed immediately, it generates other toxic substances such as peroxides, oxyacids, alcohols and aldehydes. These are self-made (endogenous) toxins. These oxidoreductase enzymes can add electrons or subtract electrons as the case may be in processing these toxic

substances to harmless pure water (H_2O) and molecular oxygen (O_2).

These oxidoreductase enzymes classified according to their functions are dehydrogenases, hydrolases, oxidases, oxygenases, peroxidases and reductases. These enzymes are alkaline-dependent. It is a negative magnetic field that makes and maintains alkalinity. Furthermore, it is a negative magnetic field that energizes these alkaline-dependent oxidoreductase enzymes. The movement of electrons between enzyme and substrate from a static electron field in an alkaline medium produces a negative magnetic field when the enzyme and the substrate join. Furthermore, a static magnetic field separate from a static electric field can energize the catalysis joining of a substrate and oxidoreductase enzyme. The substrates referenced to are foods in the first catalytic reaction and toxins in the second catalytic reaction.

Magnetic therapy is the energizing of oxidoreductase enzymes to join substrates such as foods for the production of ATP plus catalytic magnetism and also toxic substrate to join oxidoreductase enzymes to produce water and molecular oxygen. Thus, it can be understood that a negative magnetic field energizing oxidoreductase enzymes is central to the human body's capacity to detoxify toxins whether these are endogenous toxins or exogenous toxins. The catalysis of oxidoreductase enzymes is the process by which all toxins, whether endogenous or exogenous, are enzymatically detoxified. A static negative magnetic field is the activator of oxidoreductase enzymes. Thus, a static negative magnetic field is the central energy source of biological detoxification.

Oxidoreductase enzymes are the only enzymes metabolically, specifically assigned the job of detoxification. This is why it is so important to understand their role in detoxification as well as their role of oxidoreductase enzyme energy activation by a static negative magnetic field.

The rapid detoxification of a burn provides convincing evidence of the ability of a negative magnetic field to detoxify and normalize human biological functions. The immediate observable state of a superficial burn is a white avascular color of the skin plus excruciating pain. The end result of a superficial burn is blistering followed by sloughing of the skin. When a negative magnetic field is immediately placed over the burn, the pain and white blanching dissipates in about five minutes and there is no blistering or sloughing of the skin. The skin shows no evidence of injury. The negative magnetic field activation of the oxidoreductase enzymes recovers the biological functions as soon as the acid hypoxic state is replaced with an alkaline-hyperoxia state.

The value of avoidance of the symptom-producing foods or substances is observed in which a five-day fast produces recovery from symptoms. There are cases in which enzyme function is not adequately activated by avoidance in which case a negative magnetic field energizing oxidoreductase enzymes is required for a functional return.

Karl recovered from his psychosis with five days of avoidance of foods and the petrochemical hydrocarbons he was reacting to. He remained well for 19 years on an avoidance of pesticides and food reaction. With a mass of prolonged exposure to petrochemical hydrocarbons, he again became psychotic. He did not recover from his psychosis after several weeks of avoidance of exposure to petrochemicals. Within five minutes of bimtemporal exposure to a negative magnetic field, his symptoms vanished. In this case it required a negative magnetic field to energize the oxidoreductase enzymes to restore normal func-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior tion. This case reveals that we should not rely on avoidance as our only answer of recovery but instead provide a negative magnetic field for the reinstatement of oxidoreductase enzyme function by a negative magnetic field.

Many human metabolic enzymes are ATP-dependent as well as alkaline-dependent. These ATP and alkaline-dependent enzymes are also energized by a negative magnetic field. Thus, a negative magnetic field has a central energizing function for all alkaline dependent enzymes and for their ability to detoxify, that is, their ability to have a reinstated function after an enzyme inhibiting substance has poisoned them.

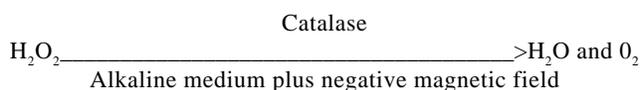
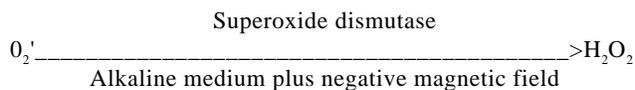
Oxidoreductase enzymes are in every cell and all fluids in the body but are more concentrated in the liver along with numerous other enzymes. Thus the liver is the central organ that processes toxins that have not been adequately processed at the local cellular level. The P450 oxidoreductase enzymes are of special importance in that they process petrochemical hydrocarbons. Placing a 4" x 6" x 1/2" or 4" x 6" x 1" static field magnet energy activates the oxidoreductase enzymes including the P450 enzymes to process these toxins that poisoned these enzymes and thus block their function. As long as they are in the state of being poisoned, these enzymes cannot function. Under these normal circumstances, these enzymes are not functional because they are poisoned. However, a negative magnetic field will so energize these enzymes so as to override their poison state and now they can process the very substances that had poisoned them.

A man in his 40's developed a serious toxic liver injury from a medicine he had been provided. His only chance of survival was a liver transplant. While waiting for a liver transplant, his liver was treated with the negative magnetic field of a 4" x 6" x 1/2" ceramic block magnet. This was a 24-hour a day treatment. From all observable appearances, he became well. One year passed before a liver was available for transplantation. When examined, his liver function tests were all normal and he was in good health. The liver transplant was not needed. He decided he was well and therefore, stopped using the magnet over his liver and abandoned the rotation diet that he was on. He shortly became ill and promptly died due to liver failure. This case demonstrates the value of treating the liver with a negative magnetic field. This case also demonstrated that his liver could only function in the presence of a continuous exposure to a negative magnetic field.

Endogenous Toxins

There are two major endogenous toxins. One is superoxide ($O_2^{\cdot -}$) and the other is lactic acid.

Super oxide ($O_2^{\cdot -}$) is a spin-off of oxidation-reduction producing ATP and oxidation remnant magnetism in which molecular oxygen (O_2) receives an extra electron producing super oxide ($O_2^{\cdot -}$). This superoxide must be enzymatically processed immediately or it becomes organic peroxides, oxyacids, alcohols or aldehydes. These are all enzyme toxins and inflammatory substances.



Lactic acid is a byproduct of anaerobic muscle metabo-

lism. When the available ATP is used up, muscles resort temporarily, to maintain their functional capacity, by fermentation, to produce ATP. Fermentation occurs in the presence of an acid medium with transferase enzymes producing ATP in this anaerobic state. The by-product of this fermentation process is lactic acid. This is what makes the muscles sore. Oxidoreductase enzymes process this lactic acid and then turn it back to water and molecular oxygen. ATP made by fermentation is only a temporary measure to sustain muscle function. It cannot sustain human life energy. Fermentation can sustain the life energy of microorganisms and cancer cells.

Exogenous Toxins

Exogenous enzyme toxins are such as microorganism toxins, cancer cell toxins, heavy metals, petrochemicals including such as pesticides and other products of fossil fuels and so forth, and formaldehyde, which is a toxic product of petrochemicals. There are many useful industrial products made from petrochemicals. There is a continual need for us to be processing these industrial toxins and also a need to avoid them as much as possible. These enzyme toxins inhibit enzyme functions and their ability to process these toxins. This enzyme toxic state can be overridden by energy activation of bicarbonates producing alkalinity and energy activation of oxidoreductase enzymes.

Heavy metals are toxic by virtue of forming free radicals and conjugation with specific elements in tissues and enzymes including the oxidoreductase enzymes. Heavy metals are toxic because they are electromagnetic positive and thus attach to electromagnetic negative elements in tissues and enzymes. A negative magnetic field attaches to the electromagnetic positivity of heavy metals and blocks their toxicity plus enzymatic processing of free radicals that have been formed by the heavy metals. Thus, while the heavy metal is in a negative magnetic field, it is non-toxic. While in this non-toxic state, heavy metals are being dispensed of in the urine and feces and in the case of mercury also being discharged in the breath.

Other sources of exogenous toxins are such as toxins from plants and toxins from insect stings and bites. All of these toxins inhibit oxidoreductase enzymes. However, when these oxidoreductase enzymes are energized by a negative magnetic field, then they process these toxins. An example of this is the remarkable reversal of the toxic effect of a bee sting or a wasp sting. When an negative magnetic field is placed immediately over the insect sting, it will effectively process these toxins in which no harmful effects will occur. This evidence is a remarkable and readily observable evidence of a negative magnetic field activating oxidoreductase enzymes and detoxifying the acids and other components of the insect sting. There is also one report of a snakebite having been handled with a negative magnetic field exposure.

Non-Enzyme Detoxification

Sweating Detoxification

Toxins can be processed out of the body by sweating; infrared sauna treatments are ideal for discharging toxins through the skin. Thirty minutes, two or three times a week or even daily, is remarkably beneficial. A sauna treatment is alkalizing and thus oxidoreductase enzyme stimulating. The increased temperature also helps in activating oxidoreductase enzymes.

Infrared Sauna:

Far infrared is a good, non-injurious heat source with several valuable health promoting values including alkalization, oxygenation and detoxification.

1. Alkalinization

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The human body functions in an alkaline medium. Enzymes in the human body are dependent on alkalization and on temperature range. Increasing the temperature increases the enzyme function.

2. Oxygenation

The human body makes its energy by the oxidation process requiring the presence of molecular oxygen. As the temperature rises, the oxidation process increases. Thus, this will aid in producing more energy.

3. Detoxification

The human body processes toxins, some by being exhaled from the lungs, others passed out through the urine or the stool. Sweating from the skin is another process of detoxification. The far-infrared sauna is ideal in that it penetrates through the layers of the skin and into the subcutaneous fat throughout the skin and then detoxifies all types of toxicity including heavy metal toxicity. Therefore, this is ideal for heavy metal toxicity such as mercury, lead or other heavy metals. It also processes the enzyme inhibiting acids such as in degenerating diseases. Especially noted is the value in processing the toxins from cancer. Therefore, this is also a valuable treatment for degenerative diseases, including cancer.

Far-infrared sauna is markedly complementary to negative magnetic field therapy which is also alkalizing, oxygenating and detoxifying.

Infrared hand-held Lumiscope: The Infralume Hand-held Lumiscope is an ideal instrument. This is obtainable from medical supply stores and drug stores. When using the Infralume, the magnet can be placed on the area immediately after heating. There can be 30 minutes of heating one or more times a day.

Hyperbaric Oxygen Therapy Detoxification:

Oxygen under pressure is detoxifying. I have measured the presence of pesticides in a subject before and after a series of hyperbaric oxygen treatments. There was a remarkable processing of the pesticides out of the body.

Colon Detoxification:

Dispensing of toxins through the colon is a natural process of detoxification and of ridding the body of the toxins by their spillage into the bowel. The wall of the intestinal tract has a special capacity to make melatonin, which is anti-free radical and also has the capacity to tie up the hydroxyl radical.

Flushing the bowel with enemas and colonics has an established value. A good self-help method of cleansing the bowel is that of a vitamin C flush. Use sodium ascorbate. There are 4 grams in each teaspoon. Place 2 teaspoons in a glass of water. Drink a glass of water every half hour or every hour. Start in the morning before having eaten any foods. Keep drinking this sodium ascorbate water until there is a diarrhea flush. Not only is the vitamin C detoxifying, but also the vitamin C flush will discharge the colon content. This could be repeated as needed - once a week or less.

Sufficient vitamin C should be taken beyond the ability of absorption, which would be sufficient to maintain a soft but formed stool. This has to be completely individualized. In a series of urine spillage of vitamin C, I have found that many toxic patients will have to have as much as 25 grams of vitamin C before they spill any in the urine. Many will do well with 10 grams of vitamin C a day. This should be individualized according to the need of the subject. I have noted some cancer patients to be taking as much as 50 grams of vitamin C orally a day, and still have formed stools. It is very important for cancer patients, especially when the cancer is in the abdo-

men, to keep a soft stool to prevent, if possible, blockage from the cancer within the colon or pressure on the colon from a cancer outside of the colon. Each subject with abdominal cancer should maintain a soft stool. Even then, it needs to be understood that vitamin C and a negative magnetic field will not always be the answer. If a blockage develops, then surgery may be the only answer.

Detoxification of Immune Reactions:

Allergic immune reactions are themselves toxic and need to be detoxified. Immune reactions are always acidic. The negative magnetic field can change this acidity to alkalinity, which in itself has considerable effect on relieving the symptoms. It is evident that immune reactions are not the primary defense of the body, instead the level of the negative magnetic field is the primary defense of the body and when the negative magnetic field is sufficiently high, an immune reaction will not develop. Once the immune reaction has developed it can be reversed with a negative magnetic field of sufficient gauss strength and duration. Local treatment involves the placement of a strong negative magnetic field over the local area. A systemic treatment would require a magnetic bed of 70-magnets that are 4" x 6" x 1" placed one inch apart. Seventy of these will cover a single bed of 36" x 72". Immune responses will be enhanced by a positive magnetic field and can be blocked by a negative magnetic field. A positive magnetic field can be used to purposely enhance immune responses to such as bacteria and viruses (positive magnetic fields reinforce vaccination). A negative magnetic field is used to desensitize responses to these microorganisms.

Nutritional Detoxification:

Enzymes are made from nutrients, especially amino acids, minerals and vitamins.

Nutrition should be adequate to supply these needs. It is well to supplement these needs.

It is well to take a general vitamin and mineral supplement. The only way to know for sure what the need is, is for a medical practitioner to examine these in human tissue or quantity in the blood and so forth. B₁₂ and folic acid are of special importance and should be periodically checked and supplied either orally or sometimes of necessity, intramuscularly. Only a physician can discover these particular needs. There should be an abundance of green leafy and fibrous vegetables. Any person interested in health should be examining the literature on nutrients. One special nutrient can be quite beneficial for its detoxifying effect. That is chlorella. A number of heavy metals have specific nutrients to which they would attach and can thus be removed from the body. For example, mercury attaches to sulphur and an abundance of sulphur containing foods can help remove mercury and other metals that attach to sulphur or other components of the food from the body.

It should be understood that adequate food intake is necessary as building blocks for enzymes. However, it should be equally understood that enzymes do not function just because they are present in adequate or even super adequate supply. Enzymes require energy activation. The negative magnetic field is the energy activator of oxidoreductase enzymes and thus the energy activator of detoxification. We must have adequate enzymes. We must have the energy activator of these enzymes. It has been an error made in medicine that the enzymes provided in adequate supply functioned spontaneously. This is why orthomolecular medicine made the assumption that by raising these enzymes; by such as megadoses of B₁₂, this would spontaneously result in the increased function of these detoxifying en-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior zymes. This was in error. It is true that a higher amount than is usually used may be needed but not the massive doses of B₃. The energy activator has by error been missed through the years. You need not just nutrition but you need a negative magnetic field to activate these detoxifying enzymes.

There are a number of nutrients that can serve as absorbents for free radicals. It is well to use these antioxidants. However, it should be understood that a negative magnetic field is the greatest of all antioxidant. Superoxide, which is oxygen with an extra electron is what a free radical is. In the presence of a negative magnetic field, this extra electron which is spinning clockwise and thus free because it is a free radical which is positive magnetic charged the same as the proton in the center of the atom. Therefore, this free radical is pushing out from the center. In the presence of a negative magnetic field, the free electron spins counterclockwise and is thus pulled toward the center and is not free. At the same time, the negative magnetic field energizes the enzymes superoxide, dismutase and catalyze that processes this free radical to water and molecular oxygen. Thus it can be understood that there are no free radical is in the presence of a negative magnetic field.

Chelation Detoxification:

Chelation is a process of providing orally, or especially intravenously, substances to which a heavy metal attaches and thus can be processed out of the body in a non-toxic state. It is beyond the scope of this quarterly to describe the details of chelation therapy. It is accepted as the most efficient method of detoxifying and removing heavy metals from the body.

The Detoxifying Role of Hydration:

Seventy percent of the human body is water. With a 5% loss of water, symptoms of toxicity develop. Adults, even though they have symptoms from the dehydration of 5% loss of water, can survive. However, infants with 5% dehydration would die. Water is lost from the body by urine, feces, sweating and with breathing. Toxins are removed from the body through the urine, feces, sweating and through the breath.

With dehydration, body fluids (blood, extra cellular fluid and fluids within the cells) become acidic. A pH of 7.4 (7.35-7.45) must be maintained for necessary life-sustaining enzymes to function. Most enzyme-sustaining life functions are alkaline-dependent. Among other enzymes, acidity from any source including dehydration, inhibits by its toxic effect, the functions of the oxidoreductase enzymes that have the assignment of making adenosinetriphosphate which is an aspect of human life energy along with catalytic remnant magnetism (a negative magnetic field). Furthermore, these oxidoreductase enzymes have the assignment of processing endogenous inflammatory toxins (free radicals, peroxides, oxyacids, alcohols and aldehydes) and also exogenous toxins (petrochemical hydrocarbons, heavy metals, acids, toxins from invading microorganisms, cancer, insect stings and reptile bites and so forth). This detoxification by oxidoreductase enzymes occurs by either adding or subtracting electrons as the need may be. The end result of oxidoreductase enzyme detoxification is pure water and molecular oxygen.

The necessary maintenance of an optimum alkaline pH (7.4) is a magnetic field mechanism. A negative magnetic field attaches to calcium, magnesium and potassium minerals in solution producing the alkaline bicarbonates of these minerals. Only the negative magnetic field produces alkaline mineral bicarbonate. A positive magnetic field blocks the production of alkaline bicarbonates and instead produces acids. Since only the negative magnetic field is capable of producing alkaline

bicarbonates, it is understood that the human body of necessity, has to maintain a greater amount of a negative magnetic field than a positive magnetic field. The battle of maintaining health is of necessity that of maintaining a higher negative magnetic field over that of a positive magnetic field. Understandably, magnetic therapy is mostly the application of an exogenous static negative magnetic field.

It has been determined that a negative magnetic field structures the water in small units of 3-5 water molecules. In a positive magnetic field, acidity water has clusters of 50-60 water molecules. The energy from a negative magnetic field is necessary to break down the 50-60 molecules of water to 3-5 molecules of water before the water can be hydrating to the cells. Methods of restructuring the water with a static negative magnetic field are as follows: 1) placing the water and fluid foods over the negative magnetic field of a 4" x 6" x 1/2" ceramic block magnet for a minimum of five minutes, 2) sleeping on a negative magnetic field mattress pad, 3) treating the heart to a negative magnetic field during sleep by placing a 4" x 6" x 1/2" magnet on the heart and holding in place with a 4" x 52" Cool Max body wrap, 4) treat any specific symptom area with a negative magnetic field, 5) use electrolysis-produced alkaline micro water, 6) structured alkaline water from a spring with "healing alkaline micro water".

It is likely that the best of all these methods is to treat the water with electrolysis, producing alkaline micro water. There are several companies with electrolysis instruments for the production of alkaline micro water. I recommend the Singer Electrolysis Instrument for the production of alkaline micro water.

There are, throughout the world, springs that naturally contain structured alkaline micro water. France, Tibet and Japan are known for "healing water springs". These mineral waters have passed through a negative magnetic field, which has structured and alkalized the water. OHNO Institutes of Cleveland, Ohio has demonstrated the value of an alkaline-structured water from a volcanic spring in Japan.

The minimum amount of pure water, preferably alkaline micro-structured water, per day is eight glasses for adults. The more toxic the subject, the more water that is needed for its detoxifying value. I have known of some toxic individuals to feel their best with 16 glasses of water a day.

Another useful detoxifying water is the use of ascorbate water. Mineral ascorbates are readily available since several companies have marketed mineral ascorbates. I recommend Vital Life Multi-Element Buffered C Powder, one teaspoon per day. This provides ascorbates of calcium, magnesium and potassium. The rest of the ascorbates should be sodium ascorbates. I have examined the urine spillage of a series of ill subjects and found that a sizable number needed 25 grams before there was any spillage of vitamin C in the urine. The best method to determine the amount of vitamin C needed for each individual toxic subject is to determine the amount needed by the consistency of the stool.

The amount of vitamin C taken by a toxic subject should be sufficient to have a soft-formed stool. This will detoxify the colon and have sufficient vitamin C for detoxification of the blood, intra-cellular fluid and intercellular fluid. Each teaspoon of sodium ascorbate powder has four grams of vitamin C. Place the sodium ascorbate powder in water.

An ascorbate flush is an ideal colon detoxifier and preferred to colonics. Starting with an empty stomach, add two teaspoons of sodium ascorbate powder to a glass of water. Drink one glass of water with two teaspoons of sodium ascorbate each

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior half hour until a diarrhea flush occurs. This can be repeated as often as needed. Once a week or once every two weeks is a reasonable frequency for an ascorbate flush for a toxic subject.

Hydration is so important that the amount of water used on a daily basis should not be guessed at but instead, counted. There should be a minimum of eight glasses of water and more is better. The more toxic, the more water needed. This should be pure water, preferably electrolysis-produced alkaline-micro water. This provides not only alkalinity, but also small clumps of water instead of large clumps of water. It also carries a negative magnetic field. If this water is not available, then it should be magnetic negative poled by placing each glass of water on the negative pole of a 4" x 6" x 1/2" magnet for a minimum of five minutes before drinking.

Water is paramagnetic. A negative magnetic field is necessary for all healing water, which carries a healing negative magnetic field to the human cells. Blood is 90% water, whereas the total human organism is 70% water. The blood must maintain a pH of 7.4 in order for healing to occur. Alkalinization of water is by means of a negative magnetic field activating the mineral bicarbonates such as calcium bicarbonate, magnesium bicarbonate and potassium bicarbonate. Human life energy, making adenosine triphosphate plus a negative magnetic field catalytic magnetism of oxidative phosphorylation and the magnetic activation of the detoxification by oxidation remnant magnetism family of the enzymes cannot exist separate from a negative magnetic field. Furthermore, an alkaline pH cannot be maintained without the negative magnetic field being higher than the positive magnetic field. Human life is not a balance between positive and negative magnetic fields but instead is an imbalance in favor of a negative magnetic field. For microorganisms, parasites and cancer cells it is with a positive magnetic field being higher than a negative magnetic field. Toxins are a positive magnetic field. A negative magnetic field cancels and enzymatically processes toxins and kills invading microorganisms.

The Characteristics of Light Metallic Mineral Elements

Sodium, magnesium, potassium and calcium minerals are light atomic weight metallic elements. These are soluble and form bicarbonate in neutral pH water. A negative magnetic field energizes the production of and maintenance of their soluble bicarbonate alkaline state in biological systems. Thus, a negative magnetic field is responsible for maintaining alkalinity in biologic systems. These alkali minerals are soluble in an alkaline medium and precipitate into insoluble mineral salts in an acid medium. Calcium is especially noted for its insoluble state in an acid medium which forms deposits in human tissues.

Characteristics of Heavy Atomic Weight Metals

Heavy metal toxicity is proportional to the electropositive and the solubility of metals cations in water or in liquids.

Varying degrees of solubility in a neutral and alkali medium. Metals have freely moving electrons (conduction electrons).

Toxicity is in proportion to their electromagnetic positivity and solubility. Electromagnetic positivity is toxic while electromagnetic negativity is not toxic. A static negative magnetic field can produce an electromagnetic negativity and thus counter the toxic electromagnetic positivity. The electromagnetic positivity produces free radicals.

The detoxification of heavy metals in solution is achieved by a negative magnetic field biological response of alkalinity and electromagnetic negativity. As long as the soluble metal ions are soluble and in a negative magnetic field, there is no toxicity. In essence, there is no formation of free radicals and damage from the free radicals. In this state of negative mag-

netic field, soluble heavy metals do not proceed to produce free radicals in biological systems. Furthermore, a negative magnetic field energizes oxidoreductase enzymes, which rapidly detoxify free radicals and their end products such as peroxides, oxyacids, alcohols and aldehydes.

Heavy metals are (known to be) rapidly dispensed in the urine and feces and in the case of mercury, also from the lungs while in a negative magnetic field. These heavy metals are excreted from the body in a non-toxic state. A strong negative magnetic field bed is ideal for the detoxifying of heavy metals.

Heretofore, medicine has been dependent on chelation of heavy metals. EDTA is ideal for the chelation of lead and some other heavy metals whereas sulfur-containing compounds serve best as chelating agents for mercury. The negative magnetic field detoxification method applies to all heavy metals. Furthermore, the negative magnetic field detoxification method equally applies to petrochemical hydrocarbons through the energy activation of oxidoreductase enzymes in the subclass of P450. In the case of microorganisms, not only are the toxins produced by these organisms detoxified, but also the organisms themselves die in the presence of a negative magnetic field, there is a common denominator to the usefulness of a negative magnetic field in all of these cases which is conductivity. A negative magnetic field supports the human level of conductivity and inhibits the level of conductivity of heavy metal, microorganisms and cancer cells. A common biological response by-product of a negative magnetic field is alkaline-hyperoxia. This in itself can explain some of the corrections. Furthermore, the degree of conductivity is also a central important factor.

Heavy metals are electropositive and have a higher conductance than the electronegative human cells. Electromagnetic positive, due to their degree of conductance, have a vibrational pulsing frequency beyond twelve cycles per second. This is stressful to human cells. Microorganisms have a higher conductance than human cells and thus vibrate beyond the twelve cycles per second. Therefore, they are stressful to human cells and also are electromagnetic positive. Cancer cells behave like invading microorganisms.

Case History

A man in his 40's had severe ringing in both ears that was so severe that it interfered with the attention that he could give to someone speaking to him. At the time of initial examination, I placed a 4" x 6" x 1/2" magnet up against his right ear. The ringing stopped in his right ear but was still present in the left ear. I then removed the magnet. The ringing returned. I placed the magnet over the left ear and the ringing stopped in the left ear. When the magnet was removed, the ringing returned. I told him that in my opinion the problem was the dozen amalgams he had in his teeth and that a current was flowing between the teeth due to the conductivity of the minerals. The dentist removed the amalgams on one side of his mouth and the ringing stopped on that side. He came directly from the dentist's office to my office for chelation. The ringing in the side of the mouth where these amalgams had been removed was no longer there. He still complained of feeling weak, which was an original complaint of his. The next day, the amalgams were removed in the other side of the mouth, which then had removed all of the amalgams. The ringing stopped and his energy returned. This is an illustration of the conductivity of heavy metals, in this case, mercury and silver. Fortunately in this case, the source could be removed. This case does illustrate that a negative magnetic field can change the conductivity from electromagnetic positive to electromagnetic negative. In this case, the symptoms could be immediately removed. However, the point to be understood is that electro-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior magnetic positive produces symptoms and electromagnetic negative blocks the symptoms. It also stops any production of free radicals and in fact, the free radicals are blocked immediately in the presence of a negative magnetic field. Furthermore, any free radicals that are present are processed to water and oxygen. Any further production of inflammatory producing end products such as peroxides, oxyacids, alcohols and aldehydes are no longer made since there are no free radicals and those that are present are processed to water and oxygen. Therefore, they are not symptom producing. Furthermore, heavy metals are being rapidly processed through the body and dispensed through urine and feces. They can be carried to their area of excretion while not being toxic as long as they are in the presence of a negative magnetic field.

Magnetic Detoxification of Heavy Metals

Heavy metals are termed heavy by virtue of their atomic weights. There is a long list of toxic heavy metals; the most common heavy metals contacted by non-industrial workers are mercury, lead and aluminum. Heavy metals are toxic by virtue of their electropositivity. The higher their atomic weight, the greater their toxicity. Heavy metals are toxic because they produce free radicals and complex with essential tissue elements of biological life.

To understand free radical toxicity, we need to understand how free radicals are toxic. An atom is described as having an electropositive proton in the center with electronegative electrons rotating around the electropositive proton. There is an electromagnetic attraction between the electropositive proton in the center and the electromagnetic negative electrons, which magnetically hold these together. These are in an electromagnetic stable balance. The electrons around the proton are spinning counter clockwise and the proton in the center is spinning clockwise. A free radical is formed when an extra electron is loosely attached to the outer ring of electrons surrounding the atom. This free electron is spinning clockwise, opposite of the other electrons and the same as the proton in the center. This extra electron renders the atom electromagnetic unstable in favor of the positive electromagnetic energy. Electrons spinning counterclockwise are magnetically pulled toward the proton, which is spinning clockwise. The extra electrons is an unstable free radical which is spinning clockwise the same as the proton and is thus pushed magnetically away from the center and thus it is a loose electron. When this free radical atom is placed in a negative magnetic field, it changes the spin of the outer free electron, which now pulls toward the center. Thus, there are no free radicals in a negative magnetic field. However, if this free radical is placed in a positive magnetic field it becomes freer than ever and thus, more toxic than ever.

Toxic heavy metals have in common the ability of electrons to flow freely through their crystalline structure. These are used for conductors of an electric current. For example, a copper wire is used as a conductor in an electric circuit. All toxic heavy metals are electropositive since there are more free electrons spinning clockwise than there are electrons spinning counterclockwise. The higher the atomic weight, the higher the electropositive electrons spinning clockwise and thus, the more toxic by virtue of free radical formation.

Free radicals are toxic by virtue of:

- 1) Metal complexes forming with essential tissue elements and formation of inflammatory substances, which are peroxides, oxyacids, alcohols and aldehydes. Thus heavy metal toxicity is always acid forming in biological systems.

- 2) Low atomic weight metallic minerals such as sodium, potassium, magnesium and calcium form alkalizing bicarbonates. A negative magnetic field strengthens the electronegativity and also thus their alkalization whereas a positive magnetic field blocks

their alkalization. Toxic heavy metals in solution behave the same in solution as when not in solution by increasing conductivity and free radical formation. The presence of heavy metals in solution in body fluids changes conduction from low conduction to higher conductance and increases free radical formation and thus also, the inflammatory end-products of free radicals such as peroxides, oxyacids, alcohols and aldehydes.

Placing the human body in a negative magnetic field containing heavy metal tissue complexes and heavy metal ions in body fluids detoxifies by virtue of reversing the heavy metal tissue complexes and reversing the electropositivity of the metal ions and also preventing the formation of free radicals with their inflammatory end-products. If there are any already formed inflammatory end-products, they are rapidly processed by oxidoreductase enzymes that are energized by a negative magnetic field. The higher the magnetic field and the longer the duration of exposure, the more efficient the magnetic detoxification of heavy metals. A strong negative magnetic field that treats the entire body is ideal for this detoxification. Again, the more hours of exposure, the better such as sleeping all night on this strong magnetic bed and going back on the bed for one hour, three or four times during the day, keeps the process of detoxification going. It is also wise to treat local areas of deposits of these heavy metals to a negative magnetic field. These are such as the liver, the kidneys, the heart, brain and the fat tissues. It is highly important to treat the kidneys because they have the brunt of handling the toxicity of these heavy metals as they pass through the kidneys into the urine. Keeping the kidneys in a negative magnetic field keeps the kidneys from being toxic while processing these heavy metals out of the body through the urine

Heretofore, using chelating agents have been the usual method of detoxification. EDTA is particularly noted for its value in detoxifying lead. Mercury is best detoxified by sulfur containing agents that can be given either intravenously or orally. Combining these methods of chelation with magnetic detoxification obviously has an advantage. In terms of heavy metals, magnetic detoxification is especially useful because it applies to all heavy metals.

Magnetized Oxygen Detoxification

Oxygen is paramagnetic, water is paramagnetic and bicarbonates are paramagnetic. All of these can be charged up with a magnetic field. Negative poled oxygen is a detoxifier, antibiotic as well as a valuable sleep aid. This is achieved by having the oxygen tubing pass through the negative magnetic field of a static field magnet. I have invented the magnet oxygen magnetizer which is made of a wooden box containing a 4" x 6" x 1" ceramic magnet. Breathing should be through a canula in the nose with a 2 L flow of oxygen. There is no limit to the duration.

A bronchiectasis subject requiring a continuous oxygen found magnetized oxygen to liquefy bronchial secretions better than any medicines and sleep was markedly enhanced.

A cancer subject with loss of appetite due to toxicity from the cancer had her appetite return after breathing magnetized oxygen.

Colloidal Silver Ion Magnetic Therapy

Through the process of electrolysis, colloidal silver ions are electromagnetically charged with a negative magnetic field. This negative magnetic field charged colloidal silver ion suspension solution can be applied locally or systemically. Systemic application is by absorption through the mucus membrane of the mouth, especially under the tongue. Local treatment can be by application to skin or mucus membranes (nose, nasopharynx, sinuses, eyes, ears, vagina, colon and so forth) by appropriate types of application. Application of a negative

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior magnetic field from a static field magnet has been observed to be the most efficient method while colloidal silver magnetic field therapy is sometimes more convenient. Optimum treatment can combine the values of both a negative magnetic field from a static field magnet and a negative magnetic field from colloidal silver. Combining these two methods for systemic infections or cancer is ideal, as colloidal silver therapy and negative magnetic field therapy is complementary.

Concentration used: 10-40 ppm or more can be used.

Local treatment:

Skin

Rub into the lesion a 10-40 ppm suspension solution three or more times a day. Drops, sprays or salve can be used.

Upper respiratory infection- nose, nasopharynx, sinuses or mouth and throat

Use drops or sprays of a 10-40 ppm three or more times a day.

Any lesion below the surface layer of the skin and mucus membrane requires the penetrating magnetic field from a static field magnet.

Systemic treatment:

Use a 40-ppm colloidal suspension solution.

Adult dose is as follows.

Child dose is the percentage of the weight of the child divided into 130 lbs. (though there is no harm no matter how large the dose)

Acute Systemic Infection, Such as Influenza:

One teaspoon four times a day for two weeks absorbed in the mucus membrane of the mouth and especially under the tongue.

At the same time the systemic treatment is taking place, local treatment should be taking place such as spraying the nose and the throat and purposefully inhaling some of this **spray** into the lungs. This spraying should take place three times a day.

Chronic Systemic Infection and Cancer with Metastasis:

Use one tsp. 4 times per day for a minimum of three months.

Use colloidal silver therapy associated with appropriate local or systemic magnetic therapy. The colloidal silver therapy can be used as complementary therapy with magnetic therapy because it may penetrate some areas missed by the magnetic therapy.

Magnetic Detoxification

Orientation

A negative magnetic field activates mineral bicarbonates providing alkaline-hyperoxia and at the same time energizes oxidoreductase enzymes. Most enzyme toxins are processed by negative magnetic field energy activation of these enzymes that have been inhibited by toxins.

Heavy metals are detoxified by a negative magnetic field reversing the heavy metal electropositivity.

Minimum Program of Magnets

Local toxic states such as in insect stings and bites and skin contact with toxins:

Use a magnet of suitable size over the lesion.

The most frequently used magnet is a 4" x 6" x 1/2" ceramic magnet.

Place the negative magnetic field over the lesion.

Minutes, hours or days may be required for treatment. Use continuous treatment until all toxicity as well as healing is complete

Local symptoms can be treated locally.

Systemic toxic states such as chronic systemic infections, heavy metal toxicity, autoimmune reactions and otherwise systemic immune toxic states:

The local treatment for any local symptoms needs to be continued.

Sleeping at night on a negative magnetic sleep mattress pad can be very useful.

The most optimal systemic treatment is to sleep on a Seventy-magnet bed (composed of magnets that are 4" x 6" x 1" placed 1" apart. Thirty-Five of these magnets are placed in two wooden carriers that are 36" square. When placed end-to-end they make a single bed of 36" x 72").

It is best to go back on this bed for 1/2 to 1 hour, three or four times during the day for the first three months.

Joint Muscle and Fascia Treatment:

Use a 4" x 6" x 1/2" ceramic magnet, magnet pads such as the 5" x 6" or 5" x 12" flexible pads or the 11" x 17" or 14" x 25" Multi-purpose pads.

Eye and Sinus Treatment:

Use the eye & sinus unit at night during sleep.

This unit places 1" x 1/8" neodymium discs over each eye for eye treatment, or over each sinus for sinus treatment.

Head:

Use the Super magnetic head unit (composed of twelve 4" x 6" x 1" ceramic magnets evenly distributed to the top and sides of the head in a wooden carrier).

This is used during sleep.

The Super magnetic hat (composed of thirty-four neodymium disc magnets that are 1" x 1/8") can be used during the ambulatory state.

- Ingest a minimum of eight glasses of water a day, more if need be. Preferably using alkaline micro water which is produced by electrolysis.
- Infrared sauna treatment as frequently as needed.
- Ascorbate flush as often as indicated.
- Optimize nutrition.
- Rotate foods on a four day basis.

**Sharon's Success Story
Chronic Fatigue Syndrome**

I wrote a magnetic research protocol for a woman who, for the past 20 years or more had been having a chronic fatigue syndrome episodically in response to petrochemicals, other chemical exposures or to common allergens. She had extreme episodes of weakness when she was unable to stand or even talk. She had described these as catatonic episodes although they did not have the mental disorder that is sometimes seen with catatonic episodes. A study in 1991 revealed a high titer to human herpes viruses #6, Epstein-Barr virus and rubella. I believed that her problems stemmed from these viral infections and that her reactions to foods, chemicals and inhalants were secondary to the injury that had occurred from these viral infections. Of course, it was very important for her to avoid whatever she was reacting to. It was imperative that she follow a 4-Day Diversified Rotation Diet and that she also treat herself with magnets prior to eating foods. When she did have a symptom, she would treat her brain or any other area of her body that may have had a pain or malfunction with magnets.

Treatment Results

She sleeps on a 70-magnet bed composed of magnets that are 4" x 6" x 1" placed 1" apart. Thirty-five of these magnets are placed in two wooden carriers that are 36" square. When placed end-to-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior end, they make a single bed of 36" x 72". She rotates her foods. She uses Far Infrared sauna treatments also.

Her response to Far Infrared Sauna treatment has been most remarkable. Before the treatment, she was so weak that she could only whimper and was too weak to walk. Within 2 minutes of exposure to the infrared sauna, her strength returned. Using the magnet bed combined with the Far Infrared sauna treatments, she has made a remarkable recovery.

Ann's Success Story

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

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

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

The following is a letter that Ann wrote to me.

Re: The 70-Magnet Bed

To Whom it may concern,

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

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

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

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

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

Ann Lloyd

Deerfield Beach, Fl.

Final Word

The oxidoreductase family of enzymes are the great detoxifiers. Toxicity consists of poisoning the oxidoreductase

enzyme family. A negative magnetic field can reverse this enzyme poison state by energy activation of the enzymes in which the activated enzymes are now capable of processing these enzyme poisons.

A negative magnetic field reverses the electro-positivity of heavy metals and processes enzymatically the free radicals formed by heavy metals

There are no free radicals in a negative magnetic field.

The good news is that a negative magnetic field has a major role in detoxification and also that a static negative magnetic field is readily available from a static field magnet.

The sad news is that the many biological normalizing values of a static negative magnetic field are not common knowledge.

STATIC NEGATIVE MAGNETIC FIELD FREE ENERGY BY VIRTUE OF ENERGY ACTIVATION OF OXIDOREDUCTASE ENZYMES IS HUMAN METABOLISMS MOST CENTRAL AND MOST POWERFUL DETOXICANT.

Prediction of Therapeutic Application of Magnetic Free Energy

Magnetic fields move electrons and the movement of the electrons produce magnetic fields. Mod-ern industrial progress could not have been made without the predictability of electromagnetism.

The human body is an electromagnetic organism. In fact, all biological life is electromagnetic and can only exist due to the electromagnetic, both exogenous and endogenous, sources of magnetism. Exogenous sources of magnetism influences the functions of bio-magnetic life in the same way as endogenous static magnetic fields. Deduced from the universal truths of biological responses to magnetic fields, I predict the following roles in medical therapeutics. These are all worthy of statistical definitive research verification.

Enzymes are a compound of nutrients, and therefore optimum nutrition is needed for functions of enzymes energized by exogenous and endogenous magnetic fields.

A negative magnetic field will become the most used antibiotic against invading disease producing microorganisms.

Predictions

A negative magnetic field will have a major role in both treatment and prevention of cancer. A negative magnetic field will be the major treatment for insomnia.

A negative magnetic field will become the central treatment of addictions of all types. A negative magnetic field will essentially replace tranquilizers.

A negative magnetic field will essentially replace anti-psychotic medications and electric shock treatment.

A negative magnetic field will become the major treatment for headaches of all types.

A negative magnetic field will become the central treatment for Alzheimer's and otherwise, amyloidosis.

A negative magnetic field will become the major treatment for movement disorders. A negative magnetic field will become the major anti-stress treatment.

A negative magnetic field will become the major treatment for inflammatory reactions. A negative magnetic field will become the major detoxifier.

A negative magnetic field will become the major treatment for immune disorders. A negative magnetic field will become the major anti-aging treatment.

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A negative magnetic field will become the major anti-seizure treatment.

A negative magnetic field will become the major anti-rheumatoid treatment.

A negative magnetic field will become a major treatment for osteoporosis.

A negative magnetic field will become a major healing agent.

A negative magnetic field will be used to optimally maintain pH.

A negative magnetic field will become a major treatment for diabetes mellitus, both type I and II.

A negative magnetic field will become the major treatment for vascular disorders of the heart, brain and carotids.

A negative magnetic field will become a major treatment for stenosis of the spine and the carotids.

A negative magnetic field will be used for immunologic desensitization without the need to break the skin.

Brief positive magnetic field exposure will be used for sensitized vaccination without the need to break the skin.

Brief positive magnetic field exposure will be used to re-instate neuronal functions that have been inhibited by "neuronal response extinction by misuse" such as after trauma or after an acute bout of multiple sclerosis.

Brief positive magnetic field exposure will be used to stimulate catalytic glandular functions of the thymus gland, adrenal glands and the thyroid gland.

Prolonged (during sleep) negative magnetic field exposure will be used to stimulate anabolic functions of the pineal gland (melatonin) and the hypothalamus (growth hormone).

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