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

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William H. Philpott, M.D.

FIRST IMPORTANT NOTE

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

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

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

SECOND IMPORTANT NOTE

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

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

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

WHAT MAGNETIC THERAPY IS

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

The energy activation of biological enzymes is magnetic therapy

WHAT MAGNETIC THERAPY DOES

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

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

Some of the values of magnetic therapy are:

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

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

William H. Philpott, M.D.

ABOUT WILLIAM H. PHILPOTT, M.D.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“Viral infections, especially noted as herpes simplex I

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

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

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

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

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

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

Ethics of Magnetic Diagnosis and Therapy

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

Depth of Penetration / Gauss Field Strength

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

All measurements are made at the center of the product

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

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

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

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

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

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

Disclaimer

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

How Dr. Philpott Changed His Medical Practice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(See *Polar Power Magnets Catalog*)

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

USES:

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

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

Cost: \$ 49.95
Shipping: 8.50
\$ 58.45

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

USES:

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

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

See my writings for further details.

COST:
Soother One \$ 21.95
Shipping 8.50
Total 30.45

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

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

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

THE DEFINITION OF MAGNETIC POLARITY AS USED IN HUMAN PHYSIOLOGY

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

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

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

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

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

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

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

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

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

STATUS OF THERAPEUTIC MAGNETISM

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

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

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

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

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

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SINGULAR BIOLOGICAL RESPONSE TO SINGULAR MAGNETIC POLE FIELDS

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

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

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

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

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

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

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

MAGNETIC FIELDS BIOLOGICAL RESPONSES UNIVERSAL TRUTHS

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

1. Centrad and centrifugal atomic energy expressions.

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

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

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

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

2. Centrad and centrifugal weather energy expressions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22. Cancer cells have a positive magnetic field charge.

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

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

has a non-stressful low pulsing frequency.

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

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

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

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

26. IMMUNOLOGIC RESPONSES TO OPPOSITE MAGNETIC FIELDS

A. Substance +
Positive magnetic field>sensitization.

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

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

27. ENZYMATIC RESPONSE TO OPPOSITE MAGNETIC FIELDS

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

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

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

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

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

28. HEAVY METAL DETOXIFICATION

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

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

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

29. POSITIVE MAGNETIC FIELD NEUROPATHY

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

30. NEGATIVE MAGNETIC FIELD HEALING OF NEUROPATHY.

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

31. OPTIMIZING THYMUS GLAND DEFENSE

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

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

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

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

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

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

33. MAGNETIC FREE ENERGY.

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

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

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

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

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

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

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

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

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

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

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

The Physiology of Biomagnetics

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

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

Biological Responses to Separate Magnetic Fields:

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

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

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

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

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

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

pH Biological Response to Separate Magnetic Fields

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

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

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

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

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

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior organisms are acid-hypoxic, fermentation-dependent for their production of ATP. A negative (south-seeking) magnetic field with its production of alkaline-hyperoxia canceling out acid-hypoxia is antibiotic, anti-parasitic and anti-cancerous.

Biological Source of Magnetism

Magnetic field energy is essential to biological life energy. Biological life cannot exist without magnetic field energy. The DNA genetic code contains magnetic fields and passes this magnetic field on to the next generation. Magnetic fields are always both positive (north-seeking) and negative (south-seeking) magnetic fields. However, these positive (north-seeking) and negative (south-seeking) magnetic fields do not have to be of equal proportions. In fact, the human magnetism is higher in the negative (south-seeking) magnetic field than the positive (north-seeking) magnetic field. This is how the human organism maintains alkaline-hyperoxia. Microorganisms', parasites' and cancer cells' magnetic physiology is opposite to the human magnetic physiology in which the positive (north-seeking) magnetic field is higher than the negative (south-seeking) magnetic field.

There are hundreds of enzyme catalytic reactions occurring in the human. A catalytic reaction requires movement of electrons between the substrate and the enzyme. When electrons move, they produce a magnetic field. Thus, alkaline-dependent enzymes are also negative (south-seeking) magnetic field dependent and acid-dependent enzymes are also positive (north-seeking) magnetic field dependent.

Examples of Biological Produced Magnetism

Four Oxidoreductase enzymes

Food Substrate _____>Adenosine triphosphate
 +alkaline-hyperoxia (ATP+ oxidative remnant magnetism; a negative magnetic field)

Food Substrate _____>ATP + a positive
 transferase magnetic field
 enzyme + acid-hypoxia

Secrets of Negative Magnetic Field Therapy

A negative (south-seeking) magnetic field is anti-stressful and thus, neuronal calming. A negative (south-seeking) magnetic field on the brain and spine calms neurones (anti-stress) and aids voluntary relaxation and sleep. It is also true that a negative (south-seeking) magnetic field can be made strong enough to produce involuntary magnetic general anesthesia. Robert O. Becker anesthetized his salamanders with a negative (south-seeking) magnetic field. I have demonstrated the control of seizures by a negative (south-seeking) magnetic field. I have demonstrated the control of movement disorders with a negative (south-seeking) magnetic field. I have observed the control of major mental disorders such as hallucinations, delusions and depression with a negative (south-seeking) magnetic field. The exceptional value of a negative (south-seeking) magnetic field control over neuronal excitation is that it works whether the neuronal excitation is due to an injured brain from trauma, viral infection, maladaptive food reaction, maladaptive environmental chemical reaction, immunologic reaction or repressed unconscious hostility, anger, anxiety and its associated somatic expression. The secret of a negative (south-seeking) magnetic field therapy is that a negative (south-seeking) magnetic field is neuronal calming, cellular metabolic normalizing, enzymatic processing of all types of inflammatory responses

no matter why they are present.

Symptom-producing responses occur due to repeated neuronal excitation paired with a stimulus evoked response. Sensitization is due to neuronal excitation paired with a stimulus. Desensitization results when neurones are held in a calm, anti-stress state while meeting the stimulus that had trained in a maladaptive sensitization response. It is repetition while exposed to a stimulus-producing response that trains in sensitivity and it is repetition while holding the neurones in an anti-stress inhibited state that trains out sensitization. Thus, a negative (south-seeking) magnetic field brain treatment has an immediate cancellation of the maladaptive response and by repetition trains out the maladaptive response. Local inflammation is reversed enzymatically by oxidoreductase enzymes processing of free radicals, peroxides, oxyacids, alcohols and aldehydes.

Oxidoreductase enzyme,
 Superoxide dismutase
 enzyme in an
 alkaline medium

Superoxide Free Radical _____>Hydrogen Peroxide
 (H₂O₂)

Catalase enzyme in an alkaline medium
 H₂O₂ _____>water + molecular oxygen

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

Alkaline-medium electrostatic field or negative magnetic field

The Role of Magnetics In Enzyme Function

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

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

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

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

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

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

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

Magnetic Dynamics of The Degenerative Process

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

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

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

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

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

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

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

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

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

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

The Role of Oxidoreductase Enzymes in Addiction Including Food Addictions

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

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

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

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

THE ROLE OF ADDICTION IN OBSESSIVE-COMPULSIVENESS

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

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

Grandfather Status of Magnet Therapy

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

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

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

An Invitation To Do Research In Therapeutic Magnetics

Dear Doctor:

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

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

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

Sincerely,

William H. Philpott, M.D.

Magnetic Therapy

Medical Supervised Research

VS.

Self-Help Treatment

Medical Supervised Research

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

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

Self-Help Magnetic Therapy

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

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

405/ 390-1444 Fax 405/ 390-2968

THE MAGNETIC RESONANCE THERAPEUTIC RESEARCH PROJECT:

PHYSICIAN'S PARTICIPATION AGREEMENT

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

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

Address:

Date:

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

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405/ 390-1444 Fax 405/ 390-2968

**THE MAGNETIC RESONANCE THERAPEUTIC
RESEARCH PROJECT:**

PATIENT'S AGREEMENT FOR RESEARCH

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

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

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

Address:
Date:

SELF-HELP TREATMENT RESPONSIBILITY

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

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

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

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

Name _____ Date _____

Mailing address _____

City, State, Zip

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

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

Therapeutic research format available:

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

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

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

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

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

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

WILLIAM H. PHILPOTT, M. D.

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

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

Research gift to HOLOS INSTITUTES OF HEALTH made
by:

Name _____

Address _____

Phone _____

Date _____

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

W.H. Philpott, M.D.

Date _____

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Major Mental Disorders
from the *Magnetic Health Quarterly*
"Major Mental Disorders" Vol. III, 3rd Qtr, 1997
(2002 Revision)

by **William H. Philpott, M.D.**
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Choctaw, OK 73020
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polarp@flash.net

General Information, Not a Medical Order
No Claim of cure is promised.
For Medical Supervision under a research program project,
contact William H. Philpott, M.D.
MEDICAL SUPERVISION IS RECOMMENDED

MAGNETIC PROTOCOL
**Schizophrenia, Manic Depressive, Autism, Obsessive-
Compulsive Disorder, Dyslexia, Hyperkinesia,
Tourette's Syndrome**

INTRODUCTION

My research work in psychiatry and neurology, extending over a 25 year period, provides convincing evidence of the initial organicity of major mental disorders. There is a continuum of brain disorders of varying degrees depending on the extent of the brain injury. Attention deficit disorders, dyslexia, autism, childhood schizophrenia, Tourette's syndrome, hyperkinesia and lethargy are simply organic brain states that are on a continuum with schizophrenia and manic depressive disorders, caused by the same process. This is a chronic progressive process and therefore these minor types of conditions predispose to the major disorders. In taking the histories of schizophrenics, it is characteristic that they will describe their learning disorders as a child.

There is a common starting point for these varying degrees of organic brain disorders. This common denominator is a viral infection from the herpes family lymphotropic viruses. These are Epstein-Barr, cytomegallo and human herpes virus #6. The infection has its inception in early childhood before the brain has reached its maturity in late adolescence. There literally is a chronic smoldering viral encephalitis progressively injuring the brain, especially in the areas that deal with emotion, judgement, perception and also some in the motor area producing Tourette's syndrome, hyperkinesia and or, lethargy. For a sizeable number there is evidence that the mother, before the child's gestation, had infectious mononucleosis caused by one or more of these lymphotropic herpes viruses. When the mother, under the stress of gestation, has an exacerbation of her viral infection this can then infect the fetus. It is equally significant when saliva from an infected adult or child is passed to a child. Kissing on the mouth is the most common way of passing these viruses. The infection is progressive and can start as a minor brain disorder in childhood and end up in late adolescence or early 20's as a major psychosis. Antibody studies have revealed that these viral infections are chronic and fluctuating.

Secondarily to the stress of these viral infections, there develops a state of maladaptive reactions to foods, chemical or inhalants as well as nutritional deficiencies. These disorders compound the problem with further symptom development. Further complicating the problem is the development of interpersonal disorders and social inappropriate disorders secondary to the brain disorder. An optimum therapeutic approach must consider all these factors and treat them simultaneously.

If the following factors were considered and treated appropri-

ately and simultaneously, there would be little use made of tranquilizers or antidepressants or shock treatment. Following are the factors that need to be functional simultaneously:

- 1) Control symptoms with a negative (south-seeking) magnetic field and not with tranquilizers or antidepressants.
- 2) Produce sound, energy restoring sleep with a negative (south-seeking) magnetic field treatment to the brain. This can be achieved by sleeping on a negative (south-seeking) magnetic field mattress pad, and the head being in a negative (south-seeking) magnetic field from static field magnets.
- 3) Kill the viruses with a negative (south-seeking) magnetic field from a static field magnet and colloidal silver carrying a negative (south-seeking) magnetic field.
- 4) Follow a 4 Day Diversified Rotation Diet as a lifestyle. This is for the purpose of avoiding maladaptive symptoms from foods.
- 5) Avoid chemicals to which the person is symptomatically reactive.
- 6) Avoid all potentials of addiction such as caffeine, tobacco, alcohol or addictive drugs.
- 7) An optimum nutritional supplement program based on laboratory evidence of need for vitamins, minerals, amino acids and essential fats.
- 8) Corrective behavioral training for social adaptation and learning.

My original research extending from 1970 through 1975 was based on reactions to foods and laboratory evidence of nutritional needs provided a 75% success rate determined by no need to return to the hospital during a 3 year period. This compared to five other traditional psychiatric practices in the same hospital who had a 75% return in the hospital in the same three years. The success rate is much higher now that we have the magnets available to handle symptoms.

CASE HISTORIES

A teenage girl was brought to me because in her psychotic state she had attempted suicide. My diagnosis was that of a schizoaffective illness. The mother described that when she ate wheat she would become depressed and would socially withdraw and have a flat affect. I had her go through 5 days of avoiding any food that she ate with a frequency of as much as twice a week. Then I began to food test her with meals of single foods. When we came to wheat, she asked to leave the test room where other patients were because she had a headache. I took her to a room by herself. Her affect was flat. I placed the negative (south-seeking) pole of a 4" x 12" x 1/8" strip magnet down her spine for her to lay on and placed the negative (south-seeking) pole of ceramic disc magnets bitemporally. Within 5 minutes, she was asleep. I let her sleep for 45 minutes then awoke her and asked her how she felt. She was symptom-free. She did not have a headache, her affect was normal and she was happy to be out in the test room with other patients. A few days later, I followed the procedure of exposing her to the magnets on her spine and bitemporally for 30 minutes before she ate a meal of a symptom producing food. No symptoms were produced. Not only had we demonstrated that we could relieve the symptoms of a known food to which she was reactive, but we could also prevent the symptoms from developing by treating her ahead of time.

John is a man whom I first diagnosed as psychotic because he had the delusion that he was Jesus Christ. By avoiding foods that he frequently used, and avoiding exposure to chemicals, he became mentally clear within a period of 5 days. Exposing him to petrochemical hydrocarbons such as an extract of car exhaust or pesticides, he would again be delusional, thinking he was Jesus Christ. His illness developed because he sprayed an apple orchard

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior with a pesticide. He also had an apple warehouse which was also an enclosed cooler. He used a propane operated fork-lift truck to move the apples within the warehouse. One day he became so weak he fell off the fork-lift. He was taken to the emergency room of a hospital where he was discovered to be psychotic. This is the point where he became my patient. I found him not only reactive to an assortment of petrochemicals, but also to a number of foods. He was hospitalized for a period of two months at a cost of \$30,000. He rotated his foods on a four-day basis. He avoided exposure to petrochemicals including car exhaust. He was sane for a period of 18 years. Suddenly, he was again psychotic which developed when his neighbor tarred his roof with a hot, smelly tar. This petrochemical cross-reacted with the other petro-chemicals such as the propane gas, the car exhaust, the pesticides that he had used. This time he was treated with two neodymium disc magnets. These were placed bitemporally. Within 10 minutes, he had dropped his delusional state. The cost of these magnets was \$110. There is quite a contrast between this \$110 and the \$30,000 of his initial treatment. He continues to sleep on a magnetic bed pad and with magnets at the crown of his head. He keeps the neodymium disc magnets with him and if he does by chance have exposure to any petrochemical hydrocarbons and feels tension arising, he places the magnets bitemporally and within 10 minutes the anxiety and tension leaves and he does not go psychotic. He does not use any tranquilizers or antidepressants.

Tim became my patient when he was seventeen years old. At age five, he was correctly diagnosed as autistic. This diagnosis was made at the Children's Hospital division of the medical school in his local community. Both of his parents were M.D. physicians. He was given every therapeutic, medical and educational opportunity available. At 17, he was floridly schizophrenic. He could only speak in grunts accompanied by bizarre facial and arm movements. Much of the time, even his mother could not understand what he was trying to say. He was covered with acne from head to foot. No antibiotic had helped his generalized acne. Episodically, he had periods of saying the word, "circle" at three second intervals. With the placement of the negative (south-seeking) pole of the 4" x 6" x 1/2" magnet on the back of his head and upper neck, he would stop his compulsive three-second repetitive verbalization of the word, "circle". Deliberate food testing demonstrated that any gluten bearing cereal grain would evoke the symptom of three per-second rhythmic compulsive saying of the word, "circle". His acne cleared on the withdrawal from his frequently eaten foods and emerged with the test meal of cows milk. His psychosis cleared by the fifth day of avoidance of these commonly used foods. When his psychotic symptom-evoking foods, which had been determined by deliberate food tests of single foods, were returned to his 4-Day Diversified Rotation Diet after three months of avoidance, they no longer produced symptoms when kept at that four day interval exposure. With behavioral training by temporal-placed magnets used to hold symptoms in abeyance during practice sessions, he was taught to speak clearly without his former bizarre facial and arm gesturing. He was taught to drive a car. He attended the Christian University of Arts and Sciences as a special student in the art department. He has his own apartment apart from his parents, prepares his own food for his 4-Day Diversified Rotation Diet, draws and sells his excellent artwork. This autistic child at age five, schizophrenic adolescent, became socially and economically functional and even an art genius.

He was found to have the genetic disorder of homocystinuria. He was instructed to eat no more than one-third of a meal as protein. Cystine and taurine were supplemented. In homocystinuria, cystine and taurine are deficient since they are made from methion-

ine which is not being adequately processed. Taurine has a calming effect on neuron function.

This case illustrates the organic continuum that I have observed between lesser organic brain disorders and full-blown psychosis. This case illustrates the ability of learning disabled children, autistic children, psychotics and so forth to have the symptoms of their brain disorder reversed and also after this reversal of the symptoms, to learn both social and economic appropriate behavior. I have many patients, both of the lesser organic brain disorders and the major organic disorders that have achieved these goals. They are not on Ritalin, tranquilizers or antidepressants. They sleep soundly when exposed to a negative (south-seeking) magnetic field during sleep. Magnetic discs are available in the case of an occasional accidental exposure to something that evokes symptoms. They can quickly relieve these symptoms with the magnetic discs. These patients have no side effects from their treatment.

Dr. S., a Ph.D., sociologist and chairman of the sociology department of a university, developed a psychotic depression. He would not drink or eat. Tranquillizers and antidepressants did not change his symptoms. After 6 weeks in the medical school university hospital, his wife was informed that the only therapy left with potential value was electric shock treatment. She declined EST and asked me to take him as a patient. His psychiatrist called me with great concern about his being signed out of the hospital against medical advice. I assured him I was a psychiatrist and had treated patients who would not eat or drink. I told him the EST produced a magnetic general anesthesia which would work but that there was also a magnetic treatment without EST that would work. I had my initial interview with him and then described to him that I would have him lay on a massage table with 4" x 6" x 1/2" magnets covering this table. Under his head, there would be a stack of eight, 4" x 6" x 1/2" magnets. Above his head there would be a magnet about a foot above his forehead. The magnets under his body and under his head would all be negative (south-seeking) magnetic field facing his body. The magnet above his forehead had the positive (north-seeking) magnetic field facing him. His head would be only in the negative (south-seeking) magnetic field coming from the magnets from the back of his head in which the equator between the magnetic negative pole at the back of his head and the positive (north-seeking) magnetic pole from the magnet at his forehead would be above his forehead, thus he would be receiving only a negative (south-seeking) magnetic field in his head. I proceeded to give an intravenous for hydration and nutrients containing intravenous vitamin C, B₆, calcium and magnesium. He was asleep within five minutes. At one hour, I awakened him and removed the IV. I asked him to go downtown with his wife and eat a meal in a restaurant. He agreed. With this magnetic treatment, his psychotic depression was reversed in one hour. It would have taken a dozen or more electric shock treatments to achieve this same goal. This is just one example. The same value has been achieved with other patients. Since I have given in excess of 70,000 electric shock treatments, I am prepared to make an objective assessment between non-EST magnetic therapy and EST. The value of EST is the post EST magnetic general anesthesia which has been electrically produced. Dr. S. returned to his post as chairman of the sociology department of a university. He wrote me a letter thanking me for my service. He states, "Someone might think I became well because I had confidence in you. I had no confidence in anyone. You simply did the right thing".

Harold has temporal lobe seizures, during which he is confused, disoriented and disassociated. A deliberate food test meal of eggs produced a temporal lobe seizure. One week later, the negative (south-seeking) magnetic field of ceramic disc magnets were

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior placed bitemporally for 30 minutes before and during a test meal of eggs. No seizure occurred. This case demonstrates the control of seizures with a negative (south-seeking) magnetic field.

Jim developed grand mal seizures after a head injury from a car accident. He had grand mal seizures every two hours, day and night. No medication controlled his seizures. He was on three anti-seizure medications when he became my patient and there was no control of the seizures. The frequent seizures made him a zombie. He could not talk. He could not understand what you told him. He could not walk without help. Two 2" x 2" x 1/8" plastiform magnets with a gauss strength of 2,450 were placed bitemporally. There were no more seizures, except when one night the magnets fell off of his head he had a seizure. This case illustrates the control of seizures in a medicine refractory subject. Brain electro-magnetic excitement can be controlled by a negative (south-seeking) magnetic field of appropriate gauss strength and appropriate duration. This includes emotional reactions such as anxiety, depression, phobias, obsessions and compulsions on to organic brain disorders including psychosis, and seizures.

**CONFIRMING EVIDENCE OF THE VALUE OF
NEURONAL CONTROL OF
CENTRAL NERVOUS SYSTEM EXCITATION WITH A
NEGATIVE (SOUTH-SEEKING) MAGNETIC FIELD
POSITIVE (NORTH-SEEKING)
MAGNETIC FIELD EEG STRESS EXAMINATION
FOR THE DETERMINATION OF AN EPILEPTIC FOCI**

I devised a positive (north-seeking) magnetic field stress test for the isolation of epileptic foci. Donald Dudley, M.D., Neurologist confirmed the value of this positive (north-seeking) magnetic field EEG Stress Test for the determination of epileptic foci.

With the EEG running, and starting from the eight to twelve cycles per second alpha rhythm, slowly move a ceramic disc magnet that is 1-1/2" x 3/8" with a gauss strength of 3,950 or a super neodymium disc magnet that is 1" x 1/4" with a gauss strength of 12,300, over the head. When the EEG evokes a seizure pattern, a foci has been demonstrated. The disc magnet exposing the brain to a positive (north-seeking) magnetic field must be immediately turned over and thus stop the seizure pattern. If the positive (north-seeking) magnetic field continues beyond a brief exposure, a seizure will be evoked. The seizure foci area is used as the best placement for the negative (south-seeking) magnetic field disc exposure to control seizures. This foci is the most sensitive area for placing the negative (south-seeking) magnetic field. If no specific seizure focus can be demonstrated then use bitemporal placement. Beyond the therapeutic value of this test, it demonstrates conclusively that a positive (north-seeking) magnetic field produces neuronal and other cellular excitement and that a negative (south-seeking) magnetic field has a calming, normalizing, excitement control over neurones and other cells.

Magnetic Therapy:

Magnetic therapy has had a checkered past with claims being made through the years of value. Those who experienced the value, accepted the value. But those looking on as critics had no scientific way by which they could verify the significance of this "force at a distance". For this reason, the claims have been relegated to psychosomatic, placebo or even claims of charlatans. James Livingston(1) makes a statement that reflects the uncertainty that surrounds magnetic therapy. He states that "Much of magnetic healing and magnetic therapy was and is pure hokum". He softens this a bit by proceeding to say that there is a lot yet to learn about the electro-chemical processes of the body and that it could be expected that magnetic fields would influence those electro-chemical processes.

As judged by the available reports in peer review scientific journals, James Livingston is right. This reveals how important the systematic gathering of objective data is in order for advancement in magnetic therapy. Here are some of the things we do know:

1) There is a peer review journal article establishing the fact that a positive (north seeking) magnetic field encourages the growth of cancer cells and that the negative (south-seeking) magnetic field discourages the growth of cancer cells(2).

2) Robert Becker demonstrated that a positive (north-seeking) magnetic field is the sign of injury and a negative (south-seeking) magnetic field is needed for healing.(3)

3) the widespread use of electricity in diagnosis and therapeutic instruments is being systematically replaced by magnetic instruments.

The human body is an electro-magnetic organism with a direct current circuit in which the neurons are positive (north-seeking) electro-magnetic poled and their extensions are electro-magnetic negative (south-seeking) poled. All human cells, including neurons, are electromagnetic responsive. The positive (north-seeking) magnetic field from a static field magnet is cellularly exciting which include neuronal excitation. A static positive (north-seeking) magnetic field governs central nervous system excitation including wakefulness, motor function, sensory function, mental activity and so forth. A static negative (south-seeking) magnetic field governs control over excitation, relaxation, sleep and general anesthesia. All general anesthetics, no matter how produced, have been demonstrated to be a switch of the brain from a magnetic positive to a magnetic negative.(3). This switch of the brain's polarity from magnetic positive to magnetic negative also includes post electric shock therapy. The seizure phase is the excitation phase of the positive (north-seeking) magnetic pole. As soon as this is over, the brain switches to a negative (south-seeking) magnetic field for a few minutes. The value of electric shock is the production of this negative (south-seeking) magnetic field general anesthesia.

A positive (north-seeking) magnetic field is the signal of injury and a negative (south-seeking) magnetic field is always present during healing.(3) There were 39,000 admissions to mental hospitals that were examined and were found to correlate with sun flares. Also, the "disturbed" days in mental institutions correlated with sun flares(3). Sun flares are a positive (north-seeking) magnetic field that break through the earth's magnetosphere shield producing a higher than normal positive (north-seeking) magnetic field exposure to humans. Under normal conditions, the sun's sky shines produce a low level positive (north-seeking) magnetic field during the day, while a negative (south-seeking) magnetic field is produced during the night. The earth's crust is a negative (south-seeking) magnetic field and the molten mass below the earth's crust is a positive (north-seeking) magnetic field.

There are several companies marketing positive magnetic poled (traditional north-seeking pole) or mixed positive and negative (south-seeking) magnetic poled magnets. These are used as a mild stressor, evoking a counter-irritant reflex essentially the same as a liniment achieves. These are used to relieve pain. The testimonials of pain relief are true. However, a negative (south-seeking) magnetic field works just as well or better for pain and does not have the limitations of the fatiguing stress response reflex. Limitations consist of the reflex fatiguing in about eight weeks and also the fact that the stress can evoke self-made narcotics (endorphins and enkephalins) and thus are addictive. The positive (north-seeking) magnetic or mixed positive/negative poles applied to the central nervous system runs the risk of an increased excitation of the central nervous system which can increase the potential for psychosis and seizures. I have received hundreds of calls about this problem.

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I have had to deal with this problem of positive (north-seeking) magnetic field additions. One physicist died because he was so euphoric from treating his brain with a positive (north-seeking) magnetic field that he refused medical treatment for pneumonia. The fact that this time limitation of using this system of either positive or mixed positive/ negative (south-seeking) magnetic poles exists has been published in the Japanese Medical Journal(4). This has been confirmed many times over by my observations and other physician's observations. It is the ethical responsibility of those selling positive (north-seeking) magnetic poled or mixed positive/negative poled magnets to inform their clients of the time limitation of the system and also its addictive potential.

A physician called me about how wonderful he felt using a 4" x 6" x 1/2" magnet on his head at night during sleep. He was excited, talking fast, euphoric, and sleeping 5 hours at night. The sales person had told him which side of the magnet to use which he described to me. He was using the positive (north-seeking) magnetic field. I told him he was using the wrong side of the magnet. This positive (north-seeking) magnetic field would have the following effects: 1) speeding up his thinking faster than he could speak (pressure of speech) , 2) euphoria by evoking self-made narcotics, 3) produce a sleep deficient state by reducing the needed hours of sleep, 4) activate any latent microorganisms in his brain and, 5) reduce his life span.

A month later, he called me. He was calm and without pressured speech. He was not euphoric. He was sleeping a full eight hours a night. He was energetic without tension. He stated his thinking, which initially was faster than he could speak, had now slowed down to no pressure of speech. He thanked me for alerting him to the problem that was developing with the use of the positive (north-seeking) magnetic field.

THE BODY MAGNETIC

The human body is electromagnetic. The bodies of the neurones of the brain and spinal cord are magnetic positive (north-seeking) with the axon and dendrite extensions being magnetic negative (south-seeking) .

The magnetic positive (north-seeking) -magnetic negative (south-seeking) aspects of neurones and their extensions produce electricity, much as a magneto produces an electric spark by the friction of movement between opposite magnetic poles. This electricity flows through the nerves. Movement of electrons through the nerve synaptic junction transmitters is a magnetic chemical process. A magnetic field is produced by electron flow and also a magnetic field is necessary for an electric current to flow. Thus, an electric current is a flow of electrons in the magnetic field. Industry makes masterful use of magnetic fields controlling electron flow making such as, TV's, computers and so forth, possible. All the laws of physics that are known to govern electromagnetics equally applies to human physiology the same as the marvelous uses of the science of physics applied to industry. In classic human physiology text, the role of magnetism is ignored and in its place a spontaneity of reactions is assumed. The closest that classic physiological text come to identifying magnetics is couched under the title of electrochemical. The presence of an electrostatic field and the presence of chemicals (hormones, enzymes, synaptic junction transporters and so forth) are identified but the necessary presence of a magnetic field for any of the biological functions to occur is not classically identified. The assumption of spontaneity of function is assumed by just the fact of getting the chemicals together. However, there is no enzyme function and no synaptic junction transmission or other biological responses without the presence of a magnetic field. By recognizing the fact of the necessity of the presence of a magnetic field for biological function, we are now prepared to use magnetic

fields to control biological functions in the same way that industry controls and directs electron flow in our marvelous new industrialized world. There are equally marvelous results when applying magnetics to human physiology as we now have in our non-biology industry. Based on this increased understanding of the role of magnetism in physiology there is occurring a gradual, yet steadily increasing application of magnetism in medicine such as magnetic resonance imagery replacing x-ray, magnetic encephalography replacing electroencephalography, magneto-cardiology replacing electrocardiology, magnetic tests replacing electric tests, magnetic application replacing TENS instruments, magnetic placement on the head replacing electro-convulsive therapy for depression and major mental disorders as well as magnetic application replacing tranquilizers and antidepressants and also the use of magnetics replacing anti-seizure medication. We are now at the threshold of demonstrating the marvelous control magnetics can have over brain and spinal cord function in the areas of psychiatry and neurology. This article reports my findings to date. The minor symptoms of anxiety, tension, depression, obsessions and compulsion can be controlled by a negative (south-seeking) magnetic field application to the brain or spinal cord. Major mental symptoms of depression, psychotic symptoms (delusions, hallucinations, catatonia and so forth) can be controlled with a negative (south-seeking) magnetic field applied to the brain and spine. Seizures can be controlled by a negative (south-seeking) magnetic field applied to the brain. All this is marvelous news for the specialties of psychiatry and neurology. The problem is that magnetic application in the specialties of psychiatry and neurology is yet in it's experimental phase with no one in these specialties being systematically trained in these areas. These marvelous results I have objectively observed are not as yet reflected in articles in peer review scientific journals. There is still a long way to go before these observations will be reflected in traditional medicine.

I have given 70,000+ electric shock treatments, along with bushels of tranquilizers and antidepressants and seizure medication and I can state by objective observed comparison that magnetics is superior to any of these and is also without harmful side effects. The future for magnetic application in the fields of psychiatry and neurology is illuminatingly bright.

ON ACHIEVING THE REDOX GOAL OF ORTHOMOLECULAR MEDICINE

INTRODUCTION:

In the 1960's several physician researchers began searching for the answer to "Why are schizophrenics unusually fatigued?" By 1970, this focus led to the establishment of the Orthomolecular Psychiatric Association and the *Journal of Orthomolecular Medicine*. This research produced leads and therapeutic systems in several directions such as:

- 1) Megavitamin therapy of B₃ as a precursor to oxidoreductase enzymes with the goal of a hopeful stimulation of their catalysis.
- 2) A study of nutritional deficiencies and supplementation based on laboratory evidence of need.
- 3) An examination of and treatment of toxic states.
- 4) An examination of genetic errors.
- 5) An examination of microorganism infected states.
- 6) An examination of maladaptive symptom producing reactions to foods, chemicals and inhalants.
- 7) An examination of body pH when symptoms occurred evoked by maladaptive symptom reaction to foods, chemicals or inhalants.
- 8) An examination of blood sugar shifts when symptoms occurred evoked by maladaptive symptom reactions to foods, chemi-

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9) An examination of alkaline negative (south-seeking) magnetic field dependent enzymes and alkaline - ATP dependent enzymes.

VALUES AND LIMITATIONS OF ORTHOMOLECULAR MEDICINE

Nutrition functioning under the auspices of orthomolecular medicine has made valuable contributions to nutritional needs but also sometimes has functioned with what my research has judged as four limiting factors.

These limitations are as follows:

1) The assumption that mega-nutrients beyond nutritional needs of the B-complex vitamins, especially B₃ will energy activate or otherwise stimulate oxidoreductase enzyme function (redox).

The facts:

There is little evidence that this is so and clinical evidence shows that this has only low level value. The missing link in nutritional medicine and orthomolecular nutritional medicines format for prevention and reversal of degenerative diseases both mental and physical appears to be the known need for a magnetic energy activator for redox catalysis. A negative (south-seeking) magnetic field is observed to be the energy activator for oxidoreductase enzyme catalysis.

2) The assumption that anti-oxidant type vitamins and minerals beyond nutritional needs is the most valuable way to “absorb” free radicals.

The facts:

The facts are this method does not address the biological need for maintaining alkalinity and enzymatically processing acids and aldehydes for the release of bound oxygen back to oxidative reactive molecular oxygen. A negative (south-seeking) magnetic field activates the bicarbonate buffer system and energy activates the family of oxidoreductase enzymes which process and thus release oxygen back to oxidatively active molecular oxygen from superoxide, peroxides and other free radicals, oxyacids, alcohols and aldehydes. The most optimum answer is not megadoses of free radical absorbents but magnetic energy activation of oxidoreductase enzymes and activation of the bicarbonate buffer system.

3) The assumption that immunologic and non-immunologic maladaptive symptoms evoking reactions to foods, chemicals and inhalants comprises only a subset type of major mental disorders. Other subset types are low histamine, high histamine and a porphyrin metabolism disorder.

The facts:

In my research of thousands of mental patients over a twenty year period provides convincing evidence that 100% of major mental disorders have their major symptoms comprising the justification for their diagnosis as caused by maladaptive symptom reactions to foods mostly, a lesser extent to chemicals, occasionally to common inhalants and occasionally to inherent genetic disorders. The subtype of identifiable metabolic disorders are demonstrated to be caused secondarily by the maladaptive symptom producing reactions. Furthermore, there is evidence in the mentally ill, of a chronic viral infection of the herpes family viruses (Epstein-Barr, cytomegalovirus, and human herpes virus #6). There is evidence that this viral infection starts in either infancy or early childhood and injures the brain and immune system. The brain injury predisposes the brain to be the target organ of symptom production from maladaptive symptom evoking reactions to foods and chemicals.

4) The assumption that oxidoreductase enzyme catalysis is solely dependent on the adequacy of specific selective amino acids, specific selective vitamin precursors to products incorporated in the enzyme and specific selective mineral activators and does

not need an energy activator.

The facts:

Beyond the need of being adequate in supply of enzymes, oxidoreductase enzyme catalysis requires a non-phosphorous energy activator. This energy activator can be an electrostatic field that forms a negative (south-seeking) magnetic field at the moment of catalysis or can be an exogenous negative (south-seeking) magnetic field. Varying the gauss strength correspondingly varies the degree of oxidoreductase catalysis. Oxidoreductase enzyme to substrate binding requires a static negative (south-seeking) magnetic field.

THE INFLUENCE OF A VARIABLE GAUSS STRENGTH MAGNETIC ENZYME ACTIVATOR ON OXIDOREDUCTASE ENZYME CATALYSIS

The roles of variable pH, temperature, enzyme concentration, substrate concentration, attractive forces between enzyme and substrate are routinely dealt with in biochemistry text. The magnetic enzyme energy activator is considered as a constant. The fact that a non-phosphorous energy activator is necessary for oxidoreductase enzyme catalysis is known. The fact that this enzyme activator is a magnetic field is known. The fact that the magnetic activator of the oxidoreductase enzymes is a negative (south-seeking) magnetic field is known. The sources of magnetism considered to be a constant come from:

- 1) endogenous magnetism—oxidation remnant magnetism.
- 2) exogenous— the earth’s magnetic field.
- 3) exogenous magnetism—a static electric field that can form a magnetic field.

It is a mistake to not consider the influences of varied gauss strengths of magnetic endogenous and exogenous sources of magnetism in enzyme catalysis.

The secret of the biological response to an exogenous source of magnetism from a static field permanent magnet or static field electromagnet is that of increasing enzyme catalysis by increasing gauss strength. The biological response to a negative (south-seeking) magnetic field activates oxidoreductase enzyme catalysis which includes oxidation phosphorylation producing ATP plus oxidative remnant magnetism as well as reversing reduced end-products of metabolism and also maintaining an alkaline pH.

A positive (north-seeking) magnetic field biological response produces acidity and energy activates the enzymes transferase and hydrolase catalyzing fermentation.

Electrostatic binding between enzyme and substrate as a non-phosphorous energy activator of oxidoreductive catalysis produces a measurable magnetic field (oxidative remnant magnetism) and therefore, logically can be termed electrostatic-magnetic binding of enzyme to substrate. Thus, it can be understood that a negative (south-seeking) magnetic field apart from an electrostatic field can energy activate oxidoreductase catalysis. It has to be a negative (south-seeking) magnetic field in order to maintain alkalinity on which oxidoreductase enzymes are dependent.

SUMMARY CONCLUSIONS

The answer for major mental illness is a 4 Day Diversified Rotation Diet initially leaving out for three months the foods that evoke symptoms. The symptom reactive foods turn out to be those eaten by the subject two or more times a week. This diet is the immediate (within five days of avoidance) reducer of symptoms. Nutrition needs to be made adequate by supplementation but does not of itself provide immediate or even long term optimum symptom reversal. A locally placed negative (south-seeking) magnetic field over the symptom area provides immediate control (within 10-30 minutes) of symptoms. A lifestyle of sleeping on a magnetic mattress pad with magnets at the crown of the head does much to

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THE ROLE OF GENETIC ENZYME DISORDERS, NUTRITIONAL DEFICIENCY SIMULATING ENZYME GENETIC DISORDER AND TOXICITIES IN MAJOR MENTAL DISORDERS

The central reason for developing major mental disorders is, as I have already described, initially a viral infection involving both the neurones of the brain and lymphocytes of the immune system. Associated with this, secondarily are nutritional disorders. However, there are infrequent instances when specific genetic enzyme disorders give the same or similar set of symptoms as nutritional deficiencies. There are nutritional deficiencies which involve the same enzymes in a non-genetic functional disorder. There are also toxins that interfere with the enzyme function. Even though I have geared this presentation toward self-help without medical supervision, I must say that in my practice I considered all the possibilities that I am describing in this section. Organic brain disorders, whether this influences learning, motor activity or produces a psychosis or seizures, deserve to have the study which I am describing in this section. If the initial program that I have outlined does not provide ready results then consider a further medically supervised study of what is outlined in this section.

Carnosinuria

This is a spillage of carnosine in the urine. The carnosinase enzyme processes carnosine and anserine, both of which are toxic to the human central nervous system. I have especially noted carnosinuria in hyperkinetic and attention-deficit cases although this is rare. Carnosine is in all land animals such as beef and fowl. Anserine is in tuna, salmon and geese. The carnosinase enzyme may be genetically deficient in which case carnosine and anserine containing animal muscle meat, tuna and salmon will have to be excluded from the diet. The carnosinase enzyme is zinc dependent and therefore, carnosinuria will be present in zinc deficiency. The level of zinc needs to be determined. The physical manifestations of zinc deficiency is ridged fingernails and toenails, splitting of the nails, white spots in the nails and stretch marks on the skin. The non-genetic cases of carnosinuria which are due to zinc deficiency are solved by supplementing zinc.

Homocystinuria

Homocystinuria can exist due to genetic enzyme deficiencies or nutritional deficiencies of B₁₂ and or folic acid and or pyridoxine. Homocystine spillage in the urine can be determined by a 24-hour urine examination. During this day, an 80% protein meal should be taken plus a supplemental methionine load. A 24-hour methylmalonic acid urine spillage should also be examined during this high protein stress day since this is specific for B₁₂ genetic disorder or nutritionally deficient B₁₂. Either an enzyme genetic disorder or a nutritional deficiency can produce this homocystinuria or methylmalonic acid spillage in the urine. B₁₂ has a special condition in which there may be a relative functional deficiency rather than an absolute nutritional deficiency which can only be handled by intramuscular injection of 1,000 micrograms of B₁₂ once or twice a week.

A five year old child suddenly stopped talking. A pediatrician diagnosed her as having autism even though the only symptom characteristic of autism was that of not speaking. Otherwise, the child was normal. The mother was quite dissatisfied with this diagnosis and sought my service. My study demonstrated a B₁₂ deficiency. Two hours after an injection of 1,000 micrograms of B₁₂, she was talking.

Porphyria

Either genetic porphyria or acquired toxic porphyria can pro-

duce organic brain symptoms. My routine for testing for porphyria has included thousands of patients. I found it to be present in about one-third of the cases. Very rarely was it genetic in origin. Most of the porphyria cases were toxic coproporphyria and related to the toxicity of maladaptive reactions to foods and sometimes to lead toxicity. Lead and mercury need to be examined because of their potential toxicity.

The toxic coproporphyria would usually disappear with the 4-Day Diversified Rotation Diet. Otherwise, it can be due to lead. The lead and mercury cases should be chelated with EDTA or other more specific chelating agents. All organic mental disorders should have silver-mercury amalgams removed from their teeth.

Hyperammonemia

The diabetic disease process, both the compensated and decompensated phase, can produce hyperammonemia. Hyperammonemia results from the necessary removal of ammonia from proteins (amino acids) in order for the human body to reconstitute these amino acids into useable tissues in the body. Ammonia is known to be severely neurotoxic. The urea cycle that processes ammonia into urea has several phases. In my clinical work with Jon Pangborn, Ph.D., biochemist as a consultant, we were able to isolate the development of the enzyme disorder that results in hyperammonemia in the last step of the urea cycle. This enzyme (arginase) is dependent on the mineral, manganese and the amino acid, arginine. These become deficient out of demand and hyperammonemia results. Although the initial problem is that of maladaptive reactions to foods, chemicals and inhalants, this secondarily developed nutritional deficiency needs to be supplemented with arginine and manganese. The neuro-toxic effect of ammonia is to injure neurones both in the spine and the brain. Usually, it is first manifested in the spine resulting in amyotrophy which is a known complication of diabetes mellitus. The first manifestation is the legs become weak and as the neuronal injury increases up the spine the next step is a respiratory problem from injury to the neurones regulating respiration. The same process occurs in the compensated phase of the diabetes mellitus disease process in which stage there is not the classic morning specimen fasting hyperglycemia as seen in the decompensated stage of the diabetes mellitus disease process. Therefore, this disease of amyotrophy in the compensated stage of the diabetes mellitus disease process is given a different name which is amyotrophic lateral sclerosis (ALS). I have examined a number of ALS cases and found them all to have this hyperammonemia. Amyotrophy cases of diabetes mellitus also have the hyperammonemia and so do Alzheimer's cases have hyperammonemia(5).

An institution devoted to the custodial care of Alzheimer's and senile cases asked me what I thought the basic problem was with Alzheimer's. I told them to feed an 80% protein meal and two hours later take venous and arterial ammonia. They called me back stating that they had tested 20 Alzheimer's cases and 20 senile cases, all of which had been diagnosed by a neurologist. All 20 of the Alzheimer's cases had high ammonia after an 80% protein meal and none of the senile cases had hyperammonemia after an 80% protein stress meal. Within a month of this report to me there was a report in the *American Journal of Psychiatry* that hyperammonemia had been demonstrated in Alzheimer's cases.(5).

There is another factor that has to be considered in Alzheimer's cases and that is the deposits of amyloid. Amyloid consists of insoluble amino acid gels. It can occur in any part of the body. It is known to be accelerated in diabetes mellitus. When it occurs in the brain, the diagnosis of Alzheimer's disease is made. Amino acids are soluble in the normal alkaline media of the body but insoluble in acid media. This gives evidence that the maladaptive food reac-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior tions producing bouts of acidosis is the cause of these deposits of insoluble amino acid gels. Also, the same process is functional in atherosclerosis with the deposits of insoluble amino acid gels on the wall of the arteries. It is also true that calcium is soluble in the normal alkaline medium of the human body but insoluble in acid mediums. Again, when these maladaptive reactions to foods occur and acidity is present, then you have insoluble crystallized calcium and you have insoluble amino acid gels(6).

Gluten enteropathy is a genetic disorder present at a rate of 1 in 200 of Irish descent and 1 in 2000 in the non-Irish descent. There are many gluten reactors that are not genetic in origin. In fact, I found gluten to be producing the highest percentage of maladaptive reactions. It was 64% in my schizophrenic population. The genetic gluten disorder cannot only produce mental disorders but also celiac disease and Crohn's disease. Celiac disease affects the small intestine and Crohn's disease affects any part of the gastrointestinal tract. Crohn's disease can also be caused by foods other than gluten. Both of these can also be present due to a non-genetic reaction to gluten. Gluten can also be addictive. It is the only food that has this problem in which the first step of digestion in the stomach splits the gluten in half which then is a narcotic. If and when the second stage of digestion does not occur appropriately from the bicarbonate and digestive enzymes from the pancreas then the narcotic goes through the intestinal tract unchanged and is as addictive as all other narcotics. When alcohol is made from the gluten cereal grains, it carries this addictive quality. I have tested numerous alcoholics and find that when they used alcohol made from gluten bearing cereal grains, they would have dry drunks when tested for gluten.

Testing Procedure

It has been my policy to have one day of an 80% protein day in which beef, chicken, tuna or salmon in particular was used. I also added a supplement of methionine. Two hours after the first 80% protein meal, both the arterial and venous blood was drawn for the examination of hyperammonemia. The 24-hour urine was saved during this day and tested for homocysteine, methylmalonic acid and porphyria. I was taught to do this food stress testing by Martin Rubin, Ph.D., Professor of Biochemistry at Georgetown University Medical School. I have discovered a number of genetic errors and or nutritional deficiencies that simulated genetic errors by doing this stress testing whereas, they had already had had a single morning urine specimen genetic screening test without food stress testing which was negative. Stress testing both for genetic errors and nutritional deficiencies and for the reactions to specific foods by a single food test meal has been the hallmark of my examination. This stress testing provided the ability to discover these problems of genetic errors and nutritional deficiencies and maladaptive reactions to foods which had been missed by the classic examination of the physicians. This technique gave me the ability to discover and appropriately treat many of the failures of traditional medical practice. In my judgement, all organic brain disorders whether these are in children with learning disabilities, hyperkinesia, Tourette's syndrome or adults with psychosis or any child or adult with seizures would do well to have this comprehensive study of genetic errors, nutritional deficiencies, toxic states and maladaptive reactions to foods, chemicals and inhalants. This comprehensive study should also include antibody studies for Epstein-Barr, cytomegalo and human herpes virus #6. A culture should be run on vaginal and anal swabs and stool for Candida. If there is a cough culture material coughed up for Candida. There should be a survey for parasites. From this information, a detailed plan of treatment can proceed. Genetic errors can be to some degree bypassed by supplementation. An example is that in genetic homocystinuria not

only would the person need to have a low methionine intake, but they can also be supplemented with cystine and taurine which are end-products of methionine metabolism which are necessary for human function.

Gluten Enteropathy

Sixty-four percent of my adult schizophrenics had symptoms when fed a single test meal of gluten bearing cereal grains such as wheat, rye, oats and barley. I have examined quite a number of Tourette's syndrome cases and all of them had their major muscle jerking symptoms when fed gluten. Gluten is the most serious reactor of any foods and should always be considered in any organic brain disorder such as in learning disabled children, hyperkinetic children, autistic children, Tourette's syndrome or adults with psychosis. Gluten is a high reacting substance because when it is frequently used, it's nature causes it to become a narcotic when it is first digested in the stomach. When passed to the small intestine, if it is not rapidly handled by the alkalization and pancreatic enzymes and processed to a nutritional value substance, it will pass through the small intestine as a narcotic. Thus, under these circumstances, gluten can be addictive because it has this narcotic quality. This also becomes a serious problem in relation to alcoholism since gluten's narcotic response is passed through the alcohol made from sugar grains containing gluten. From a genetic standpoint, gluten is also a serious problem. One out of 200 Irish, have a genetic gluten enteropathy. This can manifest itself as celiac disease or Crohn's disease. We observed cases that do not have the small intestine or large intestine response to gluten but have only the neuronal irritated response to gluten. The possibility of gastrointestinal reactions to gluten should always be considered. It is an observed fact that schizophrenics have more stomach aches, in terms of frequency than they have delusions. If it is determined that the reaction to gluten is genetic in origin, then gluten cereal grains must be avoided. If it is not genetic, then usually within three months of avoidance it can be rotated on once in four days without either a gastrointestinal or brain reaction occurring. In non-Irish subjects, the genetic rate of gluten enteropathy is one in 2,000.

John was an adolescent with Tourette's syndrome. His symptoms were most bizarre in that his arms and legs would both flail during his symptoms. With five days of fasting on water only, his symptoms of Tourette's syndrome completely disappeared. When fed any gluten-bearing cereal grains, his feet would sharply extend and he would fling his legs in the air and at the same time both arms would fling in the air. I have worked up a number of Tourette's syndrome cases and found all of them to have their major symptoms based on a response to gluten.

Subliminal Nutritional Syndrome

Pellagra which is a B deficiency can cause major mental disorders, both overt classical pellagra and subclinical cases should be considered.

Scurvy, which is vitamin C deficiency can cause major mental disorders. Both overt and subclinical cases should be considered. I found some schizophrenics who required 30 grams of vitamin C before any spillage of vitamin C in the urine. This is during their reactive state. I provided a minimum of 12 grams of vitamin C a day for my mental patients.

MAGNETIC PROTOCOL FOR MAJOR MENTAL ILLNESSES

ORIENTATION:

This protocol refers to schizophrenia, manic-depressive and psychotic depression. The treatment described here is also applicable for autism, childhood schizophrenia, hyperkinesia, attention deficit disorder, dyslexia and all types of learning disorders. These psychiatric illnesses are organic in origin with secondary super-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior imposed maladaptive learned responses. The symptoms of the major mental disorders are delusions, hallucinations, mania, depression, disordered perception and disordered judgement. Hyperkinesis, attention-deficit, Tourette's syndrome and learning disorders give evidence of being the same illness only to a lesser degree.

From several years of study as to the cause of schizophrenia I've concluded it's origin is a viral infection which was acquired early in life, often during gestation. The immune system (B lymphocytes) and the brain neurones are infected. The viruses involved are Epstein-Barr, cytomegalo, and human herpes virus #6. I have run antibodies for these viruses on thousands of patients. The antibody level will fluctuate with the activity of the illness. The brain cannot properly develop when it is infected. This disorders judgement, affect and perception. Early in life the child often experiences learning difficulties and or hyperkinesis. In later adolescents or early 20's, the subject develops full-blown schizophrenia, manic-depressive reaction or psychotic depression. I conclude that these major mental illnesses are all of the same origin. The disorder depends on the area of the brain most affected. These viruses are lymphotropic viruses. They infect the lymphocytes. The B-lymphocytes make antibodies. Therefore the person has a disordered immune system. The brain, being infected, has a smoldering encephalitis and has a neuron infection. Particularly involved are the prefrontal, frontal and back as far as the temporal areas. Even the size of the brains of schizophrenics is smaller than normal and the architectural structure of the brain as viewed microscopically is disordered. This viral infection injury to the brain makes it the symptom reactive target tissue for symptoms produced by foods, chemicals and inhalants.

There are a lot of secondary disordered interpersonal relationships and symptoms that are the same as the neuroses. It is particularly noted that obsessive-compulsiveness runs through all of these major illnesses. It is sometimes hard to know whether an obsessive-compulsive reaction is organic in origin or learned in origin.

It is very important to address the evidence of the maladaptive reactions to foods, chemicals and inhalants. These reactions have six sources; 1) immune reactions in which antibodies are formed or complement function is disordered, or 2) oxidoreductase enzyme inhibition, or 3) oxidoreductase enzyme deficiency based on nutritional deficiency of enzyme building blocks (amino acids, vitamins, minerals), or 4) a deficiency of endogenous (self) produced negative (south-seeking) magnetic field resulting from reduced quantity of oxidoreductase enzyme catalytic reactions, or 5) addictive reactions from excessive production of opiate polypeptides (endorphins and enkephalins) resulting from the stress of frequently eaten foods, or 6) reactions to toxins. All of these behave alike in terms of symptom production on exposure to a substance. Foods are the most important of the substances to which a person might react. Therefore, a 4-Day Diversified Rotation Diet is a must in these cases. Nutrition needs to be made adequate in order to have available adequate oxidoreductase enzymes and adequate minerals for the pH buffer system to maintain an adequate alkaline pH. This is true even though the nutrition disorder is secondary to the illness and not the primary cause of the illness.

It is very important that the person not use tobacco, alcohol, caffeine or be addicted to anything including foods.

A negative (south-seeking) magnetic field can usually control symptoms within 10 minutes. Usually, the ceramic or neodymium discs are used, placed bitemporally to control mental symptoms. These mental patients often have systematic symptoms that can also be treated appropriately with the magnet over the area where symptoms occur.

MAGNETIC TREATMENT:

The baseline treatment is to sleep on a magnetic bed pad and sleep with magnets at the crown of the head. The magnets in the pad are mini-block magnets 1-7/8" x 7/8" x 3/8" placed an inch and one-half apart. They have a manufacturers rating of 3,950 gauss. A foam pad or other pad is placed over this magnetic mattress pad.

The magnets at the crown of the head are composed of four magnets placed 3/4 inch apart. They are 4" x 6" x 1". They have a manufacturers rating of 3,950 gauss. They can be raised or lowered depending on the height of the pillow. The top of the head should be no closer than 3 inches to these magnets which provides a full negative (south-seeking) magnetic field. This is usually automatically achieved by keeping the head on the pillow which places it no closer than 3 inches.

A magnet should be worn over the heart at night during sleep. This is best achieved with a 5" x 12" multi-magnet flexible mat over the heart, crosswise the body. This magnet has a manufacturers rating of 2,450 gauss. This mat can be best held in place by a 4" x 52" body wrap. Place on top of this mat, lengthwise the body and directly over the heart, a 4" x 6" x 1/2" ceramic magnet with hook Velcro on both sides. Place a second 4" x 52" body wrap around the body and over this 4" x 6" x 1/2" magnet. Hook Velcro on both sides of the magnet adheres to the body wraps. It is important to treat the heart because the water and the oxygen flowing through the heart will be magnetized and carried to the entire body. This also helps to maintain the body's normal pH.

When sitting down the subject should sit on a comfort chair pad that has magnets in the seat and in the back. It is wise to slip a 4 x 6 x 1/4 inch thick magnet under the seat as far back as the rectal/genital area. This will allow the magnetic field to penetrate deeply into the pelvic area. The magnet used has hook Velcro on both sides.

At night the subject should sleep with a 5" x 12" multi-magnet flexible mat crosswise on the lower abdomen-pubic area. Place on top of this a 4" x 6" x 1/2" thick magnet lengthwise the body. Place this in the center of this magnetic mat. This can be held in place with a 4" x 52" body wrap. The magnet has hook Velcro on both sides. This will treat the pelvic area and in the event that there is any viral, fungal or parasitic infection, it will help rid the body of these anywhere in the pelvic area including the vagina or the low colon and rectal area. This will also have the effect of encouraging the production of melatonin by the intestinal wall. This also aids in producing deep, energy restoring sleep.

Also at night, it is wise for the person to sleep with a 5" x 12" multi-magnet flexible mat across the face and onto the sides of the head. This can be held in place with a 2" x 26" self-fastening band around the head. This extends from the forehead which would cover the frontal sinuses and down across the face over the maxillary sinuses and over the nose and nasopharynx and includes the eyes.

Optimum value can be achieved by using a 4" x 6" x 1/2" thick magnet on top of the mat covering the sides of the head. This magnet has hook Velcro on both sides. This has a gauss strength of 3,950 placed up against the side, back or front of the head. Some learn to place this up onto the side of their head that is not on the pillow if they are on their side. Usually they will sleep 3 or 4 hours without turning over with this magnet placed on the side of the head.

It is important to have ceramic disc and neodymium disc magnets. Ceramic disc magnets are 1-1/2" x 3/8". Hook Velcro is placed on the positive poled side of the ceramic disc magnet so that when a band is placed around the head, when placed bitemporally, the hook Velcro will hold them in place. A 2" x 26" self-adjusting band is used to hold the magnets. These magnets will be the most used when treating mental symptoms. They should be used freely. It usu-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior ally requires about 10 minutes to relieve major symptoms. The more hours of exposure to the magnets the better. The neodymium magnets weigh approximately one-fourth of the weight of the ceramic disc magnets and are more convenient and as effective. When using the neodymium disc magnet it is best to place a 2" x 3" or 3" x 3" plastiform magnet first against the temporal area and the neodymium disc on the outside of the plastiform magnet. This spreads the magnetic field. A small disc magnet is provided as a holder by placing it on the outside of the head band.

Depression, delusions, and hallucinations are usually best handled by bitemporal placement. The bitemporal area to be treated is in front of, and near the top of the ears. Centered in the temporal areas are the amygdala which are small walnut sized areas that are the center of the electro-activity of the brain. The entire brain can be calmed down by treating the amygdala. Other areas to consider testing is the left temporal area and the mid-forehead in right handed persons. That is the most anxiety relieving placement. For treating obsessive-compulsiveness, treat the left temporal area and the low occipital area.

Mental patients often have systematic symptoms also. An appropriately sized magnet that is larger than the symptom area being treated should be used and at the same time, discs should be placed bitemporally. The brain receives messages from the body and also sends messages to the body. While treating a symptom of the body, the brain should also be treated at the same time.

COLLOIDAL SILVER THERAPY:

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

ACTIVE H:

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

Active H is the most powerful known antioxidant. A well person uses 1-2 capsules a day. An ill person uses up to two capsules 3 times a day for a period of three months. Any quantity has no ill side effects. (Active H may be obtained at New Vision International, 8322 East Hartford Drive, Scottsdale, AZ 85255)

ALKALINE MICRO WATER:

Alkaline micro 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 a negative (south-seeking) magnetic field as well as being alkaline. The Singer Electrolysis Instrument is used for producing the alkaline micro water. At least five glasses of this water should be used each day.

GENERAL INFORMATION ABOUT MAGNETS:

Multi-magnet flexible mats are composed of plastiform mag-

net strips 1-1/2" x 7/8" x 1/8" with a manufacturers gauss rating of 2,450. These plastiform magnetic strips are placed in four rows with the 1-1/2 inches lengthwise the pad. These strips are stacked in two's. In a 5" x 6" mat, there are 24 magnetic strips. In a 5" x 12" mat, there are 48 magnetic strips. The flexibility of these mats makes them very useful since they will fit around the curves of the body without producing any pressure. With the multi-magnet flexible mats, the magnetic field extends to 7 inches. However, the therapeutic level extends about 2 inches. When the flexible mat is reinforced with one row of mini-block magnets placed on the two central rows of magnets in the mat, the magnetic field extends to 10 inches with the therapeutic field extending to 4 inches. When there are two rows of mini-block magnets on the mat, the therapeutic level extends to 5 inches. The flexible mat can be reinforced with mini-block magnets placed crosswise the two inner rows of plastiform magnets in the flexible mat. This places the mini-block magnets an inch and one half apart in which there are three placed on the 5" x 6" mat and six placed on the 5" x 12" mat. The flexible mat can also be reinforced by the 4" x 6" x 1/2" ceramic block magnet. This extends the therapeutic value to 6 inches.

Mini-block ceramic magnets are called Briggs blocks because they are used as the MAGNETO magnets in Briggs and Stratton gasoline motors. They are 1-7/8" x 7/8" x 3/8" with a manufacturers gauss rating of 3,950. These are cast mini-blocks. They have many therapeutic uses. They can be used on the head such as the temporal areas, frontal or occipital areas for headaches or management of emotional symptoms or seizures. They can be used on fingers or toes. They can be placed on top of the flexible mats to reinforce the depth of magnetic field penetration. They can be used directly on the joints, under or incorporated into wraps around joints. They are used in the magnetic mattress pad, the multi-purpose pads and the magnetic chair pads.

Ceramic disc magnets are 1-1/2" x 3/8" with a manufacturers gauss rating of 3,950. These ceramic discs are cut from the larger 4" x 6" x 1/2" magnets. They serve numerous valuable purposes such as around the head to treat headaches or other central nervous system symptoms, around joints, over skin or subcutaneous lesions. The magnetic field of a ceramic disc extends to eight inches. The therapeutic value extends to about three inches.

Ceramic block magnets which are 4" x 6" x 1/2" have a manufacturers gauss rating of 3,950. The magnetic field extends to 12 inches. The therapeutic value extends for 6-7 inches. A ceramic block magnet that is 4" x 6" x 1" has a magnetic field extending to 19 inches with a therapeutic value extending to 9 inches. The 4" x 6" x 1/2" ceramic block has many uses such as around joints or to penetrate deeply into the liver, internal organs, the heart or into the head such as for treatment of tumors. The 4" x 6" x 1" ceramic block magnets are used in the Vitality Sleeper to have a field that penetrates into the head during sleep. The Vitality Sleeper is composed of four ceramic blocks that are 4" x 6" x 1" placed in a row 3/4 inch apart. These ceramic blocks are placed upright in a wooden carrier that holds them firmly up against the headboard. They can be raised or lowered depending on the height of the pillow. They are shipped at the top of the carrier and need to be lowered so that the head is in the magnetic field. They are resting on a wooden dowel. The wooden dowel they are resting on should be slightly below the back of the head when the head is on the pillow. It is designed that the top of the head should be approximately three inches from these magnets. By doing so, it provides a full negative (south-seeking) magnetic field.

A magnetic mattress pad is composed of mini-block magnets that are placed an inch and one-half apart throughout the pad. An eggcrate type foam pad or other suitable futon should be placed

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

The multi-purpose pad is 14" x 25" and composed of mini-block magnets that are placed an inch and one-half apart throughout the pad. This multi-purpose pad has many uses such as being used on the back, the abdomen and up over the heart and the chest.

THERAPEUTIC SLEEP:

In maintaining health and reversing degenerative diseases, it is very important that there be deep, energy restoring sleep. It is necessary to sleep a full eight hours in every 24 hour period. Energy is used up during the day and is restored during sleep. The depth of energy restoring sleep is controlled by the hormone, melatonin, that is made during sleep. The principle area in which melatonin is made is the pineal gland which is in the center of the head. This gland makes melatonin in response to a negative (south-seeking) magnetic field. This is why it is so important to treat the head to a negative (south-seeking) magnetic field during sleep. The retina of the eyes also make melatonin and the intestinal wall makes melatonin. Treating these areas also raises melatonin. The hormone melatonin has the control of the entire energy system of the body including such as the immune system and the endocrine system.

Another hormone that is made during sleep is growth hormone which is made by the hypothalamus in the brain. Growth hormone has control over the health of skin, nails, cellular replication and also, respiration.

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

The magnetic mattress pad will encourage the production of melatonin by the gastrointestinal tract. Any magnetic treatment of the abdomen will encourage the production of melatonin by the wall of the gastrointestinal tract.

Treating the eyes with a magnetic flexible pad will also encourage the production of melatonin by the retina of the eyes. The Vitality Sleeper up against the headboard will have a magnetic field that penetrates into the head and stimulates the pineal gland to produce melatonin and the hypothalamus to produce growth hormone. This can be further encouraged by a flexible mat over the eyes and or up against the sides or back of the head. This can be further enhanced by reinforcing the flexible mat with mini-block magnets. Some sleep very well with a 4" x 6" x 1/2" magnet up against the side of the head. It is best to cushion this by placing a 5" x 6" mat up against the side of the head first with the 4" x 6" x 1/2" magnet over the mat. When laying on the back, this can be leaned up against either side of the head. When laying on the side it can be on the side of the head that is not on the pillow or be placed on the back of the head. Some find it valuable to place a 5" x 12" multi-magnet flexible mat on the pillow or under the pillowcase so that their head is resting on this mat. If they are on their back it is on the back of the head. If they are on their side, it is on the side of their head. The value can be further increased by reinforcing this mat with six mini-block magnets placed on the positive (north-seeking) pole side. Place these nine mini-block magnets crosswise the mat, one and one-half inches apart. They will magnetically adhere to the mat.

SYMPTOMATIC FOOD REACTIONS GENERAL INFORMATION:

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

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

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

Health Strategies booklet

The Magnetic Health Quarterly on *Diabetes Mellitus*. Vol III, 2nd Quarter
The Magnetic Health Quarterly on *Mental Disorders*. Vol III, 3rd Quarter

The Magnetic Health Quarterly on *Magnetic Management of Addiction*. Vol IV, 1st Quarter

The book, *Brain Allergies* and the book, *Victory Over Diabetes*

2. Pre-meal.

a) Bicarbonate alkalization. One-half hour before the meal, use Electro-C powder (by Nutri-Biotic). Use 1/2 teaspoon of Electro-C powder and 1/2 teaspoon of soda bicarbonate in 1/2 glass of water.

b) Negative magnetic field (south-seeking) exposure. One-half hour before the meal place the magnets on the body. Magnetic discs, either ceramic, magnetic discs that are 1-1/2" x 3/8" or super neodymium discs that are 1" x 1/4" placed bitemporally. These can be held in place with a 2" x 26" band. Place on the sternum, a 4" x 6" x 1/2" ceramic magnet. Place on the thoracic spine, a 5" x 12" multi-magnet flexible mat. Hold the magnet on the sternum and the magnetic mat on the thoracic spine in place with a 4" x 52" body wrap. These can be removed at the beginning of the meal or they can be continued through the meal until it is completed. If symptoms emerge after the meal has been eaten, then replace the magnets until the symptoms leave and especially place a suitable sized magnet directly over the symptom area. Also prior to the meal, if there are any symptom areas, treat these with appropriate sized magnets, pre-meal. Always use the negative magnetic field (south-seeking).

The above pre-meal alkalization method is recommended for;

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

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b) when of necessity, symptom evoking foods have to be eaten. Such as when eating out at a restaurant, or those that have to use this method instead of waiting three months for the introduction of their foods.

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

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

POLARITY:

Always use a negative (south-seeking) magnetic field. The positive (north-seeking) magnetic field would excite the brain. The negative (south-seeking) magnetic field calms the brain.

Four-Day Rotation Diet

Day I

Meat

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

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

Vegetables

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

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

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

Corn: Fresh Corn as a fresh vegetable

Fruits

Mulberry: Mulberry, Figs and Breadfruit

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

Grape: Grapes and Raisins

Cashew: Mango

Nuts:

Sunflower: Sunflower Seeds

Cashew: Cashew and Pistachio

Protea: Macadamia Nut

Thickening

Tapioca

Seasonings

Grape: Cream of Tarter

Potato: Chili Pepper, Paprika and Cayenne

Composites: Tarragon

Nutmeg: Nutmeg and Mace

Sweetener Beet Sugar

Tea Rose Hips, Chicory and Dandelion

Sprouts Legumes, Bean Sprouts, Alfalfa Sprouts and Sunflower Sprouts

Fresh Vegetable Green Bean Sprouts, Alfalfa Sprouts and Sunflower Sprouts

Day II

Meat

Bird: *All fowl – Chicken, Turkey, Duck, Goose, Guinea,

Pigeon, Quail and Pheasant

Eggs Eggs

Fish Fish and/or Shellfish can be on any or all days by

keeping the type of fish or shellfish different for each day.

Vegetables

Myrtle: Pimento

Grass: Millet

Parsley: Carrot, Parsnip and Celery

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

Mallow: Okra

Fruits

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

Pineapple: Pineapple

Pawpaw: Pawpaw, papaya and papain

Grains:

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

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

Nuts:

Plum: Almond

Beech: Chestnut

Brazil nut: Brazil nut

Flaxseed: Flaxseed

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

Seasonings

Myrtle: Guava, Clover, Allspice and Clove

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

Pedaliu: Sesame

Orchid: Vanilla

Oil Cottonseed, Flaxseed and Sesame

Sweetener Corn sugar, Clover honey and Molasses

Tea

Sterculia: Papaya tea

Day III

Meat

Suidae: Pork

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

Vegetable

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

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

Laurel: Avocado

Lily: Onion, Garlic, Asparagus, Chive and Leek

Fruits

Apple: Apple, Pear and Quince

Banana: Banana and Plantain

Heath: Blueberry, Huckleberry and Cranberry

Gooseberry: Currant and Gooseberry

Ebony: Persimmon

Buckwheat: Rhubarb

Grains

Buckwheat: Buckwheat and Rice

Nuts

Legume: Peanuts

Birch: Filbert (Hazelnut)

Conifer: Pine Nut (Pinon)

Thickening

Arrowroot: Arrowroot Flour

Seasonings

Arrowroot: Arrowroot

Heath: Wintergreen

Legume: Licorice

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

Pepper: Black & Whit Pepper

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Oil Soybean, Peanut and Avocado

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

Tea Alfalfa, Sassafras, Garlic and Apple cider/tea

Day IV

Meat

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

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

Vegetables

Morning Glory: Sweet Potato

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

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

Olive: Black/Green Olives

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

Fruits

Gourd: Watermelon, Cantaloupe and Honeydew

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

Honeysuckle: Elderberry

Palm: Coconut and Date

Nuts

Seeds: Pumpkin seeds, Squash seeds and Coconut

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

Thickening Cornstarch

Seasonings

Mustard: Mustard

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

Spearmint, Peppermint, Thyme, Marjoram and Lemon Balm

Oil: Coconut, Olive, Pecan and Corn

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

Tea: Kaffer

HOW TO USE A FOUR DAY DIVERSIFIED

ROTATION DIET

WITHOUT DELIBERATE FOOD TESTING

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

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

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

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

uct. These products included clothes, carpet, car exhaust, or anything to which a person has frequent exposure.

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

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

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

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

Another rare genetic enzyme disorder is carnosinuria. This is caused by a deficiency of the enzyme carnosinase. This enzyme processes carnosine and anserine. If not enzymatically processed, carnosine and anserine are toxic to humans. People with this genetic enzyme disorder must avoid foods containing carnosine and anserine. Carnosine is found in all land animals. Anserine is found in tuna and salmon. Carnosinase is a zinc-dependent enzyme. Therefore, carnosinuria is occasionally caused by zinc deficiency. Zinc deficiency can be determined by a laboratory assessment. Physical

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior symptoms of zinc deficiency include: white spots in the fingernails and toenails; ridged or easily splitting fingernails, and stretch marks on the skin, especially on the abdomen or breasts. When carnosinuria is caused by a nutritional deficiency, zinc supplementation can solve the problem. A carnosinase enzyme deficiency can produce a wide range of symptoms. The most prominent symptoms I have observed are attention deficit and hyperactivity. For example, a ten-year-old boy with attention deficit and hyperactivity on laboratory testing was demonstrated to have both carnosinuria and zinc deficiency. Neither supplementation with zinc nor rotation of foods solved his problem. However, upon removal of meats, tuna, and salmon from his diet, he was free of symptoms. Although rotation diet solves most food reaction symptoms, these other causes of food reactions must sometimes be considered. Laboratory tests can make the determination. People who try to help themselves without medical supervision can make this determination only through trial and error.

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

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

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

HOW TO INITIATE THIS PROGRAM

The Four-day diversified rotation diet and avoidance of symptom of frequently used foods is initiated at the same time. Further-

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

Two 1-1/2" x 3/8" ceramic disc magnets. These have a gauss strength of 3,950. Two 4" x 6" x 1/2" ceramic block magnets with a gauss strength of 3,950.

For some people, it would be well for them to also have two 5" x 12" multi-magnet flexible mats with a gauss strength of 2,450.

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

SELF-HELP FOOD TESTING

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

Deliberate food testing should not be done without medical supervision on the following: 1) diabetics on insulin, 2) seizure cases, 3) dangerously aggressive cases such as in some psychotics. All of these cases can proceed to the rotation diet without food testing.

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

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

2) Use test meals of single foods.

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

4) Symptoms can be relieved by bitemporal placement of ceramic disc magnets which are 1-1/2" x 3/8" held in place with a 2"

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x 26" headband.

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

FOUR-DAY DIVERSIFIED ROTATION DIET REVERSAL

OF THE DEGENERATIVE DISEASE PROCESS

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

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

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

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

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

(3) Oxidoreductase enzyme inhibition. This is a state in which

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

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

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

(4) A deficiency of endogenous (self) produced negative (south-seeking) magnetic field resulting from reduced quantity of oxidoreductase enzyme catalytic reactions.

(5) Addiction. It is the acidifying addictive withdrawal phase of an addiction that is the culprit. This occurs three to four hours after exposure to the addictive substance. There are two types of addictions (a) from an external narcotic source, and (b) self-made narcotics (endorphins and enkephalins) produced by the stress of frequent exposure to non-narcotic substances. Thus frequently used foods, alcohol, tobacco, caffeine, etc., which in themselves are not narcotics, but addicting when frequently (two or more times a week) used. Narcotics, both external and internally self-made, are symptom relieving, since all narcotics are alkaloids, and thus alkalizing. Thus, while under the alkalizing influence of the narcotic, the oxidoreductase enzymes are adequately functional. When the narcotic is metabolically used up, and therefore not present, then a state of acidity develops and oxidoreductase enzyme inhibition sets in. Thus, in the acid-hypoxic addictive withdrawal state with its free radicals, peroxides, oxyacids, and aldehydes, symptoms develop. The type of symptoms depend upon the specific tissue involved in the maladaptive reaction. The answer to reversal of the acute symptom reactive tissue state is to expose this area to an external source negative (south-seeking) magnetic field.

(6) Toxins. Toxins are enzyme poisons which are a complete block of oxidoreductase enzyme function. Many toxins are strong acids or evoke acid production in the human body. Insect stings and reptile bites are powerful acids. Pesticides are toxic to humans as well as insects. Our industrialized civilization produces toxins such as petrochemical exhaust from combustion, formaldehyde, etc. The major necessary measure of handling reaction to toxins is avoidance. The second most important method of handling toxins is to provide a negative (south-seeking) magnetic field for the production of an alkaline medium and the activation of the oxidoreductase enzymes, thus oxidatively processing these toxins out of the body and activating the enzymes that will reverse the acid-hypoxic state.

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REVISITING THE MAGNETIC DYNAMICS OF THE DEGENERATIVE DISEASE PROCESS

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

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

There are specific (oxidoreductase enzymes) non-phosphorus (non ATP) static magnetic field enzyme energy activation and specific ATP energy activated enzymes. 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(7). 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(8).

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 micro-

organism 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 pad.

ANTIOXIDANT "ABSORBENT" THERAPY COMPARED TO ENZYME "ELECTRON SINK" THERAPY

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

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

Oxidoreductase enzymes have the biological assignment of processing free radicals and when optimally functional, process these in a split second. The oxidoreductase family of enzymes has been appropriately described as an "electron sink". These enzymes remove the extra electrons from free radicals, oxyacids, and aldehydes. This enzymatic reversal of the extra electron from free radicals, oxyacids, and aldehydes returns the bound oxygen back to its molecular oxidatively functional state. Therefore, preferred and most profitable focus should be not on megadose nutrient antioxidant absorbent therapy, but on how to maintain optimal oxidoreductase enzyme "electron sink" function.

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

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

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

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior tion, or cellular degeneration produces: 1) a normal alkaline pH, and 2) reversal of all free radicals, peroxides, oxyacids and aldehydes.

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

NUTRITIONAL SUPPLEMENTATION

Enclosed is a partial list of supplemental nutrition as judged by my 35 years of experience of using both laboratory assessment and empirical application to the area of nutrition:

1) Vitamin C as ascorbates. There are four grams of vitamin C per teaspoon. There should be 3 teaspoons a day, or even preferably 4 teaspoons a day, which give a range from 12 -16 grams of vitamin C per day. Vitamin C is best taken as ascorbates of calcium, magnesium, zinc, selenium, manganese, and copper. Supplemental calcium intake should be around 1,000 milligrams per day. Magnesium supplement should be around 500 milligrams per day. Zinc should range from 15-30 milligrams per day. A small amount of selenium and copper per day. Laboratory assessment may change these ratios.

2) Niacin, 1000-3000 milligrams per day. Supplemental NADH (coenzyme I), coenzyme 10 and lipoic acid is well to consider since these bypass changing the B-complex vitamins to these necessary pre-enzyme products by the mitochondria of cells.

3) B-6, 50-100 milligrams per day.

4) B-12, 1,000 milligrams per day.

5) Other B-complex vitamins in small amounts.

6) Antioxidant therapy other than vitamin C; vitamin A, vitamin E, beta-carotene.

7) Essential fats: fish oils, primrose oil, flaxseed oil.

8) Amino acids, especially cystine, 500 milligrams and taurine, 500 milligrams. Laboratory assessment is necessary to determine other amino acid needs.

Optimum application of nutritional magnetic therapy can only be achieved by keeping abreast of the progress in this area. It is recommended that periodically there be a laboratory assessment of the nutritional state.

FINAL WORD

I have treated many major mental illnesses with magnetics. Delusions, hallucinations, manic states, depressive states all have been successfully handled with magnetic therapy. I have treated many learning disabled children, hyperactive children and autistic children with a remarkable degree of success. Magnetic application has controlled seizures of all types including seizures not controllable with medication. Magnetic therapy does not produce side effects and does not produce any kind of secondary illness. I can say this with confidence, that during 40 years of medical practice, most of which has been in the area of psychiatry and neurology, I have never found any treatment that equals that of magnetic therapy. It is imperative that we do this type of research and record it properly and published it in the right journals so that Magnetic Resonance Biooxidative Therapy becomes an integral part of traditional medicine.

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OPTIMUM SYSTEMIC MAGNETIC THERAPY

ORIENTATION:

This magnetic protocol features systemic therapy which is applicable for any person with a systemic disease such as viral infections, metastatic cancer, lupus, Lyme's disease, chronic fatigue, fibromyalgia, multiple sclerosis and major mental or emotional disorders. This systemic magnetic therapy is the optimal therapy for anyone. This is superior to the usual sleep magnetic beds using mini-blocks. The therapy is composed of two features. One is 70 magnets that are 4" x 6" x 1". These are placed in two wooden grids with 35 magnets each. These two grids are placed end to end making a bed 36" wide and 72" long. This bed radiates a magnetic field of 25 gauss at 18". 25 gauss is the level at which infections and cancer will die out. The second feature is twelve of these 4" x 6" x 1" magnets surrounding the head. This produces deep sleep and is suitable for treating brain cancer, cerebral arteriosclerosis and Alzheimer's. It is the maximum treatment for producing deep sleep for anyone.

MAGNETS USED:

Two wooden grids containing 35 magnets that are 4" x 6" x 1" placed 1" apart. These grids are 36" square. Two grids are placed end to end producing a bed 36" x 72".

A super magnetic head unit composed of twelve 4" x 6" x 1" magnets. These magnets surround the head.

PLACEMENT AND DURATION:

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

For initial treatment of three months or more, sleep as close to the magnets in the bed as possible. This can be achieved by using an eggcrate-type foam pad that is 2" thick or other suitable futon that is about 2" thick. After the initial treatment of three months or more, if desired, it can be placed under a 4" thick mattress.

The super magnetic head unit is composed of twelve 4" x 6" x 1" magnets. This is placed on the pillow. There may need to be a small child's pillow to raise the head a couple of inches beyond the pillow that this unit is sitting on. This is provided, if necessary, for comfort. The magnets are 6" long and are standing upright. The head needs to be within that 6". This is used nightly for sleep.

For infections in the head or for Alzheimer's or cerebral arteriosclerosis, it is wise to go back on the bed and this head unit for one hour, four times during the day. There also can be a hat provided that is composed of neodymium disc magnets that can be used when not on this bed for such cases as brain tumor, cerebral arteriosclerosis, cerebral spasm, Alzheimer's and so forth.

This bed and head unit can be used daily as a lifestyle. It is the optimum magnetic therapy provided for any condition and essential for certain systemic and chronic conditions.

It is wise for this therapeutic bed to be accompanied with optimization of nutrition by use of supplemental nutrients. Optimization of hydration should be considered with 8 or more glasses of pure water each day.