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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. Becker<sup>2</sup> 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** mattress pad in order for the surface to receive only a negative magnetic field. When placing mini-block magnets in a bed pad on top of a mattress it is necessary to sufficiently pad between and over the mini-block magnets so the weight of the subject cannot press down between the magnets so as to not reach the equator half-way point between the separate magnetic fields on opposite sides of the mini-block magnets.

**The Physiology of Biomagnetics**

Humans and all living organisms are electromagnetic. Human life exists as an electromagnetic organism. The central nervous system and the peripheral nervous system function as a direct current circuit with a positive (north-seeking) magnetic field at the positive electric pole and a negative (south-seeking) magnetic field at the negative electric pole. Each cell has its positive (north-seeking) and negative (south-seeking) magnetic fields. The DNA genetic code material of each cell has both positive (north-seeking) and negative (south-seeking) magnetic fields. Magnetic fields govern cell functions and is a necessary functional part of all physiological functions of the human body. Biomagnetics needs to be understood in order to understand the normal mental and physiological energy functions of the human body. Biomagnetics needs to be understood in order to understand how handicapping symptoms develop and also how to reverse these handicapping symptoms. Magnetic energy dynamics is the very foundation of normal and abnormal mental and physical human functions. Magnetic therapy employs the basic fundamental energy dynamics of being alive and responding to stimuli whether these are internal brain thoughts or feelings or an external play on sight, sound or tactile senses. Magnetic field energy, due to being the very energy foundation of response, can alter the biological responses to stimuli.

There are distinctly separate fundamental ways in which magnetic fields exert control over responses to stimuli.

**Biological Responses to Separate Magnetic Fields:**

<i>Positive Magnetic Field</i>	<i>Negative Magnetic Field</i>
Stress response	Anti-stress response
Neurone exciting	Neurone calming
pH acidifying	pH alkalinizing

Human physiology has a homeostatic function between the positive (north-seeking) magnetic field biological governed biological responses and a negative (south-seeking) magnetic field governed biological responses. The necessary biological homeostasis between a positive (north-seeking) and negative (south-seeking) magnetic field is not an equal amount of both of these fields. The negative (south-seeking) magnetic field has a higher gauss strength than the positive (north-seeking) magnetic field in the human body. The presence of a higher negative (south-seeking) magnetic field than a positive (north-seeking) magnetic field provides the human with the ability to exert a control over any possible excessive positive (north-seeking) magnetic field stimulus response. The neuron bodies of the central nervous system are a positive (north-seeking) magnetic field while the neuron axon extensions into the body are a negative (south-seeking) magnetic field.

Robert O. Becker demonstrated that an injury registers as an electromagnetic positive while the healing state of the injury registers electromagnetic negative. Healing-repair can only occur in the presence of a negative (south-seeking) magnetic field. A positive (north-seeking) magnetic field is the signal of injury sent to the brain following which the brain returns a negative (south-seeking) magnetic field necessary for healing-repair. Magnetic therapy provides an external source of a negative (south-seeking) magnetic field for healing-repair.

The human body can only maintain optimum life function in an alkaline medium. Human life is alkaline-hyperoxia-dependent.

The physicist, Albert Roy Davis discovered that a negative (south-seeking) magnetic field biological response is alkaline-hyperoxia while the positive (north-seeking) magnetic field biological response is acid-hypoxia. My observations confirm Davis' observation of an alkaline-hyperoxia response to a negative (south-seeking) magnetic field. The alkaline-hyperoxia biological response to a negative (south-seeking) magnetic field is why a negative (south-seeking) magnetic field relieves symptoms.

There is a parallel between acid-base balance and magnetic field levels. A biological acid state is always a positive (north-seeking) magnetic field. A biological alkaline state is always a negative (south-seeking) magnetic field. My research examined pH before and after test meals of foods and exposure to common environmental chemicals and also, immunologic reactions. When symptoms occurred during these tests of exposures an acidity always developed. These symptoms can be relieved by the negative (south-seeking) magnetic field of a static field magnet because the biological response to the negative (south-seeking) magnetic field is alkaline-hyperoxia.

**pH Biological Response to Separate Magnetic Fields**

<i>Positive Magnetic Field</i>	<i>Negative Magnetic Field</i>
--------------------------------	--------------------------------

Acid-hypoxia	Alkaline-hyperoxia
<b>Magnetic Response to Stress Injury</b>	
<i>Positive Magnetic Field</i>	<i>Negative Magnetic Field</i>

<p>A positive magnetic field is a signal of injury sent to the brain.</p>	<p>The brain receives the signal of injury as a positive magnetic field and returns the signal of a negative magnetic field. Healing-repair requires alkaline-hyperoxia for oxidative phosphorylation production of ATP. A negative magnetic field biological response to a negative magnetic field is alkaline-hyperoxia.</p>
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No healing-repair can occur due to the positive magnetic production of acid-hypoxia.

The production of ATP by oxidative phosphorylation is blocked by the acid-hypoxia of a positive magnetic field.

Chronic stress, from whatever source, produces acidity. Since acidity ties up molecular oxygen, producing acids, the result is acid-hypoxia. Chronic stress resulting from physical injury or psychological stress have the same biological consequences of the production of acid-hypoxia. An injured muscle or over-stressed muscle becomes acidic and thus also hypoxic. This acid-hypoxic state is inflammatory and painful whether the tissue is a muscle, fascia, tendon or other tissues such as an internal organ.

The problem of inflammation and pain production by acidity becomes compounded since the human life energy (ATP) cannot be made in an acid-hypoxic medium since oxidative phosphorylation is alkaline-hyperoxia-dependent. However, human cells have the ability to make ATP by fermentation using transferase enzyme catalysis. The production of ATP by fermentation occurs when acid-hypoxia is present. This is an emergency energy measure and cannot sustain human life for very long. Lactic acid is a by-product of fermentation, which adds further acid-induced inflammation. Cancer cell initiation and growth can only develop in an acid-hypoxic medium since cancer cells use fermentation for the production of ATP. Infectious micro-

**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  
 (H<sub>2</sub>O<sub>2</sub>)

Catalase enzyme in an alkaline medium  
 H<sub>2</sub>O<sub>2</sub> \_\_\_\_\_>water + molecular oxygen

Superoxide free radical, Oxidoreductase enzymes, Dehydrogenases, Hydroxylases, peroxides, Oxidases, Oxygenases, oxyacids, Peroxidases, Reductases, alcohols and aldehydes \_\_\_\_\_>water and oxygen molecules

Alkaline-medium electrostatic field or negative magnetic field

**The Role of Magnetics In Enzyme Function**

All biological enzyme functions (catalysis) in a living biological system are magnetic energized. There is a measurable catalytic remnant magnetism to enzyme function in live biological systems. Four oxidoreductase enzymes are needed to produce adenosine triphosphate (ATP) from foods. During these enzyme processes, there are two energies being made. One is ATP and the other is oxidation remnant magnetism. Both of these energies are used for the energy activation of enzymes. There are thousands of the enzymes, each with its own selective function. These are named according to their functions. Oxidoreductase enzymes are a family of enzymes with specific necessary functions. These enzymes have the following functional values. They produce ATP and catalytic remnant magnetism and they process the end-products of the metabolic process which are initially the free radical called superoxide which is oxygen with an added electron. If not rapidly enzymatically processed, it will produce peroxides, acids, alcohols and aldehydes all of which are enzymatically toxic, that is inflammatory-producing.

In order for us to understand biological life energy, we must understand the starting point of that energy. Thus, we must understand the functions of oxidoreductase enzymes. We have enzymes and the substrates which they are processing. In the case of producing ATP, the substrate is a food. In the case of processing the toxins or inflammatory producing substances, the substrate are the free radicals and the products they produce. There exists a natural ten-

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** dency for the enzyme and the substrate to join. These areas that have a biological attraction to join are called dipoles. However, this attraction all by itself does not produce enzyme action. These are simply the areas where the enzymes and the substrates do line up and join. Otherwise, there has to be an energy. This characteristicly comes from static electrons that are in the body. They help move the enzyme and the substrate together. Once they move, now a magnetic field is created because this is what a magnetic field is all about. It is produced by the movement of electrons. Also, a magnetic field from an external source that is a static magnet field will also produce the movement of electrons. This is why an external source of a static magnetic field will cause the enzyme and the substrate to join because it is moving electrons.

The essence of static magnetic field therapy is the energy activation of enzymes to join substrates for catalysis. In the case of oxidoreductase enzymes, they are alkaline-hyperoxia dependent and do not require ATP for energy activation but do require a static negative magnetic field energy for catalytic activation.

ATP is an energy activator of many enzymes. In alkaline-hyperoxia, ATP dependent enzyme catalysis, a negative magnetic field is a co-factor with ATP as an enzyme energy activator. This is all human enzymes other than those of the mouth and stomach.

In acid-hypoxia dependent enzymes as well as transferases, ATP and a positive magnetic field are energy co-factors. Invading microorganisms and cancer cells are acid-hypoxic dependent for making their ATP.

Thus, a static negative magnetic field strengthens the human cell alkaline-hyperoxic dependent energy state and defeats the acid-hypoxic dependent state of cancer cells and invading microorganisms (bacteria, viruses, fungi and parasites).

#### **Magnetic Dynamics of The Degenerative Process**

The central disorders of acute maladaptive reactions are: 1) acidity, and 2) oxygen deficit. Monitoring the biochemical disorders of chronic degenerative diseases reveals the same disorders as acute maladaptive reactions which is acid-hypoxia. Chronic degenerative diseases are observed to be acute maladaptive reactions extended in time to a chronic state with the resultant cellular damage. The contrast between the well cells of the healthy, functioning person and the sick cells of degenerative diseases provides valuable clues as to how magnetics can substantially aid in recovery of inflammatory degenerative diseases, infections from microorganisms and cancer.

In the process of oxidative phosphorylation producing adenosine triphosphate (ATP), molecular oxygen accepts an electron and becomes free radical oxygen (superoxide). If not immediately enzymatically reversed, superoxide proceeds to produce other free radicals, peroxides, oxyacids and aldehydes. These are all inflammatory. The oxidoreductase family of enzymes have the assignment of making ATP by oxidative phosphorylation and at the same time, processing the end-products of this oxidation phosphorylation process. This oxidoreductase family of enzymes are alkaline-hyperoxic-negative magnetic field activation dependent. When these 3 physiologically normal factors are not present, then cellular ATP is made by fermentation. The 3 factors necessary for fermentation to produce ATP are: 1) acidity, 2) lack of oxygen, 3) a positive static magnetic field as an enzyme energy activator. Human cells have the capacity to make ATP by either oxidative phosphorylation or fermentation. Cellular fermentation producing ATP only functions in the abnormal state of acidity and hypoxia. The enzymes catalyzing fermentation production of ATP are transferases which are acidhypoxic-positive-static magnetic field activation dependent. Sugar is catalyzed by transferase producing ATP, alcohols, acids

and carbon dioxide. Hydrolase enzymes catalyzes starches to sugars. Hydrolase also is acid-hypoxic-positive static magnetic field energy activation dependent.

A static magnetic field is the energy activator of all biological catalytic processes. When oxidative phosphorylation catalyzes the production of ATP this catalytic reaction makes negative static field magnetism termed oxidation remnant magnetism. This negative static magnetic field is available to energize oxidoreductase enzyme catalysis and at the same time, block transferase and hydrolase catalysis. Besides the biological available negative static magnetic field from oxidation remnant magnetism, there is an always present electrostatic field (1). In an alkaline medium the electrostatic field produces a negative static magnetic field which energizes oxidoreductase catalysis. In an acid medium, an electrostatic field produces a positive static magnetic field which in turn energizes transferases and hydrolases. Both oxidation phosphorylation and fermentation catalysis are static magnetic field energized. However, they are energized by opposite magnetic poles. Oxidation phosphorylation is energized by a negative static magnetic field in an alkaline-hyperoxic medium. Fermentation is energized by a positive static magnetic field in an acid-hypoxic medium. A static magnetic field is required for the enzyme and the substrate to attach. A static magnetic field present during enzyme catalysis has been documented (2). ATP made by fermentation with its acid-hypoxic medium cannot maintain human biological life energy. ATP made by fermentation can maintain the life energy of microorganisms such as bacteria, fungi, viruses, parasites and cancer cells. The secret to reverse acute maladaptive symptom reactions, prevent and reverse microorganism infections, maintaining human biological health and providing for the reversal of degenerative diseases is to maintain a normal alkaline body pH, hyperoxia and an adequate negative static magnetic field. The biological response to a negative static magnetic field can maintain these necessary components of healthy human cells. Thus it can be understood that exposure to an external source of a negative static magnetic field supports human health and materially aids in reversal of inflammatory degenerative diseases, cancer and the defense against microorganism invasion. This external negative static magnetic field can be applied to local affected areas as well as applied systemically by such as a negative static magnetic field bed.

1) *Encyclopedia Britannica*. Vol 15, page 1060. 1986 edition

2) Fersht, Alan. *Enzyme Structure and Mechanism*  
**The Significance of Alkalinity and Acidity  
in Biological Health and Disease**

The human body functions in an alkaline dependent state. Hyperoxia, which is necessary for the production of adenosine triphosphate (ATP), can only be present in an alkaline medium. An acid medium ties up oxygen, which is no longer free for the oxidation-reduction process of producing ATP. A healthy human maintains a blood pH minimum of 7.4. Below 7.4, the numerous necessary enzymes for life function in a human lose their function because they are alkaline-dependent. Alkaline minerals such as sodium, magnesium, potassium, and calcium as bicarbonates are a necessary part of the pH buffer system maintaining alkalinity. Therefore, it is necessary that these nutrients be in adequate supply. Insulin also helps maintain the alkalinity, the production of which rises and falls depending on the need to maintain the alkalinity. This is one of insulin's functions. Endorphins, insulin and nutrients producing bicarbonates are all alkaloids and therefore have a normal physiological level. This normal physiological alkalinity is anti-inflammatory, buffers against infections and cancers that are acid-

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Degenerative diseases such as diabetes mellitus, rheumatoid arthritis, local and systemic infections are all acid states in which local areas of the body are acidic and also there are measurable episodes of systemic acidity in these degenerative diseases.

It is highly significant to understand that sensitivity, symptom-producing reactions to foods and or chemicals are acid-producing. I have measured thousands of these symptoms occurring during deliberate exposure to foods and chemicals and when symptoms occur there is a measurable acidity occurring in the blood. The local area where the symptom occurred is even more acidic than the blood. Degenerative diseases have been demonstrated to simply be an extension in time of these acute symptom-producing reactions to foods, chemicals and inhalants. It matters not whether these are immunologic with demonstrated antibodies or complement disorders or whether they are non-immunologic. Acidity occurring at the time of either acute symptom production or chronic disease symptoms is the central common denominator. It is true that immunologic reactions are also acidifying but it is also true that there are many times more non-immunologic type reactions that are acidifying and thus, symptom-producing.

Addiction, whether it is to narcotics or other drugs, or to foods has an acidic phase during the withdrawal of that substance. In addictions, the withdrawal begins to occur at 3-4 hours, post-exposure. Addiction to foods turns out to be the most common cause of symptom producing maladaptive sensitivity reactions to foods. The frequently eaten food becomes a stressor, which is beyond the body's biological capacity to optimally process. When first exposed to the food to which the subject is addicted, there is relief of symptoms because the stress evokes a rise in endorphins and serotonin. Some four hours later, when both endorphins and serotonin drop below the normal functional physiological levels, acidity emerges and symptoms occur. This is why it is so important that all addictions be stopped at the same time. Thus, this includes alcohol, tobacco, caffeine, and all foods to which the person is addicted.

#### **The Role of Oxidoreductase Enzymes in Addiction Including Food Addictions**

Members of the Oxidoreductase enzyme family classified by their function are as follows:

1. Dehydrogenases
2. Hydroxylases
3. Oxidases
4. Oxygenases
5. Peroxidases
6. Reductases

Oxidoreductase enzymes are responsible for the production of adenosine triphosphate and oxidation remnant magnetism (negative magnetic field). This is an alkaline-hyperoxia negative (south-seeking) magnetic field dependent enzyme catalytic reaction. When the frequency of a substance exceeds the available functional capacity of oxidoreductase enzymes, then this becomes a stress. The body's response to stress is to raise endorphins and serotonin. This stress over-produces endorphins and serotonin beyond their normal physiological level, thus providing not just a comfortable feeling, but also a super comfortable, even euphoric feeling. Some 3-4 hours later, the production of endorphins and serotonin drop below physiological level, which is now an acidic, inflammatory, psychologically depressive and anxiety-producing state. When oxidoreductase enzymes can be maintained at a normal physiological level,

this addictive state does not occur. We know this is true because when we expose the brain and the symptomatic areas to a negative (south-seeking) magnetic field, it will activate the oxidoreductase enzymes and thus relieve the symptoms. This fact also becomes the center focus for handling the symptoms of addiction in general and food addiction in particular. By the use of a negative (south-seeking) magnetic field applied to symptomatic areas and the brain, the withdrawal from addictive substances including foods can be made comfortable. Maintaining comfort while withdrawing from food addiction is an important part of magnetic therapy of reversing food addiction.

#### **THE ROLE OF ADDICTION IN OBSESSIVE-COMPULSIVENESS**

Obsessive-compulsiveness can be a learned response from environmental experiences. However, much of obsessive-compulsiveness is learned from addiction. When contacting the addictive substance, food or otherwise, the subject is super comfortable without body pains and with a mental euphoria. When the addictive withdrawal phase sets in and the discomforts leave and pains, depression, anxiety and tension emerge, there develops first an obsessional wish to obtain relief by contact with the addictive substance again and a compulsion to act on that obsession. Addiction classically trains in obsessive-compulsiveness, which then pervades the entire behavior of the subject. The addict simply, obsessively, can't wait for relief. They can't accept any imperfection, including waiting for relief. Physical pain can be relieved by placing a negative (south-seeking) magnetic field over the area of pain. Brain symptoms can be relieved by placing the negative (south-seeking) magnetic field over the bitemporal areas of the brain. Bitemporal area placement of the discs relieves depression and tension. Placing a magnetic disc midforehead and left temporal relieves anxiety. Placing a magnetic disc over the left temporal and low occipital area is the most effective for relieving obsessive-compulsiveness.

It is understandable that overeating of calories becomes an obsessional compulsive component of food addiction. The system of magnetic weight reduction is to, first of all, stop all addictions. Secondly, handle all the withdrawal symptoms of stopping all addictions. The third is to decide the number of calories that needs to be consumed to maintain an appropriate weight. Eat this number of calories and stop any compulsion to overeat by placing the magnets appropriately on the head as well as a 4" x 6" x 1/2" magnet on the mid-sternum and over the epigastric area. Also, treat any areas of discomfort at the same time. By this method, the person learns with comfort to eat only the amount of calories that will maintain adequate weight. If there is an urge to eat between meals, then place the magnets on the head, the chest and on the epigastric area. Within 5-10 minutes, this urge will have disappeared. Thus, there is a method of self-help maintenance of comfort and magnetic cancellation of obsessive-compulsiveness.

#### **Grandfather Status of Magnet Therapy**

Among early medical practitioners, there are references to the medical uses and self-help uses of static field magnets. This description of static magnetic fields for medical use and self-help application holds a record for being among the longest, if not the longest, held application of medical therapeutics. The application of magnetic therapeutics is world-wide. This worldwide grandfather status of application of static magnetic fields for therapeutic reasons is important in view of the more recent establishment of research practices to prove the value and safety of procedures and products. Among the earliest effort at establishing through scientific means, the value of magnetics

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

Up to the 1970's, medical practices and sciences had been accepted because of their universal acceptance and application. There now are specific research techniques accepted by the Food and Drug Administration as valuable in establishing a scientific proof of both value and safety. Most medical practices have come to be accepted without this research proof. To this day, a substantial amount of medical practice is grandfathered and proceeds to be used without scientific proof. There is no official list of practices that have been grandfathered. They simply continued to exist without being challenged as to value and safety. Magnet therapy has existed since the early status of the practice of medicine and this has been worldwide. Although, not officially stated as grandfathered, its practice demonstrates that it is grandfathered in the United States and worldwide. In recent years, there has been an increase in the application of magnetics. Years ago, Sears Roebuck used to sell magnets for the relief of pain. In recent years there has been an increase of use of magnets for pain, sleep and other procedures. Magnetic therapy is also, at the same time, undergoing a scientific investigation as to values and limitations. National Institutes of Health is granting funds for this research. There are also privately funded researches in progress.

For many years, biochemistry has been fulfilling its promises of value and of financial rewards for marketing products. Biophysics has been largely ignored in terms of research for years. The times are changing and biophysics is now offering substantial rewards for harnessing magnetic applications.

### **An Invitation To Do Research In Therapeutic Magnetics**

Dear Doctor:

This is an invitation for you to do research in the area of medical magnetics. The research physician works under the consultation and supervision of William H. Philpott, M.D., who is a member of an FDA qualified institutional review board. The research-monitoring physician gives a statement as to the status of the patient and Dr. Philpott provides a magnetic research protocol to be followed in applying the magnets. The research physician agrees to send reports to Dr. Philpott, which then will be assessed by the magnetic research committee. When sufficient data is available on any one subject, then this is submitted for publication in a peer reviewed medical journal. The purpose of this research is to establish magnetics as a solid therapeutic modality in the practice of traditional medicine. This is a request to you to join us in this valuable research. It does not cost you anything to be a party to this research. The patient pays the physician for any service rendered. The patient also buys the magnets used in the research.

The application of magnets to humans and animals for both diagnosis and therapy is FDA approved. There are several approved magnetic instruments that can make claims of value in the specific limited areas that their research has established.

Our research is on the growing edge of therapeutic magnetics, expanding the value of magnetics to human and animal therapeutics. There are many promising values emerging that need definitive research. Would you please help us?

Sincerely,

William H. Philpott, M.D.

#### **Magnetic Therapy**

Medical Supervised Research

VS.

Self-Help Treatment

#### **Medical Supervised Research**

The objective Observations of the value of magnetic therapy for numerous medical conditions demonstrates what is usually considered to be "too good to be true." Indeed, magnetic therapy de-

serves definitive, controlled research following all the guidelines of the FDA. This research is in process under the supervision of William H Philpott, M.D. and other independent research organizations as well as NIH grant-sponsored researches. This research under William H. Philpott, M.D. requires a local physician to be following the patient. A physician and patient provide Dr. Philpott with a definitive diagnosis and the physician and patient both agree to be reporting at least 3 times a year to Dr. Philpott. Dr. Philpott provides a magnetic research protocol giving the details of the magnets used. This is a home treatment. To defer the cost of this, a gift of \$200 is needed. This is a tax-deductible gift to medical research. This is beyond the cost of the individual magnets that are specified for the condition under consideration. This information is part of a statistical study in preparation for publication in peer reviewed medical journals.

#### **Self-Help Magnetic Therapy**

William H. Philpott, M.D. has since 1995 prepared The Magnetic Health Quarterly that range widely on specific subjects. These quarterlies describe magnetic treatment that can be adapted to self-help. Also, there is a series of magnetic protocols describing in general terms treatment of specific conditions but not for a specific person. It is ethical to obtain this information that lends itself to self-help use. There is no restriction in the purchase of magnets. When a person does self-help is his responsibility. The application of magnets has been classified by the FDA as not being harmful. There is misuse of the magnets that can be made, such as using the positive magnetic pole for an extended period of time. Although this does not injure cells, it is acidifying and would not be healthy for long-term use. The cost of self-help is the purchase of a Magnetic Health Quarterly on the appropriate subject. Each Magnetic Health Quarterly costs \$12, and each magnetic protocol for self-help costs \$10. Otherwise, the cost of self-help is the cost of the magnets. In doing self-help, the person obtains the general information and decides without any coaching from anyone, what magnets they want to use and how they want to apply them based on the general information they have received. Many people are admirably helping themselves. It is always wise that major illnesses be under the supervision of the medical research program.

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

405/ 390-1444 Fax 405/ 390-2968

### **THE MAGNETIC RESONANCE THERAPEUTIC RESEARCH PROJECT:**

#### **PHYSICIAN'S PARTICIPATION AGREEMENT**

I agree to consult with W.H. Philpott, M.D., in setting up a research project in magnetic resonance therapeutic research. An agreed upon format of monitoring during treatment and after treatment will be followed. The agreed upon format will be provided in printed form so that the research format can be followed by multiple cases and multiple physicians.

I agree to provide a report three times a year. When sufficient data has been accumulated, and the Institutional Review Board agrees, then an author for publication in a peer review journal will be sought.

Address:

Date:

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

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405/ 390-1444 Fax 405/ 390-2968

**THE MAGNETIC RESONANCE THERAPEUTIC  
RESEARCH PROJECT:**

**PATIENT'S AGREEMENT FOR RESEARCH**

I understand this is a research project to determine the value of static magnetic field application to my type of condition. I understand that extensive toxicity studies preceding the Food and Drug Administration (FDA) approval of the marketing of magnetic resonance imagery resulted in the FDA's classifying magnetic exposure to humans as "not essentially harmful." I have not been promised symptom relief. I have not been promised a cure.

I agree to keep an accurate record of my extent of exposure to a magnetic field. I agree to the necessary monitoring of my condition before, during and after treatment as agreed to by my physician in consultation with W. H. Philpott, M.D.

I understand that private and government (Medicare and Medicaid) insurances do not apply for medical research. I understand my physician will not apply for insurance payments for the medical research that is being rendered me. I agree not to apply for insurance payments since they do not apply to medical research. I understand that laws relating to medical treatment for Medicare and Medicaid payments do not apply to medical research. I understand that the physician doing medical research monitoring for my case can charge for the service rendered for which no report to government insurance Medicare or Medicaid) is made and that the research service is beyond, apart from, and not related to any laws relating to medical services rendered to a Medicare or Medicaid patient.

Address:  
Date:

**SELF-HELP TREATMENT RESPONSIBILITY**

You have a right to purchase magnets and do with them as you wish. You have a right to purchase information that is general in nature. The application of self-help does not constitute a medical order.

William H. Philpott, M. D. would appreciate periodic reports of your success. He can use this information in gathering research for publication.

I understand that I am taking responsibility for magnetic treatment if I engage in self-help, non-medical supervised therapy.

I understand that any of the general information that Dr. Philpott has prepared is not a medical order. I understand that any conversation that I have had or will have with Dr. Philpott is general in nature and is not to be construed as a medical order.

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

**INDEPENDENT, SELF-SUPPORTING  
RESEARCH DETERMINATION OF THE  
VALUES OF MAGNET THERAPY**

There is a steady advancing application of magnetics for health maintenance as well as valuable therapeutic reversal of degenerative diseases. There is a great need to document the many values of the application of magnets for their therapeutic value. The FDA has classified magnetic application to humans as "not essentially harmful." William H. Philpott, M.D. is a chairman of an independent ethical Research Institutional Review Board which follows FDA guidelines for research in magnetics.

Therapeutic research format available:

1. A local physician provides William H. Philpott, M.D. with an initial statement of the research subject's condition prior to magnet therapy. After receiving this initial statement, Dr. Philpott prepares a magnet research protocol to be followed.

The local research monitoring physician makes the initial report and additional reports to Dr. Philpott at four month intervals.

For this consultation service of the research protocol, the initial and periodic communication with the monitoring physician and research subject there is a requested medical research gift of \$200.00. You will receive a receipt for a tax deductible medical research gift. Make your medical research gift payable to HOLOS INSTITUTES OF HEALTH, INC. Send the check or credit card number to William H. Philpott, M.D.

This \$200.00 medical research gift plus the research subject purchasing the magnets used in research makes it economically possible to proceed with self-supporting magnet research.

For research treatment guided by Dr. W. H. Philpott with you monitored by a local physician. Call, write or fax:

William H. Philpott, M.D.  
17171 S.E. 29th Street  
Choctaw, OK 73020  
405/ 390-1444 or fax 405/390-2968

**WILLIAM H. PHILPOTT, M. D.**

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405/390-3009 Fax: 405/390-2968

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

Research gift to HOLOS INSTITUTES OF HEALTH made by:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

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

\_\_\_\_\_  
W.H. Philpott, M.D.

Date \_\_\_\_\_

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## **Diabetes Mellitus**

### **The Secret of Prevention and Reversal** from the *Magnetic Health Quarterly* "Diabetes Mellitus," Vol. III, 2nd Qtr, 1997 (2001 Revision) by William H. Philpott, M.D.

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[polarp@flash.net](mailto:polarp@flash.net)

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

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

#### **MEDICAL SUPERVISION IS RECOMMENDED**

#### **MAGNETIC PROTOCOL** **Diabetes Mellitus The Secret Of Prevention** **And Reversal**

##### **Case Histories**

John was a 40-year old receiving insulin for his diabetes mellitus. Several years before he was diagnosed as having maturity onset (Type II) non-insulin dependent diabetes, after some years he was placed on insulin to better control his blood sugar. He was hospitalized in a psychiatric hospital because he was depressed and had a delusional idea that while driving a car on a narrow mountain road he had caused another motorist to fall over a cliff. He never saw this happen, but he was convinced that it did happen.

After four days of fasting on water only, his blood sugar was 80 mg percent. He was not depressed and had dropped the delusional idea that he had caused the death of another motorist on a narrow mountain road.

The food testing of various types of single foods (carbohydrates, proteins, fats) produced blood sugars at one hour post-meal ranging from 200-300 mg percent. These were foods he used two times per week or more that evoked his mental symptoms as well as his highest blood sugar.

He was placed on a 4 Day Diversified Rotation Diet initially leaving out his hyperglycemia and symptom producing foods for three months. His blood sugar remained normal and there was no need for him to have insulin.

I provided him with the details of his food test findings and his new diet and sent him back to his diabetes specialist. The diabetes specialist looked over his record and commented, "This physician provided you a better diet than I did which controlled your diabetes. I can tell you one thing. Food allergy has nothing to do with this". This case represents the original rejection of the evidence I had gathered that maturity onset diabetes is caused by maladaptive reactions to foods, chemicals and inhalants.

##### **Questions Needing Answers**

1) Is it true that maturity onset non-insulin dependent (Type II) diabetes mellitus is caused by maladaptive reactions (immunologic and non-immunologic) to foods, chemicals and inhalants?

2) How can Type II diabetes mellitus be prevented and also reversed?

3) If Type II diabetes mellitus is preventable and reversible, why is it not understood and routinely pursued by physicians?

##### **Introduction**

This treatise summarizes what I had learned between 1965-1982 as presented in my book, *Victory Over Diabetes*. This treatise adds an update of information gathered and presented by various authors in the medical literature between 1982-1998. This additional scientific information is in the areas as follows:

1) The role of an established food allergy precipitating an autoimmune reaction which attacks the islet cells of the pancreas, thus precipitating insulin-dependent diabetes mellitus <sup>2</sup>.

2) The role of acid formed by maladaptive reactions to foods and chemicals precipitating insoluble gels and sclerosis <sup>3</sup>.

a) Glaciation which is a complexing of amino acids with sugar. Glaciation has also been termed carminization. This especially occurs in the small arterioles.

b) Atherosclerotic plaques formed by an acid precipitation of amino acids into an insoluble gel associated with an acid precipitation of calcium into insoluble crystals and the presence of associated fats.

c) Sclerosis (hardening) of the walls of large arteries.

3) The role of drinking alkaline-ion water to aid in maintaining the necessary optimum pH.

4) The role of a negative (south-seeking) magnetic field by maintaining an optimum pH, reversing the insoluble precipitates (glaciation, atheromatous plaques in arteries and sclerosing of the arterial walls of large arteries).

5) The role of antibiotic handling of invading microorganisms by the use of a negative magnetic field.

6) The role of silver colloid as an antibiotic for the management of infection.

7) The need for nutritional supplementation. Although it is true that initial avoidance and the later spacing on the 4 Day Diversified Rotation Diet foods that precipitate hyperglycemia is central to the management of diabetes mellitus. It is also true that nutritional supplementation is necessary to handle the deficiencies of nutrition that are demonstrated in diabetes mellitus. These two factors of necessity need to compliment each other if a good job of preventing or reversing diabetes mellitus is adequately achieved. The basic nutritional needs in diabetes mellitus have been discussed in my original research book, *Victory Over Diabetes*. This should be studied. Additional value on the role of chromium has emerged since I wrote this book. To update this information, study the book *Chromium Picolinate* by Gary Evans, Ph.D. (4). Supplemental chromium in the form of chromium picolinate should range from a minimum of 200 mcg a day to 600 mcg a day depending on the age and condition of the subject.

##### **Types Of Diabetes Mellitus**

There are two main types of diabetes that are classically recognized;

- 1) Type I which is insulin dependent diabetes mellitus and,
- 2) Type II, which is non-insulin dependent diabetes mellitus.

There is a third type of diabetes mellitus that has in more recent years been recognized and that is secondary diabetes mellitus which is secondary to a number of factors.

Type I diabetes mellitus results from injury to the pancreas. The most likely usual cause is a maladaptive food reaction of an IgG immunologic type. This is to a food that is used frequently by the subject. Cows' milk immunologic allergy is frequently involved<sup>2</sup>. Secondary to the food allergy, a pancreatic islet cell autoimmune reaction develops. Other causes are viral pancreatitis from mumps or an enterovirus such as Coxsackie virus B4. Type I diabetes mellitus usually develops in childhood and is commonly called juvenile diabetes mellitus.

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My experience with Type I diabetes mellitus has demonstrated that these patients also need to rotate their foods on a 4-Day Diversified Rotation Diet. They still require insulin which is classically reduced by two-thirds when foods are rotated. The food rotation stops the insulin resistance to the foods to which they are maladaptively reacting. Even though these maladaptive reactions to foods did not initiate their illness, it is a secondary complication to their illness.

Type II is non-insulin dependent diabetes mellitus. This can develop at any age, but usually develops after age 40. Classically, there is adequate insulin until the late deteriorated stage. Eighty per-cent are obese at the time of diagnosis. It is accepted that environmental factors play a strong role in the development of Type II diabetes mellitus<sup>5</sup>. There is acceptance of:

- 1) Strong evidence of environmental factors, and
- 2) The fact of complication symptoms of classic diabetes mellitus developing before the classic criteria of diabetes mellitus is present. This is consistent with my evidence of diabetes mellitus Type II being a process extending over several years with a compensated stage of several years preceding the decompensated stage at which time specific diagnostic criteria of diabetes mellitus is in evidence which then results in the diagnosis of clinically significant diabetes mellitus Type II.

It is observed that both Type I and Type II involve maladaptive reactions to foods and or chemicals with the difference being that Type I has an autoimmune reaction or another reason such as a viral infection which destroys pancreatic islet cells whereas, in Type II diabetes mellitus there is not an autoimmune reaction. In Type II the central driving cause of the diabetes mellitus is insulin resistance which is secondary to the maladaptive food reactions. In Type I, there is also insulin resistance developed by food reactions even though the initiating cause was not initially insulin resistance. My studies have demonstrated that insulin resistance is present in both types of diabetes mellitus and therefore, both types should follow a 4 Day Diversified Rotation Diet.

Secondary diabetes mellitus is present due to known factors such as several genetic disorders, systemic diseases and specific chemical agents. It is important to observe that diabetes mellitus can develop secondary to some frequently used medications such as diuretics and hypertensive agents (Thiazide diuretics, clonidine, furosemide) neuroactive agents (haloperidol, lithium carbonate, phenothiazine, tricyclic antidepressants, adrenergic agonists) and agents with hormonal activity such as oral contraceptives, progestins and glucorticoids. My research studies have demonstrated that the central cause of diabetes mellitus Type II is that of maladaptive reactions to foods frequently eaten by the subject. Sometimes, chemicals to which the subject is chronically or frequently exposed is also a cause. John Potts' studies confirm this<sup>6</sup>. Thus, my observations places Type II diabetes mellitus as a secondary type of diabetes mellitus.

Why has this fact not been recognized and implemented in treating diabetes mellitus Type II? The fact is, the discovery of diabetes mellitus being secondary type diabetes to reactions to foods and sometimes chemicals resulted out of my study of my mental patients, some of which were diabetics, with a broad spectrum monitoring of many factors which included an initial five days of avoidance in which the withdrawal period from food and chemicals was water only followed by a monitoring of individual foods with the blood sugar and frequently the insulin taken before each meal, one hour and sometimes two hours after the test meal of a single food. This demonstrated two factors. That there was a compensated stage that preceded the decompensated diabetes mellitus stage. This also demonstrated that the single cause of insulin resistance is that of

the maladaptive reaction to foods in which the body cells are swollen and therefore their insulin receptors could not function properly because of the edema of the body cells. The fact that when the maladaptive foods were left out of the diet, there was no insulin resistance and the blood sugar was normal is evidence that the central cause of insulin resistance is the cells that are swollen due to the maladaptive reactions. In the compensated stage of the diabetes mellitus process these cells are swollen for a brief period such as two, three or four hours whereas in the decompensated stage the cells were swollen for a longer period of time and thus, the hyperglycemia extended for a longer period of time.

#### **Specific Diagnostic Criteria Of Clinically Significant Diabetes Mellitus**

The specific criteria for clinically significant diabetes mellitus is that of a fasting blood sugar beyond 140 mg/dl or 200 mg/dl after a glucose load. Classically, a great effort is made to prove that these criteria are met before diagnosing a person as having clinically significant diabetes mellitus. There are social factors that encourage this demand and that is such as lack of ability to increase cost of insurance or lack of ability to obtain insurance, loss of ability to fly an airplane and so forth. This is unfortunate, because the warning signs of diabetes mellitus which are present during the compensated stage are ignored and therefore the subject is not properly treated because these warning signs are ignored. Subjects with symptoms that are classic of the chronic stage of diabetes mellitus complications are not diagnosed as diabetes mellitus when they should be so diagnosed. Instead they are diagnosed as being in the compensated stage as far as their glucose is concerned but not in terms of the injurious process of diabetes mellitus disease.

#### **Syndrome X (7,8,9,10)**

Syndrome X consists of hyperinsulinism, hypertension, carbohydrate intolerance, obesity, disordered fat metabolism and accelerated atherosclerosis. The co-association of hyperinsulinism and glucose intolerance is secondary to maladaptive reactions to foods (or chemicals). Hyperinsulinism is known to cause the liver to turn carbohydrates into fats, thus this person has difficulty losing weight under the usual circumstances of a diet consisting of reduced calories since the hyperinsulinism produces a situation of turning the carbohydrates into fats. Solving the problem of maladaptive reactions to foods causing the hyperinsulinism is necessary before this person can lose weight, thus the importance of a 4-Day Diversified Rotation Diet is a must for these subjects. Hyperinsulinism is known to produce hypertension. Thus, the hypertension is secondary to the hyperinsulinism. Again, the answer has to be to stop the maladaptive food reactions by a 4-Day Diversified Rotation Diet which initially leaves out the foods that are used with a frequency of twice a week or more. Characteristically, these can be returned to the diet after three months of avoidance. Also the other factors such as cholesterol and triglyceride disorders and the development of atherosclerosis are reversed when using a 4-Day Diversified Rotation Diet. It is a catastrophe that the subjects with this syndrome are often treated with hypertensive medication due to the hypertension, yet these medicines for hypertension are known to accelerate the development of diabetes mellitus. It is important not to place these hypertensive patients on hypertensive medications. In my examination of patients with this syndrome, I have demonstrated that it is maladaptive reactions to foods and sometimes chemicals that produce this syndrome and that by following a period of avoidance of their commonly used foods and frequently contacted chemicals results in a correction of their hypertension,

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**The Secret Of Prevention And Reversal Of The Compensated And Decompensated Phases Of The Diabetes Mellitus Process**

The secret of reversing both the compensated phase and the decompensated phases of the diabetes mellitus disease process is to initially avoid foods, chemicals and inhalants which are evoking the hyperglycemic reactions and the production of insulin resistance due to evoking edema of body cells. This is largely to foods. These are foods that the person is eating with a frequency of twice or week or more. Testing of the blood sugar before and one hour after a meal (after five days of the initial avoidance) will demonstrate what these foods are. Another way to proceed is to assume that any food that is being eaten as much as twice a week or more, or any member of that family of foods can be evoking the swelling of cells. The subject can then proceed with a 4 Day Diversified Rotation Diet without food testing. This is found to be adequate for the majority of people. Chemicals do have to be considered, even such as car exhaust, natural gas or a drug or hormone that has been ordered by a physician. A 4 Day Diversified Rotation Diet initially leaving out these foods commonly used by the subject usually works quite well in reversing the disease process. The 4 Day Diversified Rotation Diet can later incorporate these foods back into the diet after three months if they are eaten on a four day rotation basis. Ninety-five percent of the time, these foods can be reintroduced without producing symptoms or hyperglycemia. The 4 Day Diversified Rotation Diet should become a lifestyle.

**Four-Day Rotation Diet  
Day I**

**Meat**

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

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

**Vegetables**

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

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

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

Corn: Fresh Corn as a fresh vegetable

**Fruits**

Mulberry: Mulberry, Figs and Breadfruit

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

Grape: Grapes and Raisins

Cashew: Mango

**Nuts:**

Sunflower: Sunflower Seeds

Cashew: Cashew and Pistachio

Protea: Macadamia Nut

**Thickening**

Tapioca

**Seasonings**

Grape: Cream of Tarter

Potato: Chili Pepper, Paprika and Cayenne

Composites: Tarragon

Nutmeg: Nutmeg and Mace

**Sweetener** Beet Sugar

**Tea** Rose Hips, Chicory and Dandelion

**Sprouts** Legumes, Bean Sprouts, Alfalfa Sprouts and Sunflower Sprouts

**Fresh Vegetable** Green Bean Sprouts, Alfalfa Sprouts and Sunflower Sprouts

**Day II**

**Meat**

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

**Eggs** Eggs

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

**Vegetables**

Myrtle: Pimento

Grass: Millet

Parsley: Carrot, Parsnip and Celery

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

Mallow: Okra

**Fruits**

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

Pineapple: Pineapple

Pawpaw: Pawpaw, papaya and papain

**Grains:**

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

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

**Nuts:**

Plum: Almond

Beech: Chestnut

Brazil nut: Brazil nut

Flaxseed: Flaxseed

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

**Seasonings**

Myrtle: Guava, Clover, Allspice and Clove

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

Pedaliium: Sesame

Orchid: Vanilla

**Oil** Cottonseed, Flaxseed and Sesame

**Sweetener** Corn sugar, Clover honey and Molasses

**Tea**

Sterculia: Papaya tea

**Day III**

**Meat**

Suidae: Pork

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

**Vegetable**

Mature Legumes: Pea, Black-eyed Pea, Soybean, Lentil, Peanut, Lima Bean, Navy Bean, Garbanzo Bean, Great Northern Bean, Pinto Bean and Kidney Bean

Laurel: Avocado

Lily: Onion, Garlic, Asparagus, Chive and Leek

**Fruits**

Apple: Apple, Pear and Quince

Banana: Banana and Plantain

Heath: Blueberry, Huckleberry and Cranberry

Gooseberry: Currant and Gooseberry

Ebony: Persimmon

Buckwheat: Rhubarb

**Grains**

Buckwheat: Buckwheat and Rice

**Nuts**

Legume: Peanuts

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Birch: Filbert (Hazelnut)  
Conifer: Pine Nut (Pinon)

**Thickening**

Arrowroot: Arrowroot Flour

**Seasonings**

Arrowroot: Arrowroot

Heath: Wintergreen

Legume: Licorice

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

Pepper: Black & Whit Pepper

Oil Soybean, Peanut and Avocado

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

**Tea** Alfalfa, Sassafras, Garlic and Apple cider/tea

**Day IV**

**Meat**

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

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

**Vegetables**

Morning Glory: Sweet Potato

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

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

Olive: Black/Green Olives

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

**Fruits**

Gourd: Watermelon, Cantaloupe and Honeydew

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

Honeysuckle: Elderberry

Palm: Coconut and Date

**Nuts**

Seeds: Pumpkin seeds, Squash seeds and Coconut

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

**Thickening** Cornstarch

**Seasonings**

Mustard: Mustard

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

Spearmint, Peppermint, Thyme, Marjoram and Lemon Balm

**Oil:** Coconut, Olive, Pecan and Corn

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

**Tea:** Kaffer

**How To Use A 4-Day Diversified Rotation Diet Without Deliberate Food Testing**

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

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

Three months later, these foods are reintroduced back into the diet. Nearly always (95% of the time), these foods will no longer be reactive as long as they are kept on a once-in-four-day basis in this diet. When reintroducing foods into the diet,

simply add the food to the established rotation and observe whether or not symptoms occur. If no symptoms occur, then this food can be rotated. If symptoms occur, wait another three months before trying this food again.

One way to expand the use of foods is to sprout cereal grains and legumes. A person should be certain that the grain or bean is sprouted with approximately 1/4" or more of a sprout. The foods that have been sprouted will no longer carry the same reactive capacity that the non-sprouted foods do. Thus, once sprouted, grains and legumes can be introduced into the diet immediately. A potential reaction to chemicals can be determined by sniffing the product. These products included clothes, carpet, car exhaust, or anything to which a person has frequent exposure.

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

In addition to being the most reactive food substance in terms of immunologic and non-immunologic maladaptive reactions, gluten is the most addictive of all food substances. Gluten is split in half during the first stage of digestion, which occurs in the stomach by a combination of hydrochloric acid with the enzyme pepsin. This splitting of gluten produces an active narcotic (exorphin). This narcotic becomes addicting when it is absorbed through the small intestine without further digestion by pancreatic enzymes and their normal alkaline medium. Many people do not produce adequate pancreatic enzymes or associated sodium and potassium bicarbonate. Thus, these people are subject to gluten addiction if they use gluten frequently. Alcoholics using alcohol prepared from wheat, rye, oats or barley will have symptoms emerge on deliberate food testing for these gluten-containing foods. Vodka addicts have symptoms to provocative food testing for white potatoes. Wine addicts have symptoms to a provocative test meal of either grapes or the substance from which the wine is made. This applies to win vinegar as well. Beer addicts have symptoms with test meals to brewer's yeast or any gluten-containing cereal or rice used in the beer-making process.

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

People with homocystinuria have symptoms from dairy products and meats. Homocystinuria is an infrequent genetic error. It is caused by a deficiency of cystathionine B-synthase enzyme, in which methionine cannot be processed properly. Occasionally, homocystinuria is due to a nutritional deficiency of the B complex vitamins, especially B1- 2 or folic acid. In these nutritional deficiency cases, B complex supplementation solves the problem of food reactions to high methionine containing foods. People with

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** genetic homocystinuria must rely on avoidance of foods high in methionine. They must also supplement cystine, which comes from methionine. In addition, they should also supplement taurine, which is made from cystine. Taurine is important in keeping the central nervous system calm.

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

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

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

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

Years of experience of deliberate food testing has provided convincing evidence that it is the stress of the frequency of contact that produces the maladaptive reactions to foods, chemi-

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

### **How To Initiate This Program**

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

Two 1-1/2" x 3/8" ceramic disc magnets.

Two 4" x 6" x 1/2" ceramic magnets

For some people, it would be well for them to also have a 4" x 24" x 1/8" thick plastiform magnet

These magnets can be used either continuously during this withdrawal phase or used just at the time the withdrawal symptoms emerge. It usually requires 10 to 30 minutes for magnetic management of the symptoms. First, place the ceramic disc magnets on each temple area, that is, in front and at the level of the top of the ears. These can be held in place with a 2" x 26" self-fastening band. Other placements that may be found to be profitable are a left temple and low occipital area or a left temple and frontal area. The left temple is used in a right-handed person, and the right temple is used in the left-handed person. At the same time, place a 4" x 6" x 1/2" ceramic block magnet on the mid-sternum, that is, the middle of the chest, on the front. Also, a 4" x 6" x 1/2" thick magnet should be placed directly over the epigastric area, which is just below the sternum.

These can be held in place by a 4" x 52" body wrap or an Ace bandage, or if the person is lying down, these magnets can just rest on these areas. Some may find it profitable or even necessary to use the 4" x 24" plastiform magnet down the spine. The person would need to be lying down to do this. To use this magnet, always use the negative magnetic field. After this acute phase is over, the person uses these magnets to relieve symptoms if and when they reoccur. The rotation diet should become a life style. The subject also should sleep on a magnetic bed pad and with magnets at the crown of the head. This system is described elsewhere in more detail. Also, the subject would do well to be supplementing specific nutrients. This, also, is described in more detail elsewhere.

### **Self-Help Food Testing**

There is no practical reason to do self-help food testing. It is best to proceed as described in the section, "How to use the four day diversified rotation diet without deliberate food testing."

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

1) diabetics on insulin, 2) seizure cases, 3) dangerously aggressive cases such as in some psychotics. All of these cases can

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

1) Five day avoidance of foods used as frequently as two or more times a week. Wait five days before using any of these foods in a single meal food test.

2) Use test meals of single foods.

3) Monitor for the emergence of physical and emotional symptoms as well as blood pressure before the meal and one hour after the meal. The pulse should be taken before, and one hour after the test meal. In a non-insulin dependent diabetic (Type II), test the blood sugar before the meal and one hour after the meal. It is also well for anyone to test the blood sugar. There are many high blood sugars (beyond 160) in patients who have not been diagnosed as diabetics. When the blood sugar is beyond 160, it demonstrates that this person is in a pre-diabetic state.

4) Symptoms can be relieved by bitemporal placement of ceramic disk magnets which are 1-1/2" x 3/8" held in place with a 2" x 26" headband. See the section on "Magnetic Management of Addictive Withdrawal" for more details of magnetic symptom relief.

5) Stop all tobacco, alcohol and caffeine when the program starts.

#### **Four-Day Diversified Rotation Diet Reversal Of The Degenerative Disease Process**

Classically, maladaptive reaction to foods, chemicals, and inhalants are part of and central to degenerative diseases whether physical or mental. Maladaptive reaction to foods composed a majority of these acute symptoms produced, as well as the longer term degenerative disease symptoms. Comparing acute symptoms with the chronic symptoms of degenerative diseases reveals that the symptoms of chronic diseases are simply a time extension of acute maladaptive reactions. The metabolic mechanisms of acute maladaptive reactions are the same as the chronic symptoms of degeneration. Central to this biological disorder producing symptoms is the production of acidity with its associated reduction of oxygen (acid-hypoxia).

There have been isolated five types of maladaptive reactions, producing both acute symptoms and the chronic symptoms of degenerative diseases.

(1) Immunological reactions. This produces antibodies and complement complexes which are inflammatory. This comprises a minor percentage of maladaptive reactions. The specialty of allergy/immunology focuses on this reason for maladaptive reactions.

(2) Oxidoreductase enzyme deficiency. The oxidoreductase enzymes are necessary to produce biological life energy by oxidation phosphorylation producing ATP and oxidation remnant negative poled magnetism. The biological life energy consists of enzyme catalytic production of: (a) adenosine triphosphate (ATP), (b) oxidative remnant magnetism (a negative magnetic field). This oxidation/reduction enzymatic response is dependent upon alkalinity and molecular oxygen (alkaline-hyperoxia). These oxidoreductase enzymes also process the end products and by-products of oxidation reduction metabolism which are free radical oxygen and further production of either free radicals, peroxides, oxyacids or aldehydes. These inflammatory substances are enzymatically processed by oxidoreductase enzymes releasing oxygen back to its oxidative molecular state. These oxidoreductase enzymes are all alkaline dependent. The enzyme activator can be either a static electric field or a negative magnetic field. The movement of electrons between the enzyme and the substrate (free radicals, peroxides, oxyacids, and aldehydes), during the catalytic reaction,

produces a negative magnetic field. This production of the negative magnetic field due to this catalytic reaction occurs with all oxidoreductase enzyme catalytic reactions. The production of this magnetic field is measurable. Furthermore, a negative magnetic field can magnetically cause the enzyme and the substrate to join, thus serving as the energy activator of oxidoreductase enzymes.

The nutritional precursor of oxidoreductase enzymes of necessity needs to be present. However, an excessive amount of these nutrient enzyme precursors have no ability to serve as an energy activator of these enzymes. The conditions necessary for the catalytic response of the oxidoreductase enzymes are: 1) Adequate amounts of enzymes made from the nutrient precursors, 2) An alkaline medium since these enzymes are alkaline dependent, 3) An energy activator which can be either a) a static electric field, or b) a negative magnetic field. Clinical observations provide convincing evidence that a negative magnetic field can activate oxidoreductase enzymes even in the present of a moderately malnourished state<sup>3</sup>.

Oxidoreductase enzyme inhibition. This is a state in which there are adequate oxidoreductase enzymes whose response capacity has been trained down. This enzyme inhibition state develops because of repeated and prolonged development of acidity due to maladaptive reaction to foods, chemicals, or inhalants. This acidity is largely a result of maladaptive reactions to frequently used foods. The frequency of eating a food more often than each four days is central to the development of oxidoreductase enzyme inhibition. It matters not whether these maladaptive reactions are immunologic or non-immunologic in origin, the reaction is always the same, and that is, the production of an acid-hypoxia. I have tested thousands of these maladaptive symptom-producing reactions of all types and have found them all to be acid-producing. It is the acidity that produces the symptoms. Acidity causes the cells to swell and reduces the availability of oxygen.

There is good clinical evidence that oxidoreductase enzyme inhibition is the major cause of maladaptive symptom-producing reactions. Furthermore, since all types of maladaptive reactions are reacidifying and since acidity inhibits oxidoreductase enzyme function, there exists oxidoreductase inhibition in all types of maladaptive reactions.

The answer to this state of oxidoreductase enzyme inhibition is to 1) provide an alkaline medium in which the enzymes can function, and 2) provide a negative magnetic field to energy-activate these enzymes. Of interest to note is that a negative magnetic field provides for both the alkalinity by direct action on the bicarbonate buffer system and also the energy activation of the oxidoreductase enzymes<sup>4</sup>.

Addiction. It is the acidifying addictive withdrawal phase of an addiction that is the culprit. This occurs three to four hours after exposure to the addictive substance. There are two types of addictions (a) from an external narcotic source, and (b) self-made narcotics (endorphins and enkephalins) produced by the stress of frequent exposure to non-narcotic substances. Thus frequently used foods, alcohol, tobacco, caffeine, etc., which in themselves are not narcotics, but addicting when frequently (two or more times a week) used. Narcotics, both external and internally self-made, are symptom relieving, since all narcotics are alkaloids, and thus alkalizing. Thus, while under the alkalizing influence of the narcotic, the oxidoreductase enzymes are adequately functional. When the narcotic is metabolically used up, and therefore not present, then a state of acidity develops and oxidoreductase enzyme inhibition sets

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** in. Thus, in the acid-hypoxic addictive withdrawal state with its free radicals, peroxides, oxyacids, and aldehydes, symptoms develop. The type of symptoms depend upon the specific tissue involved in the maladaptive reaction. The answer to reversal of the acute symptom reactive tissue state is to expose this area to an external source negative magnetic field<sup>5</sup>. Toxins are enzyme poisons which are a complete block of oxidoreductase enzyme function. Many toxins are strong acids or evoke acid production in the human body. Insect stings and reptile bites are powerful acids. Pesticides are toxic to humans as well as insects, our industrialized civilization produces toxins such as petrochemical exhaust from combustion, formaldehyde, etc. The major necessary measure of handling reaction to toxins is avoidance. The second most important method of handling toxins is to provide a negative magnetic field for the production of an alkaline medium and the activation of the oxidoreductase enzymes, thus oxidatively processing these toxins out of the body and activating the enzymes that will reverse the acid-hypoxic state.

#### **Magnetic Dynamics Of The Degenerative Disease 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, alcohols 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 reduced end-products of this oxidation phosphorylation process. This oxidoreductase family of enzymes are alkaline-hyperoxic negative (south-seeking) 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 (north-seeking) 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 acid-hypoxic-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 (south-seeking) static field magnetism termed oxidation remnant magnetism. This negative (south-seeking) 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 (south-seeking) static magnetic field from oxidation remnant magnetism, there is an always present electrostatic field<sup>11</sup>. In an alkaline medium the electrostatic field produces a negative (south-seeking) static magnetic field which energizes oxidoreductase catalysis. In an acid medium, an electrostatic field produces a positive (north-seeking) 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 (south-seeking) static magnetic field in an alkaline-hyperoxic medium. Fermentation is energized by a positive (north-seeking) 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.<sup>12</sup>

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 (south-seeking) static magnetic field. The biological response to a negative (south-seeking) 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 (south-seeking) 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 (south-seeking) static magnetic field can be applied to local affected areas as well as applied systemically by such as a negative (south-seeking) static magnetic field bed pad.

#### **Antioxidant "Absorbent" Therapy**

##### **Compared To Enzyme "Electron Sink" Therapy**

Much significant information is being presented in the scientific literature concerning the role of free radicals in relationship to acute cellular injury in acute inflammation, and cellular injury in chronic degenerative diseases. It is evident that free radicals play a major role in the development of degenerative diseases, as well as in acute inflammatory reactions. It has become popular to offer megadoses of vitamin A, beta-carotene, bioflavonoids, selenium, vitamin E and vitamin C for their absorbent value of the extra electron present in free radicals. There is a serious limitation in this therapy in that the hydroxyl free radical, which is the most damaging of all free radicals, will not give up its extra electron to be absorbed by these nutrients antioxidants.

At best, megadoses of antioxidant nutrients is only a secondary stopgap measure supplementing the assigned job of the body's oxidoreductase enzymes.

Oxidoreductase enzymes have the biological assignment of processing free radicals and when optimally functional, process these in a split second. The oxidoreductase family of enzymes has been appropriately described as an "electron sink". These enzymes remove the extra electrons from free radicals, oxyacids, and aldehydes. This enzymatic reversal of the extra electron from free radicals, oxyacids, alcohols and aldehydes returns the bound oxygen back to its molecular oxidatively functional state. Therefore, preferred and most profitable focus

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** and in all types of diabetes mellitus disease process. The usually recommended balance of carbohydrates, proteins and fats should be followed. Calorie intake should be sufficiently restricted so as to control weight. Nutritional supplementation assuring adequate vitamins, minerals and amino acids is in order. Especially noted is the value of chromium picolinate supplementation. Any system that aids in maintaining optimum alkaline pH serves to prevent progression of the degenerative disease process. Maladaptive reactions, whether immunologic or non-immunologic to foods or chemicals are acidifying. Therefore, the 4 Day Diversified Rotation Diet is the first line of maintaining optimum alkaline pH. Supplementary methods of maintaining optimum alkaline pH are 1) drinking mineralized water with a pH adjusted to 10, and 2) drinking mineralized water that has been electrolyzed thus producing alkaline micro water with a pH of 10.

should be not on megadose nutrient antioxidant absorbent therapy, but on how to maintain optimal oxidoreductase enzyme "electron sink" function.

Optimal available oxidoreductase enzymes require optimal precursor nutrients of amino acids, vitamins and minerals from which these enzymes are constructed in cellular mitochondria metabolism. However, the adequate availability of oxidoreductase enzymes does not of itself produce catalytic function.

There are two factors which must be present in order for oxidoreductase enzymes to function: 1) an alkaline medium-since these are alkaline-dependent enzymes, 2) an energy activator, which is always a negative (south-seeking) magnetic field. The negative (south-seeking) magnetic field producing a catalytic reaction (enzyme joining the substrate) can come from two sources: 1) a static electric field which produces a negative (south-seeking) magnetic field, or 2) an external applied negative (south-seeking) magnetic field

An externally applied negative (south-seeking) magnetic field has two values: 1) activation of the bicarbonate buffer system producing alkalinity, and 2) activation of the oxidoreductase enzymes. A negative (south-seeking) static magnetic field exposure of the pineal gland, the retina of the eyes, and the intestinal wall stimulates the production of the hormone melatonin. Melatonin, in its own right, is a free radical reverser, including the hydroxyl radical. The application of a negative (south-seeking) static magnetic field over an area of cellular inflammation, or cellular degeneration produces:

- 1) a normal alkaline pH, and
- 2) reversal of all free radicals, peroxides, oxyacids, alcohols and aldehydes.

The efficiency of a magnetic negative (south-seeking) static field oxidoreductase enzyme "electron sink" therapy is far superior to meganutrient antioxidant absorption therapy. Magnetic therapy classically reduces acute inflammation in 10-30 minutes. Magnetic therapy reverses chronic metabolic disorders, and proceeds with governing healing. Thus, magnetic therapy is observed to have a major role in the reversal of both acute and chronic metabolic disorders. Comparatively, meganutrient antioxidant absorption therapy has a measurable but minor role in correcting disordered metabolism.

#### **Basic Magnetic Protocol for Diabetes Mellitus**

##### **Orientation**

This basic protocol applies to the compensated stage as well as the decompensated stage of the diabetes mellitus disease process.

This basic protocol applies to the Type II non-insulin dependent diabetic and the insulin dependent diabetic and stops the maladaptive reactions to foods and chemicals. Therefore, the need for insulin in Type I diabetics for the control of hyperglycemia is reduced. This also stops the usually occurring onset of the degenerative disease complications of the diabetes mellitus disease process.

This basic protocol applies also to the compensated stage of the diabetes mellitus disease process and reverts it back to normal metabolic function. The treatment of developing clinically significant diabetes mellitus due to the progression to the decompensated stage of the diabetes mellitus disease process disappears. The degenerative disease complications of the diabetes mellitus disease process do not develop.

##### **Basic Diet**

Follow a 4 Day Diversified Rotation Diet as outlined elsewhere in this article This rotation diet is essential in all stages

and in all types of diabetes mellitus disease process. The usually recommended balance of carbohydrates, proteins and fats should be followed. Calorie intake should be sufficiently restricted so as to control weight. Nutritional supplementation assuring adequate vitamins, minerals and amino acids is in order. Especially noted is the value of chromium picolinate supplementation. Any system that aids in maintaining optimum alkaline pH serves to prevent progression of the degenerative disease process. Maladaptive reactions, whether immunologic or non-immunologic to foods or chemicals are acidifying. Therefore, the 4 Day Diversified Rotation Diet is the first line of maintaining optimum alkaline pH. Supplementary methods of maintaining optimum alkaline pH are 1) drinking mineralized water with a pH adjusted to 10, and 2) drinking mineralized water that has been electrolyzed thus producing alkaline micro water with a pH of 10.

Mineralized alkaline water needs to have calcium, magnesium, potassium and sodium and can also include other essential minerals which are usually in an ascorbate form (Vitamin C). Adjust the pH to 10 by adding sodium bicarbonate. Drink two or three glasses of this mineralized alkaline water per day. This will provide adequate minerals that the body needs for maintaining pH and also for cofactors to oxidoreductase enzymes. Suitable mixed mineral ascorbates are commercially available.

Electrolyzed mineral water produces mineral alkaline micro water. There are electrolysis units that produce this alkaline micro water. Adjust the instrument to produce alkaline water with a pH of 10. Drink three to five glasses of this alkaline water per day.

##### **Basic Magnetic Treatment**

Sleep on a magnetic mattress pad or magnetic mattress which provides a full negative magnetic field. Place a foam pad or other suitable pad over this magnetic mattress pad. There is also available, a fine magnetic mattress providing a full negative magnetic field. Sleep with magnets in a carrier containing four 4 x 6 x 1 inch ceramic magnets which are held in this carrier up against the headboard. These magnets are placed 3/4 inch apart in a row. When the top of the head is 3 inches from the magnets, a complete negative magnetic field is provided.

When sitting down, sit on a magnetic chair pad with magnets in the seat and the back.

##### **General Information About Magnets**

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

Mini block ceramic magnets are sometimes called Briggs

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** blocks because they are used as the Magneto magnets in a Briggs and Stratton gasoline engine. These magnets measure 1-7/8" x 7/8" x 3/8", and they have many therapeutic uses. They can be used on the head, in such areas as the temporal, frontal or occipital areas, for headaches, management of emotional symptoms or seizures. They can be used on fingers or toes. They can be placed on top of the flexible mats to reinforce the depth of magnetic field penetration. They can be used directly on the joints, under or incorporated into wraps around the joints. They are used in the magnetic slumber pads, the multiple purpose pads, and in the chair cushion pads.

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

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

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

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

The multiple purpose pads [small (11" x 17") and large (14" x 25")] are and composed of ceramic Mini Block magnets that are placed an inch and one-half apart throughout the pad. This multiple purpose pad has many uses such as being used on the back, the abdomen, and up over the heart and on the chest area.

#### **Therapeutic Sleep**

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

In maintaining health and reversing degenerative diseases, it is very important that there be deep, energy restoring sleep. It is necessary to sleep a full eight or nine hours in every 24-hour period. Energy is used up during the day and is restored during sleep. The hormone, Melatonin, which is made during sleep, controls the depth of energy restoring sleep. The principle area in which Melatonin is made is the pineal gland, which is at the center of the head. This gland makes Melatonin in response to a negative (south-seeking) magnetic field. This is why it is so important to treat the head to a negative (south-

seeking) magnetic field during sleep. The retina of the eyes and the intestinal walls also make Melatonin. Treating these areas can also raise levels of Melatonin. The hormone Melatonin has the control of the entire energy system of the body including such as the immune system, endocrine system, and respiration. Melatonin is neuronal calming and encourages energy restoring sleep. Melatonin is a powerful antioxidant and thus is anti-inflammatory. Melatonin also has antibiotic and anti-cancer values.

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

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

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

#### **Magnetic Eye & Sinus Mask**

One eye & sinus mask

Two neodymium dot discs (1/2" x 1/16")

Two neodymium discs (1" x 1/8")

#### **Placement of Magnets for Eye & Sinus Mask**

The eye & sinus mask is magnetic which has special value for producing healthy skin under the magnetic shield and also for the eyes. Placing neodymium disc magnets over the eyes increases this magnetic value. Place the 1/2" neodymium dot discs on the inside as a holder for the 1" neodymium disc on the outside, both of which are directly over the eyes. It works equally well to place the discs to the sides of the eyes. This side of the eyes placement of the discs can be used in glaucoma to release the pressure in the eyes. Once the correct placement of the discs is over the eyes, then firmly tape down the magnets on the outside of the magnetic eye & sinus mask.

#### **Uses for the Eye & Sinus Mask**

This magnetic eye treatment is arranged for the treatment of cataracts, glaucoma, infection, floaters, macular degeneration and degeneration of other areas of the eye. Magnetic treatment of the eye is not harmful and has the potential of being

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**Cataract Treatment** - Place the magnets directly over the eyes. Use nightly. Treat nightly for several months and, preferably, it is best to use it nightly as a lifestyle.

**Glaucoma Treatment** - Glaucoma is due to an abnormally high pressure in the eye. Treating with the magnetic field directly over the eyes is anti-inflammatory and is likely to solve the glaucoma problem. If and when treating directly over the eye and within a month to six weeks, the pressure in the eye has not resolved, then treat from the side of the eye. If glaucoma is present, the eye pressure should be monitored and the magnets moved to the side of the eye if the pressure is not being resolved by treating directly over the eye.

**Macular Degeneration Treatment** - Wear the magnetic eye unit over the eye every night as a life-style. It may require a year or more to achieve measurable value. Some people are reporting success when treated less than a year.

**Eye Infection Treatment** - Place the magnetic eye unit over the eyes as near to 24 hours a day as possible. To achieve a 24-hour a day treatment, a set of glasses could be used; place two of the 1" x 1/8" neodymium disc magnets on opposite sides of the earpiece adjacent to the eye. Tape the inner disc to the earpiece of the glasses. Ideal for this treatment are safety glasses or sunglasses that have a flange on the earpiece adjacent to the side of the eye. In treating infection it is important to extend the treatment to 24 hours a day for a minimum of two weeks. In some cases it would be best to draw this out to a month. The duration needs to be long enough to completely kill the infection. Extend the time to whatever is necessary to handle the infection and heal the tissues.

**Cancer of the Eye Treatment** - Cancer requires a 24-hour a day treatment for a minimum of three months. If necessary, extend it as long as is necessary to handle the cancer.

**Diabetic Retinopathy Treatment** - The first consideration should be given to the general treatment of diabetes mellitus as outlined in the *Magnetic Health Quarterly*, *Diabetes Mellitus. The Secret of Prevention and Reversal*. (Vol. III, Second Quarter, 1997. 1998 Revision), *The Ultimate Non-Stress Diet* (Vol. VI, First Quarter 2000) and *Vascular Disorders. The Magnetic Answer*. (Vol. III, Fourth Quarter, 1997). Diabetes will lead to vascular disorders of the heart, the brain and the eyes. These all should be treated at the same time and a 4-day Diversified Rotation Diet is mandatory for the reversal of the diabetes disease process. This is true whether this is Type I or Type II diabetes mellitus. The eyes should be treated at night, and preferably, during the daytime also.

#### **4-Day Diversified Rotation Diet General Information**

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

kalization and more optimally, exposure to a negative (south-seeking) magnetic field, which alkalizes and oxygenates (alkaline-hyperoxia). These alkalization methods can relieve symptoms after they have occurred from the exposure and can also prevent symptoms from developing when the alkalization methods are used prior to an exposure to symptom producing foods, chemicals and inhalants.

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

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

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

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

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

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

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

#### **Polarity**

Always use a negative magnetic field.

#### **Beyond Magnetism**

An acute maladaptive reaction to foods, chemicals, or inhalants has been documented as producing a brief state of acid-

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** hypoxia. In this state there is a production of acid and a failure to process properly the end products of oxidation phosphorylation metabolism. In this state of acidosis, oxygen content is reduced. Maladaptive reactions to foods are the most frequent cause of bouts of acidosis. Degenerative diseases are noted for their acid-hypoxic state. Therefore every effort should be made to maintain a normal alkalinity and normal oxygen state.

Majorities of people are maladaptively reacting to foods in one or more ways, thus producing bouts of acidosis and reduced oxygen. It is the better part of wisdom to follow a 4-Day Diversified Rotation Diet. This program leaves out foods that are used as frequently as twice a week or more for a period of three months. This is based on the assumption that these foods are being re-acted to in some way. It is the frequency of the use that produces the maladaptive reactions. A 4-Day Diversified Rotation Diet is set up to leave out these frequently used foods. After three months, these frequently used foods can be returned to the diet, usually without any symptoms being produced. For further details and the rotation diet, see *The Ultimate Diet* (Vol. VI, First Quarter, 2000) and *Gastrointestinal Disorders* quarterly (Vol. V, Third Quarter, 1999) by William H. Philpott.

All addictive substances should be abandoned such as addictive drugs, alcohol, tobacco and caffeine (coffee, tea with caffeine, chocolate, and soft drinks containing caffeine). Addiction is acidifying.

Carbonated soft drinks are acid producing and should be rarely used. Soft drinks are sweetened with corn sugar and if they are ingested they should be limited to the corn rotation day.

In order to maintain an adequate alkaline state, it is necessary that the minerals that are used in the bicarbonate buffer system be in adequate supply. These are the minerals calcium, magnesium, potassium, and zinc. There are several proprietary preparations that contain these minerals associated with vitamin C as ascorbates. The preferred source of alkali minerals is multi-element mineral ascorbates by Klaire Lab. Use 1/2 teaspoon to 1 teaspoon of one of these powders in one-half glass of water, two times a day. The preferred time to take the alkaline minerals is in the morning on arising and again before going to bed at night. When using this mineral alkaline water, place it on the negative magnetic pole of a 4" x 6" x 1/2" magnet for a minimum of five minutes. This will charge up the water and the oxygen in the water with a negative magnetic field, which will help the body maintain its normal alkaline state.

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

My observations confirm the conclusion that the diabetes mellitus process is a central degenerative disease process. When these degenerative disease conditions are present in a subject who qualifies by traditional accepted diagnostic criteria as having clinically significant diabetes mellitus, these are classified as complications of diabetes mellitus. However, in the compensated stage of the diabetes mellitus disease process, before the classic criteria justifying the diagnosis of clinically significant diabetes mellitus, these conditions are given separate diagnoses. I have observed, and it has been confirmed that degenerative disease complications classic of diabetes mellitus can and do develop before the classic diabetes mellitus criteria are present. Examples are various symptoms, given separate diagnostic names relating to atherosclerotic plaque formation. However it is doubted that

atherosclerotic plaques develop separate from the diabetes mellitus disease process. Amyloidosis of various organs is a consequence of the diabetes mellitus disease process. When these develop before the classic criteria justifying the diagnosis of clinically significant diabetes mellitus they are given separate diagnosis such as amyloidosis of the brain being called Alzheimer's disease. Alzheimer's disease also has hyperammonemia<sup>13</sup> which is classically a manifestation of the diabetes mellitus disease process. Amyotrophy of the clinically significant diabetes mellitus is the same as amyotrophic lateral sclerosis occurring in the compensated stage of the diabetes mellitus disease process. These degenerative disease symptoms are treated in the same magnetic therapy manner whether present before or after the diagnosis of clinically significant diabetes mellitus.

The following deals with the complications of the diabetic disease process including both the compensated and the decompensated stages.

### **Obesity and Hypertension**

Obesity and hypertension are considered together because of their frequent association and common cause. Eighty percent of subjects are obese at the time of their diagnosis of clinically significant diabetes mellitus. A substantial number of these have an associated hypertension. The common denominator between obesity and hypertension is hyperinsulinism. Hyperinsulinism evokes the liver to turn carbohydrates into fats. Thus, excessive calorie intake is not the only reason for obesity but rather converting carbohydrates to fats is also important. Subjects with this problem go on a calorie restricted diet and wonder why they don't reduce at the same rate as others. The answer is that they have to first of all stop the hyperinsulinism by going on a 4 Day Diversified Rotation Diet and then associate this with a calorie reduction diet.

Hyperinsulinism disorders kidney function which produces hypertension. The answer here is to stop the hyperinsulinism by going on a 4 Day Diversified Rotation Diet which leaves out any foods to which they are maladaptively reacting. Chronic exposure to chemicals to which they are reactive should also be considered. The answer for obesity is to first of all follow the basic program as has been outlined plus a calorie restrictive diet appropriate for the body and build of the subject. Add to the magnets that are used when asleep and sitting down, that of placing magnets directly over the fatty areas. The magnets that are usually used for this are a 5" x 12" multi-magnet flexible mat with a 4" x 6" x 1/2" magnet centered on this mat. This can be held in place with a 4" x 52" body wrap or a garment with pockets in it. The time for magnetic treatment is critical, that is, there is no reason to treat the fatty areas other than during sleep. Growth hormone has as one of its functions, that of the capacity to drop the fat from the fat cells. Growth hormone is only high at night during sleep and therefore, the only appropriate time for magnetic treatment of the fatty areas is during sleep. It is important that this sleep be appropriately arranged. In order for proper hormonal function of the production of melatonin and the growth hormone it is necessary for there to be no light in the room and no 60 cycle per second frequency occurring in the room. Both of these cut off the production of melatonin. Growth hormone is under the control of melatonin. Therefore a person should sleep in total darkness. If this cannot be arranged then place a pad over the forehead and the eyes. This will cut out the light. It is important that there not be any electrical instrument in the room that is turned on. There should not be an electric blanket, electric clock or an electric heated waterbed and so forth. Magnets placed over a fatty area are low level in its efficiency but it does encourage

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the fat cells to drop their fat. Of course, it is understood that growth hormone has to be present for this to function. The subject may have to persist for several weeks or months before observing any evidence of reduced fat is present. In fact, it is best for subjects with this problem to use the magnets over the fatty areas as a lifestyle, every night when sleeping. The abdomen is most often treated. Place a 5" x 12" multi-magnet flexible mat crosswise the abdomen over the fatty area. Place centered on top of this a 4" x 6" x 1/2" magnet lengthwise the body. This can be held in place with a 4" x 52" body wrap. Any other fatty areas can also be treated in the same way. A special treatment for hypertension is to first of all, follow the basic treatment program and add to this the magnetic treatment of the kidneys. For this purpose, use a 4" x 6" x 1/2" magnet with the negative (south-seeking) pole facing the body. Place this on the back directly over the kidneys. This can be used day and night. At night, the subject will be on the bed pad. In the daytime, place these magnets over the kidneys. It is best to have a non-stretchable garment with pockets in it that can hold them directly over the kidneys. The more hours of exposure the better. This will not only immediately help the kidneys work better, but also has the effect of healing the kidneys from the damage that has been done by the prolonged exposure to hyperinsulinism.

### **Vascular Diseases**

Macrovascular diseases such as coronary artery disease, cerebral artery disease or peripheral vascular disease require a negative (south-seeking) magnetic field treatment over an extended period of time. A lifestyle of nightly treatment (all night) is preferred.

Cardiac treatment is achieved by placing a 5" x 6" or a 5" x 12" multi-magnet flexible mat over the heart holding this in place with a 4" x 52" body wrap. Place on top of this, directly over the heart, lengthwise the body a 4" x 6" x 1/2" magnet with the negative (south-seeking) magnetic field facing the heart. When hook Velcro is placed on the negative pole side of the magnet the flexible magnet pad and the body wrap will adhere to this hook Velcro, holding this magnet in place. Another method is to place a 5" x 12" flexible mat across the front of the chest including over the heart. Place three mini-block magnets 1-1/2" apart, crosswise on the pad over the heart. Sleep all night with these magnets over the heart. It will take several months to reduce atheromatous plaques and thus reduce symptoms. It is wise to make this heart treatment a nightly lifestyle. This magnetic heart treatment is suitable for any and all cardiac complications such as skipped or irregular beats, angina, cardiac failure, post-coronary occlusion or any demonstrated abnormality of the heart. Mitral valve prolapse is a condition resulting from a swollen mitral valve. This is classically due to maladaptive food reactions. This is treated by the food rotation diet and the application of the negative pole of a negative (south-seeking) magnetic field directly over the heart. Carotid artery narrowing or occlusion is common and is treated with a 5" x 6" or a 5" x 12" multi-magnet flexible mat around the front of the neck. Place on this mat, directly over each carotid artery a disc that is 1-1/2" x 3/8" or a mini-block that is 1-7/8" x 7/8" x 3/8" placed directly over each carotid artery. The suitable time of treatment is at night during sleep.

Cerebral arteries can be treated with a 5" x 6" multi-magnet flexible mat or a 4" x 6" x 1/2" magnet placed over this mat. Apply to the side of the head, back of the head and upper neck. Rotate the areas treated. Apply at night during sleep. When on the back, lean the magnet up against the side of the head. When on the back, place the magnet on the side of the head not on the pillow. Place the 6 inch length of the magnet from the front to the back of the head. When on the side, place a magnet on the low occipital and upper neck. This treats the brain stem area. This treatment is also suitable after a cerebral vascular acci-

dent. Microvascular disease is most often observed as producing symptoms in the legs due to atheromatous plaques at the bifurcation of the aorta where the aorta divides to go down the legs. To treat this, place a 5" x 12" multi-magnet flexible mat across the body over each inguinal area and then place on top of this mat, lengthwise the body, a 4" x 6" x 1/2" magnet directly over each inguinal area. Treat at night during sleep.

The classic reasons given for the development of atherosclerotic plaques are: 1) elevated insulin, 2) elevated blood sugar, 3) hypertriglyceridemia, and 4) glycation (caramelization). At the same time it is acknowledged that the cause of the development of the atherosclerosis is uncertain. This is where my research has clarified this issue. The mechanism of atheromatous plaque formation is on the order of precipitation of amino acids and minerals (mostly calcium). Amino acids are soluble in an alkaline medium and form insoluble gels in an acid medium (2). Calcium is soluble in an alkaline medium and form insoluble crystal precipitates in an acid medium. Atheromatous plaques are a combination of these amino acid and mineral insoluble deposits. The acid state is produced by maladaptive reactions to foods and chemicals. Maladaptive reactions to foods and chemicals has been established by my research as all being acidifying<sup>1</sup>. This is true whether these are immunologic reactions or non-immunologic reactions. The non-immunologic reactions are due to 1) addiction, 2) oxidoreductase enzyme inhibition, 3) oxidoreductase enzyme deficiency, 4) naturally occurring toxins in the foods, or 5) reactions to environmental toxins in chemicals. The answer to these atheromatous producing states is to rotate the foods and avoid the chemicals that are evoking maladaptive reactions and treat the affected area with a negative (south-seeking) magnetic field. A negative (south-seeking) magnetic field normalizes the pH to its normal alkaline state. The application of a negative (south-seeking) magnetic field over the affected area immediately alkalizes the area and gradually, over a period of time due to this alkalization, resolves the atheromatous plaques in which the amino acids and the minerals go back into solution because of the presence of an alkaline medium. A negative (south-seeking) magnetic field reverses free radicals, peroxides, acids, alcohols and aldehydes in which process it also releases oxygen from its bound state back to its usable molecular oxygen state. My research has also demonstrated the evidence that a negative (south-seeking) magnetic field placed over an effected atheromatous or arteriosclerotic area is more effective than EDTA chelation, ozone treatment provided intravenously or otherwise and hydrogen peroxide provided intravenously or otherwise. This is good news as this can be administered at home without the expense of medical supervision in an office procedure.

Microvascular disease consists of capillary basement membrane thickening and accumulation of in-soluble precipitates within the microvascular nets. This microvascular disease condition can develop in any organ including the skin. During deliberate food testing it is quite common to see the development of vasculitis of the skin in response to maladaptive reactions to foods. This same process of vasculitis can occur in any organ system of the body and thus disorder the function of these organs. This is a process occurring in the kidneys which can lead to hypertension. The answer to microvascular disease is to stop the maladaptive reaction to foods by a 4-Day Diversified Rotation Diet. The treatment for these microvascular diseased areas is to place a negative (south-seeking) magnetic field directly over these areas. When treating an internal organ the magnetic field has to be large enough

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** to cover the area and has to also be strong enough to penetrate into the internal organ. The most suitable magnets for this are the 4" x 6" x 1/2" ceramic magnets. The kidneys, liver or any other organ can be treated with these magnets. The duration of treatment would be several weeks or months. Diabetic nephropathy would require the treatment, preferably with the 5" x 12" multi-magnet flexible mats, placed over each kidney with a 4" x 6" x 1/2" magnet placed on top of this directly over each kidney. The more hours of treatment the better. A garment should be made which can hold these magnets in place during ambulatory periods.

#### **Diabetic Retinopathy (Diabetic eye degeneration)**

An assortment of degenerative eye conditions develop as a complication of the diabetes mellitus disease process both in the compensated and decompensated stages. These degenerations include the retina (diabetic retinopathy), cataracts, macular degeneration and glaucoma. Beyond the basic treatment, the eyes need to be specifically treated. This is achieved by placing a 5" x 12" multi-magnet flexible mat across the face which extends also to the sides of the face. The 5 inches is from the forehead to the tip of the nose. This pad is held in place with a 2" x 26" headband. A super neodymium disc magnet is placed over each eye. This magnet is 1 inch across and 1/4 inch thick. In the event that glaucoma is present, place these discs on the side of each eye over this mat. This eye treatment should be a nightly lifestyle during sleep.

#### **Diabetic Neuropathy**

Nerve deterioration may occur in any part of the body as a complication of the diabetes mellitus disease process. The arms, shoulders, neck, legs or feet may be involved. Pain is the most common symptom in neuropathy. The most common area for pain is in the feet. This is sometimes described as a burning pain in the soles of the feet. The placement of a negative (south-seeking) magnetic field over the painful area is the most successful treatment, being superior to the usual non-steroidal anti-inflammatory agents and even superior to narcotics. Magnetic therapy will often relieve the pain where none of these usual pain relieving agents is successful. The magnets used must be larger than the painful area being treated. Usually the ceramic magnets are used for this purpose. For the soles of the feet a 4" x 6" x 1/2" magnet is the most appropriate treatment. The pain may subside in 10-30 minutes or it may take longer. In any event, leave the magnets on until the pain is relieved. The more frequent and the more prolonged the treatment, the better. Leaving the magnets on for an extended period of time beyond the relief of the pain is valuable in that the nerves have to undergo healing.

Amyotrophy consists of injured neurons which eventually die. Muscles enervated by these dying neurons waste and become nonfunctional. This is a painless muscle wasting condition. This occurs in any muscles enervated by spinal neurons. Most often, this occurs first in the lower extremities. When this condition occurs in the compensated diabetes mellitus stage, before the diagnostic criteria of clinically significant diabetes mellitus is present, it is given the diagnostic name of amyotrophic lateral sclerosis (ALS). When the subject has been diagnosed as having clinically significant diabetes mellitus it is diagnosed as a complication of diabetes mellitus with the name of diabetic amyotrophy. In my research I have examined a number of amyotrophic cases and have determined that the amyotrophy of the diabetes mellitus disease and ALS are one and the same. Monitoring demonstrates that they all have disordered carbohydrate metabolism and that they all have hyperinsulinism and that they all have hyperammonemia. As a part of my research program, it was routine for me to examine venous and arterial blood for ammonia two hours after an 80% protein meal. This was done on thousands of patients. This was how I dis-

covered that the amyotrophic cases, whether diagnosed as ALS or as complication of diabetes mellitus had this common denominator of hyperammonemia. Ammonia is known to be highly neurotoxic. Ammonia is of necessity removed from all amino acids and processed through the urea cycle. It is supposed to be processed through the kidneys as a nontoxic urea. I also demonstrated that in these cases, the defect in the urea cycle was at the last enzyme function which involves manganese and arginine. Even though this defect is here, this is in response to maladaptive reactions to foods of which the stress produced the deficiency of manganese and arginine and therefore, the enzyme processing the ammonia into urea was lacking in its normal functional catalytic capacity. Therefore, the ammonia never was processed into urea and remained high in the blood. The answer is, first of all to rotate the foods on a four day diversified basis. It is also wise to supplement manganese and arginine. Although, reliance on supplementing arginine and manganese without rotating the foods is not going to achieve the optimum function of the urea cycle. Diabetics in the decompensated stage characteristically have hyperammonemia. A lesser number in the compensated stage also have hyperammonemia. This is demonstrated by an 80% protein meal with the examination for the blood ammonia occurring at two hours, post-stress meal. Autopsy examinations of amyotrophy lateral sclerosis cases has demonstrated the consistent presence of ammonia at the site of the deteriorated neurons. The ammonia at the site of the dead neurons is consistent whereas, the deposits of metals such as aluminum is not consistently present. Therefore, it is concluded that the known neurotoxic qualities of ammonia is the cause of amyotrophy whether this is in amyotrophic lateral sclerosis or in classically diagnosed diabetic amyotrophy.

As far as we know or at least as it is viewed practically at this point, when the neurons are dead they cannot be replaced. This may not be true but it is at least a practical way of looking at it at this time. Obviously, the therapeutic goal is to first of all, stop this hyperammonemia so as to stop the killing of neurons. The second goal is to reverse the state of the neurons that have been injured but are not yet dead. By reversing the injured state of neurons that are not yet dead there can be some degree of recovery and there also can be the prevention of the progression of the disease process. Therefore, it pays to treat the spine with a negative (south-seeking) magnetic field. Whenever sitting down, sit on the comfort chair pad that has magnets in the seat and the back. It would also be wise to add to this for the thoracic and the cervical spine, a multi-purpose pad that consists of mini-block magnets that are 1-1/2 inches apart. Therefore, when sitting down, sit on the magnetic chair pad and also place over the thoracic spine, cervical spine and upper part of the neck this multi-purpose pad. The more hours of treatment, the better. The basic program as outlined above must be followed. This will of course, provide a magnetic field at night when asleep on the entire spine and head. The basic program must be followed faithfully which includes the 4 Day Diversified Rotation Diet. The supplements must also, of necessity, include manganese and arginine.

After discovering this hyperammonemia component of amyotrophy, I doubt the wisdom of eating a high protein meal such as a whole meal of beef. I view that there is a danger in producing hyperammonemia in both the compensated and decompensated stages of diabetes mellitus by eating a high protein meal. I don't believe protein should constitute more than one-fourth of a meal.

#### **Infections**

The skin of diabetics is not healthy and quite commonly, especially in the feet, ulcers will develop which have a mixed type of bacterial and fungal infections. This can be sufficiently disordering

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** as to produce gangrene. Beyond the basic treatment as described above, the local area should be treated with a negative (south-seeking) magnetic field. This treatment works surprisingly well. An example is a man in the deteriorated state of diabetes with gangrene of a foot of such an extent that surgical removal of the foot was scheduled. After placing a 4" x 6" x 1/2" magnet directly over this gangrenous lesion there was a significant reversal even within one week. With further treatment, the lesion healed. The negative (south-seeking) magnetic field has an antibiotic effect against any type of bacterial, any type of fungus and any type of virus. Negative (south-seeking) magnetic field therapy requires two weeks minimum of 24-hour a day exposure to handle a local infection.

Further consideration should be given to using the acid water spin-off from the electrolysis of the instrument producing alkaline micro water. The acid water that comes out of this instrument has a pH of less than 3. This exceeds the acid tolerance of microorganisms and yet, does not injure human skin cells. This can be used as a wash for infected areas of skin.

#### Final Word

I have determined by research that the diabetes mellitus disease process consists of two stages, 1) the compensated stage and, 2) the decompensated stage.

The compensated stage has a brief 3-4 hour hyperglycemia/hyperinsulinism with a drop to hypoglycemia after 3-4 hours. This stage is often called hypoglycemia, carbohydrate intolerance, hyperinsulinism or chemical diabetes mellitus. The same complications of clinical diabetes can and often do occur in the compensated stage before and or without the final decompensated stage occurring.

The decompensated stage is the stage in which the classic diagnostic criteria of clinically significant diabetes mellitus occur.

Acute acidosis is the common denominator of maladaptive reactions to foods, chemicals and inhalants. This acute acidosis is true no matter what the mechanism is that is causing the reaction such as immunologic or one of several non-immunologic mechanisms. Chronic degenerative diseases such as diabetes mellitus and its complications are pure and simply observed to be an extension in time of acute maladaptive reactions. This was determined by a 5 year research study (1,14) and also confirmed <sup>6</sup>. Swollen cells secondary to maladaptive food reactions produces hyperglycemia and an associated hyperinsulinism. Insulin resistance is observed to be secondary to cellular edema associated and caused by maladaptive reactions to, mostly foods and to a lesser extent to chemicals and inhalants.

Insulin resistance is secondary to cellular edema caused by maladaptive reactions to foods mostly, and to a lesser extent to chemicals and inhalants. Insulin resistance disappears when maladaptive symptom reactive foods are left out of the diet for a period of 3 months and when returned are kept on a 4 day basis. It is the frequent eating of a food that causes a maladaptive reaction no matter whether the reaction is immunologic or non-immunologic. Therefore, a 4 Day Diversified Rotation Diet stops the insulin resistance. Furthermore, the rotation diet is essential to maintain an optimum pH since these reactions are acidifying. Any method that aids in stabilization of maintaining an optimum alkaline pH helps prevent and reverse the degenerative disease process. The rotation diet is necessary to stop the hyperinsulinism which results in hypertension and obesity. Calorie reduction associated with the 4 Day Diversified Rotation Diet can effectively reduce obesity.

Negative (south-seeking) magnetic field therapy has the value of 1) alkalization by the activation of the bicarbonate buffer system, 2) oxygenation of the area involved by energy

activation of the oxidoreductase enzyme system by reversing free radicals, peroxides, acids, alcohols, aldehydes and thus releasing oxygen from its bound state in these products to its metabolically useful molecular oxygen state, 3) energy activation of the oxidoreductase enzymes producing adenosine triphosphate and oxidative remnant magnetism [a negative (south-seeking) magnetic field], 4) a reversal of disordered metabolism producing degenerative disease states, 5) healing of injured cells, and 6) antibiotic value against all pathological microorganisms.

The system described can prevent and reverse the diabetes mellitus disease process. An injured pancreas in which the islet cells produce less than 9/10 of their capacity is an exception to the rule. Whether the pancreas can heal and can further develop islet cells is at this point unknown.

#### THE GOOD NEWS IS THAT A 4-DAY DIVERSIFIED ROTATION DIET CAN REVERSE TYPE II DIABETES MELLITUS AND ALSO MATERIALLY AID IN CONTROL OF TYPE I DIABETES

THE GOOD NEWS IS THAT A NEGATIVE  
(SOUTH-SEEKING) MAGNETIC FIELD MATERIALLY AIDS  
IN REVERSING AND CONTROLLING TYPES  
I & II DIABETES MELLITUS AND ALSO IN  
REVERSING THE SYMPTOM COMPLICATIONS OF BOTH  
TYPES I & II DIABETES MELLITUS

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