

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior and the catalog are free upon request.



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

Published by:
William H. Philpott, M.D.
17171 SE 29th St.
Choctaw, OK 73020
(405) 390-3009/ Fax: (405) 390-2968
Email: polarp@flash.net



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.

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

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-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior sis and treatment of psychotics. The medical school accepted the \$4,000,000.

“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

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

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

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

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

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

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

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

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

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

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

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

(See *Polar Power Magnets Catalog*)

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

USES:

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

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

Cost:	\$ 49.95
Shipping:	<u>8.50</u>
	\$ 58.45

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

USES:

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

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

See my writings for further details.

COST:	
Soother One	\$ 21.95
Shipping	<u>8.50</u>
Total	30.45

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

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

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

THE DEFINITION OF MAGNETIC POLARITY AS USED IN HUMAN PHYSIOLOGY

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

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

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

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

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

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

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

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

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

STATUS OF THERAPEUTIC MAGNETISM

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

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

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

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

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

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.

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22. Cancer cells have a positive magnetic field charge.

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

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

has a non-stressful low pulsing frequency.

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

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

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

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

26. IMMUNOLOGIC RESPONSES TO OPPOSITE MAGNETIC FIELDS

A. Substance +
Positive magnetic field>sensitization.

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

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

27. ENZYMATIC RESPONSE TO OPPOSITE MAGNETIC FIELDS

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

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

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

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

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

E.

Food Substrate +

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

28. HEAVY METAL DETOXIFICATION

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

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

A.

Toxic electro-positive heavy metals

(aluminum, mercury, lead and other heavy metals)

+ a sustained static negative magnetic field attached

to the heavy metal.....>Dispersed of in the urine as non-toxic electro-negative metal

29. POSITIVE MAGNETIC FIELD NEUROPATHY

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

30. NEGATIVE MAGNETIC FIELD HEALING OF NEUROPATHY.

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

31. OPTIMIZING THYMUS GLAND DEFENSE

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

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

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

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

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

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

33. MAGNETIC FREE ENERGY.

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

Oxidoreductase enzyme + alkaline-hyperoxia

Food substrate.....>ATP

plus electron free energy from static electric catalytic remnant field with movement of electrons between magnetism substrate and enzyme producing a negative (Negative magnetic field) magnetic field (magnetic free energy)

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

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

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

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

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

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

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

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

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior mattress pad in order for the surface to receive only a negative magnetic field. When placing mini-block magnets in a bed pad on top of a mattress it is necessary to sufficiently pad between and over the mini-block magnets so the weight of the subject cannot press down between the magnets so as to not reach the equator half-way point between the separate magnetic fields on opposite sides of the mini-block magnets.

The Physiology of Biomagnetics

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

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

Biological Responses to Separate Magnetic Fields:

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

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

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

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

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

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

pH Biological Response to Separate Magnetic Fields

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

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

A positive magnetic field is a signal of injury sent to the brain.

The brain receives the signal of injury as a positive magnetic field and returns the signal of a negative magnetic field

No healing-repair can occur due to the positive magnetic production of acid-hypoxia.

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.

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
 peroxides, Dehydrogenases, Hydroxylases,
 oxyacids, Oxidases Oxygenases,
 alcohols Peroxidases, Reductases
 and aldehydes _____>water and oxygen molecules

Alkaline-medium electrostatic field or negative magnetic field

The Role of Magnetics In Enzyme Function

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

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

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

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

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

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

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

Magnetic Dynamics of The Degenerative Process

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

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

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

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

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

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

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

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

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

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

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

The Role of Oxidoreductase Enzymes in Addiction Including Food Addictions

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

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

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

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

THE ROLE OF ADDICTION IN OBSESSIVE-COMPULSIVENESS

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

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

Grandfather Status of Magnet Therapy

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

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

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

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

An Invitation To Do Research In Therapeutic Magnetics

Dear Doctor:

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

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

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

Sincerely,

William H. Philpott, M.D.

Magnetic Therapy

Medical Supervised Research

VS.

Self-Help Treatment

Medical Supervised Research

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

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

Self-Help Magnetic Therapy

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

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

405/ 390-1444 Fax 405/ 390-2968

THE MAGNETIC RESONANCE THERAPEUTIC RESEARCH PROJECT:

PHYSICIAN'S PARTICIPATION AGREEMENT

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

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

Address:

Date:

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior
405/ 390-1444 Fax 405/ 390-2968

**THE MAGNETIC RESONANCE THERAPEUTIC
RESEARCH PROJECT:**

PATIENT'S AGREEMENT FOR RESEARCH

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

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

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

Address:
Date:

SELF-HELP TREATMENT RESPONSIBILITY

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

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

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

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

Name _____ Date _____

Mailing address _____

City, State, Zip

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

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

Therapeutic research format available:

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

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

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

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

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

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

WILLIAM H. PHILPOTT, M. D.

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

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

Research gift to HOLOS INSTITUTES OF HEALTH made by:

Name _____

Address _____

Phone _____

Date _____

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

W.H. Philpott, M.D.

Date _____

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

The Magnetic Answer for Inflammation

from the *Magnetic Health Quarterly*
"Inflammation," Vol. X, 2nd Qtr, 2004

by William H. Philpott, M.D.

17171 S.E. 29TH Street
Choctaw, OK 73020

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

polarp@flash.net

General Information, Not a Medical Order

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

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

Book Review

The Inflammation Cure by William Joel Meggs, M.D., Ph.D. with Carol Svec. Publisher, Contemporary Books, McGraw-Hill Books. 2003.

William Meggs, M.D. has selected the central fact of degenerative diseases which is inflammation. The current publication of research concerning the central role of inflammation in degenerative disease is having a wholesome effect on medicine. This centers the focus on prevention since inflammation can be there at even a very early stage of a disease process. So often, the physician is called to do the most minimal, least costly approach. Often, the patient asks the doctor for relief and not information about their disease or how to stop its progression. The doctor becomes a physician of the subject's economic limitations. It is easy for the doctor to fall into the state of serving the patient's request and not offering preventive information. The information about inflammation being central to the degenerative disease process is reminding the doctor of his role in education of the prevention of degenerative diseases. Inflammation involves hundreds of different biological and chemical processes. The best test to determine the presence of inflammation is the C-reactive protein test.

Seven inflammation-fighting guidelines:

- 1) Eat lots of fruits and vegetables, at least five servings each day.
- 2) Eat fish 3-5 times a week.
- 3) Add olive oil to your diet.
- 4) Eat very little meat, poultry, cheese, butter or other animal products - or become a vegetarian.
- 5) Take recommended supplements daily.
- 6) Eat less.
- 7) Identify and avoid personal problem foods.

The detailed justification for each of these seven guidelines is provided and referenced.

In our industrial age, we are subjected to many chemicals used in building materials, cleaning agents and farming. As near as possible, we should identify these and avoid the contact. Smoking of tobacco or any source of smoke is injurious. As near as possible, each person should take charge of their health to provide a healthy lifestyle. The book is recommended as a valuable guide to taking personal charge of avoiding inflammation by their own lifestyle, avoidance of inflammatory substances and the addition to the diet of anti-inflammatory foods - particularly noted is supplementation with Omega-3 oils. Omega-3 oils are abundant in fish oils and several vegetable oils but not the usual vegetable oils used in cooking.

Book Review

The Inflammatory Syndrome by Jack Challem. Published by John Wiley and Sons, Inc. 2003.

Jack Challem's book, *The Inflammatory Syndrome. The Complete Nutritional Program to Prevent and Reverse Heart Disease, Arthritis, Diabetes, Allergies and Asthma* is a serious compilation of what is known today about inflammation and how it relates to degenerative disease. The C-reactive protein test has spun a lot of research about inflammation and its relation to degenerative diseases. This book describes how to hunt for the triggers of inflammation, the background diet encouraging inflammation, as well as the specific nutrients that discourage inflammation.

THE ANTI-INFLAMMATION SYNDROME DIET STEPS:

- 1) Eat a variety of fresh and whole foods.
- 2) Eat more fish, especially cold water varieties.
- 3) Eat lean meats (not corn-fed) from free range chickens and turkeys, grass-fed cattle and buffalo and game meats such as duck and ostrich.
- 4) Eat a lot of vegetables, the more colorful, the better.
- 5) Use spices and herbs to flavor foods and limit your use of salt and pepper.
- 6) Use olive oil as your primary cooking oil.
- 7) Avoid commercial cooking oils such as corn, sunflower, safflower and soybean oil as well as vegetable shortening, margarine and partially hydrogenated oils.
- 8) Identify and avoid food allergies.
- 9) Avoid or strictly limit your intake of food products that contain sugars, such as sucrose or high fructose corn syrup.
- 10) Avoid or limit your intake of refined grains.
- 11) Limit your intake of dairy products.
- 12) Snack on nuts and seeds.
- 13) When thirsty, drink water.
- 14) Whenever possible, buy and eat organically raised foods.
- 15) To lose weight, reduce both carbohydrates and calories.

The book needs to be read to fill in the details of the significance of these anti-inflammatory food steps.

Book Review

Breaking the Food Seduction by Neal Barnard, M.D. St. Martin's Press, NY, 2003. Dr. Neal Barnard in his book, *Breaking the Food Seduction* provides seven steps:

Step one: Start with a healthy breakfast. Be sure to have breakfast. Fiber rich foods are essential. Choose healthy protein sources.

Step two: Choose foods that hold your blood sugar steady. Be sure to eat enough foods. Use high fiber foods. He recommends using the glycemic index to keep your glycemic foods low in amount.

Step three: Use appetite-taming leptin. Leptin is in fruits and vegetables. By eating more fruits and vegetables in abundance, as compared to meats, will increase leptins and their function and reduce the urges to eat particular foods.

Step four: Break craving cycles. Avoidance of the foods that produce cravings in each individual is a major method of stopping the craving.

Step five: Exercise and rest.

Step six: Call in reinforcements. This describes techniques of having other people help you stop the action of your urges to eat specific foods or between meals.

Step seven: Use extra motivators.

The significance of specific nutrients, meal planning and recipes are provided.

WHAT IS MISSING?

These two books on inflammation and the book on breaking the food seduction are a reflection of the current status of research and all three are valuable. The central theme that I have discovered in my research is that there is both an allergic (IgG) and addiction state. Dr. Theron G. Randolph was the first one to call this, allergy-addiction. IgG has a delayed reaction. IgE is an immediate reaction. IgG has a delayed reaction in which the symptoms occur at 3-4 hours post-contact with the allergen. Whereas, food addiction is not an allergy but is caused by the stress of the food, raising endorphins. When the food is first contacted, due to the stress, the endorphins rise and along with this, serotonin also rises and at about 3 hours, the withdrawal phase begins and symptoms now develop with a drop in endorphins, serotonin and adrenal hormone. IgG food allergy and food addiction behaviorally look alike. The only difference is that in food addiction, there are no antibodies formed. Theron G. Randolph, M.D., Allergist, who is the father of clinical ecology,

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior called this condition allergy-addiction. He also observed that cellular edema occurred at the time of the reaction and the cause of that was acidity. It had been published that cells in an acid medium would become edematous. He developed a way to relieve symptoms by using sodium and potassium bicarbonate and if need be, having them breathe oxygen also. In a state of acidity, oxygen becomes tied up and in fact makes oxyacids. Of course, it has been a popular self-help program to use calcium, magnesium as alkalies to relieve gastritis and gastric reflux symptoms. He used it to relieve symptoms in general and it has considerable value. I used this extensively in my practice and if the symptoms were severe enough, I would give intravenous alkali in the form of calcium and magnesium.

Albert Roy Davis had observed that the biological response to a negative magnetic field is alkaline-hyperoxia and the biological response to a positive magnetic field is acid-hypoxia. Robert O. Becker had observed that when an injury occurs, a positive magnetic field was registered. When the healing was taking place, a negative magnetic field was registered. Based on this information, I replaced oral alkalinizing agents with a negative magnetic field. It was observed that this was more consistent in its symptom relief response than that of alkalization. I also observed that not only could I relieve the symptoms after they had been evoked by a deliberate food test, but I could also provide the magnets ahead of a meal and prevent the reaction from occurring to a test meal.

Thus, all three of these books have failed to understand fully food allergy-addiction and that avoidance was central and of course, they all used avoidance. But they didn't understand that avoidance wouldn't have to be continuous. In fact, they advised once you reacted to a food, just not use it again. The fact is that you can return to the foods under the condition of three months of avoidance or of treating with the magnets ahead of each meal while rotating the food. Of course, there is nothing in the peer review literature at this time that tells you the significance of magnet therapy so therefore they completely missed the significance of magnet therapy in management of symptoms and in reversal of disease processes.

COMPONENTS OF MAGNETIC FIELD THERAPY:

1) pH. The normal human pH is from 7.35 to 7.45. When the pH drops into the acid range, then the enzymes of the human body are inhibited. This acidity is toxic to human enzymes other than the digestive enzymes in the mouth and the stomach. All the rest of the enzymes in the body, which are many hundreds, are all alkaline-dependent. The oxidoreductase enzymes are alkaline-hyperoxic dependent. These enzymes make human energy (adenosine-triphosphate (ATP) and when this oxidoreduction process making ATP occurs, it also makes a static oxidation remnant negative magnetic field magnetism which the body then uses in activation of other enzymes along with the ATP. The *Encyclopedia Britannica* states that there are two ways to determine if a catalytic reaction occurred. One is to measure the end product of that catabolism, the other is to measure the evidence that a magnetic field was created by the catalytic reaction. The second major use of oxidoreductase enzymes is that of detoxification. An end product of oxidative phosphorylation is the free radical, super oxide. Super oxide is rapidly enzymatically processed by oxidoreductase enzymes, in this case its free radical is processed to hydrogen peroxide by super oxide dismutase. Then hydrogen peroxide is processed to oxygen and water by catalase. If this process does not rapidly occur, then the super oxide produces other free radicals, ties up oxygen into oxyacids and proceeds to produce alcohols and aldehydes all of which are inflammatory. Therefore, in considering inflammation, we first of all consider the oxidoreductase enzymes that have the job of processing enzyme toxins. A catalytic reaction occurs when a substrate joins an enzyme. This occurs because of dipoles on both the enzyme and

the substrate. For the catalytic reaction to occur, electrons have to move between the enzyme and the substrate. There are available, static electrons that are all around us and in us. Vitamin C serves as an enzyme co-factor, providing either the giving or receiving of electrons. When electrons move, a magnetic field is produced. There is a natural attraction between the dipoles of the enzyme and the substrate, however that attraction is not sufficient to cause catalysis. It requires the movement of electrons which ultimately are a magnetic field in order to make the catalysis occur. In the case of the oxidoreductase enzymes, which are alkaline-hyperoxia dependent, the magnetic field produced by the catalysis is always a negative magnetic field. The accumulation of this negative magnetic field is part of the energy system along with ATP that drives other enzyme catalysis that is also alkaline-hyperoxic dependent. Thus it can be seen that since the final step of catalysis is magnetic, then supplying an external source of negative magnetism will energy-activate oxidoreductase catalysis and other alkaline-hyperoxia dependent catalysis. This is why when these enzymes are inhibited by any substance that supplies this energy activation of a negative magnetic field they can override this enzyme toxicity and the enzymes then can process the toxins.

Thus, supplying an external negative magnetic field is the most important of the detoxifying process of the human body. It has been well established and confirmed by my observations that the biological response to a negative magnetic field is alkaline-hyperoxia. The oxygen in this case doesn't come from the oxygen that we breathe, but comes from the release of oxygen and water from toxic substances. This is easily observable. If you are stung by an insect, placing the area immediately over a negative magnetic field will process the toxins injected into the human body and will do so rapidly within a matter of minutes or at most, hours and there will be no evidence of injury at all. A finger is burned and the area blanches and is acutely painful. Placing this area over a negative magnetic field will reverse this within minutes. The area will turn pink and will not blister. A bruised area that is turning dark-colored will quickly lose its color and become a normal color within a matter of minutes of exposing the area to a negative magnetic field. An area that has been cut and bleeding will stop its bleeding by placing the area on a negative magnetic field. It does this by virtue of the release of oxygen from acids caused by the injury. Oxygen is vaso-constricting and will stop the bleeding. Furthermore, leaving the magnet on the area, it will heal without any infection occurring and there will not be a scar. The biological response to a sustained positive magnetic field is acid-hypoxia and will make the cuts, bruises, insect stings and so forth, worse. This is easy for anyone to observe. Another proof of the separateness of the positive and negative magnetic field can be observed by using a 1" x 1/8" neodymium disc magnet by placing the positive magnetic field on the skin. Within four days it will begin to hurt. Within two weeks, there will be a vasculitis which is now infected with pustules. Using a negative magnetic field, there will be no harmful effect at all to the skin. The essence of magnet therapy is the energy activation of enzymes. The negative magnetic field is the correction for disordered metabolism. The positive magnetic field can be used for a brief period to activate neurones that have been inhibited by the extinction of disuse from an accident or an acute swelling that has caused pressure on neurones after a bout of multiple sclerosis. This would have to be used while associating this energy activation of neurones with a practice of return function. The positive magnetic field must not be used as a chronic exposure due to its harmful disordering of metabolic function. All healing occurs under the influence of the negative magnetic field. A positive magnetic field is always present at the site of injury, infection or cancer.

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

2) **MAGNET POLES.** It is observed that a biological response to a negative magnetic field is alkaline-hyperoxia which drives normal physiological functions. The positive magnetic field is the signal of injury.

Both the positive and negative magnetic fields are part and parcel of human physiological function. The positive magnetic field awakens the subject, drives the ability to think and to act, however it cannot be sustained for a long period of time without injury. The basic function of the human body is that of alkaline-hyperoxia with a pH in the alkaline range. Relaxation and particularly sleep maintains the alkaline state.

3) **STRESS AND ANTI-STRESS.** Life is composed of both stress and anti-stress. Being awake, mental function and biological function area all in the stress range. Relaxation and sleep are in the anti-stress range. This is all easily demonstrated by the EEG. A pulsing field of 13 and more is stress. A pulsing field of 12 or less is anti-stress. Our base line is anti-stress. We make excursions over into stress but do not sustain this for a long period of time. If we do, there is a buildup of harmful metabolic products starting especially with super oxide and all the damage that it can do in the event that it is not processed rapidly. There are many chemicals from the environment that if in sufficient quantity, enzyme toxic. Allergies and other immunologic reactions are enzyme toxic. The withdrawal phase from addiction is toxic. The combustion by-products of fossil fuels is enzyme toxic. There are many environmental enzyme toxins that we have to be processing and if our quantity is too great, then they overwhelm our enzyme system and disease results. In order to survive, we must relax and we must sleep soundly in order to re-charge our electromagnetic bodies and process all the toxins and maintain alkaline-hyperoxia so that our enzymes that have many functions can function.

HOW I CAME TO ACCEPT THE SIGNIFICANCE OF MALADAPTIVE FOOD REACTIONS AS PRECIPITATING FACTORS IN MENTAL DISORDERS AND DEGENERATIVE DISEASES

Through the years, many maladaptive reactions to foods and chemicals have been written off as psychosomatic. In recent years, the use of C-reactive protein tests have changed the focus from psychosomatic to identifiable reasons for symptoms developing. Inflammation is a central condition which ties together both mental and physical symptoms. It was very hard for me to accept the idea that schizophrenia could be due to food reactions or that diabetes can be due to food reactions. Therefore, I am giving a history of my final acceptance of food allergy-addiction as a prominent precipitator of symptoms, both physical and mental.

As a resident in psychiatry in the early 1950's, I read the book, *The Neuroses* by Walter Alvarez of the Mayo Clinic. He described many mental and physical symptoms, even those considered to be schizophrenia as being capable of being precipitated by maladaptive reactions to foods. As a resident in psychiatry at the time, I simply could not believe this. After all, these patients hated their fathers and their mothers and their brothers and their sisters and their neighbors. There must be some justifiable reason. We tried to manufacture and postulate these justifiable reasons. It was our job as a resident to postulate these and present them to our fellow residents in a conference. I simply could not accept Albert Alvarez's evidence. There was nothing like this being even postulated by my instructors. I thought he was very wrong and that as an internist, he stepped over beyond the boundaries of his specialty into psychiatry and simply made a fool of himself. It would be another 15 years before I re-examined his book and saw how right he was. In the mid-1960's, Joseph Wolpe, the father of behaviorism in the United States, sent me an article by Theron G. Randolph in which he stated

that many patients, even mental patients, became symptom-free with a five day fast and symptoms of either their specific physical or mental state reemerged with deliberate meals of single foods. I only read this with curiosity. I could not believe that my mental patients complaining of their hostilities had anything to do with the very foods they were eating. In 1969, I was a consultant at a school where there were 100 adolescents who had failed both educationally and socially. My job was to do a psychiatric examination on these patients. Twenty-five percent of them were psychotic. Saul Klotz, M.D., Internist, Allergist, was examining them concerning his specialty in allergy. He proposed that we do a study to determine how their foods may relate to their behavior and their learning disorders. The results are reported in the book, *Clinical Ecology* published in 1978. Saul Klotz became President of the American College of Allergists. What was discovered was that when extracts were used, comparing water only with extracts of foods, there were large numbers of reactions to the extracts of foods. This was a double-blind study. It convinced me that I had been wrong in ignoring the evidence of Walter Alvarez and of Theron G. Randolph.

In 1970, I entered a five year program under the supervision of Marshal Mandell, M.D., Allergist and of Martin Ruben, Ph.D., Biochemist. This spanned five years and included 500 patients. The majority were schizophrenics. Occasionally, there was a manic depressive. A few had type II diabetes mellitus along with their mental symptoms. We followed the program of Theron G. Randolph. He was in communication with us during the program, came to visit the program and also, he paid for the secretarial work for my book called *Brain Allergies*. What happened is, we fasted these patients on water only for five days. This had never been done to schizophrenics or manic depressives or diabetics. Within five days, they were sane. Their blood sugar was normal and they were symptom-free. I did two things that also had never been done before and that is, we looked at their blood sugar during the fast and before each test meal, we tested their blood sugar and one hour after the test meal we again tested their blood sugar. We did the same with pH. We tested pH before the meal and one hour after the meal. What emerged was that routinely when symptoms developed, the blood also became acidic. The saliva became acidic. Also, the blood sugar was normal before the food test and in a sizable number of the patients, which is about one-third of them, the blood sugar was hyperglycemic, that is beyond 140. We tested the subjects for one month. With this, we could tell which foods produced which symptoms and which foods produced hyperglycemia. Leaving these symptom-producing foods out of the diet, the patients were sane and the diabetics showed no evidence of diabetes. Thus, I learned how to manage both my mental patients and diabetic patients or early stage, pre-diabetic patients with food management. It was also demonstrated that after three months of avoidance, using a single food did not evoke the emotional or mental symptoms and did not provoke hyperglycemia. Thus, these foods could be returned to the diet as long as they were kept spaced, such as once a week or once every four days. Based on this, a food rotation diet, either a four day rotation diet or a seven day rotation diet was instituted. Following this program, 75% of my patients did not return to the hospital within a three year period, whereas the other psychiatrists in this hospital had 75% of their patients return to the hospital within a three year period. When a patient did return to the hospital, it was always because they did not follow the rules. They were not rotating their foods or they returned to smoking or to drinking alcohol. The patients who follow the rules remain sane, reasonable and non-diabetic. One case illustrates how difficult it is for physicians to even conceptualize the significance of maladaptive food reactions. One of my patients had a delusion that he had killed a person. It

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior occurred when he was driving a mountain road and he was sure that he crowded a car off of the road and it fell over the cliff. He was obsessed with this night and day. He was depressed. He also was a type II diabetic. On the five day fast, by the fifth day, his obsessive delusion was gone. He could reason that there is no reason for him to believe that they fell over the cliff and he could dismiss it. His blood sugar was also normal. Feeding him meals of single foods, we found that when he was given wheat his hyperglycemia was present and his delusion emerged. His blood pH was acidic. I placed him on a four day rotation diet, leaving out the food that evoked both his hyperglycemia and his delusion. I sent him back to his internist who was from the Layhe Clinic in Boston. I sent with him my write-up demonstrating exactly what had happened and that wheat had evoked his hyperglycemia and also his delusion. The internist read this and commented, "This doctor found a better diet than I did, but I can tell you that food allergy or food addiction has nothing to do with the production of your diabetes." Even with the objective evidence in front of him, he could not accept the role of food sensitivity as a cause of his diabetes. Out of this five year study, I prepared two books. One was called *Brain Allergies* in which we demonstrated that food reactions were essentially why they were schizophrenics or manic depressives and also a book called, *Victory Over Diabetes*, demonstrating that type II diabetes is indeed caused by the maladaptive sensitivity, allergic or addictive reactions to foods and that diabetes type II is manageable by isolating the foods and avoiding them. Not only that, the foods that cause the hyperglycemia did not have to be avoided forever. After three months, they could be returned to the diet as long as we kept them rotated.

When I started this program, I had no concept that I would find the cause and treatment for type II diabetes mellitus. I had observed in the mid-1960's that some of my patients had symptoms due to hypoglycemia and this was my reason for putting the test of blood sugar in relating to the test meals. I found that with five days of a fast, there no longer was hypoglycemia but the same foods produced hyperglycemia. Hypoglycemia is merely an early stage of the diabetes mellitus disease process. Hypoglycemia exists because these reactions did evoke hyperinsulinism and thus hypoglycemia. However, after five days of fasting, the picture was quite different. Now, we have the specific evidence of which foods evoked hyperglycemia but they did not evoke hyperinsulinism after the 5 days of the fast. Thus I also discovered that insulin resistance is nothing more than food reactions in which cells swell and the insulin cannot do its job of transporting glucose into these swollen cells. Thus insulin resistance completely disappeared by leaving out these foods that evoked hyperglycemia. Fortunately, by testing the pH, I was tapping into one of the chemical disorders of inflammation. It is easy to test the pH. It becomes acidic whenever there is a maladaptive symptom-producing reaction.

Dr. Randolph had discovered that when maladaptive reactions to foods, which he called allergy-addiction, was acidifying, he used sodium and potassium bicarbonate to neutralize these symptoms. This worked fairly well and I used it. During my work at the hospital from 1970-1975, my ward was an environmentally-controlled ward where there were no exposures to chemicals and the patient was fasted from their foods and then fed meals of single foods for the next month. After I went out into private practice by 1975, then I had a ten bed ward in a hospital and a sizable outpatient department where we also fasted patients and tested them with meals of single foods.

NO SIDE EFFECTS FROM NEGATIVE MAGNETIC FIELD THERAPY

Negative magnetic field therapy is an ordering of disordered

physiology. A negative magnetic field therapy is not a narcotic and does not evoke a narcotic biological response. A negative magnetic field is not an analgesic like the array of non-steroidal analgesics all of which have potential side effects which can be serious. A negative magnetic field is not an anesthetic. A negative magnetic field is not a statin drug which can have serious side effects, some of which have been removed from the market because of deaths occurring. A negative magnetic field relieves symptoms because it corrects the disordered physiology of disease processes. The acid-hypoxia and other disordered chemistries of the disease process are changed to alkaline-hyperoxia. A negative magnetic field cures the symptoms by curing the disease. Human health is an ordered electromagnetic state. Human disease is a disordered electromagnetic state. The biological response to a negative magnetic field does not mask the symptoms by analgesics, anesthetics, steroids, narcotics, statin drugs tranquilizers, anti-depressants or anti-seizure medications. A negative magnetic field is a universal ordering of the disordered chemistries of diseases no matter whether this disease is identified as an allergy, an autoimmune disease, a toxicity, an addiction, an infection, cancer, depression, psychosis, behavior disorder, learning disorder and so forth. Magnetic therapy cures the disease. Magnet therapy is the only universal ordering of the disordered metabolism of diseases.

GLYCEMIC INDEX MYTH

Glycemic substances are identified as foods that quickly evoke blood sugar but still do so within the range of normal, that is below 140 mg/dl. These, by and large, have a quantity of free carbohydrates such as sugars. The assumption is made that hyperglycemia, that is a blood sugar beyond 140, will result out of an accumulation of glycemic foods. This is a false assumption but based on this assumption, then it is considered that diabetes mellitus type II can be managed by reducing the glycemic foods. This concept is erroneous because there is no such thing as a generalization as to the production of hyperglycemic foods by the accumulation of glycemic foods. This however, is not published in the peer review literature and it was not known until I did my research starting in 1970. One of the factors of this research, besides examining for symptoms produced, was to examine blood sugar before and after each single food test meal. The subjects were fasted on water only for five days. This changes the reaction timing from delayed, such as 3-4 hours after contact with the food, to that of the symptoms being acute within the first hour. Thus, we were looking at hyperglycemia, that is beyond 140 mg/dl, at one hour after the test meal, not at the fasting blood sugar on a morning specimen. This technique revealed conclusively what foods evoked hyperglycemia. There was no way to make a generalization. These foods were specific for each individual and the reaction was based on the fact that the subject frequently, that is, daily, several times a day or at least several times within a week, used the same food. Thus, the glycemic index which is just a generalization is really a myth whereas when you do a test meal of a single food after a five day fast, you know exactly which foods are hyperglycemic and which foods are not. Interestingly, this individuality bears no relationship as to whether the food is glycemic or not. The foods are often even proteins, such as gluten and it was conclusively demonstrated that clinically significant diabetics had sugars that they never used that they did not react to. For example, I have never found a diabetic type II reacting to maple sugar even though we give them a full meal of maple sugar. They will react only to the sugars that they use and they will also react to the parent substance from which that sugar is made such as beet sugar from beets. They react to beets. Whereas there are lots of diabetics that don't react to sorghum or to cane sugar or to honey. Some will react to honey that is taken from their local neighbor-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior hood and not react to honey that is taken from a neighborhood that they do not visit with any frequency. Diabetes mellitus type II is not a reaction to sugars or glycemic foods. Diabetes mellitus type II is due to food allergy and food addiction. When you remove the foods evoking hyperglycemia and they can come from any category of carbohydrates, complex carbohydrates, free carbohydrates, fats or proteins, there is no diabetic reaction. There is no hyperglycemia. Fortunately, if you remove these foods for three months, the body will have desensitized to these foods and 95% of the time, the food can be returned to a diet that rotates the foods either on a four or seven day basis without hyperglycemic reactions occurring. This return to the foods can be achieved at a 95% rate. Therefore, the treatment of diabetes is an initial avoidance of hyperglycemic foods, followed by a reinstatement of these foods into the rotation diet three months later. There is a shortcut to this and that is if you supply a negative magnetic field to the brain, heart and liver for 30 minutes ahead of a meal, most of the time, there will not be any hyperglycemic reaction. If the exposure to this food does override the negative magnetic field, that food needs to be left out for three months before reintroducing it into the rotation diet.

EXCHANGE DIET MYTH

This is a myth because it does not recognize the individuality of the reactions and makes the generalized assumption that there are foods that are equivalent to each other that can be used in this exchange diet. Hyperglycemic reactions to foods is completely individualized and cannot be generalized, therefore the exchange diet is a myth.

HYPOGLYCEMIA AND HYPERGLYCEMIA. The stages of the diabetes mellitus type II disease process.

In the early stage of the diabetes mellitus type II disease process, the maladaptive reactions to a specific food is that of hyperinsulinism that rushes the glucose into the cells. By the third or fourth hour, the blood sugar and cellular glucose is now low and symptoms are produced. These symptoms can be brain symptoms or physical symptoms and weakness of course is characteristic. Mental symptoms of dizziness is common. Soon after eating the food, the subject is usually euphoric. When the blood sugar drops into hypoglycemic levels, then the subject is depressed. I have observed hypoglycemia to be the symptoms of the withdrawal of food allergy-addiction. It lasts usually several years before the hyperglycemic phase develops. The hyperglycemic phase develops when the pancreas function of producing hyperinsulinism is fatigued. Then there is only hyperglycemia because there is not that extra insulin to drive the glucose into the swollen cells.

The treatment for hypoglycemia and hyperglycemia are one and the same. That is, isolate the foods that evoke the condition. Remove the foods and neither hypoglycemia or hyperglycemia exists. These foods are specific for each individual and no generalization can be made as to what the foods will be. The only generalization we can make is that the foods that evoke their symptoms will be foods that are frequently used and it will not bear any relationship as to whether it is a free carbohydrate, a complex carbohydrate, a protein or a fat. It will bear relationship to frequency of use for that individual.

Diabetes mellitus type II is caused by cellular edema in response to an allergic, addictive or toxic response to a specific food and it does not relate only to foods. Toxic chemicals can also produce the same problem but foods are also always and basically the offending substances. An interesting example is a teenager who was type I diabetic and had been receiving insulin since childhood. The examination of his reactions to foods and chemicals occurred out in the country in Oklahoma. It was demonstrated that he had sufficient insulin and was not even insulin-dependent. However,

when he moved back to New York City with the abundance of car exhaust, he had to take insulin because of his reaction to car exhaust.

WHAT IS THE CAUSE OF INSULIN RESISTANCE?

Much is being made today of insulin resistance however, the cause of insulin resistance is being escaped. Insulin resistance exists only when the subject is maladaptively reacting to foods or chemicals. The cause of this is that during these reactions, cellular edema occurs and the insulin cannot do its job of transferring the glucose from the blood into the cells. Insulin resistance completely disappears when these foods are removed. Insulin resistance is nothing more than the cellular edema. The more cells that are edematous, the higher the insulin resistance. The real problem is cellular edema.

THE CAUSE AND CURE OF OBESITY

Obesity exists because too many calories are eaten. Obesity is cured by eating less calories. There is a balance between the caloric intake and the exercise output. Exercise more and eat less is the cure for obesity. The urge to eat too much and to eat specific satisfying foods is an addiction. An IgG allergy has a delayed reaction the same as addiction. Theron G. Randolph coined the term allergy-addiction. Since addiction has a withdrawal phase and IgG allergy has a delayed reaction phase, these two correlate. The real issue for addiction is how to be comfortable while reducing the calories. The easiest way to achieve this is to stop eating all frequently used foods, some of which will be addictions or allergies but if the subject stops eating all frequently used foods, those that are used twice a week or more, it will encompass the allergy-addiction foods. Then start rotating all other foods on a four or seven day basis. All other addictions or potential addictions should be stopped at the same time, that is, alcohol in any form, caffeine in any form and tobacco in any form. Comfort is achieved by stopping all addictions at once. The discomfort will be only for the first 3-4 days. This discomfort can also be managed by using ceramic disc magnets that are 1/2" x 1-1/2" placed bitemporally and held in place with a 2" x 26" band. Place a 4" x 6" x 1/2" magnet over the heart with the 6" lengthwise the body. Hold in place with a 4" x 52" body wrap. Place a 2" x 26" band with Velcro on each end over the left shoulder to hold this magnet in place over the heart. Place a 4" x 6" x 1/2" magnet over the liver with the 6" lengthwise the body. Hold in place with a 4" x 52" body wrap. All these magnets should have the negative pole facing the body. These can be used to manage the withdrawal symptoms and can be used continuously if symptoms indicate. This only needs to be applied for the first five days and then whenever there is an urge that develops, either to eat a specific food for satisfaction or to eat between meals, apply the magnets again and it will handle the symptoms within 5-10 minutes. Drink an abundance of water, at least 8 glasses or more a day. The best water is alkaline micro negative ion water. The source of this water is volcanic water. There are several sources on the market. Nariwa water is such a water. Also, this water can be made by an electrolysis instrument. Such an instrument is available for home use.

Take pictures of the meal size for the breakfast, noon and evening meal. The first picture is to be the size the subject usually eats. Then make another picture, reducing the quantity by one-third. Every month make a new set of pictures, reducing the quantity of food by one-third of that which is being used. Continue this until the desired weight is achieved.

An additional method which can help reduce the fat, usually by about one pound a day, is to place magnets over the fat area. For example, to reduce abdominal fat, place a 4" x 6" x 1/2" magnet lengthwise the body, one on the left side of the abdomen and one on the right side, placing these a couple of inches apart. Hold these

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior in place with a 4" x 52" band. Do this only at night during sleep.

There are two methods of starting the rotation diet and one is to leave out foods eaten twice a week or more while using the magnets for comfort while setting up a four or seven day rotation diet. Another method is to use magnets ahead of and during each meal, setting up the rotation diet, but with this method, not leaving any foods out. The magnets are to treat the bitemporal area, heart and liver 30 minutes before a meal and during a meal. This will serve the same purpose of desensitizing to foods as avoidance of those frequently used foods for three months.

The secret of weight reduction is to be comfortable while achieving calorie reduction. The use of negative magnetic field therapy can keep the subject comfortable.

THE CAUSE AND CURE OF FOOD ADDICTION

Frequently eating the same food is a biological stress in which addiction can occur. Addiction is caused by a rise in self-made endorphins and is truly an addiction. IgG allergy has a delayed reaction where the symptoms appear between 3-4 four hours, post-meal. This behaves the same way as the withdrawal phase of addiction, therefore allergy-addiction is very much a reality. A negative magnetic field can handle the symptoms of allergy-addiction. The wise way to do this is to fast for five days, drinking an abundance of water for this five days and using magnets to relieve symptoms whenever they occur or the magnets could even be used continuously during that phase. These magnets are ceramic disc magnets placed bitemporally, held in place with a band. A 4" x 6" x 1/2" magnet is placed over the heart and over the liver. These are held in place with a 4" x 52" body wrap or other suitable band or pockets in a garment. All addictions should be stopped at the same time, therefore tobacco or pot smoking should be stopped and caffeine beverages should be stopped all at the same time. There should never be any consideration of piece-meal stopping addictions. Stop all addictions at once and use magnets to be comfortable during the withdrawal phase. By the 5th day of withdrawal, addiction is over except tobacco addiction is not over for 21 days since tobacco contains fat soluble substances, whereas the foods contain water soluble substances. Keeping the food rotated prevents addiction from re-occurring. After stability is present, which is about three months, then a single meal can be used about every two weeks, that pays no attention to rotation. It would be wise but not necessary to treat with magnets ahead of this purposely rotation-violated program. It is wise to never return to the use of alcohol or caffeine beverages. However, it is also true that if alcohol is used only once on the four day rotation diet or once on the seven day rotation diet, the addiction would not be re-established. This is also true of caffeine beverages. If coffee is to be reinstated, then use only one and no more than two cups of coffee every seven days. This would also apply to cola drinks containing caffeine. This would also apply to chocolate containing caffeine. The secret is to not eat the foods or the treats frequently enough to re-establish the addiction or the allergy.

THE CAUSE AND CURE OF DIABETES MELLITUS TYPE II

Diabetes mellitus type II has been determined as being due to food reactions. These maladaptive reactions are allergies, addictions or toxicities. Following a 4 day diversified rotation diet or a 7 day rotation diet reverses diabetes mellitus type II.

The foods evoking hyperglycemia will be frequently used foods and will be individualized as to the subject and how frequently the food is used. There is no such thing as a generalization about hyperglycemia. It all is individualized for each subject and depends on the frequency to which they use the foods. Maladaptive reactions evoking hyperglycemia can occur in any category of foods - free carbohydrates, complex carbohydrates, proteins or fats. It can-

not be predicted ahead of time but can be proved by deliberate food testing. To achieve this, the subject would need to fast for a period of five days. The fasting can be water only or can be such as watermelon or associated with this, a protein food, especially such as a fish that is not commonly used. Following this, deliberate food testing occurs with meals of single foods testing the blood sugar before each meal and one hour after each meal as well as testing for symptom development. This will determine which foods are hyperglycemic. Hyperglycemia is whenever a food evokes a blood sugar beyond 140. Removing these foods there is no hyperglycemic reaction therefore, there is no diabetes that we know by a diabetic reaction. Leaving these foods out for a period of three months, they can be returned to the diet with at least 95% of them being returned to the diet. The best rotation diet is a 7 day rotation diet. Another method that is satisfactory to most people is to fast for 5 days or at least until the blood sugar is normal. Then start eating meals of multiple foods as is usually used, testing the blood sugar before and one hour after each meal. Use the disc magnets placed bitemporally and the 4" x 6" x 1/2" magnet over the heart and over the liver. If, in any meal, the blood sugar is beyond 140, then the next go-round for these foods, test them singly and find out which food produced the hyperglycemia. This is judged only if the food overrides the application of the magnets. If this occurs, then remove that particular food out of the diet for the next three months and try again to re-introduce this into the rotation diet.

This system which has been described applies only the diabetes mellitus type II.

Diabetes mellitus type I is an insulin-dependent diabetes. For diabetes type I, do not fast the patient but start treating with magnets for 30 minutes ahead of each meal. It has been observed that this system of magnets ahead of each meal and avoiding the frequently eaten foods, reduces the insulin requirements down to one-third and brings the diabetes into good control.

THE CAUSE AND CURE OF CANCER

The human body requires the maintenance of alkaline-hyperoxia which will maintain an alkaline pH. Human cells have the capacity to make adenosine triphosphate (ATP) either by oxidative phosphorylation or by fermentation. The fermentation process is only used in an emergency. For example, if a subject exercises to the point of having used up their ATP which of course has been made by oxidative phosphorylation, then the muscle cells will go into making ATP by fermentation. This of course, produces soreness, because fermentation has an acid by-product. The human cannot survive long on making their ATP by fermentation. They must resort to relaxation and sleep to produce their ATP by oxidative phosphorylation. However, the type of bacteria, viruses and parasites that invade the human body can survive on making their ATP by fermentation. There are many reasons why acid-hypoxia develops on which fermentation is dependent. This acid-hypoxic producing reactions are such as prolonged stress of any kind, physical or mental, allergic reactions, autoimmune reactions, addictive reactions or toxic reactions and all produce acid-hypoxia. Microorganisms and infections all produce acid-hypoxia. Therefore, all of these are carcinogenic if chronically maintained. Cancer makes its ATP by fermentation. Otto Warburg received a Nobel prize by demonstrating this.

The cure for cancer is to replace acid-hypoxic fermentation with alkaline-hyperoxia oxidative phosphorylation. All human cells are capable of becoming cancer cells if acid-hypoxia is chronically maintained and the cell is forced to make its ATP by fermentation. New generations of cells that are forced to make their ATP by fermentation become incapable of returning to making their ATP by alkaline-dependent oxidative phosphorylation. Therefore they con-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to multiply unregulated and make their ATP by fermentation. Also, alkaline-hyperoxia is the necessary state for the control of replication of cells. Cancer cells are out of control and no longer fit into their normal cell place of the human body and therefore, a tumor develops which has no relationship to the human need of cell function.

A negative magnetic field biological response is that of alkaline-hyperoxia. Therefore, treating the cancer with a continuous negative magnetic field stops the cancer cells from replicating. Furthermore, the dead cancer cells are reabsorbed in most cases. Occasionally, for some unknown reason, certain cancers, even though dead, do not reabsorb.

THE CAUSE AND CURE OF INFLAMMATION

First of all, inflammation can fill the role of aid in preventing the body from bleeding and make a bridge against invasion of infectious microorganisms. Under these protective situations in which the body function is normal including its maintained alkaline-hyperoxia, the inflammation is short-termed and is resolved by the normal functions of physiology. However, if the body condition such as acid-hypoxia are present, then this initial inflammation does not resolve and becomes itself a party to the disease process. A negative magnetic field with its response of alkaline-hyperoxia and other unexplained values, resolves inflammation no matter where it is or why it was initially evoked. Of course, avoidance of substances and situations that evoke inflammation should be the first consideration. The second consideration is to use a negative magnetic field to resolve the inflammation. Inflammation is caused by many conditions such as a cut, bruise, invading microorganism, an allergy, an addiction or toxicity. All of these should be considered in reversing inflammation. But of prime importance is using a negative magnetic field to reverse the inflammation no matter how it is caused.

THE CAUSE AND CURE OF INFECTION

Infection refers to the invasion of the human body with microorganisms that injure. These microorganisms themselves, by and large, produce their ATP by the fermentation process which is dependent on acid-hypoxia. The human cells are negative magnetic field oriented and this to a large degree is their defense against microorganisms which are positive magnetic field oriented. Whichever has the strongest field will win. This is why supporting the human cells with a negative magnetic field will defeat the energy of the organisms that are positive magnetic field oriented. This robs these organisms of their ability to make their ATP and therefore, they die. For a local infection, local treatment is all that is necessary. For a systemic infection, the treatment needs to be systemic and can be supplied by such as a bed composed of 70 magnets that are 4" x 6" x 1".

THE PATHOLOGY OF HERPES FAMILY VIRUSES

Facts about Herpes Family Viruses

The following are members of the herpes family virus:

Herpes simplex 1 which is characteristically around the face, cervical spine or also in the head and brain itself.

Herpes simplex II which is characteristically in the genital area.

Herpes simplex I or II can be either around the head or the genital area.

Varicella-zoster causes chicken-pox. Most children have had chicken-pox. Years later, the manifestation can be observed as shingles which is caused by the latent viruses of chicken pox.

Epstein-Barr is a highly frequent infection. It particularly likes lymphocytes. It also is neurotrophic. It not uncommonly becomes disseminated into any organs of the body such as the liver, spleen, thyroid or the brain.

Cytomegalovirus is particularly neurotrophic affecting the

brain and the entire nervous system.

Human herpes virus # 6 has been implicated as being consistently present in multiple sclerosis.

Human herpes virus # 7 is a recently discovered human herpes virus. Little is known of its significance.

Herpes B virus is a virus that is carried by some Old World monkeys. There are 18 well-documented human cases. Thirteen of these were fatal.

Almost all adult subjects have one or more of these types of herpes family viruses. Epstein-Barr virus is positive in about 90-95% of adults. Herpes viruses do not die. Instead they establish a latency and survive. The only way they can be killed is with a human biological response to a negative magnetic field.

Herpes viruses "establish latency in the body after primary infection despite the presence of antibodies".

Antibodies to herpes viruses are not protective against subsequent outbreaks. "Reoccurrences are common and represent reactivation of latent viruses"

None of the antiviral agents eradicate latent viruses.

Congenital herpes has been established as a fact. A reasonable theoretical postulation is that Epstein-Barr, cytomegalo or human herpes virus #6 is congenitally passed to the fetus during a recurrent symptom infection from a latent infection. This is most likely to occur during the 2nd half of pregnancy. An acquired infection during gestation, infancy or childhood, while the brain is still in its formative development, injures the brain so that it does not fully develop. Herpes viruses have the ability of stealth adaptation in which they are able to drop out their antigen to which the human immune system is responding. Thus, they skirt around the immune defense of the human system. They can latently dwell in the lymphocytes, particularly the B-lymphocytes and the neurones. They can continue to damage the human physiology without evoking a human immune response. Infections of these viruses are even known to exist when there were no antibodies against the virus.

In my extensive studies of learning and behavioral disorders including autism, attention deficit, obsessive compulsiveness, hyperactive, lethargic and dyslexic children, I discovered that they have one or more of these herpes viruses, usually Epstein-Barr or cytomegalo. They have these early in life which injures the brain. Mental cases like schizophrenia and manic depressive are cases that have more injury to the brain than these attention-deficit, learning disordered, hyperactive and autistic children. The illness is progressive in children and adolescents with these infections are all candidates to progress to schizophrenia or manic depressive illness. It is also my conclusion that adults who develop an Epstein-Barr or cytomegalo infection after the brain is developed do not develop psychosis but they do develop depression, pains and weakness and are frequently given the clinical diagnosis of fibromyalgia, chronic fatigue and neurotic depression. Weakness is a characteristic of these chronic infections, be they present congenitally, after birth or developed even as an adult after the brain has developed. Ninety-five percent of the adult population do have antibodies to Epstein-Barr or cytomegalo virus. It seems evident from literature that human herpes virus #6 is the single cause of multiple sclerosis. Anyone who has these infections are suffering to some degree. Even though they may think themselves in reasonable health, they are fighting a serious battle with a wicked enemy. Anyone who has symptoms, mental or physical, should consider the possibility that these herpes viral infections are adversely affecting their health. There are no antibiotics that can eradicate the human body of these latent viruses. There is only one way these viruses can be killed and that is the human biological response to the support of a negative magnetic field.

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

The viral encephalitis syndrome is caused by members of the herpes family viruses. These are lymphotropic and neurotrophic viruses. They can cause varying degrees of encephalitis. These herpes family viruses consist of Epstein-Barr, cytomegalovirus or human herpes virus #6, herpes zoster, or herpes complex viruses 1 and 2.

The viral encephalitis syndrome is in the following conditions:

Schizophrenia, manic depressive, autism, Tourette's syndrome, attention deficit disorder, obsessive-compulsive disorder, hyperactivity, lethargy, dyslexia, mirror-imaging and some seizures.

CAUSE OF SYMPTOMS

The symptoms expressed are dependent on the area and extent of viral encephalitis injury to the brain. Trigger mechanisms that are secondary to the original injury are such as maladaptive reactions (allergies, addictions and toxicities) especially to frequently used foods and to a lesser extent, environmental chemicals. A cure consists of determining the foods or chemicals that evoke symptoms which can then be controlled by avoidance and later spacing of the foods on a 7 day rotation diet and also avoiding chemicals that evoke symptoms. Negative magnetic field therapy with exposure to the negative magnetic field of the brain, heart and the liver before a meal can, to a high degree, prevent these symptoms from developing. The combination of a rotation diet and negative magnetic field pre-meal treatment is quite effective. These herpes family viruses do not die and the human immune system cannot kill them. There are no reasonably effective antibiotics to kill these viruses. A systemic treatment with a strong negative magnetic field will kill these viruses.

THE CAUSE AND CURE OF NEURITIS

Neuritis is inflammation of peripheral nerves. Neuritis has many causes, such as trauma, infection, toxicities, allergies, addictions and nutritional deficiencies.

A negative magnetic field will reverse the inflammation of neuritis no matter how it has been caused. The negative magnetic field therapy treatment of neuritis is as varied as its causes. The necessity is to place the affected area in a strong negative magnetic field and maintain this until all symptoms are gone and healing has occurred. This may take several weeks of continuous treatment. Any food that is frequently eaten can become a source of either allergy, addiction or toxicity. There are certain foods that are more likely to be a causative factor. They are gluten foods (wheat, rye, oats, barley and corn) and the nightshade family foods which are potatoes, tomatoes, eggplant and peppers. The answer to management of these food precipitating factors is to avoid the foods that evoke symptoms or treat with magnets ahead of a meal. Avoidance of the foods does not usually have to be permanent but, after three months of avoidance, most of the time the food can be returned to either a 4 or 7 day rotation diet. Magnet therapy applied ahead of meals will, most of the time, prevent the neuritis symptoms from occurring. This pre-meal magnetic exposure is ideally associated with a four or seven day rotation diet.

TREATMENT PROGRAMS THAT EMERGED FROM MY ORIGINAL RESEARCH

My original program was that of setting up either a 4 day or 7 day diversified rotation diet leaving out foods that evoke symptoms and or hyperglycemia. If these are left out of the rotation diet for a period of three months, a desensitization had occurred in which the allergy-addiction symptoms did not emerge as long as they kept these original symptom-producing foods to that of once every four or seven days. Occasionally, there was a patient who would still react to gluten. These no doubt are patients who have a genetic predisposition to react to gluten, likely as an allergy. These patients

were to leave gluten out all the time.

In the mid-80's, I had discovered the observations of Albert Roy Davis, Ph.D. which was that of the biological response to a negative magnetic field being that of alkaline-hyperoxia. I confirmed that he was right and used a negative magnetic field as a relieving agent for patients who had symptoms on deliberate food testing. This proved to be more substantial than baking soda and oxygen given when the patient had symptoms during food testing. Not only did I discover that a negative magnetic field was very efficient in relieving symptoms evoked during food testing or chemical testing, but I also discovered that the magnets could be provided ahead of a test meal of a food that had been established as being symptom reactive and that it would prevent the symptom from occurring. With this information, I then found I could start a patient on a rotation diet and have them expose themselves to magnets for 30 minutes ahead of a meal and prevent them from reacting. Therefore, we didn't have to wait for three months before reintroducing these reactive foods. If it was found, which occasionally happened that a person still overrides the magnets, then those foods should be left out for three months before trying it again. This system makes it easier for the subject to enter into the rotation diet right away. We treat the head with the ceramic disc magnets that are 1-1/2" x 1/2". These are placed bitemporally. Treat the heart with a 4" x 6" x 1/2" magnet with the 6" lengthwise the body and held in place with a 4" x 52" body wrap. Then we treat the liver with a 4" x 6" x 1/2" magnet with the 6" lengthwise the body held in place with a 4" x 52" body wrap. This is started 30 minutes or even 15 minutes ahead of a meal and preferably kept in place until the meal was completed. This was found to be very effective in preventing symptoms from occurring. Always use the negative magnetic field, of course. If perhaps symptoms do occur after the magnets are removed, then place the magnets over the area where symptoms occurred and the symptoms will quickly leave. Also, using the magnets placed on the body can help a person ride through their addictive withdrawal phase and be reasonably comfortable. Thus, it is fairly easy to stop tobacco or alcohol and use the magnets to stop the withdrawal phase symptoms. Magnets are also used during the five days of withdrawal. However, it is easy for a lot of people to not go through any five day fast but go directly to the rotation diet using the magnets. In this case, there would not be testing of the foods to which a person reacts to. There would be the assumption that the reactive foods are among the most frequently used foods that they use more than once a week. However, you do not have to prove it. You can make the assumption and immediately start treating the patient and find relief without going through the food testing.

One aspect of my study was to examine the nutritional needs. We therefore surveyed for vitamins, minerals, amino acids and toxins especially including heavy metals. We added to our ecology program that of nutrition which was justified by our laboratory testing. However, we found that the subject would become symptom-free before we even gave them the nutrients. The symptoms of the illness was precipitated by maladaptive reactions to foods, chemicals and inhalants.

Another aspect of my study was to examine the infected state of the patient. We ran cultures from all the body orifices and the skin. Stool cultures were sometimes run and a series of antibodies to a wide assortment of viruses. I made vaccines from the bacteria and fungi that we grew. We found that vaccination was not an appreciable answer for turning the illness around. Avoidance and spacing was the central way of reversing the illness. We found vitamin C to be very important. We gave it in 50 gram doses intravenously along with appropriate minerals and B complex vitamins. We often used this intravenous vitamin C each day during the five days of

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior withdrawal. We found this to be substantial in relieving the symptoms. We could relieve symptoms with magnets or with this intravenous vitamin C or combine the two. What we found in our antibody survey was that in schizophrenics, manic depressives and the learning and behavioral disordered children, either Epstein-Barr, cytomegalovirus or human herpes virus #6 was consistently present. Epstein-Barr had the highest percentage and it was consistent in these psychotics and these lesser, non-psychotic symptoms of producing learning disorders, attention deficit disorders, obsessive-compulsive disorders and autism of children. Therefore, because of this we centered our focus on the herpes family viruses. They don't die. The human immune system cannot kill them. They have the ability to establish a latency. They have a stealth ability so that they can avoid the immune system. The injury from the infection is progressive through the years. All of these learning and behavior disordered children are candidates for schizophrenia in their 20's. All the schizophrenics describe their learning and behavioral disorders when they were children. The next question is, can we kill these viruses with a negative magnetic field? Herpes zoster which causes chicken pox also develops a latency, most often in the neurones of the thoracic spine and years later, will develop shingles along the rib cage. When this is treated with a negative magnetic field treating both the thoracic spine and the nerves along the rib cage, it completely kills these shingles and they never come back and there is also not that painful neuralgia that the subject experiences even when there are not any blisters. Thus, it was demonstrated that we can effectively kill the herpes family viruses. We also proved this with herpes simplex 1 and 2 as well as herpes zoster. Out of this, we have developed the bed of 70 magnets.

The subject sleeps on this bed and with a head unit that has twelve of the 4" x 6" x 1" magnets. We kill the viruses that are the starting point of the development of schizophrenia, manic depressive and these lesser behavioral and learning disorders. With this, it has become remarkably simple and effective to reverse schizophrenia and manic depressive. We do need to continue a system that prevents them from reacting to foods and toxins and occasionally to chemicals. Toxins are quickly processed by the oxidoreductase enzymes which have the job of detoxification as well as making ATP. A negative magnetic field energy-activates oxidoreductase enzymes. Nutrition should be optimized for general health but not depend on nutrition to manage the psychosis, the learning or behavioral disorders of the children.

OPTIMIZED NUTRITION

It is recommended to be under the care of a professional nutritionist. It is wise to assess the nutritional state of vitamins, minerals, amino acids and essential fats. It is well to have a survey of toxic heavy metals.

The following optimized nutritional program is for those who are helping themselves without professional supervision.

1. The 7 day rotation diet as outlined in the *Metabolic Syndrome* quarterly.
2. Pre-meal and during meal, magnet placement as outlined in the *Metabolic Syndrome* quarterly.
3. Take one tablet, twice a day, of a vitamin/mineral tablet or capsule designed for a one-a-day.
4. Take vitamin C 1 gram (1000 milligrams), four times a day.
5. Eat lots of fruits and vegetables.
6. Eat fish as a major source of protein. Lacto-ovo-vegetarians and veggie vegetarians can arrange for adequate protein.
7. Eat very little meat, poultry or animal products.
8. Eat three meals a day and do not eat between meals.
9. If overweight, reduce calories and exercise.

10. Cook with olive oil.

HEAVY METAL TOXICITY

The common heavy metals producing toxicity are such as mercury, lead, aluminum and there are also rare heavy metals that cause toxicity. Atomic weight heavy metals have a positive magnetic field. When the body is placed in a negative magnetic field, it cancels out the positive magnetic field of the heavy metals. These are then processed out of the body as non-toxic heavy metals charged with a negative magnetic field. Therefore, processing these metals out of the body with magnetics does not injure kidney function. Heavy metal toxicity should always be considered. It can behave similarly to a viral infection. There are special techniques for both intravenous and oral chelation of metals. It is useful to use these but it should also be understood that a negative magnetic field also processes these metals out of the body. To do this, a 70 magnet bed should be used.

AUTOIMMUNITY

Autoimmunity is when the immune system attacks itself. Cells that are infected with viruses are often the cause of autoimmunity in which the immune system cannot react to viruses properly but responds to the cells that are affected because of their abnormal state such as their acidity. Toxins also cause the same abnormal cellular response to which the immune system responds with autoimmunity. The answer to autoimmunity is to use the 70 magnet bed as well as local treatment to stop the autoimmunity and first of all, hunt for precipitating factors, particularly viruses and other cellular toxins. It must be understood that any acid produced even by reactions to foods, chemical or inhalants is a toxin and can set the stage for autoimmunity. An example is children who develop an autoimmunity to the islet cells in the pancreas start out with milk allergy and end up with an autoimmunity of the islet cells of the pancreas.

PHYSICAL THERAPY FOR INFLAMMATION

Cold can reduce inflammation. Heat can increase circulation, helping to resolve the inflammation. It is common to use alternately cold and heat in treating inflammation.

Massage can be used to treat inflammation. When pressure is made on an inflamed area, it sends a message to the brain that this is an acute situation. The brain sends back a negative magnetic field. So pressure on sore areas prompts the brain to send a negative magnetic field to the area for healing. It is wise to use a conducting substance while massaging the hand over a painful lesion. It can serve as a conductor, especially if a conduction substance such as aloe vera or conducting gel are used during a massage. The current flowing through the conducted hand can reduce pain thus, massage with pressure on the sore area and a massage with the hand crossing over the conduction block decreases pain.

CONDUCTION DISORDER

An inflamed area is the positive magnetic field. The brain receives the message that this is an area of acute injury and sends back a negative magnetic field. However, the conduction disorder itself is painful. The area of the inflamed conduction disorder is painful because it is lacking oxygen and is acid. The nerve areas peripheral to this conduction block are also painful. When you bypass the conduction disorder with a suitable tape that carries a conduction, it can materially reduce the pain and make the area peripheral to the conduction block have reduced pain. It is easy to make your own conducting tape by placing an electron gel strip down a 2" wide tape and place this tape with the conduction gel over the conduction block.

INFLAMMATION MAGNETIC PROTOCOL ORIENTATION:

This magnetic protocol is for the magnetic reversal of the in-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior flammatory process. For local inflammation, a single magnet can be placed over the inflamed area. The surface of the magnet needs to be larger than the lesion being treated. The depth of penetration of the negative magnetic field needs to be a minimum of 25 gauss at the site of inflammation.

The larger the magnet, the deeper the penetration. The thicker the magnet, the stronger the magnetic field.

MAGNETS USED:

For local treatment:

Neodymium disc magnet that is 1"x 1/8". This is suitable for treating small surface lesions that are less than 1" such as infections, warts, moles, basal cell carcinoma, squamous cell carcinoma and malignant melanoma. These magnets are often stacked two together to increase the strength. Their strength doesn't extend more than about 1/2" to 1".

Ceramic disc magnets are 1-1/2" x 1/2". They can be used on small lesions the same as the neodymium discs. However, they weigh several times more and the neodymium disc magnet is more optimum for the small skin lesions. But if the lesion is larger than 1", then use this larger magnet. These magnets can be taped on the skin or held with a band. The ceramic disc magnet is also used for headaches by placing these bitemporally or for anxiety, tension, depression or the control of seizures or even the control of psychotic ideas and or behavior. These are held in place with a 2" x 26" band. They can also be used on joints that are sore, painful or inflamed for any reason. The longer duration of application, the more effective the treatment.

Eye sinus unit - neodymium disc magnets are placed on a light shield. They can be placed directly over the frontal or maxillary sinuses or over the eyes.

A 4" x 6" x 1/2" ceramic block magnet. This magnet is ideal for treating lesions that are below the skin or in an organ. They will penetrate effectively into the liver, stomach, urinary bladder, the prostate, cervix or other organ. These can be held in place with a band or with pockets in a garment. The longer the duration, the better. Always use a negative magnetic field.

4" x 6" x 1" magnets are used to make the 70 magnet bed. This provides 25 gauss as far away as 18" from the bed. This is suitable for systemic infections and metastatic cancer. This is a frequently used magnet. There is a 4" x 52" KOOL MAX body wrap that is frequently used with this magnet. Even when treating systemically, this magnet is used to treat local organs such as the liver if it has metastasis and so forth.

Super magnetic head unit is composed of twelve 4" x 6" x 1" magnets. This can be used for local treatment of the head such as brain tumors, post-stroke, post-cerebral spasms or the prevention of cerebral spasms, or for sleep and so forth.

Magnets for systemic treatment:

Super magnetic bed composed of seventy 4" x 6" x 1" magnets. Thirty-five of these are placed in a wooden carrier 36" square. Two of these wooden carriers are placed end to end providing a bed 36" x 72". The total weight of this is 400 pounds.

A 2" thick memory foam pad for a single sized bed.

Super magnetic head unit composed of twelve 4" x 6" x 1" magnets.

Two 4" x 6" x 1/2" ceramic block magnets with Velcro on the positive pole side. Two 4" x 52" body wraps.

Two 1-1/2" x 1/2" ceramic disc magnets with Velcro on the positive pole side. One 2" x 26" band.

INFORMATION NEEDED:

(titles produced by William H. Philpott, M.D.)

Major Mental Disorder quarterly

Emotional Disorder quarterly

Metabolic Syndrome quarterly

The Ultimate Non-Addiction, Non-Stress Diet quarterly

PLACEMENT AND DURATION:

Sleep all night on the super magnetic bed and the super magnetic head unit. In cases of metastatic cancer and systemic infections, return to the bed and head unit one hour, four times during the day for the first three months. After three months, continue this nightly as a lifestyle.

I strongly recommend a rotation diet. The 7 day rotation diet is the most convenient. Follow the instructions on the 7 day rotation diet in the *Metabolic Syndrome* quarterly and also follow the instructions of treating with magnets ahead of each meal in this same quarterly.

HOW TO USE THE FOUR DAY OR SEVEN DAY DIVERSIFIED ROTATION DIET

The essence of the Diversified Rotation Diet is that foods are rotated on a four or seven day basis, thus preventing their maladaptive reactions, be these allergies or addictions. Also, this rotation diet will correct hypoglycemia and non-insulin dependent diabetes mellitus.

One method is to avoid food eaten twice a week or more for a period of three months, rotating all other foods. At the end of three months, then place these frequently used foods back into the diet, rotated once in four or seven days. This method is outlined in my quarterly, *Metabolic Syndrome* quarterly and also in my book, *Magnet Therapy*.

Another method that is preferred by some is to start rotating all foods, even those that are eaten frequently. This can be achieved if the subjects will treat themselves to magnets for 15-30 minutes ahead of the meal. To achieve this, place the ceramic disc magnets bitemporally, that is in the front of the ears at the level of the top of the ears. These are held in place with a 2" x 26" band. The discs are ceramic discs that are 1-1/2" x 1/2". The negative magnetic field is always placed toward the body. On the positive magnetic field side, there is hook Velcro that will hook to the band around the head and hold these in place. At the same time, place a 4" x 6" x 1/2" magnet on the heart with the 6" lengthwise the body. Hold this in place with a 4" x 52" body wrap. Also, place a 4" x 6" x 1/2" magnet with the 6" lengthwise the body over the liver area which is on the right side of the body with half of the magnet over the rib cage and half below the rib cage. Hold this in place with a 4" x 52" body wrap. The minimum time of exposure should be 15 to 30 minutes or more before each meal. With this method, there is no avoidance period of the commonly used foods.

After three months of rotation, there is little likelihood of a maladaptive reaction to a food without the magnets before the meal. Whenever purposely violating the rotation diet such as eating out, then use the magnets ahead of a meal.

The 4-day diversified rotation diet is in the quarterly, *The Ultimate Non-Addiction, Non-Stress Diet*. The 7-day rotation diet is in the quarterly, *Metabolic Syndrome*.

NEGATIVE ION HOUSEHOLD AIR TREATMENT

The biological response to negative ions and negative magnetic fields are the same. The biological response to negative ions and a negative magnetic field is alkaline-hyperoxia. Alkaline-hyperoxia is anti-inflammatory, anti-stress, antibiotic, energizing and aids in healing. Negative air ions plus a small amount of ozone in the air cleans the air from dust, microorganisms, pollen, smoke, chemicals, odors and so forth. Negative ions in the air clean up the environment whereas a negative magnetic field is used on the body to achieve the same values inside the body. Thus, negative air ions, negative water ions and a negative magnetic field are complementary and should be used together to achieve optimum results.

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

LIVING AIR CLASSIC

Covers up to 3,000 square feet. Useful for living room size areas.

ECOHELP

LIVING AIR CLASSIC with air filter. Especially useful for respiratory disorders.

LIVING BREEZE

Covers 1,200 square feet. Useful for small rooms such as bedrooms.

Air negative ions are absorbed through the mucus membrane of the nasopharynx and lungs as well as the skin. Water negative ions from electronic produced negative ion - micro water and naturally occurring negative ion water such as Nariwa water are absorbed through the mucus membrane of the gastrointestinal tract. Colloidal silver antibiotic negative ions are absorbed through the mucus membrane of the mouth and gastrointestinal tract.

Alkaline micro negative ion water helps materially to maintain 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 ions as well as being alkaline. The AKAI Electrolysis Instrument is used for producing the alkaline micro negative ion water. At least five glasses of this water should be used each day.

NARIWA WATER:

Nariwa water is a negative ion water from Japan's magnetic mountain. This comes in a bottle containing 500 cc. A minimum of one of these bottles should be used a day and preferably, two. The total amount of water used during a day should be a minimum of eight glasses of water and preferably as much as a total of ten glasses of fluid intake.

POLARITY:

Always use a negative magnetic field facing the body.

RESEARCH CONSIDERATIONS:

I request a report from the research subject and from the monitoring physician a minimum of three times a year.

BEYOND MAGNETISM:

Acute maladaptive reactions to foods, chemicals, inhalants or stress frequency pulsing fields 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 alkaline and normal oxygen state.

A majority of people are maladaptively reacting in one or more ways to foods, thus producing bouts of acidosis and reduced oxygen. It is the better part of wisdom to follow a 4-Day or 7-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 maladaptive way. It is the frequency of the use that produces the maladaptive reactions. A 4-Day or 7-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.

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 and should be rarely used. Soft drinks are sweetened with corn sugar and if and when used

should be limited to the corn rotation day.

There is a valuable method of electrolysis which provides an alkaline micro negative ionized water that has an alkaline pH. There is a home electrolysis unit (AKAI instrument) that provides this alkaline micro water. It is recommended that five glasses of this alkaline micro water be used a day.

Nariwa water is a naturally negative ionized water from Japan's magnetic mountain and is the optimum alkaline micro water available. This comes in a bottle containing 500 cc. A minimum of one of these bottles should be used a day and preferably, two. The total amount of water used during a day should be a minimum of eight glasses of water and preferably as much as a total of ten glasses of fluid intake.

FINAL WORD

Acute inflammation protects against microorganism invasion and against excessive bleeding. Acute inflammation is a primary defense of the human metabolism. However, chronic inflammation becomes part and parcel of chronic degenerative diseases. There are foods that are pro-inflammatory and also foods that are anti-inflammatory. Anti-inflammatory food intake should be greater than pro-inflammatory food intake.

Maladaptive inflammatory symptom-producing reactions to foods, chemicals and inhalants are in the nature of allergies, addictions or toxins. These conditions should be appropriately treated with avoidance and spacing of contact and desensitization and detoxification. All inflammation is acid-hypoxic. The biological response to a negative magnetic field is alkaline-hyperoxia. Therefore, treating inflammation with a negative magnetic field replaces the acid-hypoxia with alkaline-hyperoxia and thus relieves the symptoms. The most effective treatment for inflammation, no matter what its cause, is that of magnet therapy using a static negative magnetic field.

The human body is a bioelectric organism. Therefore, it responds to an external magnetic field. Magnetism with its separate positive and negative energies is the energy field of life which is measurable during life and is absent at death. Magnet therapy uses magnetic fields to give direction to biological responses. This is a natural supplemental energy which drives the human electromagnetic energy. To understand the separate biological responses to positive and negative magnetic fields sets the stage for the use of these separate fields to achieve separate biological responses. A positive magnetic field is neuronal and other cells energizing their function. Wakefulness, any use of the brain for thought, energy or motor function is all positive and in fact the EEG indicates that in all these conditions the EEG is beyond 13 cycles per second. For example, imagery of the brain is 22 cycles per second. The positive magnetic field can be used for reinstatement of inhibited functions such as have occurred after an accident or a bout of multiple sclerosis which has created a neuronal extinction of disuse. In this case where the neurones are not dead, the positive magnetic field can be used during a practice to return function. However, prolonged application of the positive magnetic field is acidifying and hypoxic. Therefore, the positive magnetic field when used at all, is only used briefly. The negative magnetic field is the anti-stress field. It is the healing field. It is the anti-cancer field. The antibiotic field. The field that encourages sleep. The negative magnetic field is needed for the production of adenosine triphosphate which is the energy used for energy-activating alkaline-dependent enzymes. The oxidoreductase enzymes produce the ATP and also handle the toxic end-products of metabolism and all the other enzyme environmental toxins.

The greatest need for using magnetic fields is its anti-stress fields produced by a negative magnetic field. Therefore, most of

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior the use of magnetism is that of a negative magnetic field and its alkaline-hyperoxia response.

Ultimately, a negative magnetic field accompanied with its biological response of alkaline-hyperoxia heals inflammation. The inflammation is a positive magnetic field signal of injury. This positive magnetic field signal is relayed to the brain neurones through the peripheral nervous system. The brain neurones return a negative magnetic field to the inflammation which produces an alkaline-hyperoxia healing response. The application of an external source from a static field magnet of a negative magnetic field markedly reinforces the body's own neurone negative magnetic field for healing. Magnet therapy is the application of the negative magnetic field reinforcing the body's own negative magnetic field healing response.

REFERENCES

BECKER, ROBERT O. "Cross Currents". Jeremy P. Tarcher, Inc. Los Angeles, CA, 1990.

BECKER, ROBERT O. and SELDON, G. "The Body Electric. Electromagnetism and the Foundation of Life." William Morrow and Company. NY. 1986.

BECKER, ROBERT O. and MARINO, A. "Electromagnetism and Life". State University of New York Press; Albany, NY 1982.

BELANEY, B. The New Encyclopedia Britannica. 1986. Vol VIII, pp 274-275.

BRAUNWALD, Eugene. Harrison's Principles of Internal Medicine. 11th edition 1987. McGraw-Hill Book Company, NY.

CHALLEM, Jack. *The Inflammatory Syndrome. The Complete Nutritional Program to Prevent and Reverse Heart Disease, Arthritis, Diabetes, Allergies and Asthma*. John Wiley and Sons, Inc. 2003.

BARNARD, Neal, M. D. *Breaking the Food Seduction*. St Martins Press, NY 2003.

DAVIS, A.R. and RAWLS, W. "The Magnetic Blueprint of Life". Acres USA, KansasCity, MO, 1979.

DAVIS, A.R. and RAWLS, W. "The Magnetic Effect". Acres USA, Kansas City, MO 1975

DAVIS, A.R. and RAWLS, W. "Magnetism and Its Effect on the Living System". Acres USA, Kansas City, MO 1976.

FLANIGAN, PATRICK and FLANIGAN, GAELAND CRYSTAL. Earthpulse Press New Test Number One.

FRESHT, Alan., *Enzyme Structure and Mechanism*, Second Edition. W.H. Freeman and Co. New York, New York. 1994

KLONOWSKI, W and KLONOWSKI, M. Journal of BioElectricity. Aging Process and Enzymatic Proteins. 4(1), 93-102 (1985).

LEVY, THOMAS E, M.D., J.D. *Vitamin C, Infectious Diseases, & Toxins. Curing The Incurable*. Xlibris Corporation.

Magnetic Fields in Enzyme Catalysis. Encyclopedia Britannica. Vol 15. Pg 1068. Chicago, 1986.

MEGGS, William Joel, M.D., Ph.D. with SVEC, Carol. Contemporary Books, McGraw-Hill Books, 2003.

NORDENSTROM, BEW, Biologically Closed Electric Circuits. Stockholm, Sweden: Nordic Medical Publications, 1983.

NORDENSTROM, BEW, "Electrochemical treatment of cancer; variable response to anodic and cathodic fields". Am J. Clin Oncol. 1989; 12:530-536.

NORDENSTROM, BEW, "Survey of mechanisms in electrochemical treatment (ECT) of cancer". Europ J. Surg. Suppl. 1994: 574:93-109.

NORDENSTROM, BEW, "Biokinetic impacts on structure and imaging of the lung: the concept of biologically closed electric circuits". Am J Roentgenol. 1985; 145:447-467.

O'CLOCK, G.D., "Studies of the effects of in vitro electrical

stimulation on eukaryotic cell proliferation". MA Thesis (Biological Sciences), Mankato State University, Mankato, MN, 1991

O'CLOCK Jr G.D., & Lyle, M., "Potential uses of low-level direct current electrotherapy for the treatment of cancer". Proceedings of the 15th Annual International Conference of the IEEE Engineering in Medicine and Biology Society, San Diego, CA, Part 3: 1993; 1515-1516.

PHILPOTT, W.H., M.D. and KALITA, Dwight, Ph.D., *Victory Over Diabetes: A Bio-Electric Triumph*. Keats Publishing Company, Inc. New Canaan, CT. 1982 (1991 paperback with new chapter on Medical Magnetics).

PHILPOTT, W.H., M.D. *Diabetes Mellitus. A Reversible Disease*. Vol III, Second Quarter, 1997. W.H. Philpott Publication. 17171 S.E. 29th Street, Choctaw, OK 73020.

PHILPOTT, W.H., M.D. and KALITA, Dwight, Ph.D., *Brain Allergies. The Psycho-nutrient and Magnetic Connections*. Updated second edition. Keats PublishingNTC/Contemporary Publishing Group. Los Angeles, CA , 2000.

PHILPOTT, W.H., M.D. and KALITA, Dwight, Ph.D., *Magnet Therapy*. (Tiburon, CA: Alternative Medicine. com, 2000)

POTTS, JOHN, Journal of Diabetes. Avoidance Provocative Food Testing in Assessing Diabetes Responsiveness." 26:Supplement 1, 1977.

POTTS, JOHN, Journal of Diabetes. "Value of Specific Testing for Assessing Insulin Resistance." 29: Supplement 2, 1980.

POTTS, JOHN, Journal of Diabetes. "Blood Sugar-Insulin Responses to Specific Foods Versus GTT." 30:Supplement 1, 1981.

POTTS, JOHN, Journal of Diabetes. "Insulin Resistance Related to Specific Food Sensitivity." 35: Supplement 1, 1986.

RANDOLPH, T.G. *The Enzymatic and Hypoxia, Endocrine Concept of Allergic Inflammation Clinical Ecology*. pp 577-596. Charles C. Thomas, Publisher, Springfield, Illinois. (1976).

STEIN, Jay H. *Internal Medicine*. 4th Edition. 1994. P. 340-524. Mosby Publishers. St. Louis.

TRAPPER, ARTHUR, et al. "Evaluating Perspectives on the Exposure Risks from Magnetic Fields", Journal of the National Medical Association. 82:9, September 1990.

WARBURG, O., The Metabolism of Tumors. F. Dickens (Trans) London: Arnold Constable: 1930.

WARBURG, O., On the Origin of Cancer Cells. Science 123 (1956) 309-315. WARBURG, O. "The Prime Cause and Prevention of Cancer". Revised lecture at the meeting of the Nobel laureates on June 30, 1966. National Cancer Institute Bethesda, MD.1967