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***Introduction and Orientation for All
Magnetic Health Quarterly Publications***

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William H. Philpott, M.D.

FIRST IMPORTANT NOTE

The first 17 pages are introductory in nature and to be found at the beginning of each of Dr. Philpott's works.

It's important that you read and understand these basic principles before you study beyond page 17.

If you are thoroughly familiar with these first 17 pages, and understand their contents, then by all means, start with page 18.

SECOND IMPORTANT NOTE

All of Dr. Philpott's books, including this one, can be ordered directly from him at 17171 S.E. 29th Street, Choctaw, OK 73020; (405) 390-3009.

Appropriate magnets can also be ordered from the same source. See Magnetic Catalog entitled "Polar Power Magnets" Catalog #18, this site. We've added to this catalog several pages relevant to costs.

Dr. Philpott says that he will be pleased to answer questions by telephone. Information

WHAT MAGNETIC THERAPY IS

Magnetic therapy is magnetic-electron-enzyme catalysis therapy. Static magnetic fields move electrons which rotate resulting in a magnetic-electron energy field. Static negative magnetic field electrons spin in a 3-dimensional spiral counterclockwise rotation. In a static positive magnetic field, electrons spin in a 3-dimensional spiral clockwise rotation. A positive magnetic field energizes acid-dependent enzymes. A negative magnetic field energizes alkaline-dependent enzymes. Biological response to a positive magnetic field is acid-hypoxia. Biological response to a negative magnetic field is alkaline-hyperoxia. Alkalinity maintains calcium and amino acid solubility and reverses insoluble deposits of calcium and amino acids in such as arteriosclerosis, spinal stenosis, around joints, amyloidosis, Alzheimer's, etc.

The energy activation of biological enzymes is magnetic therapy

WHAT MAGNETIC THERAPY DOES

The biological response to a static positive magnetic field is acid-hypoxia. The biological response to the static negative magnetic field is alkaline-hyperoxia. Positive magnetic field therapy is limited to brief exposure to stimulate neuronal and catabolic glandular functions. Positive magnetic field therapy should be under medical supervision due to the danger of prolonged application, producing acid-hypoxia.

Negative magnetic field therapy has a wide application in such as cell differentiation, healing, production of adenosine triphosphate by oxidative phosphorylation and processing of toxins by oxidoreductase enzymes and resolution of calcium and amino acid insoluble deposits. Negative magnetic field therapy is not harmful and can effectively be used both under medical supervision and self-help application.

Some of the values of magnetic therapy are:

- Enhanced sleep with its health-promoting value by production of melatonin.
- Enhanced healing by production of growth hormone.
- Energy production by virtue of oxidoreductase enzyme production of adenosine triphosphate and catalytic remnant magnetism.
- Detoxification by activation of oxidoreductase enzymes processing free radicals, acids, peroxides, alcohols and aldehydes.
- Pain resolution by replacing acid-hypoxia with alkaline-hyperoxia.
- Reversal of acid-hypoxia degenerative diseases by replacement of acid-hypoxia with alkaline-hyperoxia.
- Antibiotic effect for all types of human-invading microorganisms.
- Cancer remission by virtue of blocking the acid-dependent enzyme function producing ATP by fermentation.
- Resolution of calcium and amino acid insoluble deposits by maintaining alkalization.
- Neuronal calming providing control over emotional, mental and seizure disorders.

"Magnetic therapy has been observed to have the highest predictable results of any therapy I have observed in 40 years of medical practice."

William H. Philpott, M.D.

ABOUT WILLIAM H. PHILPOTT, M.D.

William H. Philpott, M.D. has specialty training and practice in psychiatry, neurology, electroencephalography, nutrition, environmental medicine and toxicology.

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He is a founding member of the Academy of Orthomolecular Psychiatry. He is a fellow of the Orthomolecular Psychiatric Society and the Society of Environmental Medicine and Toxicology, and life member of the American Psychiatric Association.

Between 1970 and 1975, he did a research project searching for the causes of major mental illnesses and degenerative diseases, which resulted in the publication of the books, *Brain Allergies* and *Victory Over Diabetes*.

Retiring in 1990 after 40 years of medical practice, he has engaged in research as a member of an Institutional Review Board, which follows FDA guidelines. In this capacity, he guides physicians and gathers data on the treatment and prevention of degenerative diseases using magnetic therapy.

The Linus Pauling Award was presented to William H. Philpott, M.D. in 1998 by the Orthomolecular Health Society, "for his scientific leadership and scholarship spanning the entire history of orthomolecular medicine."

Dr. Philpott says, "When I graduated from medical school, the guest speaker stated, "We have taught you what we know. It may well be that half of what we have taught you is not so. But we don't know which half is so and which half is not so". I learned so much in medical school that I was proud of my acclimation of knowledge. Was this speaker for real or simply a learned clinician acting out a false humility? As I marched down the aisle of graduation from medical school, I was proud of my increased amount of knowledge I had gained. I was especially proud of knowing about medications that were known to relieve headaches. Surely among these medications for headaches was an answer for my mother's headaches. I thought that now I have a solution to the lonely hours I spent as a preschooler while my mother was in bed in a dark room. I was all alone wondering how I could help my mother.

"I specialty trained in neurology and psychiatry and had a flourishing practice in these specialties. After fifteen years of practice, I began to wonder why we had so few answers that worked. There was shock treatment for severely ill patients. I gave over 70,000 of these. There were tranquilizers emerging in the late 50's and early 60's. I used these by the bushels on my mental patients. The efficiency was low and the side effects of tranquilizers were astoundingly frightening. One tranquilizer in an ad in a medical journal claimed less side effects than another tranquilizer and yet it took one-half page of fine print to list the side effects of this proposed better tranquilizer.

"I had six therapists (psychologists, social workers and sociologists) seeing my patients in individual and group therapy. The level of results in schizophrenia and manic-depressives was especially discouraging. In the early 60's, behaviorism came to the rescue in helping some neurotics in the ability to train out their symptoms. What about psychosis for which behaviorism had little help? Electric shock proved to have some temporary help. Tranquilizers were of minor help and the side effects were appalling. Obviously, our system was often even making our patients develop physician-induced illnesses. This was particularly troubling with a five-fold increase in maturity-onset diabetes mellitus when using tranquilizers. Were there answers not learned in residency training that we were ignoring?

"In my third year of medical school in 1949, while attending a small group session at Los Angeles County General Hospital, an allergist made the observation about a patient with anxiety whom he fasted for five days during which her anxiety symptoms left. When he exposed her to a test meal of one of her frequently eaten foods, her anxiety returned. He asked, what is the diagnosis? I was studying medicine with the expressed pur-

pose of becoming a psychiatrist. I spoke up, giving the diagnosis of anxiety-neurosis. He said, "No. This is a food allergy". The rumor was that this allergist had ideas that most of my instructors did not agree with. I dismissed his diagnosis until twenty years later (1969).

"In my second year of psychiatric residency training, I read the book *Neurosis* by Walter Alvarez, M.D. In this book, he describes headaches and many symptoms of neurosis and psychosis occurring during deliberate food testing. I could not believe this. I thought Dr. Alvarez made a fool of himself. After all, he was an internist, not a psychiatrist and why was he dabbling into psychiatry. I dismissed his observations and didn't look at this book again for 16 years. I was wrong for ignoring him.

"I learned behaviorism from Joseph Wolpe, M.D. He and I shared the opinion that schizophrenia must be organic in origin. In 1965, he sent me an article by Theron G. Randolph, M.D.

"Amazingly, Dr. Randolph described many mental and physical symptoms as disappearing on a five day fast and re-emerging during food tests on deliberate food tests of single foods. I set this article aside as impossible.

"In 1969, I was a consultant to a boarding school of some 100 socially and educationally disordered adolescents. I was responsible for a neurological and psychiatric examination on each student. One-third either were or had been psychotic. Saul Klotz, M.D. Internist-Allergist was responsible for their physical needs. He proposed to me that we do a double-blind study to determine the extent to which food allergies and non-allergic hypersensitive reactions related to their numerous symptoms. Together we did a double-blind study using food extracts. The results were overwhelmingly positive. I now had to consider how wrong I had been by ignoring the evidence that had come to me through the years concerning maladaptive reactions to foods and symptom-production.

"I was invited by a private psychiatric hospital to set up a study to determine the causes of schizophrenia. Based on the double-blind study of Saul Klotz, I initiated a study of the relation of foods to symptoms in my mental patients. To this, we added a nutritional survey and a survey for infectious agents. This research followed the advice of Theron G. Randolph, M.D. of a five day fast preceding food testing of single foods. This study resulted in the publication of two books, *Brain Allergies* and *Victory Over Diabetes*. From 1970 through 1990, I tested thousands of both psychiatric and non-psychiatric patients with a five day fast followed by deliberate food testing. The patients were monitored for pH changes and blood sugar changes. Viruses, especially Epstein-Barr, cytomegalovirus and human herpes virus #6 emerged as being consistently in our mental patients and those with more serious physical symptoms. All patients maladaptively reacting to foods had some degree of carbohydrate disorder. Maturity-onset diabetes emerged as the end result of prolonged reactions of food addiction. The brain/gut relationship was obvious.

"Therefore, during my testing I observed many minor to major gut reactions to foods. In 1973, a schizophrenic young man entered my research program. His father, president of a bank in Houston, was so impressed by his son's recovery that he proposed a \$4,000,000 research program using my method of treatment. This money was to be provided to the medical school at Galveston over a four year period. I was invited to Galveston to do the project. However, I was satisfied with my current research program and decided not to move to Galveston for it. I went to Galveston and explained my system of diagno-

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“To my amazement, they didn’t do anything I had outlined. Instead, they diverted the money to other projects but did do a Rossette test on a few schizophrenics. The results are published in the book, *The Biology of the Schizophrenic Process* edited by S. Wolfe. The conclusions from the Rossette test is that schizophrenia is either an immunologic reaction or a viral infection since both of these look the same on the Rossette test. This did confirm my findings but disappointingly, did not provide a statistical value of my treatment.

“It is a strange phenomena that there is inherently a resistance for doctors to recognize the relationship between foods and the development of both acute symptoms and chronic degenerative diseases. Some say they are waiting for more evidence such as more double-blind studies or the resolution of conflicting data. It appears to me that this waiting for evidence which really is already here in abundance, is not really the central problem.

“The problem is that it is hard for doctors to change their behavior once they have learned a comfortable set of routines. Doctors, by and large, have obsessive-compulsive personalities. This serves them well in their massive amount of learning that they need to do during medical school and residency training, however, it also serves as a handicap in making changes. The physician becomes comfortable with a set of routines and uncomfortable with making any changes. Also, there are outside pressures such as, if a specialist changes his routines, he will lose some of his referral resources. Physicians, for many reasons, find it difficult and anxiety-producing, to make changes. In my opinion, this mediates against progress more than any other thing.

“The addition of magnetic therapy to my ecology and infection program became a natural. It had been demonstrated by Albert Roy Davis that a negative (south-seeking) magnetic field both alkalizes and oxygenates the biological system. I had already determined by my monitoring that symptom-producing reactions to foods or chemicals was acidifying and oxygen-reducing. I used alkalizing agents such as soda bicarbonate and oxygen to relieve symptoms. I found that a negative (south-seeking) magnetic field was more predictable in relieving symptoms than alkalization with soda bicarbonate. I had demonstrated that degenerative diseases were simply the extensions in time of the acute reactions in which the disordered chemistry of the acute reaction and of the chronic disease having the same symptoms was identical. It became logical then to extend the time of the application of a negative (south-seeking) magnetic field to reverse and heal degenerative diseases along with avoiding the foods, being well-nourished and treating the viral infections. I was delighted to find that a negative (south-seeking) magnetic field will kill microorganisms whether they are viruses, fungi, bacteria, parasites or cancer cells. Gastrointestinal disorders encompass diseased conditions of the entire gastrointestinal tract (gastrointestinal) from mouth to anus and in organs associated with the gastrointestinal tract such as the gallbladder, liver, and pancreas, emptying excretory contents into the gastrointestinal. The diagnostic classification of these gastrointestinal disorders encompass such as 1) infections, 2) immunologic reactions, 3) the minor gastrointestinal reflux states and irritable bowel disorders as well as the major inflammatory bowel diseases (celiac disease, Crohn’s disease and ulcerative colitis).

“Viral infections, especially noted as herpes simplex I

with lesions on the lips and mucous membrane of the mouth, chronic bacterial infections of the mucus membrane of the mouth and the gums around the teeth, and acute bacterial infections of the mouth and throat such as acute streptococcus infection. The esophagus can be acutely or chronically infected the same as the mouth. The stomach and duodenum can be infected with helicobacter pylori producing ulcers. The gallbladder and pancreas can be acutely or chronically infected with microorganisms. The liver can be acutely or chronically infected with microorganisms, especially noted is viral hepatitis. Cirrhosis of the liver can develop secondary to these infections and or due to the processing of toxins. The anus and adjacent colon can be infected with microorganisms. The small and large colon can be infected with viruses, bacteria, fungi and parasites.

“There are several specific identifiable bacteria that can cause diarrhea and inflammation of the colon. There are specific antibiotics useful in killing these bacteria. My objective observation is that a negative (south-seeking) magnetic field can kill all types of microorganisms (viruses, bacteria, fungi and parasites). This fact is fundamental in understanding the value of magnetic therapy. It is logical to use antibiotics specific for each infection. Magnetic therapy using a negative (south-seeking) static magnetic field and colloidal silver providing a negative (south-seeking) static magnetic field can be used along with the specific antibiotics or used without the antibiotics.”

William H. Philpott, M.D.’s Response upon receiving the Linus Pauling Award

“I really thank you a lot for this. I just wanted to say that Linus Pauling was a friend of mine and he wrote the foreword to my book, *Brain Allergies* and I thought I would just read a little bit of this so that you would see his attitude towards my work.”

“The concept that a change in behavior and in mental health can result from changing the concentrations of various substances that are normally present in the brain is an important one. This concept is the basis of orthomolecular psychiatry, a subject that is treated in considerable detail by Dr. William Philpott and Dwight Kalita in their book, *Brain Allergies*. The other general concept, also a closely related one, is that of human ecology. The idea is that substances in our environment can have a profound effect on mental health and behavior. These can be introduced into the environment as a result of our technical culture.”

“I just wanted you to realize that Linus Pauling did appreciate ecology and nutrition both, and said so in this forward to my book. We shared that as a common interest. I have been the one that was responsible for introducing ecology to orthomolecular medicine and the orthomolecular ideas to ecology medicine. I have been a catalyst in getting orthomolecular medicine and environmental toxicology medicine together. This organization needs to, and is, furthering the interest of Linus Pauling and this very important focus in medicine. It will make a difference and I want to congratulate all of you for this interest; keep it growing because it will become a more substantial part of medicine.”

Ethics of Magnetic Diagnosis and Therapy

Magnetic instruments that have been cleared by the FDA and can make claims of value within the limits of their clearance -- these FDA cleared instruments include but are not exclusive to MRI, XOMED hearing aid, TENS class of instruments, diapulse, nerve testing instruments, Magneto encephalogram, Magneto cardiogram, etc. Industrial magnets have not been cleared as medical instruments and cannot claim cure for any condition or disease. Research is in process to enlarge the scope of claims of value of magnetic therapy. The person using magnets to treat a disease needs to become party to a medical supervised magnetic research project. The

Depth of Penetration / Gauss Field Strength

Antibiotic and anti-cancer therapy require a minimum of 25 gauss. The higher the gauss strength, the more therapeutic.

All measurements are made at the center of the product

Product	Surface	1/2"	1"	1 1/2"	2"	3"	4"	6"	8"	
14" x 25" Multi-	324	100	40	25	15	12	10	8	6	
14" x 25" Multi-Purpose Pad w/ a 4" x 6" x 1/2"	450	190	112	80	60	40	25	15	10	
Mega-Field	70	25	15	8	6	5	4	3	-	
4" x 6" x 1/2"	280	230	180	140	112	70	45	23	15	
4" x 6" x 1"	525	450	355	275	210	125	75	35	25	
Power Disc	840	375	135	65	30	16	10	4	-	
Mini Block	730	260	98	44	23	7	3	-	-	
Low-Profile	1250	325	86	29	15	5	-	-	-	
Two stacked Low-Profile	2130	550	145	50	20	10	3	-	-	
Soother Flex Mat	135	35	20	15	10	4	-	-	-	
Deep Penetrating	200	70	40	30	23	15	10	5	-	
Deep Penetrating Soother Flex Mat w/ 4" x 6" x 1/2"	400	245	180	135	105	65	37	15	7	
2 - 4" x 4"	100	89	68	48	34	13	6	-	-	
4 - 4" x 4"	210	180	140	94	65	32	13	4	-	
Bed Grid**	25 Gauss at 28" above the bed -						-	-	-	■
Super Hat	-	-	-	-	-	-	65*	-	-	

*This is a measurement taken at the equidistant center inside of the hat. All other measurements are unnecessary.

** The 70-magnet Bed Grid supplies a therapeutic value magnetic field of 25 gauss up to 18" away from the surface of the bed.

†Measurements were made with a GM-1A Gauss Meter, Manufactured by Applied Magnetics Laboratory - Baltimore, MD

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior magnets used as described in *The Magnetic Health Quarterly* are industrial magnets for which no claim of cure of disease is made. The application of industrial magnets for sleep and pain is a popular self-help application. The magnetic treatment of diseases demands medical supervised diagnosis and treatment in link with a research institutional review board following FDA guidelines for research. William H Philpott, M.D. presents his observations, theories, research protocols and answers to questions for consideration in the hopes of making progress in the application of Magnetic Therapy. Those interested in becoming party to the magnetic research project should contact William H. Philpott, M.D. The goal of research is to firmly establish magnetic therapy as a part of traditional allopathic medicine, which will popularize the application of and provide for insurance coverage for magnetic therapy.

Those choosing to proceed with use of magnets for medical purposes without medical supervision do so on their own responsibility. There is no restriction of the purchase of magnets for whatever reason they are used. There is no restriction on the writing, releasing, acquiring or purchasing of information about magnets.

Disclaimer

I do not claim a cure for any degenerative disease or even guarantee relief of pain or insomnia by means of magnets. My only claim is that there is evidence justifying a definitive controlled research project following Federal Food and Drug Administration (FDA) guidelines to determine the value and limitations of magnetic therapy. These guidelines require a physician diagnosis and physician monitoring under the supervision of a Scientific Institutional Review Board. The application of magnetic fields to humans has been approved by the FDA, which were based in part on toxicology studies, and has been classified as "not essentially harmful".

How Dr. Philpott Changed His Medical Practice

This *Magnetic Health Quarterly* represents my personal focus on health maintenance and disease reversal that has developed from my four years of basic medical school education, specialty training in neurology, psychiatry, allergy-immunology, forty years of medical practice, and my post-retirement research that guides physicians in an examination of the values of static magnetic field application to prevent and reverse degenerative diseases. I am proud to be a medical physician and I am convinced that medical science has a central truth about health maintenance and disease. The improvement in medical practice during my period of practice and observation has been tremendous. Beyond the progress what can and what should we incorporate in established scientific knowledge to the practice of medicine? This *Magnetic Health Quarterly* is involved with what I have observed that has been largely ignored or left out in spite of the abundance of information on the respective subjects. I have systematically recorded my observations concerning these neglected areas.

The public, through their congressional representatives have mandated the National Institutes of Health to widen its scope of research to include promising alternative areas beyond the current traditional application of medical science. This is a wise move since there are valuable alternative areas that have been neglected or ignored. To fulfill its mandated obligation, the National Institutes of Health have appointed advisory committees in important scientific areas to provide guidelines for research. One of the advisory committees is the Electromagnetic Committee, which includes five Ph.D. physicists, and two M.D.'s knowledgeable in electromagnetics. The two M.D.'s are Robert O. Becker, M.D. and myself. Based on the recommendations of this committee, research projects financed by NIH grants are in process.

Biochemistry has become more readily understood than biophysics. Biochemistry has developed many promising, symptom-relieving agents and synthetic replacements for the failing human system. Biochemistry has helped us come to understand the role of nutrition, the role of oxygen, and the roles of many, many more necessary biochemical functions of human metabolism. There are great economic rewards for those marketing these valuable biochemicals. Biophysics has more slowly progressed in its medical applications. The current medical horizon holds the promises of biophysics being equal to or even superior to the therapeutic values of biochemistry. This emerging promise of values especially relates to the biological responses to magnetic fields. The values of biological responses to heat and cold have been well incorporated into physical medicine while the biological responses to magnetic fields has been neglected.

The biological response to magnetic fields has been, to a considerable degree, a mystery until recently. Medical science has been using magnetism without knowing it was using magnetism. Examples are such as electro-convulsive therapy used in mental illness. We can now understand that electricity produces magnetic fields. For example when an electric current produces a high neuronal exciting positive (north-seeking) magnetic field it produces a seizure, following which the brain switches its magnetic polarity from a usual positive (north-seeking) to a negative (south-seeking) magnetic field for a few minutes. This electromagnetic-produced general anesthesia calms neuronal functions and relieves mental symptoms. The thousands of enzyme catalytic reactions occurring in human physiology are energy-driven by magnetic fields. By understanding magnetic field energy enzyme catalysis, we no longer assume some mysterious, spontaneous enzyme catalysis, but instead, with this new knowledge, magnetic fields can be harnessed to energy-drive specific desired enzyme catalysis. Thus, a static negative (south-seeking) magnetic field can be arranged to produce melatonin and growth hormone during sleep. A static negative (south-seeking) magnetic field can be harnessed to enzymatically produce adenosine triphosphate (ATP) and reverse the inflammatory consequences of oxidation reduction end-products (free radicals, peroxides, acids, alcohols and aldehydes) in which oxygen is released from its bound state in these inflammatory products.

It is universally true that no one wants to admit that they have symptoms from the favorite foods they are eating. They ask, how could a food that makes me feel good when I eat it, make me sick 3 or 4 hours later? To most people, this is unbelievable. Physicians are, equally with their patients, resistant to accepting maladaptive reactions to foods as a cause of their symptoms. The physician is taught to look everywhere else than foods and also if it is foods there is likely little or nothing that can be done about it, thus, symptoms produced by maladaptive reactions to foods is a grossly neglected area in therapeutic medicine.

A significant aspect of this dilemma of dismissing food reactions as causes of acute symptoms and degenerative diseases is inherent in the change that occurred in the 1920's when antibodies and complement disorders were discovered. Up to that time, an allergic reaction was simply a symptom production by an exposure to a substance. After this discovery of isolatable immune mechanisms as an explanation for allergy, allergic reactions lost their mystery. They went from no known cause to known immunologic causes. In terms of symptoms from food reactions, those without discernable immunologic

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factors were dismissed as imaginary or psychosomatic and so forth. Only in more recent years, has there emerged evidence of non-immunologic causes of symptoms from foods. These are now being referred to as non-immunologic sensitivities or addictions. The resistance to accept food reactions as the cause of symptoms remains only in the minds of patients and physicians alike.

In the 1940's, Albert Rowe, M.D., Allergist, of San Francisco, observed the relationship of non-immunologic food reactions producing symptoms. He used an initial avoidance followed by a rotation diet to handle these symptoms. In 1950, I attended, along with a dozen other senior medical students, a presentation by Alfred Rouse, M.D., an Allergist. He presented a case of a woman who became anxious when given a specific food. He asked our class, "What is the diagnosis?" I was studying medicine with the specific intention of becoming a psychiatrist. I answered his question with, "This is an anxiety neurosis." He rejected my diagnosis and to my surprise, maintained pleadingly, that an allergic reaction was involved. At the time, all I obtained from this was that he had ideas that were different than most of my instructors and therefore, I dismissed his hypothesis.

In 1952, while a resident in psychiatry, I read a book written by Walter Alvarez, M.D. entitled, *The Neuroses*. I was interested in what this honored internist at Mayo Clinic was saying about neuroses. Surprisingly, he devoted several pages to describing headaches, dulled brain function and emotional reactions to many different types to food reactions. At the same time in my residency training, all of my instructors were completely ignoring these possibilities. At the time, I thought Dr. Alvarez had made a fool of himself. He wasn't a psychiatrist. Why would he be drawing all of these conclusions that had a bearing on psychiatry?

In 1966, my friend Joseph Wolpe, who is referred to as the father of behaviorism, sent me a paper by Theron G. Randolph, M.D. In this paper, Dr. Randolph described fasting patients for five days and when feeding them meals of single foods, many symptoms emerged including the major symptoms of schizophrenia, manic-depression and neuroses. At the time, I thought this was impossible and I set the paper aside. It was four years before I read this paper again.

In 1970, I was a consultant to a school treating adolescents who were socially and educationally disadvantaged. Saul Klotz, M.D., Allergist, proposed that we do a double-blind study on these patients to see if any of their symptoms related to food reactions. This double-blind study was overwhelmingly positive, and from this I was encouraged to initiate a five-year study into the relationship between reactions to foods, chemicals and inhalants to mental symptoms. This resulted in my book, *Brain Allergies*. I was encouraged to do this project by Theron G. Randolph. I reviewed the writings of Herbert Rinkle, Frederick Spears, Walter Alvarez, Howard Rappaport and others. Marshall Mandell spent one day a week for five years supervising my examination of my patients. I followed Theron G. Randolph's method of fasting for five days followed by test exposures to single foods for the next month. The evidence was overwhelming. This study confirmed the allergists who had made observations of the emergence of emotionally and even mentally disordered symptoms due to food reactions, chemicals and inhalants.

Quite unexpectedly, I made another observation that resulted in my book, *Victory Over Diabetes*. The maturity-onset diabetic patients among my mental patients, not only had the

clearance of their mental symptoms but also the reversal of their diabetes. It became clear that maturity-onset; non-insulin type diabetes mellitus is the product of food addiction. John Potts followed up on this with four excellent statistical studies all of which were published in the abstract issue of the *Journal of Diabetes*. There then followed what to me is a strange phenomenon. Even though this work was done the right way and published in the right place, it had no serious impact on the practice of medicine. Here I had demonstrated conclusively that maturity onset diabetes is due to food addiction and that a 4-Day Diversified Rotation Diet routinely reversed diabetes mellitus and that following such a diet prevented the development of diabetes mellitus. Yet, it was virtually ignored. This again, shows how difficult it is to establish a new system of therapy. You are met with all the resistance of the already established method, even though a new method is demonstrated to be superior.

It is a strange phenomenon that in spite of this knowledge about maladaptive reactions to foods and the role of addiction in these foods, we still have numerous diets to reduce weight or to treat diabetes, which ignore food addiction as the driving force of the compulsion to eat specific foods and overeat. Diets that do not honor and properly treat food addiction drives the person, first of all, into the early stage of the diabetes mellitus disease process such as hypoglycemia and the later stage of hyperglycemia given the diagnostic name of diabetes mellitus type II. Properly engineered, the 4-Day Diversified Rotation Diet with the help of magnets initially relieves the symptoms of addiction so the person is comfortable while overcoming their addiction, help in retraining the compulsion to overeat will not only manage obesity but also prevent or reverse type II diabetes mellitus. It is known that approximately 80% of patients, at the time they are diagnosed as having maturity onset-type diabetes mellitus Type II, are obese. It was interesting for me to observe that the reversal of the diabetes mellitus in my patients was not dependent on weight reduction. The diabetes mellitus disappeared within five days as soon as the subject had gone through the food addiction withdrawal phase. There was, at that time, no time for weight reduction to have occurred. Obesity is a stress and should be reversed but it is not obesity as such that makes the person diabetic. It is food addiction.

THE THERAPEUTIC SIGNIFICANCE OF NEGATIVE MAGNETIC POLARITY AND NEGATIVE ION POLARITY HOW NEGATIVE IONS ARE FORMED IN NATURE

The atmosphere, and even within biological systems, is flooded with free static field electrons. There are electromagnetic conditions both in the atmosphere and within biological subjects which turn these static electrons to have either a positive or a negative polarity. In the positive polarity, the electrons are spinning clockwise. In the negative polarity, the electrons are spinning counter-clockwise. The activated electrons attach to particles that are available and produce ions, either positive or negative. Before and during a storm, the atmosphere is flooded with positive ions. The biological response of both animals and people to these positive ions is well-documented as producing tension, anxiety, depression and in cases of predisposed illnesses, physical or mental, the symptoms of the illness are worsened. After a storm is over, then the atmosphere is flooded with negative ions in which both animals and people respond with a sense of comfort and symptom-reduction.

In many parts of the earth, there are waters that have been known for their healing value. A volcanic mountain is a negative magnetic field and is in fact, a magnet. The volcanic mountain is a negative

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magnetic field and the molten mass beneath the volcano is a positive magnetic field. Water that filters down through the volcanic ash of this negative magnet mountain carries a negative ion charge. Characteristically, there are 70+ minerals that are low atomic weight minerals which become negative ions in which negative counter-clockwise spinning electrons attaches to the minerals. This is a stable situation in which when the water with its minerals is removed from the mountain, it remains composed of negative ions. At this same time, the water is always alkaline and is micro water in which the water is in smaller units than water that does not have negative ions. It is important to observe that a volcano and its molten mass below is indeed a magnet, the same as the magnets that are made industrially with negative and a positive magnet field. It is important to note that this negative magnetic field itself of the negative pole of the volcanic mountain charges the low atomic weight minerals to be negative ions. In the same order the negative magnetic field of an industrially produced magnet makes negative ions.

HOW NEGATIVE IONS ARE FORMED BY ION GENERATORS AND BY STATIC MAGNET- FIELDS

Electrolysis-type ion generators can be arranged to release into the air only negative ions. Thus a house can be flooded with negative ions with health values. The negative magnetic field of a static field magnet can be used to produce negative ions. The negative magnetic field of a static field magnet activates electrons to be spinning counter-clockwise. Although the magnet field is static, the electrons in the field are activated and thus are not static. Thus, a static negative magnetic field is indeed an energy field with movement spinning of the electrons in that field. A negative magnetic field is a source of electro magnetic energy in terms of a biological response. Thus, sitting a glass of water on the negative magnetic field of a static field magnet will electromagnetically charge up the water to have negative ions of both the mineral content and other particles in the water. Placing nutrients on the negative magnetic field of a static field magnet will charge up the nutrients to be electromagnetic charged negative ions.

THE SIGNIFICANCE OF NEGATIVE MAGNETIC POLARITY OF A STATIC FIELD MAGNET AND NEGATIVE IONS IN WATER, AIR AND NUTRIENTS NEGATIVE ION CHARGED

The biological response to a negative electromagnetic polarity, whether from a static field magnet or negative ions is that of alkaline-hyperoxia. The biological response to a positive static magnetic field and positive ions is acid-hypoxia. Much is known of the significance of alkaline-hyperoxia maintaining health and acid-hypoxia toxicity producing degenerative diseases. It is health-promoting for us to drink water from a natural source such as the volcanic source which has turned the water into alkaline micro negative ion water or the water treated by an electrolysis unit producing alkaline micro negative ion water or placing the water on the negative field of a static field magnet. It is wise to flood the air of our homes with negative ions from a negative ion generator. It is health-promoting and disease-reversing to use all sources of negative magnetic fields and negative ions to keep ourselves well and reverse our acid-hypoxic toxic diseases.

The negative magnetic field of a magnet provides the optimal therapeutic value for body treatment. Treatment of air, water and nutrients are a valuable adjunct to magnet therapy.

Negative electromagnetic polarity is the energizer of oxidoreductase enzymes which make adenosine triphosphate which is the body's central enzyme energizer and the central metabolic detoxifier.

STATIC MAGNETIC FIELD SOURCES FOR PRODUCING NEGATIVE IONS OF WATER AND NUTRIENTS

(See *Polar Power Magnets Catalog*)

- One 4" x 6" x 1/2" ceramic block magnet. This is a flat surface static field magnet with positive and negative magnetic polarity on opposite sides.

USES:

On the negative magnetic pole side, place water (municipal treated or ground water) and nutritional supplements for a minimum of five minutes. The longer, the better.

There are many other uses for this 4" x 6" x 1/2" magnet such as heart treatment for atherosclerosis, treating aches and pains, inflammation, spinal treatment, local infections, local cancers and much more. See my Magnet Therapy book and my quarterlies.

Cost: \$ 49.95
Shipping: 8.50
\$ 58.45

- Ceramic disc magnets of 1-1/2" x 1/2". These magnets are provided as Soother One which has two 1-12" x 1/2" disc magnets and a band, 2" x 26". These discs have positive and negative magnetic fields on opposite sides.

USES:

The negative magnetic pole of the disc can be used to produce negative ions of water and nutrients.

There are multiple uses for the two discs and wrap such as bitemporal placement for headaches and relief of emotional and mental symptoms, aches and pains, inflammation and small local infections and small local cancers.

See my writings for further details.

COST:
Soother One \$ 21.95
Shipping 8.50
Total 30.45

**William H. Philpott's
MAGNETIC THERAPY MOTTO:**

I do not claim that magnets cured you; you claim that magnets cured you.

Even without being promised a cure, magnetic therapy is worth a try!

THE DEFINITION OF MAGNETIC POLARITY AS USED IN HUMAN PHYSIOLOGY

A magnetometer is used to identify positive (+) and negative (-) magnetic poles. A magnetometer is a scientific instrument, which identifies magnetic polarity in terms of electromagnetic polarity, which is positive (+) and negative (-) rather than the geographic compass needle identification of north and south. When using a compass to identify magnetic poles, a north seeking compass needle identifies a negative magnetic field of a static field permanent magnet. The north-seeking needle of a compass is magnetic positive and therefore points to (seeks) the magnetic negative north pole of the earth and also the magnetic negative magnetic field of a static field permanent magnet. The south-seeking needle of a compass is magnetic negative and therefore points to (seeks) the magnetic positive south pole of the earth and also the positive magnetic field of a static field permanent magnet.

Static field permanent magnets can properly be characterized as DC magnets because they are magnetized by a direct electric circuit current in which the positive electric pole produces a positive magnetic field and the negative magnetic pole produces a negative magnetic field. Those magnetically charging magnets from a DC electric current understand this relationship. Robert O. Becker, M.D., prefers to use the term DC magnets as applied to static field permanent magnets.

In 1600, William Gilbert (*DE MAGNETE*) was the first to point

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior out that the navigator oriented himself with the compass needle pointing toward north, which he called north, when in fact the compass needle pointed north is a south magnetic field.

Several scientists throughout the years have identified this error in naming the magnetic poles. This error in identifying poles still persists as tradition.

The physicist, B. Belaney (*New Encyclopedia Britannica* 1986, Vol. VIII, pages 274-275) again identified this geographic error in identifying magnetic poles and termed it "semantic confusion". To avoid this semantic confusion, he recommended using the electrical polarity definition of positive (+) and negative (-) as applicable to magnetic poles in which a positive electric pole (+) is also a positive magnetic pole (+qM) and a negative electric pole (-) is also a negative magnetic pole (-qM). "M" stands for magnetism.

The body is an electromagnetic organism with a direct current (DC) central nervous system in which the brain with its neuronal bodies is a positive magnetic field and, also produces a positive electric field. The extensions from the neuronal bodies are a negative magnetic field and also produce a negative electric field. The human body does not have a storage battery from which electricity flows or an electric dynamo from which electricity flows. Rather, by a mechanism comparable to a magneto, the human body turns its magnetic fields into DC electric current. It is also true that each cell of the body has a positive and negative magnetic field in its DNA. Since the human body functions on a DC electromagnetic circuit, it is especially appropriate to use the positive (+) and negative (-) identification of magnetic polarity when relating magnetism to the human body. The human body does not have a north and south poled field, but rather has positive and negative magnetic fields from which electricity is produced. A geographic definition not applicable to human physiology whereas, an electromagnetic definition of magnetic polarity is essential. If and when the geographic definition of polarity is used, it still requires a translation into usable terminology for application to human physiology.

For the above reasons the definitions of positive (+) and negative (-) magnetic fields are used when applying magnetics to human physiology. The traditional compass needle oriented naming of magnet poles is included in brackets as negative (south-seeking) and positive (north-seeking).

There is a need to understand the navigational error in identifying the magnetic poles as well as the parallel identification in identifying DC electrical current poles and DC static field permanent magnet poles made from the DC current. To those who have examined for and identified the distinctly opposite biological responses to opposite magnetic fields, the separate identification of the magnetic poles is an important must. To those not experienced in the knowledge of separate biological responses to opposite magnetic poles, the magnetic poles and the gauss levels needed for these responses is what is making biophysics become a predictable science parallel to the predictable industrial application of magnetics.

STATUS OF THERAPEUTIC MAGNETISM

Since Ancient times, the beneficial biological response to magnetism has been praised by a few and doubted by a large number. The magnetic force at a distance that could not be seen leads to doubts of magnetism biological responses. The development of the compass produced a general acceptance of the actuality of the existence of magnetism. During the past two hundred years, the interest in the therapeutic value of magnetism has experienced considerable fluctuations.

The physicist, Albert Roy Davis' observations of the opposite biological response to opposite magnetic poles, set the stage for understanding there were two biological responses to magnetism. It is now known biological response to separate magnetic poles can

be as predictable for biological responses as the use of electromagnetism used in our industrial world. It is now understood the magnetism functions at the atomic level with the movement of electrons which influence biological function. The positive magnetic field (traditional north-seeking pole) spins electrons clockwise while the negative magnetic (traditional south-seeking pole) spins electrons counterclockwise. These opposite electron spins from opposite magnetic poles provides predictable opposite biological response. The biological response to the positive magnetic field is acid-hypoxia. The biological response to the negative magnetic field is alkaline-hyperoxia.

Robert O. Becker² documented the separateness of the positive (north-seeking) and negative (south-seeking) magnetic fields. The positive (north-seeking) magnetic field is the signal of stress injury. The negative (south-seeking) magnetic field governs healing and normalization of biological functions. In terms of neuronal response, the positive (north-seeking) magnetic field is exciting and when sufficiently high such as during sun flares, can even precipitate psychosis in those so biologically predisposed. The negative (south-seeking) magnetic field is neuronal calming and encourages rest, relaxation, sleep and when sufficiently high in gauss strength, can produce general anesthesia. Robert Becker anesthetized his small experimental animals with a negative (south-seeking) magnetic field.

My research has abundantly confirmed these observations of Albert Roy Davis and Robert O. Becker. As a neurologist, I documented by EEG that a positive (north-seeking) magnetic field is neuronally exciting. The higher the gauss strength, the higher the excitement. A sufficiently high positive (north-seeking) magnetic field can evoke seizures in those so predisposed. A negative (south-seeking) magnetic field is neuronal calming. The higher the gauss of the negative (south-seeking) magnetic field, the slower the brain pulsing on the EEG. This information sets the stage in understanding how a negative (south-seeking) magnetic field controls neuronal excitement in neurosis, psychosis, seizure potential, addictive withdrawal and movement disorders. not applicable to human physiology whereas, an electromagnetic definition of magnetic polarity is essential. If and when the geographic definition of polarity is used, it still requires a translation into usable terminology for application to human physiology.

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SINGULAR BIOLOGICAL RESPONSE TO SINGULAR MAGNETIC POLE FIELDS

There is a classic traditional mechanical magnetic model from which there is a predicted two magnetic pole effect from a single magnetic pole field. In this model, the magnetic field radiates out from the singular magnetic pole of a magnet and turns back to join the opposite pole. The traditional assumption is that when the mag-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior netic field changes direction going backward towards the magnetic field on the other side (other pole) of the magnet that this changed direction is the opposite magnetic pole.

I have prepared magnetic fields honoring this assumption that there are of necessity both magnetic poles on the same side of the flat surfaced plate-type magnet with poles on opposite sides of the flat surface. I have compared this with the assumption that there is a single magnetic field on opposite sides of a magnet. I have not demonstrated by biological responses including brain wave (EEG) responses that there are two opposite magnetic fields on one side of the magnet. Consistently, I have observed a single magnetic pole biological and EEG response to single magnetic fields of flat surfaced magnets with poles on opposite sides of the flat surface.

There is another non-traditional magnetic mechanical model that states that the magnetic poles change at the equator by rotating 180 degrees (minor image). Obviously, in the case of the earth, the magnetic fields change at the equator producing a northern hemisphere of a negative (south-seeking) magnetic field and a southern hemisphere of a positive (north-seeking) magnetic field. This model indicates that the magnetic field radiating up from the negative (south-seeking) magnetic field of the magnet as well as the magnetic field that buckles back to the opposite side of the magnet are both a negative (south-seeking) magnetic field and only become the opposite magnetic pole field when it enters the half-way point of the magnet (equator).

Even though a static magnetic field does not move, it still is an energy field by virtue of the fact that electrons are moved by the static magnetic field. The negative (south-seeking) static magnetic field rotates (spins) electrons in that field counter-clockwise. A positive (north-seeking) static magnetic field rotates (spins) electrons in that field clockwise. The movement of electrons in a static magnetic field is called the Aharonov-Bohm electromagnetic potential. Akaira Tonomura has also confirmed this. This change in rotation between the positive (north-seeking) and negative (south-seeking) magnetic fields occurs at the equator of the magnets and not at the point where the magnetic field turns back toward the opposite magnetic field. This magnetic mechanical model agrees with the clinical response evidence of the magnetic field being a full individual field on each side of the magnet.

The magnetic field remains the same pole whether directly above the magnet or the magnetic field that is turning back toward the opposite side. If it did become the opposite pole when it turned back, it would then not proceed to the opposite side. This is true since the same poles repels. Therefore, it has to remain the negative (south-seeking) pole that buckles back toward the positive (north-seeking) magnetic field. This being true, the pole cannot change until it reaches the equator in the magnet between the two poles. An example is that in the case of the earth's magnetic field. The south pole (+) goes toward the north pole (-) and changes polarity at the earth's equator.

(See Depth of Penetration/Gauss Field Strength, Page 4)

MAGNETIC FIELDS BIOLOGICAL RESPONSES UNIVERSAL TRUTHS

Magnetic biological responses are universally the same under any and all sections of the body tested and both of earth's magnetic hemispheres.

1. Centrad and centrifugal atomic energy expressions.

At the atomic level, the counter-clockwise rotation pulls electrons toward the center proton (centrad) while the clockwise rotation of electrons pushes outward from the center proton (centrifugal).

Therefore, there are no free radicals in a negative magnetic field with a counter-clockwise spiral spin of electrons pulling to-

ward the center. Thus, a negative magnetic field is a biological anti-stress, anti-inflammatory response.

There are free radicals in a positive magnetic field with a clockwise spiral spin of electrons pushing away from the center. Thus, a positive magnetic field is a biological stress-inflammation response.

2. Centrad and centrifugal weather energy expressions.

In the northern magnetic hemisphere of the earth the energy expression of counter-clockwise spiral spinning of electrons is with energy expression being toward the center.

In the southern magnetic hemisphere of the earth the energy expression of the clockwise spiral spinning of electrons is with the energy expression being away from the center.

Varied colliding wind streams with varied temperatures and varied pressures can override the earth's natural occurring hemispheric magnetic polarities and produce a local magnetic field opposite to the earth's hemispheric magnetic field. In any event, wherever it is in the earth's hemispheric magnetic field, a counter-clockwise rotation energy pulls toward the center (centrad) and clockwise rotation energy pushed away from the center (centrifugal).

3. The Neuronal pulsing frequency relationship to neuronal magnetic field strength.

The brain's response to a negative magnetic field is a decreasing of the pulsing frequency of the brain relating specifically to the gauss strength of the magnetic field. The higher the gauss strength is the slower the pulsing magnetic field. With a positive magnetic field, the higher the gauss strength, the faster the pulsing field. This reveals that a negative magnetic field is anti-stress and the positive magnetic field is biological stress.

It also holds that the pulsing frequency of the brain can be driven by an external pulsing field using sight, sound, tactile or brain stem with the pulsing field being placed on the upper back of the neck and low occipital. The pulsing field can drive the magnetic field of the brain. Pulsing fields of 12 cycles per second and less evoke a brain negative magnetic field. The intensity of the pulsing determines the gauss strength of the pulsing field. The pulsing field plus the intensity of the pulsing field determines the magnetic behavioral state of the brain. Eight to twelve cycles per second are relaxation. Six cycles per second is relaxation. Four cycles per second is dissociation. Three cycles per second is lapse states. Two cycles per second is sound sleep. One cycle per two seconds is harmless general anesthesia.

4. A 3-dimension spiral electron spin is provided by magnetic fields.

In electromagnetic physical nature, the 3-dimensional spiral is frequently expressed. This 3-dimensional spiral is present in the light refractory levo (left) substances and dextro (right) substances. These are 180-degree mirror image isotopes. Magnetism has the same levo (left) and dextro (right) 3-dimensional spiral spin of electrons, the same as the levo and dextro substances in relationship to light. The biological effects are opposite as to the separate energy manifestations. In the case of amino acids and fats, only the levos have nutritional value. In the case of magnetism, the levo (left spiral electron spin) is an anti-stress, healing and normalizing counter-stress correction from the biological stress dextro (right spiral electron spin).

5. A positive magnetic field is stressful and therefore, does not heal the human body.

6. A positive magnetic field is biologically stressful, raises endorphins and with frequent use, is addicting.

7. A negative magnetic field is biologically anti-stress, does not raise endorphins and is not addicting.

8. A negative magnetic field is anti-stressful and governs human cellular normalization and healing.

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9. A negative magnetic field governs sleep by evoking melatonin production by the pineal gland.

10. A positive magnetic field blocks the production of melatonin by the pineal gland.

11. A positive magnetic field biological response is acid-hypoxia.

This is compatible with the metabolism of microorganisms and cancer and not compatible with human metabolism.

12. A negative magnetic field biological response is alkaline-hyperoxia.

This state is necessary for human metabolism and is not compatible with the metabolism of microorganisms and cancer.

13. A positive magnetic field biological response is vasodilatation and acid-hypoxia.

This makes it unsuited for the treatment of edematous and bleeding areas from acute injuries.

14. A negative magnetic field biological response is alkaline-hyperoxia, and due to the hyperoxia, makes it useful for stopping the bleeding of acute injury, is not vasodilating and resolves the edema of acute injuries.

15. The positive magnetic field acid-hypoxia, in short-term exposure of minutes to a few hours, produces an inflammatory red, raised, edematous area due to the acid-evoked vasodilatation inflammatory reaction.

16. The positive magnetic field acid-hypoxia continuous long-term exposure of a week to two weeks reveals in fact, an acid-evoked inflammatory vasculitis (acid-burn), which is red, raised, edematous and itching with bacterial growth pustules.

17. The acid-hypoxia biological response to a positive (north-seeking) magnetic field activates the acid-dependent transferase enzyme catalysis of fermentation production of adenosine triphosphate for microorganisms (viruses, bacteria, fungi, parasites) and cancer cell metabolism which also replaces the alkaline-hyperoxia necessary for oxidation-reduction enzyme catalysis production of ATP necessary for human cell metabolism.

18. The alkaline-hyperoxia biological response to a negative (south-seeking) magnetic field activates the alkaline-dependent oxidoreductase enzyme catalysis of oxidation-reduction production of ATP necessary for human cell metabolism which also replaces the acid-hypoxia necessary for microorganisms and cancer cell metabolism.

19. A negative magnetic field activation of alkaline-dependent oxidoreductase enzymes in an alkaline medium processes (detoxifies) the biological inflammatory free radicals, peroxides, acids, alcohols and aldehydes to non-inflammatory water and molecular oxygen.

20. A sustained positive (north-seeking) magnetic field acid-hypoxia sustains the necessary life energy of microorganisms and cancer cells and destroys the necessary life energy of human cells.

21. A sustained negative (south-seeking) magnetic field alkaline-hyperoxia sustains the necessary life energy of human cells and destroys the necessary life energy of microorganisms and cancer cells.

22. Cancer cells have a positive magnetic field charge.

23. Normal human cells have a negative magnetic field charge.

24. Microorganisms have a positive magnetic field charge by virtue of their high mineral content with a high conductance and thus stressful higher pulsing frequency whereas human cells with lower mineral content and lower conductance

has a non-stressful low pulsing frequency.

25. The biological response to a magnetic field is determined by the 3-dimensional spiral rotation spin of the electrons in the magnetic field and not by the directional approach of the magnetic field to the biological specimen.

a) Therefore, a flat-surfaced, static field magnet with magnetic poles on opposite sides, has a separate, distinct magnetic field over each side.

b) The directional change of the magnetic field turning back around the sides of the magnet to the opposite pole side, does not change the magnetic polarity electron spin until it reaches the halfway point (equator) between the magnetic fields for the magnet.

c) A unidirectional magnetic field is not necessary to maintain a separation of magnetic fields. The 3-dimensional spiral electron spin and not the direction approach to the biological specimen determines the separate biological response to opposite magnetic fields.

26. IMMUNOLOGIC RESPONSES TO OPPOSITE MAGNETIC FIELDS

A. Substance + Positive magnetic field>sensitization.

Dead or attenuated microorganism+ Positive magnetic field>sensitization. (vaccination)

B. Substance to which subject is immunologically reactive + Negative magnetic field>desensitization.

27. ENZYMATIC RESPONSE TO OPPOSITE MAGNETIC FIELDS

A. Food substrate + Oxidoreductase enzymes + Negative magnetic field> ATP +oxidation remnant magnetism (Negative magnetic field)

B. Food substrate + Oxidoreductase enzymes + Positive magnetic field>No ATP production and no oxygen or water production

C. Substrate (free radicals, peroxides, acids, alcohols and aldehydes) + oxidoreductase enzymes + negative magnetic field>oxygen and water

D. Substrate (free radicals, peroxides, acids, alcohols and aldehydes) + oxidoreductase enzymes + No oxygen and no water positive magnetic field>produced

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

28. HEAVY METAL DETOXIFICATION

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

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

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

29. POSITIVE MAGNETIC FIELD NEUROPATHY

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

30. NEGATIVE MAGNETIC FIELD HEALING OF NEUROPATHY.

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

31. OPTIMIZING THYMUS GLAND DEFENSE

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

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

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

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

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

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

33. MAGNETIC FREE ENERGY.

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

Oxidoreductase enzyme + alkaline-hyperoxia
Food substrate.....>ATP
plus
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>
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Acid-hypoxia	Alkaline-hyperoxia
Magnetic Response to Stress Injury	
<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
 (H₂O₂)

Catalase enzyme in an alkaline medium
 H₂O₂_____>water + molecular oxygen

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

Alkaline-medium electrostatic field or negative magnetic field

The Role of Magnetics In Enzyme Function

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

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

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

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

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

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

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

Magnetic Dynamics of The Degenerative Process

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

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

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

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

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

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

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

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

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

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

The Role of Oxidoreductase Enzymes in Addiction Including Food Addictions

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

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

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

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

THE ROLE OF ADDICTION IN OBSESSIVE-COMPULSIVENESS

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

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

Grandfather Status of Magnet Therapy

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

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

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

An Invitation To Do Research In Therapeutic Magnetics

Dear Doctor:

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

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

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

Sincerely,

William H. Philpott, M.D.

Magnetic Therapy

Medical Supervised Research

VS.

Self-Help Treatment

Medical Supervised Research

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

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

Self-Help Magnetic Therapy

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

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

405/ 390-1444 Fax 405/ 390-2968

THE MAGNETIC RESONANCE THERAPEUTIC RESEARCH PROJECT:

PHYSICIAN'S PARTICIPATION AGREEMENT

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

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

Address:

Date:

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

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405/ 390-1444 Fax 405/ 390-2968

**THE MAGNETIC RESONANCE THERAPEUTIC
RESEARCH PROJECT:**

PATIENT'S AGREEMENT FOR RESEARCH

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

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

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

Address:
Date:

SELF-HELP TREATMENT RESPONSIBILITY

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

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

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

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

Name _____ Date _____

Mailing address _____

City, State, Zip

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

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

Therapeutic research format available:

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

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

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

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

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

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

WILLIAM H. PHILPOTT, M. D.

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

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

Research gift to HOLOS INSTITUTES OF HEALTH made
by:

Name _____

Address _____

Phone _____

Date _____

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

W.H. Philpott, M.D.

Date _____

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Emotional Disorders

from the *Magnetic Health Quarterly*
"Emotional Disorderw" Vol. V, 4th Qtr, 1999

(2001 Revision)

by **William H. Philpott, M.D.**

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polarp@flash.net

General Information, Not a Medical Order

No Claim of cure is promised.

For Medical Supervision under a research program project,

contact William H. Philpott, M.D.

MEDICAL SUPERVISION IS RECOMMENDED

MAGNETIC PROTOCOL

Emotional Disorders

Psychoneurosis are composed of maladaptive responses to a variety of emotional stimuli. In a person with a normal functioning, non-injured brain these stimuli that evoke the symptoms may be from traumatic stimuli, or from stimuli evoking anxiety and tension from interpersonal relationships. Tension-anxiety may take many forms of maladaptive reactions such as tension, anxiety, depression, phobias, hysterical reactions, panic, disassociation, obsessive-compulsive behavior, learning disorders and so forth. There are mind/body symptoms such as tension myalgia syndrome from such as subconsciously repressed hostilities, anger, fear and so forth. Tension and anxiety is biologically stressful and can therefore produce acid-hypoxia in any area of the body predisposed for the reaction. The magnetic treatment is the same whether there is a biological reason or psychological reason for the selection of the symptoms and the somatic expression. Both the brain response and when present, the somatic response, need to be treated simultaneously with a negative (south-seeking) magnetic field. The usual treatment of the brain is with a bitemporal placement of discs (either neodymium discs or ceramic discs). The somatic symptom is treated with appropriate magnets for the size and depth of the symptom. Suitable magnets for somatic symptom treatment are, such as, the ceramic disc, the neodymium disc, the double magnet, multi-magnet flexible mats, or the reinforcement of these flexible mats with mini-block magnets, various sizes of plastiform magnets, 4" x 6" x 1/2" ceramic block magnets and so forth. The duration of exposure to a negative (south-seeking) magnetic field ranges from 10-30 minutes for acute symptom relief. For chronic symptoms, the duration should be prolonged to aid in healing. The longer the duration of exposure to a negative (south-seeking) magnetic field, the better.

Training out of the symptoms is achieved by a reviewing of the symptom-evoking stimuli while magnetically maintaining a calm central nervous system. This may be achieved by a live meeting of the stimuli or by an image review of the stimuli.

Obsessive-compulsive treatment requires special techniques that inhibit the obsessional thoughts or compulsive acts. Breath holding to the point of the mind going blank is one aversive way to block out obsessive-compulsiveness. This practice of imaging the obsession or the compulsion and blanking it out by breath-holding should proceed under the circumstances of maximum relaxation and the maintenance of neuronal inhibition by exposure to a negative (south-seeking) magnetic field. Obsessive-compulsiveness deserves special consideration since

it can run through the gauntlet of neuroses, personality disorders, somatic disorders, tension/muscle disorders, learning disorders and psychoses. Obsessive-compulsiveness can be produced by a non-organic brain response or by an organically injured brain such as schizophrenia, manic-depressive, initially injured by a viral infection (Epstein-Barr, cytomegalovirus and/or human herpes virus #6).

Three or more months of one-half hour per day of behavioral training will be useful for all stages, ranging from neurosis to psychosis. Although, acute symptoms in all categories can be managed with exposure to a negative (south-seeking) magnetic field, there should be a search for organic factors such as maladaptive reactions to foods, chemicals and inhalants. Behavioral training while relaxed and while optimally exposed to a negative (south-seeking) magnetic field should proceed for one-half hour daily for three or more months.

Magnets Used in Magnetic Therapy

Ceramic disc:

These are available as 1 x 1/2 " or 1 " x 1/4 ". They are frequently used on the head, held in place with a 2" x 26" elastic band. On the head they are used for headaches, anxiety, depression, obsessive-compulsiveness, seizures and sleep encouragement. They are also used on lesions any-where on the body that are no larger than 1-1/2" across.

Neodymium disc:

These are 1" x 1/8". They are frequently used on the head with one on the inside of the band and one on the outside of the band. They are popular because they weigh about one-fourth of the weight of the ceramic disc. These discs are also used in the magnetic eye unit. They can be easily taped to any area of the body that has a lesion that is no larger than 1" across.

Flexible mats:

Flexible mats are made of strips of plastiform material that are 1-1/2 x 7/8" x 1/8". These are placed in four rows. A mat which is 5" x 6" contains twelve of these magnets. A 5" x 12" mat contains twenty-four. It is more common to use double magnet, multi-magnet flexible mats in which the magnet strips are stacked in two's with twenty-four in a 5" x 6" mat and forty-eight in a 5" x 12" mat. These have many uses, particularly for surface lesions where we are effectively treating within two inches of the magnet with a penetration of 2" from the magnet.

Plastiform magnets:

Plastiform magnetic material is 1/8" thick and comes in rolls that are 2, 3 or 4 inches wide. The length can be whatever length is needed. Popular sizes are 2" x 2", 3" x 3", 4" x 4" and 4" x 6". A single plastiform magnet would effectively treat a depth of 1". If two of these are stacked together it will effectively treat 2" deep. These magnets can be stacked as many as needed to provide the depth of penetration desired. Two stacked of the 4" x 6" plastiform magnets is popular for the treatment of the heart. Plastiform material can be cut into any size or length as needed as stacked as many together as needed to provide the adequate depth of penetration for therapy.

Ceramic blocks:

The most popular ceramic block is 4" x 6" x 1/2 ". This will have a therapeutic depth of penetration of 4-1/2 ", therefore this is suitable for treatment of internal organs and joints that are deep in the body such as the hip joint or the spine. This magnet weighs two pounds and is not too heavy to be held on the body with a wrap of suitable size. This magnet is used up around the head to resolve atherosomatous plaques in the cerebral arteries. It is used on the head to encourage sleep or to treat brain tumors. The 4" x 6" x 1" magnet has an effective penetration of 8". It does weigh four pounds and

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior therefore, is not too suitable to fasten on the body. A Super Magnetic Bed is made from this magnet where seventy of these are placed an inch apart on a steel plate that is the size of a single bed. It is used to treat systemic infections, and multiple metastatic lesions.

A 2" x 5" x 1/2" ceramic magnet is suitable for treating lesions that are no more than 2" wide and as long as 5". This is especially suited for treating the carpal tunnel syndrome in the wrist.

Ceramic mini-block magnets are 1-7/8" x 7/8" x 3/8". These can be used the same as disc magnets on any part of the body. They are used as reinforcements to the magnetic mats. They can be placed crosswise the two inner rows of magnets in the magnetic mats. This places them 1/2" apart. A 5" x 6" mat uses three of these. A 5" x 12" uses six of these mini-blocks. This still leaves this mat flexible and yet with a good depth of penetration. These are useful for treating the joints, injuries of fingers and toes or fastened on the face to treat an infected tooth or gum.

Mini-blocks are used in the preparation of the magnetic mattress pads and also the multipurpose pad that is 14" x 25". These are placed an inch and one-half apart. Also, they are used in the chair pad that has magnets in the back and the seat.

Body wraps:

There are wraps for numerous placements. There is a 2" x 17", a 2" x 26", a 4" x 31", a 4" x 40" and a 4" x 52" wrap.

Obsessions-Compulsions, Depression, Anxieties, Phobias and other Maladaptive Responses

Preparation for Drill:

Fill out the tension response inventory. Select three of the items to work on during the drill.

Content of Behavioral Corrective Practice Drill:

A. Progressive Relaxation

B. Systematic Desensitization While relaxed, reproach through imagery, fears and phobias. This trains down anxieties and phobias.

C. Inhibition of Obsessions and Compulsions

Relaxation does not train out obsessions and compulsions. Holding the breath until the image of the obsession or compulsion disappears effectively says "no" to the symptoms and is capable of training out obsessions and compulsions.

D. Positive Reinforcement

This positive imagery is capable of training in a new, socially useful behavior. After each imagery inhibition of a maladaptive response, picture yourself behaving acceptably with correction.

Magnetic Facilitated Behavioral Training Therapy

Understanding Magnets and their Therapeutic Application

The magnets used have magnetic poles on opposite sides of flat surfaces so that exposure can be made to one pole at a time. The negative pole is identified with the word "Negative".

The positive magnetic field excites cellular function including neurones while a negative (south-seeking) magnetic field calms down and controls cellular excitement, including neurones of the brain and spine. The secret is to have the brain and spinal cord exposed to a sufficient negative (south-seeking) magnetic energy field to cancel out symptoms while re-approaching situations, which have been evoking symptoms. The essence of desensitization corrective training is to meet the stimuli usually evoking symptoms while not experiencing symptoms. Adequate relaxation while re-approaching stimuli through imagery is adequate for some people to train out their anxieties and phobias. However, using magnets appropriately placed and of proper gauss strength can calm down the brain, spinal cord, muscles and abdominal organs which materially increases the effectiveness of behavioral therapy training ses-

sions. Inhibiting an image by holding the breath until the image is blanked out of the mind is especially effective in training out obsessive-compulsive behavior.

Placement of Magnets:

A. Head:

Bitemporal placement of ceramic disc magnets that are 1-1/2" x 1/2" held in place by a suitable band, such as a 2" x 26" KOOL MAX band or sweat band, etc. An alternative to ceramic disc magnets are neodymium disc magnets that are 1" x 1/8". One is placed inside the head band and a second one is placed outside the head band directly over the inner magnet. The temporal areas are in front of and at the level of the top of the ears. An alternative placements that some people may find to be most effective are to place a disc magnet on the forehead and the left temporal area or on the left temporal and low occipital.

B. Chest: Place a 4" x 6" x 1/2" ceramic magnet on the mid-sternum.

C. Back: Place a 14" x 25" multi-purpose magnetic pad on the upper back, neck and back of the head.

D. Magnetic Eye Treatment Unit: The magnetic eye unit is composed of a magnetic light shield covering the eyes and forehead with two 1" x 1/8" neodymium disc magnets on the light shield over each eye.

Therapeutic Sleep

Therapy can be materially enhanced by having a good night's sleep. For improved sleep and therapeutic dreaming at night, use a magnetic sleep system composed of four 4" x 6" x 1" ceramic magnets placed 3/4" apart in a carrier which is placed up against the headboard. An additional value can be achieved by placing the negative (south-seeking) magnetic field of a 4" x 6" x 1/2" magnet on the side, front or back of the head. This 4" x 6" x 1/2" ceramic magnet should be placed on a 5" x 6" double magnet, multi-magnet flexible mat. Place the 6" front to back on the side of the head which is not on the pillow when laying on a side or lean it up against the side of the head if laying on the back.

With the sleeper system up against the headboard, the head is in a magnetic field 19" across and 6" high. This not only produces improved sleep, but increases dreaming while relaxed during the night. Dreaming is nature's own desensitization technique, which again fulfills the re-approach to situations while being relaxed. Many anxieties and phobias can be trained out simply by therapeutic dreaming with the use of magnets. The closer the top of the head is to the magnets, the better.

An additional value can be obtained by using a magnetic bed pad which improves sleep. This consists of negative poled magnets throughout the bed pad.

Progressive Relaxation Drill

Slowly proceed with the following relaxing practice. Place both thoughts and feelings in the mind as a picture. The eyes are closed. The magnetic eye unit is across the eyes and all the magnets are to be in place as have been described. Progressively, proceed slowly as follows:

Think of the right foot. Let every muscle go. Heavy, heavy, heavy. Warm, warm, warm. Heavy, warm, relaxed. Proceed the same way to the lower leg, the upper leg and then proceed to each section of the left leg. Proceed the same way to the right arm, the left arm, the abdomen, the low back, the front of the chest, the upper back, the back of the neck, the front of the neck, eyes, forehead, scalp. This will require about ten minutes.

Imagery Corrective Drill

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While maintaining relaxation, place in mind an image of a troubled thought or feeling. Stay relaxed. Place again the troubled thought or feeling as a picture in your mind. Stay relaxed while holding the breath until the mind goes blank.

Again, think and feel the right leg; heavy, warm, relaxed. Then proceed over the entire body. After again achieving maximum relaxation, continue the practice on other troubled thoughts and feelings. Practice 3, 4 or more different imagery pictures during these sessions. Include for sure, one or more obsessive thoughts and compulsive acts each session.

The advice is to have 30-minute behavioral training sessions daily until all tension, anxiety, phobias, troubled thoughts, troubled feelings, anger, hostility, obsessions and compulsions have been trained out.

Tension Response Inventory

The items in this questionnaire refer to fears, concerns, hostile feelings, compulsions, moods and any response that shifts above an even keel, socially acceptable feeling or behavior. The degree of response is judged on a scale of 0-100, with 100 being an overwhelming response. 0 represents no response. Up to 30 represents awareness of a symptom but feelings of being in adequate control and therefore not bothered. Between 30-100 are symptoms that are uncomfortable to varying degrees with 100 being the state of necessity to act out on the feeling.

List your own individual feared words/situations, obsessions, compulsions, anger, and memories evoking these. Each day of practice, try to add to this list.

Magnetic Therapy For Emotional and Mental Symptom Management and Corrective Behavioral Training Orientation:

Magnetic therapy can be used in two ways;

1) magnetic relief of symptoms in a day to day live stimulus response situation. This symptom management can result not only in the immediate management of neurotic symptoms, it can have the effect of training out neurotic symptoms because they are always canceled in the presence of the stimulus that—evokes them. Some neurotic symptoms can be precipitated or exacerbated by food maladaptive reactions. A 4-Day Diversified Rotation Diet food rotation program will prevent neurotic symptoms from precipitating or being exacerbated by maladaptive food reactions.

2) in severely handicapping neurotic symptoms, add to this live situation of magnetic symptom relief, that of magnetic behavioral corrective training practice sessions. These are usually 30 minutes a day until the symptoms have been trained out. In both types of approaches, suitable magnets are used on the brain and the body to relieve symptoms.

In psychoses, food rotation is a must, whereas in neuroses, food rotation may or may not be useful.

Placement and Duration:

For Acute Situational Evoked Symptoms:

Ceramic or neodymium disc magnets:

Place either ceramic discs which are 1-1/2" x 1/2" or 1-1/2" x 1/4" on the head to relieve symptoms. These can be held in place with a 2" x 26" KOOL MAX band. Place the negative pole towards the head with the positive pole which has hook Velcro on it covered by the band which will hold this in place. Due to less weight, many prefer neodymium disc magnets over ceramic disc magnets. The neodymium disc magnets are 1" x 1/8". Place one of these on the inside of the band with the negative pole facing the head and a second one on the outside of the band directly over the first magnet under the band. The following placements can be used:

Bitemporal, which is at the level of the top of the ears about 1" in front of the ears. This relieves most symptoms, especially depression.

A placement on the mid-forehead and left temporal is the best treatment for anxiety.

A placement of the left temporal and low occipital is best for obsessive-compulsiveness. Some need to place a 4" x 6" x 1/2" magnet on the back of the head to handle obsessive-compulsiveness.

There is no limit to the duration of exposure. The more, the better. Bitemporal placement also encourages relaxation and sleep.

While treating the brain for the relief of emotional and mental symptoms, it is also wise to treat the body for any pain or other discomfort that may be isolated in the body. Suitable magnets for this are such as a 4" x 6" x 1/2" ceramic magnet, a 2" x 5" x 1/2" ceramic magnet, magnetic flexible mats - either 5" x 6" or 5" x 12", magnetic flexible mats reinforced with mini-block magnets, or plastiform magnets of various suitable sizes. Both emotional and mental symptoms, as well as somatic symptoms, are characteristically relieved within ten to thirty minutes. It is best to leave the magnets on for longer periods of time. The more the better. A negative magnetic field is the energy field that is necessary for healing beyond that of just symptom relief.

Magnetic Placement During Corrective Behavioral Training Sessions:

Follow the instructions in the section on behavioral training.

Minimum Program of Magnets:

- One 14" x 25" multi-purpose pad placed on the thoracic spine, cervical spine and back of the head.
- A 4" x 6" x 1/2" ceramic magnet placed on the sternum.
- A 4" x 6" x 1/2" ceramic magnet placed on the epigastric area.
- Neodymium discs or plastiform discs placed bitemporally.
- A magnetic eye unit placed over the eyes.
- For many people, it is advised to sleep on a magnetic mattress pad composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8". These are placed an inch and one-half apart throughout the mattress pad. It is also best to accompany this with a Vitality Sleeper that holds the magnets in a carrier up against the headboard. There are four 4" x 6" x 1" magnets placed 3/4" apart in a wooden carrier that holds them up against the headboard. They can be raised or lowered depending on the height of the pillow. The closer the top of the head is to these magnets, the better.
- For more severe, chronic cases that have chronic microorganism infections (viral, bacterial or fungal) it is best, for at least 3-4 months, to sleep every night on the Super Magnetic Bed which is composed of seventy magnets. These are 4" x 6" x 1" placed an inch apart on a steel plate that is the size of a single bed. Over this is placed a feather comforter, thin mattress or suitable futon. The subject sleeps all night on this bed and goes back on the bed four times during the waking period. This bed was made for metastatic cancer. It is also suitable for such diseases as Lyme disease, AIDS, lupus, multiple sclerosis, infectious mononucleosis for its extension into chronic fatigue and fibromyalgia. After the initial three months it is well to sleep on this bed two or more nights a week for a prophylactic treatment against further infections.

Alkaline Micro Water:

Alkaline micro water helps materially the body's normal alkaline state. Also, being micro water, it enters into the cells of the body more readily than the usual water. This also carries negative (south-seeking) magnetic field as well as being alkaline. The Singer

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Electrolysis Instrument is used for producing the alkaline micro water. At least five glasses of the water should be ingested each day.

Therapeutic Sleep:

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

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

In order to achieve appropriate production of the hormones Melatonin and growth hormone it is necessary to sleep in a completely light-free environment and without any 60 cycles per second electrical pulsing frequencies. Therefore there should not be any night-light, and electric clock, an electric heated blanket, or a heated waterbed. If light cannot be completely excluded from the bedroom, then place over the eyes and the forehead a light shield/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.

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 1/2" ceramic magnet, this extends the therapeutic value to five inches.

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

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

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Polarity:

Always use a negative magnetic field.

Beyond Magnetism:

An acute maladaptive reaction to foods, chemicals, or inhalants has been documented as producing a brief state of acid-hypoxia. In this state there is a production of acid and a failure to process properly the end products of oxidation phosphorylation metabolism. In this state of acidosis, oxygen content is reduced. Maladaptive reactions to foods are the most frequent cause of bouts of acidosis. Degenerative diseases are noted for their acid-hypoxic state. Therefore every effort should be made to maintain a normal alkalinity and normal oxygen state.

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

All addictive substances should be abandoned such as 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.

Magnetic Health Maintenance

Orientation:

For those without serious handicapping symptoms, the following general health magnetic protocol is provided. This provides a magnetic lifestyle format for health.

Minimum Program of Magnets:

- One 5" x 6" double magnet, multi-magnet flexible mat
- One 5" x 12" double magnet, multi-magnet flexible mat
- Ten ceramic mini-blocks that are 1-7/8" x 7/8" x 3/8" with Velcro on the positive pole side.

- Two ceramic discs that are 1-1/2" x 1/2" with Velcro on the positive pole side.

- A magnetic eye unit composed of a magnetic light shield and four 1" x 1/8" neodymium disc magnets.

- One magnetic chair pad composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8". These are placed an inch and one-half apart throughout the back and seat of this chair pad.

- A 14" x 25" multi-purpose pad composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8". These are placed an inch and one-half apart throughout the pad.

- One 4" x 6" x 1/2" ceramic magnet

- One 2" x 5" x 1/2" ceramic block magnet

- One 2" x 26" band

- One 4" x 52" body wrap

- One 4" x 31" band

- A magnetic mattress pad composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8". These are placed an inch and one-half apart throughout the bed pad.

- A Vitality Sleeper composed of four 4" x 6" x 1" ceramic block magnets placed in a wooden carrier 3/4" apart. These are held in this carrier up against the headboard.

- Colloidal silver: Four 16 oz bottles of 40 parts per million colloidal silver.

- Alkaline micro water: The Singer Electrolysis Instrument for the production of alkaline micro water.

Placement and Duration:

When sitting down, sit on the chair pad.

When sleeping at night, sleep on the magnetic mattress pad. Sleep with the magnets in the Vitality Sleeper up against the headboard. Sleep with the magnetic eye unit across the eyes.

For any acute infection, take one teaspoon, four times a day of colloidal silver for two weeks. It is well to drink the alkaline micro water.

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 1/2" ceramic magnet, this extends the therapeutic value to five inches.

Mini block ceramic magnets are sometimes called Briggs blocks because they are used as the Magneto magnets in a Briggs and Stratton gasoline engine. These magnets measure 1-7/8" x 7/8" x 3/8", and they have many therapeutic uses. They can be used on the head, in such areas as the temporal, frontal or occipital areas, for headaches, management of emotional symptoms or seizures. They can be used on fingers or toes. They can be placed on top of the

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior 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 composed of ceramic Mini Block magnets that are placed an inch and one-half apart throughout the pad. This multiple purpose pad has many uses such as being used on the back, the abdomen, and up over the heart and on the chest area.

Therapeutic Sleep:

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

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

In order to achieve appropriate production of the hormones

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

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

Treating the eyes with the eye & sinus mask will also encourage 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 Unit:

The magnetic eye unit is composed of a magnetic light shield that covers the eyes and much of the face. Two 1" x .125" neodymium disc magnets are placed over each eye. The following placement of the neodymium discs can be used:

1) The first choice is to stack two of the discs together and place these directly over the eye. Place two of the stacked magnetic discs over each eye. The negative magnetic field is to face the eyes. These disc magnets will magnetically adhere to the magnetic light shield. If need be, the first disc can be held more firmly in place by taping it to the magnetic light shield. The second disc can be stacked on top of the disc that is taped to the light shield.

2) The second choice is to place one disc on the inside of the light shield and the second disc on the outside of the light shield directly over the first disc that is on the inside of the light shield. These are to be placed directly over each eye. It is important that there be no pressure on the eye from the edge of the disc on any part of the face around the eye. This can be achieved by using the foam padding provided at appropriate places to raise the light shield sufficiently above the face to avoid any pressure on the eye or contact with the edge of the disc on any part of the face around the eye.

This system of placement of disc magnets on the inside and outside of the magnetic light shield will need to be used when strong magnets are being used about the head. With this placement, the disc will not jump over to a nearby magnet.

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

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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 saw-saw biological response of symptom relief on exposure, with the emergence of symptoms 3-4 hours after the exposure (addictive withdrawal phase). The optimum method of reversing addiction is avoidance. In food addiction, the optimum method of avoidance of the addiction is for there to be a 3-month avoidance followed by an exposure no more often than every fourth day. This is the reason for the 4-Day Diversified Rotation Diet. The short-term management of symptoms can be managed by alkalization, which can be produced by bicarbonate alkalization and more optimally, exposure to a negative (south-seeking) magnetic field, which alkalizes and oxygenates (alkaline-hyperoxia). These alkalization methods can relieve symptoms after they have occurred from the exposure and can also prevent symptoms from developing when the alkalization methods are used prior to an exposure to symptom producing foods, chemicals and inhalants.

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

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

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

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

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

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

Colloidal Silver Therapy:

Colloidal Silver is made by an electrolysis method that produces a particle size of 0.0001 micron. These small silver particles are charged to a negative (south-seeking) magnetic field by the electrolysis method. This solution of colloidal silver is placed in the mouth, especially under the tongue for absorption. This provides quick absorption into the blood stream. These fine silver particles go throughout the entire body. The negative magnetic field magnetically attaches to microorganisms, parasites and cancer cells, which are positive (north-seeking) magnetic poled. Silver, in its own right beyond that of the negative magnetic field, inhibits the replication of these cells. The small silver particles do not interfere in any way with human cell function. It is recommended to use 40 parts per million starting for the first week with 1/2 teaspoon four times a day, then followed the next three months by 1 teaspoon four times a day. Aloe salve may also help in the treatment of local skin infections.

Alkaline Micro Water:

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

Infrared Sauna:

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

1. **Alkalization**

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

2. **Oxygenation**

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

3. **Detoxification**

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

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

Polarity:

Always use a negative magnetic field.

Active H:

Active H is a super free radical scavenger. It also normalizes the pH. Active H is an excellent adjunct to magnetic therapy.

Active H is the most powerful known antioxidant. A well person uses 1-2 capsules a day. An ill person uses up to two capsules 3 times a day for a period of three months. Any quantity has no ill side effects. (New Vision International, Scottsdale, AZ

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Beyond Magnetism:

An acute maladaptive reaction to foods, chemicals, or inhalants has been documented as producing a brief state of acid-hypoxia. In this state there is a production of acid and a failure to process properly the end products of oxidation phosphorylation metabolism. In this state of acidosis, oxygen content is reduced. Maladaptive reactions to foods are the most frequent cause of bouts of acidosis. Degenerative diseases are noted for their acid-hypoxic state. Therefore every effort should be made to maintain a normal alkalinity and normal oxygen state.

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

All addictive substances should be abandoned such as 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 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.

Colds, Minor Flu, Bronchitis or Sinusitis

Orientation:

For minor infections such as cold, minor flu, bronchitis or sinusitis, treat the local areas such as the sinuses with the magnetic discs and magnetic light shield. For bronchitis, place the 4" x 6" x 1/2" magnet on the sternum.

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 1/2" ceramic magnet, this extends the therapeutic value to five inches.

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

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

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

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

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

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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 pineal gland, which is at the center of the head. This gland makes Melatonin in response to a negative (south-seeking) magnetic field. This is why it is so important to treat the head to a negative (south-seeking) magnetic field during sleep. The retina of the eyes and the intestinal walls also make Melatonin. Treating these areas can also raise levels of Melatonin. The hormone Melatonin has the control of the entire energy system of the body including such as the immune system, endocrine system, and respiration. Melatonin is neuronal calming and encourages energy restoring sleep. Melatonin is a powerful antioxidant and thus is anti-inflammatory. Melatonin also has antibiotic and anti-cancer values.

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

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

Treating the eyes with the eye & sinus mask will also encourage 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 Unit

The magnetic eye unit is composed of a magnetic light shield that covers the eyes and much of the face. Two 1" x .125" neodymium disc magnets are placed over each eye. The following placement of the neodymium discs can be used:

1) The first choice is to stack two of the discs together and place these directly over the eye. Place two of the stacked magnetic

discs over each eye. The negative magnetic field is to face the eyes. These disc magnets will magnetically adhere to the magnetic light shield. If need be, the first disc can be held more firmly in place by taping it to the magnetic light shield. The second disc can be stacked on top of the disc that is taped to the light shield.

2) The second choice is to place one disc on the inside of the light shield and the second disc on the outside of the light shield directly over the first disc that is on the inside of the light shield. These are to be placed directly over each eye. It is important that there be no pressure on the eye or that there be no pressure from the edge of the disc on any part of the face around the eye. This can be achieved by using the foam padding provided at appropriate places to raise the light shield sufficiently above the face to avoid any pressure on the eye or contact with the edge of the disc on any part of the face around the eye.

This system of placement of disc magnets on the inside and outside of the magnetic light shield will need to be used when strong magnets are being used about the head. With this placement, the disc will not jump over to a nearby magnet.

The 4-Day Diversified Rotation Diet

The Significant Role of Symptom-Evoking Reactions to Foods, Chemicals and Inhalants

A 17-year-old schizophrenic boy was compulsively, rhythmically, at 3 second intervals, repeating the word, "circle, circle, circle". I placed the negative magnetic field of a 4" x 6" x 1/2" ceramic magnet on the back of his head and he stopped saying, "circle". A fast of five days on water only, rendered him symptom-free. On his test meal of wheat, his compulsion to rhythmically repeat the word "circle" returned. After The completion of one month of test meals of single foods, he was placed on a 4-Day Diversified Rotation Diet leaving out symptom-producing foods. Three months later, the initial symptom-evoking foods were returned to his rotation diet. This included wheat to which he had responded with the compulsive, rhythmic word "circle". After this three months of avoidance of wheat, he no longer reacted to wheat and did not have the compulsion to say the word "circle". In this case, I had demonstrated that; 1) a negative magnetic field could control the brain's neuronal excitation causing him to compulsively, rhythmically say the word "circle", 2) gluten in wheat produced the neuronal excitation driving his compulsion, 3) the final correction was the removal of wheat from his diet for three months. In three months, there was no longer a neuronal excitation from gluten as long as he kept it rotated on a four day basis.

A neurosis is a learned habit response to a stimulus in which the symptoms are interfering with normal social, educational and work life. It is the maladaptive reaction that results in it being termed a neurosis. The response of body tension and mental anxiety is a driving neuronal excitement, training in maladaptive symptom behaviors. The symptoms can take the form of tension, anxiety, phobias, disassociation, depression, elation, anger, hostility, hysteria, panic, somatic symptoms, hyperkinesia, lethargy, tics, obsessions, compulsions, personality disorders, learning disorders and any other physical or mental symptom driven by tension-anxiety. These occur in an organically intact brain.

These learned responses in an organically intact brain can, and often are, episodically precipitated by neuronal excitation factors. These precipitating factors can be and often are allergies to many environmental allergens, non-immunologic maladaptive reactions to foods which takes the form of an addictive withdrawal phase, hypoglycemia as the withdrawal phase of food addiction, or maladaptive non-immunologic reactions to an assortment of common environmental chemicals. Petro-chemicals such as from car exhaust, propane or natural gas, cosmetics (perfumes, lipstick, rouge), out-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior gassing of rugs, draperies and so forth. All of the above need to be considered as possible precipitants in neurotic, somatic reactions, learning disorders, personality disorders and psychosis. Maladaptive, addictive type reactions to foods are the most common causes precipitating maladaptive reactions.

The difference between neurosis and psychosis is that neurosis occur in an organically intact brain while psychosis (schizophrenia, manic-depression) occur in an organically injured brain. The brain is injured by viral infections such as Epstein-Barr, cytomegalo and human herpes virus #6. For further details, see my Magnetic Health Quarterly, *Major Mental Disorders. The Magnetic Answer*. Vol III, Third Quarter, 1997 and my book, *Brain Allergies*

Psychotics can and often do have neurotic-learned responses the same as non-psychotic neurotics. Beyond neurotic-learned responses, the psychotic has also a set of symptoms such as hallucinations, delusions, disassociation, catatonia or marked mood swings (high is mania and low is depression). Obsessive-compulsiveness needs special consideration since it can occur as a neurotic-learned response in an organically intact brain or can also be a manifestation of an organically injured brain.

Hyperkinesis, lethargy, attention-deficit and other learning disorders are, by-and-large, due to an organically injured brain, the same as schizophrenia and manic depressive. The brain in these cases is less injured than psychosis. It has been my observation that these lesser injured brains predispose to the development of psychosis in the twenties and thirties. The viral infection is an ongoing encephalitis which continues to injure the brain and this is why these lesser illnesses predispose to psychosis 10-15 years later. The evidence is that the viral infections occur when the child is small and it is believed that a sizable number are passed on from the mother having the infection for which she has had a flare-up during gestation and passes this virus on to the fetus. The lymphotropic viruses (Epstein-Barr, cytomegalo. human herpes virus #6) are the cause of infectious mononucleosis. The chronic state of infectious mononucleosis often has the symptoms given the diagnosis of chronic fatigue and fibromyalgia. These viruses, once present, do not die out but continue to injure the person. However, when these viral infections occur after the brain has been fully-developed, it does not produce psychosis but does produce weakness and pains. The viral infected person can develop neurotic symptoms beyond their chronic weakness, pains and depression produced by the viral infection.

Autism occurs in children with a viral injured brain, the same as schizophrenia and manic depression.

The Four-Day Diversified Rotation Diet

The following are observed facts about maladaptive reactions to foods:

1) IgG immune food reactions are acute inflammatory reactions in which spacing of contact has no significance. Therefore, a four day rotation diet has no significance in IgG mediated immune reactions. Fortunately, IgG food reactions are scarce.

2) IgG immune food reactions quiet down after three months of avoidance. After three months of avoidance an IgG immune reaction is calmed and suitable for a contact spacing of a 4-Day Diversified Rotation Diet. Food IgG reactions have the same relief phase on contact and withdrawal phase 3-4 hours later, which is characteristic of addiction.

3) Food addiction with relief on contact of the food and a withdrawal phase 3-4 hours later is characteristic of the majority of maladaptive symptom-producing food reactions.

4) A five-day avoidance breaks the addiction cycle following which, for 4-6 weeks; there is an acute symptom reaction within the first hour of exposure to the addictive food. This is the

basis of single food testing meals after five days of avoidance.

5) There are toxic reactions without an addictive withdrawal phase. These toxic reactions are infrequent.

6) The biological response to the addictive withdrawal phase of symptom production is acid-hypoxia.

7) The acute symptom phase after a five day avoidance period is acid-hypoxia. Acid-hypoxia produces cellular edema.

8) Acid-hypoxia produces the symptoms of the addictive withdrawal phase.

9) A carbohydrate disorder is produced by addiction. This has the characteristics of hyperinsulinism after exposure to the addictive food followed by hypoglycemia 3-4 hours later during the withdrawal phase.

10) After five days of avoidance there is no hyperinsulinism and no hypoglycemia. These are replaced by a hyperglycemia within one hour of eating the addictive food.

11) Food addiction is a state of metabolic compensation response to the stress leading to the addiction.

12) After five days of avoidance there is no metabolic compensation and in fact, there is a metabolic decompensation.

13) Diabetes Type II is the decompensated state of food addiction with its acid-hypoxia and hyperglycemia.

14) Acute symptom-producing maladaptive food reactions when extended in time are identified as chronic diseases with the same symptoms.

15) Diabetes mellitus type II is the final decompensated state of the earlier compensated state of food addiction. The metabolic disordered chemistry of food addiction is the same as clinically significant diabetes mellitus type II. The common denominator of disordered metabolism of food addiction and maturity-onset diabetes mellitus type II is acid-hypoxia and hyperglycemia.

16) The only way to prevent, and or reverse, maturity-onset type II diabetes mellitus is to reverse food addiction by initial avoidance and later spacing of the formerly addictive food.

17) Addiction to non-food items also advances the diabetes mellitus disease process. Examples are such as the use of narcotics, tobacco, alcohol and so forth.

18) Toxic, non-food, chemical stressors also advance the diabetes mellitus disease process.

19) Definitive food testing to determine maladaptive reactions to foods can only effectively proceed when all foods reacted to are avoided for five days preceding test meals of single foods. Remaining addicted to even one food will interfere with test results.

Characteristically, physicians are taught to test food immunologic or non-immunologic sensitivity reactions as a secondary rather than a primary cause of illness and to test foods while leaving the subject addictively or otherwise maladaptively responding to multiple other foods. Even when there is a five day avoidance of that single suspected food, the re-testing of that food is unreliable since they are in the process of reacting to so many other foods. Characteristically, no attempt is made to clear all food reactions by a five day fast before testing begins. This method of not clearing the subject of all food reactions before testing begins gives spurious results. This leads to conflicting data as to the significance of food reactions. This conflict in data is used by some physicians to justify discarding food reactions as causes of diseases in general or specifically with the disease they are dealing with at the time. Good food testing also requires examination of blood pH and blood sugar before and after the food test meal.

20) Ignoring the food maladaptive reaction as critical to the cause of degenerative diseases whether brain, gut or other biological systems, advances the central primary degenerative disease of type II diabetes mellitus.

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21) Ignoring the food maladaptive inflammatory reactions and resorting to steroids, non-steroidal anti-inflammatory agents, tranquilizers and antidepressants to handle the symptoms of inflammation further accelerates the diabetes mellitus disease process with the end result being clinically significant type II diabetes mellitus.

The above observations provide the significance of maladaptive food reactions and the relationship of the 4-Day Diversified Rotation Diet to food reactions.

How to Food Test

Five days of avoidance of all foods using a water fast only or another system of using a single infrequent food such as watermelon during the five days of avoiding foods.

During the five days avoidance, use one-half to one teaspoon of soda bicarbonate, three times a day to help offset the acid-hypoxia that develops during the food addiction withdrawal phase.

A negative (south-seeking) magnetic field therapy can materially aid in reducing the food addiction withdrawal symptoms during the five days of avoidance. Placing magnetic disc magnets bitemporally, which is in front of the ears, near the top of the front of the ears, under a band can reduce head symptoms such as headache or depression. It will also help to reduce the local symptoms otherwise by stopping the message to the brain from the local area of symptoms elsewhere in the body. Treating the brain should be accompanied at the same time by treating any other area of the body that has discomfort. The best magnet for treating local areas of the body that have pain or other discomfort is the 4" x 6" x 1/2 " ceramic magnet. This can be placed directly over the area of discomfort. The magnets bitemporally placed on the head are disc magnets that are 1-1/2" x 1/2 " ceramic magnets. An alternative to this that provides lighter magnets that are just as effective are 1" x 1/8" neodymium disc magnets. Place one on the inside of the band around the head and another one on the outside. This will magnetically hold these in place. That would be two on each side of the head, placed temporarily. Anxiety is best handled by mid-forehead and left temporal placement. Obsessive-compulsiveness is best handled by left temporal and low occipital. Use either the ceramic discs or the neodymium disc magnets. The best band for this is a 2" x 26" body wrap. During the withdrawal phase of addiction whether this be to food or to other addicts, there is an uncomfortable tightness in the chest and in the epigastric areas. This discomfort can be handled by placing a 4" x 6" x 1/2 " magnet lengthwise on the sternum and or the epigastric area, crosswise the epigastric area. These can be held in place with a 4" x 52" body wrap. In terms of duration, these magnets can be held in place until symptoms are relieved which is usually within five, ten to fifteen minutes or they can be continuously held in place during the withdrawal phase to maximize comfort. It should be understood that a negative (south-seeking) magnetic field alkalizes and oxygenates the body area that is within that negative (south-seeking) magnetic field.

Record blood pH before the five days of avoidance begins and immediately before and one hour after each test meal. A normal blood pH is 7.4. This test is achieved by blood plasma on litmus paper. It is best to use one with a pH of 6 to 8. I have characteristically used pHHydron litmus paper.

Test blood sugar before the fasting begins and before and one hour after each test meal of a single food. There are home blood test units for diabetics which are adequate for this purpose. This requires a drop of blood from a lance prick of a finger. Normal fasting blood sugar ranges from 80-120. One hour after a test meal, the normal blood sugar can range up to 140.

From 140-160 is suspect. From 160 on, is definitely an abnormal hyperglycemia.

Symptom-survey the entire body for symptoms before and one hour after each test meal.

Test the pulse before and one hour after each test meal. The heart is very sensitive to stress. Skipped beats in response to maladaptive food reactions are common. Some people have a vulnerability to set off a tachycardia. Tachycardia could be handled by placing a 4" x 6" x 1/2" magnet with a negative (south-seeking) magnetic pole over the heart. Hypertension is frequently a manifestation of food maladaptive reactions.

When food testing Crohn's disease or ulcerative colitis cases, it is best to have the suspected foods tested the last meal of the day. This provides for an overnight period of recovery from the reaction. The most suspected foods are the frequently used foods. They are often in the area of cereal grains, such as wheat, rye, oats, barley, corn or dairy products. However, it can be any food that is eaten with a frequency of two times a week or more including even salads. I have known some people who ate the same salad every day who maladaptively react to all the foods in their salads that they use daily.

It is wise not to use caffeine or alcohol in any form. However, it should be understood that it is possible that infrequently used caffeine such as a cup of coffee or chocolate candy or an occasional beer or alcohol otherwise will not necessarily set off the addiction. Addiction requires more than twice a week exposure. Even though it is not recommended that these items be used, it can be understood that an infrequent use on a single occasion will not reinstate addiction. It should however, be understood that subjects with mental symptoms should not really toy with the use of caffeine because it is a central nervous system excitant or with alcohol in any form. Those who have seizures should follow the same rules.

Those who choose a very limited diet such as strict vegetarians who are not using meat or any animal products, even fish, do find it more difficult to follow the 4-Day Diversified Rotation Diet. One way to get around this is to sprout the cereal grains such as wheat, rye, oats and barley and also sprout the beans. Sprouts of grains and beans are really a different food than the mature product and can be used on a different day than the mature product such as eating the cereal grains on rotation, two days later eating the cereal grains that have been sprouted. The same thing can occur with beans. Fresh corn such as corn on the cob is not the same food as mature corn and can be used on a different day than mature corn. When sprouting the grains or beans be sure that there is about 1/4" sprout and only use those beans or grains that have sprouted. These sprouts can be prepared in many different ways such as ground for bread or used as a cooked cereal. Sprouted beans or grains can be used as a fresh vegetable and in salads.

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

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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

Pedanium: Sesame

Orchid: Vanilla

Oil Cottonseed, Flaxseed and Sesame

Sweetener Corn sugar, Clover honey and Molasses

Tea

Sterculia: Papaya tea

Day III

Meat

Suidae: Pork

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

Vegetable

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

Laurel: Avocado

Lily: Onion, Garlic, Asparagus, Chive and Leek

Fruits

Apple: Apple, Pear and Quince

Banana: Banana and Plantain

Heath: Blueberry, Huckleberry and Cranberry

Gooseberry: Currant and Gooseberry

Ebony: Persimmon

Buckwheat: Rhubarb

Grains

Buckwheat: Buckwheat and Rice

Nuts

Legume: Peanuts

Birch: Filbert (Hazelnut)

Conifer: Pine Nut (Pinon)

Thickening

Arrowroot: Arrowroot Flour

Seasonings

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 Four-Day Diversified Rotation Diet

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

Selective Four-Day Rotation Diet

This diet selectively rotates on a four-day basis, the foods that have been demonstrated by deliberate food testing to evoke symptoms. Foods not demonstrated to produce symptoms or hypoglycemia reactions are used freely at any time desired. There is a particular problem with this diet in which the person may become addicted to some of the food that they are eating with frequency. This can easily escape them unless they test out. This diet starts either with a full month of testing of foods in which only the foods that gave symptoms, acid reaction or hypoglycemic reactions are initially left out for two more months beyond the month of testing food reactions and then placed into the rotation diet. Foods not producing these symptoms are eaten freely. This makes it easier to prepare combinations of foods.

The other system, which would relate itself largely to self-help without a physician monitoring, would be to leave out all the foods that are eaten twice a week or more. This also includes all the family members of those foods. Set up a rotation diet of other foods, however, there would be no need to pay strict attention to rotation on these foods that have not been eaten frequently. After five days on this program, then start testing foods. This would start testing the foods and the family members of the foods that have been left out the diet. These can be placed back in the diet if no symptoms, acid reactions or high blood sugar is demonstrated. After having gone through all these foods that were left out of the diet originally, then start on the other foods, testing one meal once a month. It is suggested that in the case of gastrointestinal reactions, especially Crohn's disease and ulcerative colitis, have the test meal in the evening so that if there is a reaction, there is time for recovery from the reaction before the next meal in the morning.

Systematically, the food should be tested as outlined in the section on food testing. This involves that a food or a family member of this food should not be used for five days prior to the test meal. The test meal should be a single food test meal There should be a symptom survey recorded before the test meal begins and again repeated one hour after the test meal. The blood pH should be taken before the meal and one hour after the meal. The blood sugar should be taken before the meal and one hour after the meal.

FINAL WORD

A negative magnetic field has been documented as capable of doing the following:

1. Can relieve all types of neurotic symptoms
2. Can train out neurotic symptoms
3. Can relieve psychotic symptoms
4. Can relieve maladaptive reactions to foods, chemicals and inhalants whether immunologic or non-immunologic hypersensitive reactions.
5. Can prevent seizures
6. Can reverse some movement disorders

The good news is that a negative magnetic field can relieve neurotic symptoms and also be used as a neuronal calming agent during behavioral corrective training sessions. Furthermore, a negative magnetic field does not have symptom side-effects, is not a stressor and cannot lead to any degenerative disease. A negative magnetic field is necessary for not only symptom correction, but also for healing.

Do's

Do use a negative magnetic field to relieve neurotic symptoms.

Do use the negative magnetic field to relieve neurotic symptoms. The negative magnetic field is an anti-stressor and relieves all the degenerative disease consequences of stressors. A negative magnetic field along with a four-day diversified rotation diet reverses diabetes mellitus type II.

Do use the negative magnetic field to relieve neurotic symptoms. It is an anti-stress and does not raise serotonin and endorphins beyond physiological levels.

Do use a negative magnetic field to relieve psychotic symptoms and a four-day rotation diet to stop food addictions. A negative magnetic field is an anti-stressor reversing and aiding in healing and the complications of de-generative diseases.

Don'ts

Don't use tranquilizers and anti-depressants to relieve neurotic symptoms.

Don't use tranquilizers and anti-depressants to relieve neurotic symptoms because these are chemical stressors with complicating stress side-effects leading to degenerative diseases, especially diabetes mellitus type II.

Don't use St. John's Wort to relieve neurotic symptoms since it is a chemical stressor raising serotonin and endorphins.

Don't use tranquilizers and anti-depressants to relieve psychotic symptoms since this leads to further degenerative disease.