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

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William H. Philpott, M.D.

FIRST IMPORTANT NOTE

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

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

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

SECOND IMPORTANT NOTE

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

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

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

WHAT MAGNETIC THERAPY IS

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

The energy activation of biological enzymes is magnetic therapy

WHAT MAGNETIC THERAPY DOES

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

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

Some of the values of magnetic therapy are:

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

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

William H. Philpott, M.D.

ABOUT WILLIAM H. PHILPOTT, M.D.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“Viral infections, especially noted as herpes simplex I

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

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

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

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

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

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

Ethics of Magnetic Diagnosis and Therapy

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

Depth of Penetration / Gauss Field Strength

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

All measurements are made at the center of the product

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

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

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

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

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

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

Disclaimer

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

How Dr. Philpott Changed His Medical Practice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(See *Polar Power Magnets Catalog*)

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

USES:

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

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

Cost: \$ 49.95
Shipping: 8.50
\$ 58.45

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

USES:

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

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

See my writings for further details.

COST:
Soother One \$ 21.95
Shipping 8.50
Total 30.45

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

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

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

THE DEFINITION OF MAGNETIC POLARITY AS USED IN HUMAN PHYSIOLOGY

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

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

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

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

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

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

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

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

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

STATUS OF THERAPEUTIC MAGNETISM

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

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

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

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

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

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SINGULAR BIOLOGICAL RESPONSE TO SINGULAR MAGNETIC POLE FIELDS

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

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

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

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

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

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

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

MAGNETIC FIELDS BIOLOGICAL RESPONSES UNIVERSAL TRUTHS

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

1. Centrad and centrifugal atomic energy expressions.

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

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

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

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

2. Centrad and centrifugal weather energy expressions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22. Cancer cells have a positive magnetic field charge.

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

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

has a non-stressful low pulsing frequency.

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

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

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

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

26. IMMUNOLOGIC RESPONSES TO OPPOSITE MAGNETIC FIELDS

A. Substance +
Positive magnetic field>sensitization.

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

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

27. ENZYMATIC RESPONSE TO OPPOSITE MAGNETIC FIELDS

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

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

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

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

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E.

Food Substrate +

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

28. HEAVY METAL DETOXIFICATION

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

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

A.

Toxic electro-positive heavy metals

(aluminum, mercury, lead and other heavy metals)

+ a sustained static negative magnetic field attached

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

29. POSITIVE MAGNETIC FIELD NEUROPATHY

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

30. NEGATIVE MAGNETIC FIELD HEALING OF NEUROPATHY.

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

31. OPTIMIZING THYMUS GLAND DEFENSE

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

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

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

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

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

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

33. MAGNETIC FREE ENERGY.

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

Oxidoreductase enzyme + alkaline-hyperoxia

Food substrate.....>ATP

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

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

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

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

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

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

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

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

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

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

Biological Source of Magnetism

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

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

Examples of Biological Produced Magnetism

Four Oxidoreductase enzymes

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

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

Secrets of Negative Magnetic Field Therapy

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

no matter why they are present.

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

Oxidoreductase enzyme,
 Superoxide dismutase
 enzyme in an
 alkaline medium

Superoxide Free Radical _____>Hydrogen Peroxide
 (H₂O₂)

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

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

Alkaline-medium electrostatic field or negative magnetic field

The Role of Magnetics In Enzyme Function

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

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

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

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

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

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

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

Magnetic Dynamics of The Degenerative Process

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

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

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

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

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

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

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

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

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

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

The Role of Oxidoreductase Enzymes in Addiction Including Food Addictions

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

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

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

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

THE ROLE OF ADDICTION IN OBSESSIVE-COMPULSIVENESS

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

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

Grandfather Status of Magnet Therapy

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

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

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

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

An Invitation To Do Research In Therapeutic Magnetics

Dear Doctor:

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

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

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

Sincerely,

William H. Philpott, M.D.

Magnetic Therapy

Medical Supervised Research

VS.

Self-Help Treatment

Medical Supervised Research

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

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

Self-Help Magnetic Therapy

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

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

405/ 390-1444 Fax 405/ 390-2968

THE MAGNETIC RESONANCE THERAPEUTIC RESEARCH PROJECT:

PHYSICIAN'S PARTICIPATION AGREEMENT

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

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

Address:

Date:

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

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405/ 390-1444 Fax 405/ 390-2968

**THE MAGNETIC RESONANCE THERAPEUTIC
RESEARCH PROJECT:**

PATIENT'S AGREEMENT FOR RESEARCH

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

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

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

Address:
Date:

SELF-HELP TREATMENT RESPONSIBILITY

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

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

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

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

Name _____ Date _____

Mailing address _____

City, State, Zip

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

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

Therapeutic research format available:

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

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

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

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

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

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

WILLIAM H. PHILPOTT, M. D.

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

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

Research gift to HOLOS INSTITUTES OF HEALTH made by:

Name _____

Address _____

Phone _____

Date _____

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

W.H. Philpott, M.D.

Date _____

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The pH Factor in Health & Disease
from the *Magnetic Health Quarterly*
"The pH Factor in Health & Disease" Vol. XI, 3rd Qtr, 2003

by William H. Philpott, M.D.
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405/390-3009 Fax: 405/390-2968
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
The Enzyme Factor, The Solubility Factor,
The Infectious Factor, The Environmental Factor

THE HISTORY OF MY USE OF MAGNETIC FIELDS TO CONTROL METABOLIC pH

I am sometimes asked how I learned to use a negative magnetic field to control metabolic pH. T.G. Randolph, M.D., Allergist, who was the father of the Environmental Medicine and Toxicology Medicine Specialty movement observed that when a symptom-producing reaction occurred during deliberate test exposure to single substances such as foods or chemicals that an acidic reaction occurred. He described this in a chapter in the book, *Clinical Ecology*, entitled the Enzymatic and Hypoxia, Endocrine Concept of Allergic Inflammation. He used the method of sodium-potassium bicarbonate given orally to relieve these symptoms evoked during test meals of single foods or exposure to chemical toxins. I confirmed that Dr. Randolph was right. I tested blood and/or saliva before and one hour after deliberate exposure to test meals of single foods or chemicals. Consistently, there was acidification of blood and saliva when maladaptive reactions occurred (IgG allergic, addiction or toxic reactions). All maladaptive reactions, no matter why they occurred, gave evidence of an acidity associated reaction. Based on Dr. Randolph's advice, I used sodium-potassium bicarbonate plus the breathing of oxygen to relieve the symptoms occurring during deliberate test meals. This system predictively relieved the symptoms occurring during test meals.

By chance, I heard from a lay person about relieving pain with a negative magnetic field. She described the physicist, Albert Roy Davis, as observing that the biological response to a negative magnetic field is alkaline-hyperoxia. I was alkalizing my patients with sodium-potassium bicarbonate and oxygenating them by breathing oxygen. I proceeded to test this evidence that a negative magnetic field will evoke alkaline-hyperoxia and thus relieve symptoms. This I proved to be consistent even better than the use of sodium-potassium bicarbonate. The negative magnetic field is placed directly over the symptom area. Placing disc magnets bitemporally enhanced this symptom relief. Blood and saliva pH characteristically normalized to an alkaline state from within 5-10 minutes. Based on its predictable symptom-relieving ability, I adopted the use of a negative magnetic field as a preferred method of symptom relief during deliberate food and chemical testing.

I observed that the acute symptoms evoked during deliberate food testing after five days of a fast are identical to food symptoms of chronic degenerative diseases with these same symptoms. The chronic degenerative diseases are an extension in time of the acute maladaptive reactions occurring during deliberate exposure testing

occurring after five days of avoidance of the foods, chemicals and allergens. The next step was to test the relief of symptoms of degenerative diseases with a negative magnetic field. This was observed to relieve chronic degenerative symptoms the same as relieving the acute symptoms of test exposures. The acute symptoms could be relieved by avoidance of the substances that evoked the symptoms, thus it was also observed that the avoidance of the acute symptom-producing substances would relieve the symptoms of chronic degenerative diseases.

The next valuable observation was that of exposing the subject to a negative field for 15-30 minutes prior to exposure to foods or chemicals that had been noted to give symptoms. With this, it was observed that exposure to a negative magnetic field ahead of test exposures prevented the symptoms from occurring. The best way to expose a person ahead of a test meal was that of using two ceramic discs that are 1-1/2" x 1/2" placed bitemporally and one 4" x 6" x 1/2" magnet placed over the heart and another one over the liver.

Dr. Randolph had correctly observed that three months of avoidance of symptom-evoking food would, most of the time, result in non-reactions. I have now observed that exposure to a negative magnetic field ahead of the symptom-evoking foods would prevent the reaction from occurring. With this, a subject can go directly to a rotation diet without having a period of avoidance before returning the food to the diet. The negative magnetic field was observed to be desensitizing to allergies, addictions and toxicities.

THE pH FACTOR IN DIABETES MELLITUS TYPE II

Diabetes mellitus type II, non-insulin dependent diabetes, is an acid-hypoxia disease condition. The diabetes mellitus disease process develops due to maladaptive reactions to foods. The biological response to these symptom-producing and hyperglycemia-producing responses is acid-hypoxia during which cellular edema occurs. These swollen cells block insulin from transporting glucose into the cells. This blocking of insulin from its function is called INSULIN RESISTANCE.

These maladaptive reactions to foods can be of several sources, such as IgG immunologic-type reactions, addictions without antibody formation and a response to toxins which are either endogenous or exogenous to the foods. IgG food reactions have a delayed reaction whereas IgE food reactions have immediate inflammatory reactions. This IgG delayed reaction is such that relief of symptoms is initially experienced in contact with the food but three to four hours later, the IgG antibodies that have attacked the foods are now, after digestion, free to attach to tissues and now produce a tissue inflammatory reaction. An addictive reaction is when food has become a stressor such that it evokes the production of self-made narcotics (endorphins) and serotonin. There is this delayed withdrawal phase to addiction. Both IgG antibody reactions and addictions behave the same way in which there is this delayed reaction. After five days of a fast, the reaction is within an hour rather than delayed to 3-4 hours, post-exposure. This is why a fast is important when testing for the food reaction causes of diabetes mellitus type II.

The early stage of the diabetes mellitus disease process has the swelling of cells in which the insulin cannot do its job. The pancreas responds to that with hyperinsulinism. As soon as the swelling goes down, which is some 3 hours or so after the contact, then the hyperinsulinism sends the glucose into the cells and the blood now has low insulin. The glucose is quickly used by the cells and then we have low glucose, not only in the blood but also in the cells. At that time, numerous symptoms emerge. Dizziness, weakness, alteration in blood pressure and the precipitation of any other

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior symptoms that are potential such as anxiety and phobias. Hypoglycemia serves as a trigger mechanism for emotional, mental and physical symptoms. This hypoglycemic phase of the diabetes mellitus disease process can last for several years before the final development of clinically significant diabetes mellitus.

In the clinically significant diabetes mellitus disease phase of the diabetes mellitus disease process, the hyperinsulinism has ceased to exist so there no longer is hypoglycemia but now there is hyperglycemia. This is because the cells stay swollen much longer in this second phase of the diabetes mellitus disease process. There is an acidity reaction in both the early stage and the second stage of diabetes mellitus. The cells simply cannot function correctly in a state of acidity. Insulin resistance is present both in the early stage and the late stage of the diabetes mellitus disease process. The difference is, there is no hyperinsulinism in the second stage. Therefore, there is no hypoglycemia, only hyperglycemia.

The diagnosis of diabetes mellitus type II is that of fasting the patient for five days. This can be a water fast or a food fast using a food that the subject seldom uses. Watermelon is a good food for this five days of fasting. Any other foods, fish or vegetables that are not ordinarily used could be used during this fast. The secret of this fast is that it changes the delayed reaction of these maladaptive reactions to foods to that of an acute reaction within an hour. Before the fast, the height of the symptoms was 3-4 hours after eating whereas after a fast, the height of the symptoms is within one hour. It is easy to document that maturity onset diabetes mellitus type II is caused by these food reactions. The blood sugar will normalize by the 4th or 5th day of the fast. Test meals of single foods are used. The blood sugar is taken before the meal is eaten and one hour after the meal is eaten. The foods that cause symptoms and hyperglycemic reactions will reveal that these are the causes of the diabetes mellitus. When these foods are left out, there is no diabetes mellitus. There simply is no hyperglycemic reactions when these foods are removed. If these symptom and hyperglycemic and acid-producing foods are removed from the diet for three months, 95% of the time, they can be returned to the diet as long as they are eaten no more often than once in four days or seven days. The subject sets up a four or seven day rotating diet program. The diabetes mellitus has simply disappeared into thin air. This provides a 100% proof that maturity onset diabetes mellitus is caused by food reactions. It is also true that there can be reactions to environmental chemicals that can also cause this swelling of cells and be a party to this diabetes mellitus disease process. I have especially noted this to be petrochemical hydrocarbons such as car exhaust, natural gas or propane.

It is very important to examine the subject for reaction to environmental chemicals because these need to be avoided too if they are part of why the person is diabetic. An example is a teenage boy diagnosed as having type I insulin-dependent diabetes. When removed from his chemical environment of New York City, which has lots of car exhaust fumes, he did not need insulin. However, when moving back to New York, he had to have insulin. His body was producing a marginal amount of insulin and in a clinically clean environment, he did not need extra insulin. In a chemically contaminated environment, he had to have insulin. Thus, I have found several type I diabetics who did not have to have insulin if their food or chemical reactions were removed. I have routinely found that type I diabetics also have the same problems of reactions to foods that type II diabetics have. It is just as important that a type I diabetic rotate the foods and avoid chemicals they are reacting to as it is type II. However, the type I usually does have to have insulin but in my experience the insulin requirement is cut to one-third if you honor the reactions to foods and chemicals. Type I diabetics

are not fasted since they could develop an acute acidosis. Treatment is dependent on former reactions to frequently used foods.

Fortunately, I have discovered that there is a way to proceed without going through a fast and without having three months of avoidance of foods they are reacting to. This method achieves its goal by exposure to the negative magnetic field ahead of the food. Place two ceramic disc magnets that are 1-1/2" x 1/2" bitemporally. Hold these in place with a 2" x 26" band. Use the negative magnetic field facing the body. Place the negative magnetic field of a 4" x 6" x 1/2" magnet over the heart. Hold this in place with a 4" x 52" body wrap. Place a 4" x 6" x 1/2" magnet over the liver. Hold this in place with a 4" x 52" body wrap. These ceramic block magnets should have the negative magnetic field facing the body and the 6" should be lengthwise the body. Exposing the head, heart and the liver to these magnets for 15 minutes, or preferably 30 minutes before a meal, there is little chance that there will be any reaction at all, be it either symptomatic or hyperglycemic. This system will so help to alkalinize the body that it blocks the acidic reaction which causes the cells to swell. With this system the subject sets up a rotation diet of either a four or seven day length, whichever they choose and does not go through any type of food testing. Experience has taught that there are foods that are frequently eaten that are producing the hyperglycemia due to the acidity of cells. When that acidity is blocked from occurring then there is no reaction. The biological response to a negative magnetic field is alkaline-hyperoxia. After three months of pre-meal exposure to a negative magnetic field, desensitization has occurred. The allergy-addiction has been reversed and the magnets do not have to be used ahead of a meal. The subject can continue the rotation as a lifestyle. It is wise if a person is going to eat out at a restaurant and purposely violate the rotation program, to use this magnetic exposure pre-meal as a protection against a reaction.

THE ROLE OF pH IN HEALTH AND DISEASE

Blood pH provides the biological window to the electromagnetic health and the electromagnetic pathology of metabolic diseases. There are parallel metabolic conditions that are always present at the same time, any one of which will provide you the evidence that the others will be present. These parallels are alkaline pH, hyperoxia, magnetic cellular anti-stress state, cellular pulsing frequency below 13 cycles per second, cellular negative magnetic state. The other set of parallels are acid pH, hypoxia, cellular magnetic stress state, cellular pulsing frequency beyond 12 cycles per second, cellular positive magnetic state. These are so fundamentally interrelated so that when one is present, the others are also present. Thus, the presence of a blood acid pH indicates acid-hypoxia, cellular stress state, cellular pulsing frequency above 12 cycles per second, cellular positive magnetic state. This set of parallels associated with an acid pH is the condition in which symptoms occur. This set of parallels when alkaline-hyperoxia is present is symptom relief. I was fortunate to have done an experiment in which I was monitoring blood pH in relationship to symptom production. A brief blood acidity is present when symptoms are produced. My knowledge of electroencephalography with specific frequency relating to specific behavioral expression established the cellular electromagnetic state of both non-stress pulsing frequencies compared to stress pulsing frequencies of diseased conditions. Theron G. Randolph, M.D., Allergist was the first to observe acidity present during maladaptive reactions (allergies, addictions, toxicity reactions). Based on this evidence, he used sodium bicarbonate plus breathing oxygen as a relieving agent for symptoms. That occurred during deliberate test exposures. Acidity incorporates oxygen into the acid thus the chemistry of the maladaptive reaction is that of acid-hypoxia. I confirmed his observation of acid-hypoxia as being consistently present during maladaptive reactions to foods, chemi-

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cal compounds and inhalants. Accordingly, I used bicarbonate plus breathing of oxygen as a symptom relieving agent. Albert Roy Davis, Physicist, was the first to observe that the biological response to a static positive magnetic field is acid-hypoxia and that in contrast the biological response to a static negative magnetic field is alkaline-hyperoxia. I confirmed his findings and found that the application of a negative magnetic field to the area of symptom production was more consistently present with a static negative magnetic field than with oral bicarbonate plus breathing oxygen. I was evoking these symptoms by stress testing by the method of five days of avoidance before this stress testing exposure. This initial avoidance plus single substance exposure during this stress testing revealed consistently which substances evoked which symptoms. These acute symptoms were the same symptoms as chronic diseases. Thus a static magnetic field therapy developed with the dimensions of:

- 1) identification of symptom-evoking substances.
 - 2) demonstration of acid-hypoxia present when maladaptive symptoms occurred.
 - 3) relief of symptoms and normalization of pH with exposure to a negative magnetic field.
 - 4) healing of degenerative diseases with the prolonged use of an alkaline-hyperoxia response to a static negative magnetic field.
- Robert O. Becker, M. D. also observed that healing only occurs in the cellular condition of a negative magnetic field and that healing does not occur in a cellular positive magnetic field state. He observed a cellular positive magnetic field to be the signal of injury.

The essence of magnetic therapy is production of negative ion charges at the cellular level which not only provides the alkaline-hyperoxia necessary for oxidoreductase enzymes to function but also energizes these enzymes for catalysis. This goal of negative ion charges at the cellular level can be achieved by:

- 1) a static negative magnetic field exposure.
- 2) negative ion charges in the air with absorption of these negative ions through the skin.
- 3) negative magnetic pulsing field at an anti-stress frequency which are below 13 cycles per second.
- 4) sensory pulsing fields at anti-stress levels below 13 cycles per second. This can be any sensory input such as sight, sound or tactile.

Acute symptoms produced by stress test exposure are measurably acid-hypoxic. Chronic metabolic diseases are also acid-hypoxic and are simply the time extension of acute maladaptive reactions. Thus, with diabetes mellitus type II, stress testing identifies the hyperglycemic and otherwise symptom-producing foods, chemicals and inhalants. The withdrawal of these symptom reacting substances versus the diabetes mellitus disease process fortunately three months of non-exposure provides a reversal of these responses and these foods can usually be reintroduced and kept on a four or seven day rotation basis without hypoglycemia or symptoms reemerging. Furthermore, exposing the brain, heart and the liver to a negative magnetic field for 15-30 minutes ahead of an exposure to the offending agents, food or otherwise, consistently prevents the hyperglycemia or symptoms from emerging. Thus, a subject can set up a four or seven day rotation diet without the usual 5 days of avoidance and proceed immediately with a rotation diet with a negative magnetic exposure ahead of each meal. This same principle applies to vascular disorders, rheumatoid disorders, allergy and autoimmune disorders thus exposure to a negative magnetic field becomes a central and fundamental therapy for either acute symptoms or degenerative disease symptoms. Magnetic therapy is the most predictable symptom reliever whether these are acute reactions or symptoms of chronic disease that I have observed in forty years of medical practice.

DIABETES MELLITUS DIAGNOSIS

Diabetes mellitus is diagnosed by a hyperglycemic fasting blood sugar higher than 140 mg/dL. It's earliest symptom is usually that of frequency of urination based on an osmotic diuresis. It is characterized by deterioration abnormalities of the eyes, kidneys, nerves and blood vessels.

Classification of Diabetes:

Primary

- 1) Insulin-dependent diabetes mellitus (IDDM, type I)
- 2) Non-insulin-dependent diabetes mellitus (NIDDM, type II)

Secondary:

- Pancreatic disease
- Hormonal abnormalities
- Drug and chemical induced insulin receptor abnormalities
- Genetic syndromes

The insulin-dependent diabetes mellitus is characteristically found to be an autoimmune process that destroys islet cells. This can be a viral infection. It has also been demonstrated to be secondary to cow milk allergy. In any event, there is an inflammatory process in which the islet cells are destroyed. With 90% of the destruction of the islet cells, then insulin is required. Concerning the non-insulin-dependent diabetes mellitus - "little progress has been made in understanding the genesis of non-insulin-dependent diabetes mellitus". (Page 1781 in *Harrison's Principles of Internal Medicine*, 11th Edition) Characteristic of this primary type non-insulin-dependent diabetes mellitus, there are mechanisms that are isolatable apart from the initiating cause which are abnormal insulin secretion and a resistance to insulin action.

DISCOVERY OF THE CAUSE OF PRIMARY DIABETES MELLITUS, TYPE II

After ruling out isolatable secondary causes of diabetes mellitus type II, there remains the majority of type II diabetes with an unidentifiable cause. This is where my research into diabetes mellitus has come into play. Fasting the subject for five days, following test meals of single foods as well as test meals of exposure to single chemicals and inhalants has demonstrated that there is an isolatable cause for primary diabetes mellitus type II. What it is are maladaptive reactions to mostly foods, but to less extent to chemicals and inhalants. This environmental type testing demonstrates what the specific substances are in specific individuals. This is entirely a personal cause and does not have the general characteristics of it being a particular type of food or particular type of chemical or inhalant but rather the substances are isolated as an individual maladaptive response of each subject. Therefore, the testing has to be on each individual to discover what the cause of diabetes mellitus for that particular subject. It cannot be generalized. The reason why medical science has not understood what the cause of primary diabetes mellitus type II was is that this type of ecologic examination regarding single substances after a five day fast is not a part of medical education. I discovered this cause of diabetes mellitus type II by accident. I was doing a research study on mental patients, some of which of course are diabetic. This consisted of fasting five days, followed by stress test meals of single foods and single chemicals and inhalants. In all my patients, including the maturity-onset type diabetes mellitus, all had a normal blood sugar by the fifth day of fasting. The blood sugar was then taken before each test meal and at one hour after completing the meal which was an hour and one-half after the beginning of the meal. I was looking for symptoms to emerge which would determine for me which foods and substances evoked the mental and physical symptoms characteristic of mental patients. At the same time, I was monitoring pH before and after each meal based on information provided by Theron G. Randolph that these reactions to foods and chemicals produced

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior an acidity. I confirmed that he was right. I also was testing blood sugar before and an hour and one half after each meal. About half of my patients did have hyperglycemia. Only a small number however were diabetics. When the foods that produced hyperglycemia were removed, there was no diabetes. Thus, primary diabetes mellitus type II considered as having an unknown cause was established as having known causes. Furthermore, it was isolated that these maladaptive reactions were allergic with IgG antibodies or addictive without IgG antibodies or toxic reactions to toxins that may be in the food or otherwise that may be in the environment of that particular subject.

John Potts confirmed my cause of maturity-onset diabetes mellitus and published this data in the abstract issues of *The Journal of Diabetes*.

DISCOVERY OF THE CORRECT TREATMENT OF DIABETES MELLITUS, TYPE II

The cause of diabetes mellitus, type II is maladaptive reactions to foods and chemicals, to foods mainly but also to chemicals and inhalants to a lesser degree. Thus, the correct treatment for maturity-onset diabetes mellitus is that of avoidance of these substances evoking maladaptive reactions including hyperglycemia. Feeding foods that do not produce hyperglycemia and avoiding chemicals and inhalants that evoke hyperglycemia for that specific person corrects the insulin resistance. Fortunately, avoiding these foods and other substances for a period of three months reverses these reactions 95% of the time. The answer is a diversified rotation diet, either four or seven day. With the initial three months of avoidance of the offending foods or other substances, after which these can be placed into the diet and only occasionally is there a food that evokes symptoms and or hyperglycemia which should then be avoided completely. The insulin resistance is caused by the cells that are swollen by the maladaptive reactions. When the reactions are not present, the cells are not swollen, the pH is normal and there is no hyperglycemia and there is no insulin resistance. Under these conditions, I have found no reason to provide medication that will raise insulin. Only occasionally will there be a subject who has advanced to a stage of sufficiently low insulin as to require insulin. John Potts found that of those maturity-onset type diabetics that have been judged as needing insulin, that 2/3 of these did not need insulin when their foods were rotated.

There is a technique that has a high percentage chance of being successful without a three month period of avoidance. This consists of treating the brain with ceramic discs placed bitemporally and a 4" x 6" x 1/2" magnet over the heart and another one over the liver for 15-30 minutes pre-meal which prevents the maladaptive reactions from occurring. Monitoring the blood sugar before and after each meal will prove whether this is true for each individual food.

THE ROLE OF pH AND HYPOXIA IN THE DIABETES MELLITUS DISEASE PROCESS

The metabolic response common denominator to allergies, addictions and toxicities is acid-hypoxia. This emergence of the acid-hypoxia biological response to specific biologic stressors is demonstrated by an ecological examination which consists of five days of avoidance of foods, chemicals and inhalants followed by single, stress test exposures to foods, chemicals and inhalants. Before these single test meals of foods, the blood sugar and blood pH is taken. One hour after the end of the test meal which is usually an hour and one-half after the beginning of the meal, there is again a survey of symptoms that may have emerged and of blood sugar and blood pH. Non-insulin dependent diabetes mellitus type II is demonstrated to be caused by a biological acid-hypoxia reaction specific for isolatable single foods and to a lesser extent, to chemicals and in-

halants. Acid-hypoxia is the common denominator of these maladaptive reactions whether these are allergies with IgG antibodies, addictions or toxicities. Cells swell in this acid-hypoxic medium of a maladaptive reaction to the food. This produces insulin resistance. When these symptom-producing foods are removed there is no insulin resistance and there is no longer a diabetic reaction. Avoiding glycemic foods such as free carbohydrates rapidly evoking a glycemic reaction does not reverse diabetes mellitus. Eating alkaline-forming foods as the major foods does not reverse the acid-hypoxia of diabetes mellitus and therefore does not reverse diabetes. Any diet that does not honor these maladaptive reactions to foods does not adequately manage diabetes mellitus type II.

THE ACID-HYPOXIC FACTOR IN CARDIOVASCULAR DISEASES

The cause of cardiovascular diseases is acid-hypoxia evoked by maladaptive reactions to foods, chemicals and inhalants. These reactions are principally caused by addictions and allergies to foods. Cardiovascular diseases are reversed by initial avoidance and later, spacing of these maladaptive reactions. In diabetes mellitus, which is an acid-hypoxic disease, cardiovascular disorders rapidly advance. The question is, is diabetes mellitus the central disease of degeneration and even though the subject has a normal fasting blood sugar, do they still have an earlier stage of the diabetes mellitus disease process or can this develop separate from diabetes mellitus? The ecologic examination of a five day fast followed by test meals of single foods is as applicable to cardiovascular disorders as it is to diabetes mellitus. A part of this ecologic test is to always test the pulse before and after each test meal. Many times, an abnormal pulse is evoked by these maladaptive reactions.

THE ACID-HYPOXIC FACTOR IN ESSENTIAL HYPERTENSION

Most hypertension is caused by maladaptive reactions to foods and occasionally to chemicals or inhalants. The ecologic examination in which there is a five day fast demonstrates that most hypertension will have cleared by the 5th day. Stress testing of the foods then demonstrates which foods specifically are evoking hypertension. Is it possible that essential hypertension is simply a complication of the diabetes mellitus disease process? It appears that this may well be so. It is possible that the kidneys have been so damaged that the hypertension still remains after the 5 day fast. However, this is not usual even in subjects that have damaged kidneys to the point of protein spillage in the urine.

THE ACID-HYPOXIC FACTOR IS LIPID METABOLISM

Disordered lipid metabolism is caused by maladaptive reactions to foods mostly and to a lesser extent, chemicals and inhalants. Honoring these maladaptive reactions by avoidance and spacing of contacts reverses the disordered lipid metabolism.

INTERESTING FACTS AND CASE HISTORIES

Sugar as such is not the cause of diabetes mellitus. Maladaptive reactions to foods, chemicals and inhalants is the cause of diabetes mellitus type II. Sugar of course, can be one food to which subjects develop addictions. These are to specific foods, specific sources of sugar such as cane, beet, corn, honey, sorghum and so forth. The reaction is to a sugar, it is not to glucose. It is to the parent substance from which the glucose comes thus a subject may react to beet sugar but not to any other sugar. A subject may react to honey that comes from their own locality and not to honey that comes from another locality. I have not found any diabetics that reacted to maple sugar. This is likely due to the fact that maple sugar is seldom used. Corn sugar is a special problem since cornstarch undergoes a reaction to an acid to produce corn sugar. The reaction can be to not only the corn, but to the carrier that has been used to turn the cornstarch into sugar.

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A fifty-year-old man, when tested for corn syrup, developed a cough because of the development of an acute bronchitis. No other sugar gave him any symptoms.

A Mexican woman with maturity-onset diabetes mellitus type II was out of control with her diabetes. By five days of a fast, her blood sugar and her blood pH were normal. She was fed maple sugar and there was no reaction. She was fed all other sugars with no reactions. When given pinto beans, she had a serious hyperglycemic reaction. Pinto beans were the only food that evoked her diabetic hyperglycemia and acid-hypoxia.

An insulin dependent type I, eighteen year old, who had had diabetes mellitus since early childhood was in serious, poor control. He was using 60 units of insulin a day and still not in control. Twice, he had had laser treatment for his eyes due to retinal bleeding. There was 4+ protein in his urine. He had a hypertension of 180/110 which was unmanaged by medication. Because he was insulin dependent, he was not fasted. Instead, any foods that he used twice a week or more were removed from his diet. A four day rotation diet was set up. Within a week, his blood pressure was normal. There was no protein in his urine and he was being managed on 20 units of insulin. In a sizable series of insulin-dependent diabetics, this same process has been followed with the result of characteristically, the blood sugar will be managed on an insulin level that is approximately 1/3 of the insulin level they were using before treatment. This gives evidence that these maladaptive reactions to foods are also occurring in these insulin-dependent diabetics but that there is damage to the pancreas sufficient that insulin is required. I have also found that also insulin-dependent and non-insulin-dependent diabetics can be reacting to chemicals - the petrochemical of car exhaust are common reactors to diabetics. I have placed diabetics behind the car, breathing the car exhaust and demonstrated a hyperglycemic reaction. One of my insulin-dependent diabetics who had received insulin for years was proved not to be insulin-dependent. However, when he returned to New York City in which he lived, he had to use insulin due to the car exhaust.

THE PATHOLOGICAL ELECTROMAGNETIC MISSING DIAGNOSIS

It is understood that live biological systems are electromagnetic. Magnetic and electric poles cannot be separated. Electric fields produce magnetic fields and magnetic fields produce electricity. They cannot be separated. Live biological cells pulse as an expression of their magnetic state. Live biological cells respond to a static magnetic field by pulsing. The pulsing magnetic state of cells which express their magnetic state can be driven by:

1. A static magnetic field, or
2. A pulsing magnetic field
3. Pulsing sensory (sight, sound, tactual inputs)

Despite the fact that the always present electromagnetic phenomena of living cells is basic knowledge, it is ignored in medical diagnosis and treatment. Medical texts do not have chapters or even paragraphs on the electromagnetic diagnosis of each disease compared to the normal electromagnetic functions of live biological cells. This electromagnetic pathology diagnosis would include magnetic polarity (positive or negative) magnetic gauss strength, pulsing frequency and pH, both local and systemic.

Understanding the electromagnetic diagnosis provides a major clue as to treatment. Immediate treatment for symptom relief would involve a correction of the electromagnetic pathology by appropriate exposure to a static or pulsing magnetic field. Longer term would be providing for appropriate nutrition and detoxification as well as avoidance of the environmental inputs that are evoking the pathology. The environmental inputs are such as allergies, especially to foods, addictions, especially to foods, and the identi-

fication of environmental enzyme toxins.

The value of the electromagnetic pathology diagnosis is that there are emerging a new energy medicine both from a diagnostic and a therapeutic standpoint in which there is more immediate symptom relief and an expanded version of what causes disease. Current technology makes it possible to proceed with an electromagnetic diagnosis. We need to focus on current technology capacity to provide us an electromagnetic pathology diagnosis. To achieve this, we need to access with instruments magnetic polarity, gauss strength, pulsing frequencies, pH (both local and systemic) and oxygen content (both local and systemic.) The sciences of electroencephalography and magnetic encephalography are providing valuable clues as to the relationship between electromagnetism and the disease state. It has been objectively observed that a negative magnetic field is anti-stress with pulsing fields below thirteen cycles per second. The higher the gauss strength, the slower the pulsing field. 8-12 is a relaxing, anti-stress state. A pulsing field of 2 cycles per second is deep, energy-restoring sleep. A pulsing brain field can be driven by a pulsing input. Sensory input such as sight and sound and tactiles can be used in driving the specific pulsing frequencies that are desired to be achieved. In any event, either a static field exposure or a pulsing field exposure or a sensory pulsing input can achieve the same results of driving the brain as specific magnetic states that relate to behavioral consequences. A static positive magnetic field will drive the brain beyond 12 cycles per second. The higher the gauss strength, the higher the frequency of the brain response. In pathological states, the pulsing frequencies are in the stress level beyond that of 12 cycles per second. These pathological states can be corrected by either a static or pulsing anti-stress level. Based on our current knowledge of the electromagnetic diagnosis of pathological states, we can deduce an anti-stress level of magnetism whether this be pulsing fields or static fields, to achieve our results of anti-stress reversal of the biological stress pathologies. It would be a considerable boon to therapeutic medicine to note specifically the electromagnetic diagnosis of specific conditions and reverse this with a corrective electromagnetic anti-stress input for immediate relief of symptoms. We need to also be able to repeat this electromagnetic diagnosis as a biofeedback mechanism demonstrating that we have indeed achieved an electromagnetic correction of the pathological state.

ACID-HYPOXIC FACTORS IN CANCER

Otto Warburg was given a Nobel prize for the discovery that cancer makes its adenosine triphosphate by the process of fermentation. Fermentation requires acidity and hypoxia in order to function in making ATP. Since acid-hypoxia is required for cancer to make its ATP, it is also observed to be the vulnerable point for the death of cancer. Cancer cannot survive in an alkaline-hyperoxia medium. It can't make its energy in an alkaline-hyperoxia medium. Therefore the answer for the reversal of cancer is a sustained alkaline-hyperoxia. This can be achieved with the use of a negative magnetic field since the biological response to a negative magnetic field is alkaline-hyperoxia.

Cancer dies 100% of the time in a sustained alkaline-hyperoxic medium. Since this is true, why is it that we cannot achieve 100% results of the reversal of cancer with the application of a negative magnetic field? The reason for this is not that cancer can survive in an alkaline-hyperoxic medium produced by a negative magnetic field, but that the subject sometimes brings to the therapy a state of non-survival. Important are nutritional needs, hydration needs, and functional level of survival for critical tissues such as bowel function, absorption of nutrients, liver function, respiratory function and obstructions of vital areas are important deterrents to success in any program. Pressure on the aqueduct for fluid flow between

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior the ventricles in the brain and spinal fluid is a must. A person cannot survive with hydrocephalus. Bowel obstruction is a great deterrent and some of those with bowel obstruction cannot survive the necessary surgery for the removal of this bowel obstruction. The attempt to keep the bowel open when it is largely closed with a tumor is a battle that most of the time is not won. Liver function depleted and obstruction of the bile flow are serious deterrents to survival. Obstruction of respiration with tumors in specific areas that compromise the amount of oxygen being received by the lungs is a serious deterrent which sometimes cannot be reversed fast enough for survival. Some of these are so obstructive that they would not survive surgery for the removal of the obstruction. So in spite of the fact that cancer dies 100% of the time in the presence of alkaline-hyperoxia produced by a negative magnetic field, the survival rate cannot be 100% since the subject does not bring to the therapy a biological survival capacity irrespective of what the treatment may be.

THE ACID-HYPOXIC FACTOR IN LOCAL AND SYSTEMIC INFECTIONS

Bacterial, viral, fungal, parasitic infections thrive in a slightly acid-hypoxic medium. A high acid state such as a pH of 2 will kill all cells whether bacterial, fungal, viral or parasitic. Therefore, the treatment with the high acid is not possible. Sustained alkaline-hyperoxia is itself a defense against invading microorganisms. There are other antibiotic factors not clearly understood, however, it is observed that infections will die in the presence of a sustained alkaline-hyperoxia response to a negative magnetic field. However, it is also observed that in an in vitro culture study, there is only a small antibiotic effect of a negative magnetic field. However, in vivo, in which the human body is responding to the negative magnetic field, there is a high level of antibiotic efficiency. Local infections can be treated locally with a magnet of suitable size and strength. A neodymium disc, 1" x 1/8" is ideal for the treatment of small skin lesions. A ceramic disc magnet 1-1/2" x 1/2" is ideal for the treatment of small skin infected lesions. Systemic infection requires systemic treatment using the bed composed of seventy 4" x 6" x 1" magnets and the super head unit composed of twelve 4" x 6" x 1" magnets.

THE ACID pH OF DEHYDRATION

Water is the great solvent and also makes it possible for soluble bicarbonates to maintain alkalinity. Furthermore, oxygen and water both are magnetizable and ionizable. They can both hold a negative magnetic field charge and a negative ion charge which has the common denominator of alkaline-hyperoxia. Frequently, ill people do not drink enough pure water. Water should also be without contaminants and it is preferred that it be water that has been charged up with a negative magnetic field and with negative ions. Eight glasses of pure water are a minimum. Ten glasses and sometimes more are needed to process the toxins out of the body. An ill person should count the number of glasses of water they drink a day. They cannot depend on thirst as the indicator of need of water. A human subject will die in the state of dehydration.

ACID pH FACTOR IN MAJOR MENTAL ILLNESSES

Symptoms of schizophrenia and manic depressive disorders calm down with 5 days of a fast and then emerge with stress tests of single foods. An acid blood pH will accompany the emergence of symptom production. These major mental disorders are found to be caused by brain injury by viral infections. Especially noted is Epstein-Barr, cytomegalovirus and human herpes virus #6. The acidity that is evoked by food allergies, addictions and toxicities attack the brain's viral injured areas. The type of symptoms relate to the specific areas of the brain that have been injured.

There are a spectrum of a lesser brain injuries which produce

symptoms in the same way. These are such as learning disabilities, hyperkinesis, lethargy, attention-deficit disorders, autism and so forth. All of these viral injured brain disorders are effectively treatable with a 4 or 7 day food rotation and avoidance of environmental chemicals to which they are found to be symptom reacting. Immediate symptoms can be managed by bitemporal placement of either ceramic or neodymium disc magnets. The viral infection can be killed by a super magnetic bed and a super magnetic head unit composed of four 4" x 6" x 1" ceramic magnets.

THE ACID HYPOXIC FACTOR IN INFLAMMATORY REACTIONS

Five days of avoidance will demonstrate that many inflammatory reactions will have either considerably calmed down or disappeared by the fifth day of a fast and again emerge when testing single foods or single exposure to environmental chemicals to which they have developed either an allergy addiction or a toxic reaction. This is true of neuritis, tendinitis, arthritis or any inflammatory reaction.

The treatment for inflammatory reactions is local negative magnetic field treatment for the local state of inflammation. When bacterial infections or viral infections are involved, the treatment should be a negative magnetic field systemic treatment of the super magnetic bed and super magnetic head unit. These microorganisms can be killed and their toxins can be enzymatically processed by the energy of a negative magnetic field.

THE ACID pH FACTOR IN AUTOIMMUNITY

Autoimmunities are customarily extensions of an initial allergy which extends the reaction to autoimmunity. Lupus is a good example. Five days of fasting and the lupus will considerably calm down. Usually by the 5th day of a fast, the butterfly affect across the face is now a brown color. Ecological testing of foods, chemical and inhalants will reveal which items are evoking the lupus symptoms. I have worked up a number of these cases. They have always responded to several items but they have all responded to gluten foods. The butterfly lesions on the face of a lupus patient become bright red when exposed to gluten foods. Other foods and chemicals can do this also but a reaction to gluten so far appears to be universal. Lupus patients should all be treated systemically as well as locally. Viral infections are suspected in lupus cases.

ACID REFLUX DISORDER

Acid reflux disorder exists because of maladaptive reactions to specific foods. These are in the nature of allergies, addictions and toxicity reactions. The important thing to understand is that this relates to specific isolatable substances and when these substances are removed, there is no acid reflux disease. To achieve this, there needs to be five days of a fast with test exposure to single foods. When these foods are withdrawn, the acid reflux disorder does not exist. Fortunately, they do not have to be withheld forever. Usually, there will be no reaction if the foods are rotated after three months of avoidance. The other method is to start the rotation immediately and treat magnetically ahead of each meal. A 4" x 6" x 1/2" magnet needs to be placed over the epigastric area pre-meal, for at least 30 minutes. For healing, a 4" x 6" x 1/2" magnet needs to be placed over the epigastric area. This should be held in place with a 4" x 52" body wrap. The more hours of exposure, the better. The negative pole facing the body will heal the injured mucous membrane of the stomach and low esophagus.

THE ROLE OF INSOLUBLE DEPOSITS IN DEGENERATIVE DISEASES

The insoluble deposits in degenerative diseases are:

1. Insoluble calcium deposits.
2. Insoluble amino acid deposits (amyloid).
3. Insoluble fat deposits.
4. Insoluble glycation deposits.

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5. Insoluble pigment deposits.

6. Insoluble carbonates containing hydroxyapatite deposits.

There is a central cause for these insoluble tissue deposits. In acid-hypoxia tissue state, these substances become insoluble. Acid-hypoxia is central to degenerative diseases. Biological health is dependent on a tissue state of alkaline-hyperoxia. The biological response to a static negative magnetic field is that of alkaline-hyperoxia. The biological response to a static positive magnetic field is acid-hypoxia. The human organism is an electromagnetic organism and of necessity, must maintain alkaline-hyperoxia. Much is known about the damage of acid-hypoxia and the necessary maintenance of alkaline-hyperoxia. It is characteristic of degenerative diseases that there will be both local and to some degree, systemic acid-hypoxia. There are many known causes for the development of acid-hypoxia, such as allergic reactions, addictive reactions, reactions to toxicity, heavy metal toxicity, infections of all types of invading organisms which are acidifying and so forth. To therapeutically prevent and treat degenerative diseases, each of these causes of acid-hypoxia must be assessed and appropriately treated.

INSOLUBLE CALCIUM DEPOSITS

It is documented that calcium is soluble at the normal alkaline pH of body fluids. It is documented that calcium becomes insoluble in an acid medium. Thus, it is observed that calcium can deposit around inflamed joints. Calcium becomes deposited in areas of stress where free radicals are not being processed rapidly such as in the lumbar spine where spinal stenosis develops with calcium depositing around the spinal cord and the nerves. Insoluble calcium becomes a part of the plaques in arteries. In any case, local or systemic, where acidity develops, calcium deposits occur.

AMYLOID DEPOSITS

It is documented that amino acids are soluble at the physiologically normal alkaline pH of blood and other body tissues. It is documented that amino acids become insoluble in an acid medium. These insoluble amino acids can be deposited anywhere the tissues are acidic. A fair percentage of diabetics have amyloidosis of the pancreas. It can deposit around nerves producing neuropathies. Insoluble deposits of amino acids occur in the brain which is given the title of Alzheimer's disease.

INSOLUBLE FAT DEPOSITS

Fat is soluble at the normal physiological alkaline pH of body tissues. It becomes deposited as insoluble fat deposits in an acid medium. Obesity is caused by insoluble fat deposits.

INSOLUBLE GLYCATION PRODUCTS

Glycation is a joining of glucose and other reducing sugars to protein. This is made possible by the presence of an aldehyde. The development of aldehydes are one of the products that develop if free radicals are not quickly processed by oxidoreductase enzymes. Oxidoreductase enzymes function only in an alkaline medium. In the presence of an acid medium, peroxides, oxyacids, alcohols and aldehydes are formed. The presence of the aldehyde makes possible the joining of sugars to protein. This insoluble product can occur anywhere in the body. Arteriosclerosis is due to glycation products and calcium deposits.

INSOLUBLE PIGMENT DEPOSITS

Insoluble pigment deposits occur in acid-hypoxic tissues. They can occur in response to damage which of course is maintaining acidity. The skin and the retina of the eyes are classic tissues where these insoluble deposits occur.

HYDROXYAPATITE INSOLUBLE DEPOSITS

With acidification of the aging process, the pineal gland accumulates concentrated deposits. These insoluble deposits have been determined to consist of carbonate-containing hydroxy apatite concretions. These insoluble concretions are the product of acidity and

are reversible by a sustained alkaline-hyperoxia produced by a negative magnetic field. Apnea caused by reduced melatonin production due to this insoluble concretion of the pineal gland is reversible after several months of nightly exposures of the pineal gland of a negative magnetic field.

TOXICITY OF INSOLUBLE PRODUCTS

Not only are these insoluble products produced by acidity, but they also are toxic, producing free radicals.

SOLUBILITY OF INSOLUBLE PRODUCTS

The answer to the reversal of these acid-produced insoluble products is that of maintaining a continuous alkaline-hyperoxia. This is achieved by a sustained exposure to a sufficiently strong and of a sufficient duration negative magnetic field with its biological response of alkaline-hyperoxia. Thus, all of these insoluble deposits are made soluble by the application of a static negative magnetic field.

THE ROLE OF ACID pH IN OSTEOPOROSIS

Osteoporosis is the most common of metabolic bone diseases. The most common forms of osteoporosis has an unknown cause. There are ten or more chronic metabolic diseases in which osteoporosis is present. There are four genetic disorders in which osteoporosis is present. There are seven common metabolic disorders with associated osteoporosis. These are all states of acidosis such as rheumatoid arthritis, diabetes mellitus, alcoholism, malnutrition and so forth. It is understood that in all these conditions, that acidosis is the common denominator. The human body is alkaline-hyperoxic dependent. It is understandable that osteoporosis will develop when acid-hypoxia is present. Robert O. Becker, M.D., Orthopedic Surgeon has demonstrated that bone healing will not occur in the presence of a positive magnetic field but will occur only in the presence of a negative magnetic field. The biological response to a positive magnetic field is acid-hypoxia and to a negative magnetic field is alkaline-hyperoxia. Thus again, it is observed that bone healing only occurs in the presence of alkaline-hyperoxia.

The calcium being deposited as insoluble deposits is drawn from the blood plasma. Calcium is drawn from the bones in order to maintain optimum serum calcium for metabolic functions. Thus, all the reasons for developing insoluble deposits due to acid-hypoxia also apply to osteoporosis. The answer to osteoporosis is to stop all these acid-hypoxic conditions and then treat the body systemically so that all bones are involved in a negative magnetic field. The optimum treatment for this is a 70-magnet bed of 4" x 6" x 1" magnets and also with a super magnetic head unit composed of twelve of these 4" x 6" x 1" magnets. Of course, nutrition must be optimized and it is wise to include in this specific supplementation of the nutrients needed for bone growth and repair. The maintenance of a negative magnetic field with the use of a negative magnetic bed is central to the repair of osteoporosis. Bone density studies should be repeated at yearly intervals until the desired bone density is achieved.

ALKALINE-MICRO-NEGATIVE ION WATER

Water is the universal solvent of all biological life. Water is the solvent carrier of nutrients to the cells and the solvent of toxins being discharged out of the body. Human cells must maintain an alkalinity. The most appropriate nourishing water is:

1. Negative ion charged water maintaining alkalinity
2. Small units of micro water with optimum hydrating value

There are naturally occurring alkaline-micro-negative ion waters from snow capped (glacial) volcanic mountains which contain the proper micro low atomic weight minerals and negatively charged hydrogen. Hydrogen, which is a proton, plus one electron is usually positive charged, however, the friction of solar rays from the sun which are hydrogen passing through friction of glacier and vol-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior canic material takes on a negative charge. Thus, hydrogen can be either positive ion charged or negative ion charged. In the presence of a positive static magnetic field, hydrogen is a positive charge. In the presence of a negative static magnetic field, hydrogen becomes a negative charge. The natural waters that occur are such as Hunsu water and Nariwa water coming from a volcanic snow capped mountain in Japan. All these therapeutic waters are alkaline-micro-negative ion waters. This special water can be made by electrolysis which is readily available. One of the features of these therapeutic waters is a change in the surface tension of the water which makes it a better solvent. Albert Roy Davis, Physicist, has documented that exposing water to a static negative magnetic field changes the surface tension giving it this quality of a better solvent and is more hydrating. Water exposed to a negative magnetic field does not change its pH. It's value is limited. Oxygen and water molecules do receive either a positive magnetic field or a negative magnetic field. When exposed to a negative magnetic field, this oxygen and water carries the negative magnetic field into the body. This water does have value. It is achieved by placing a negative magnetic field over the water. Ideal is a 4" x 6" x 1/2" ceramic block magnet with a jug or glass of water placed over the negative pole of this magnet. Patrick and Gayle Flanagan, Biochemists, have been studying alkaline-micro-negative ionized water. The Hunsu water contains negative hydrogen atoms that contain clusters of extremely low atomic weight minerals which develop a cloud ring with a negative magnetic charge. These minerals become a colloid cloud ring of minerals and electrons termed a zeta potential. The entire cloud carries a negative ion charge.

It is recommended that alkaline-micro-negative ion water be used either as a natural occurring water or electrolysis-produced or at least minimally of placing the water on the negative magnetic field of a static field magnet.

Metabolic Degenerative Disease Magnetic Protocol
**MAGNETIC PROTOCOL FOR MAINTAINING
 OPTIMUM ALKALINE-HYPEROXIA**

ORIENTATION:

Maladaptive reactions to foods, chemicals and inhalants evokes a physiological response of acid-hypoxia. This acid-hypoxia state produces an array of physical, emotional and mental symptoms depending on the area of the body where the acid-hypoxia is the highest. A period of five days avoidance of foods and chemicals to which the subject is exposed to reverses the chronic symptoms and acute symptoms occurring upon exposure to the offending substance. Within the five days, there is a clearance of symptoms that emerge when exposed to specific substances. This ecology examination discovers the specific substances evoking specific symptoms. Thus, it can be determined which substances evoke a hyperglycemia diabetic reaction, which evokes symptoms in muscles, joints, skin or other body systems. These maladaptive reactions are in the nature of allergies, addictions and enzyme toxic reactions. Acute symptom reactions are the precursors of chronic symptom reactions identified as chronic degenerative diseases. Initial avoidance of the foods or other substances evoking symptoms reverses the disease process. Tolerance increases as avoidance is continued and at three months, substances can be tolerated if rotated on a four or seven day basis.

The metabolic degenerative diseases are diabetes mellitus type II, cardiovascular disorders, essential hypertension and disordered lipid metabolism. In the early stage of these metabolic diseases, the term metabolic syndrome is used which consists of minimal evidence of these metabolic disorders occurring years before the diseases have progressed to the stage of clinical significance. Long term studies demonstrate that the early stage evidences of these

metabolic diseases are significant and are indeed the hallmark of the metabolic degenerative diseases which will in time develop. The best treatment is to start ecologic and magnetic treatment at the early stages of these diseases thus preventing the development of these metabolic degenerative diseases. This treatment must combine both ecologic factors of maladaptive reactions from specific substances producing acid-hypoxia and the magnetic treatment that reverses these diseases.

TREATMENT FORMAT

A minimal treatment of having diagnosed these maladaptive reactions by an ecologic examination involving a fast and test exposure of stress testing to single substances. Both foods and chemicals can produce symptoms in many people. If they will honor these maladaptive reactions by avoidance and spacing, they will not develop a metabolic degenerative diseases.

Minimal treatment using magnets:

In the early stage of the metabolic syndrome disorder, magnets can be used to reverse these minor metabolic disorders by adding magnetic treatment to the four or seven day rotation diet along with adequate nutrition, even if need be, by supplementation. This could be determined by specific testing as to the nutritional state of the subject. The subject could sleep on a magnetic bed composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8" placed an inch and one-half apart. Along with this, use the Vitality Sleeper which is magnets placed in a wooden carrier up against the headboard. These magnets are 4" x 6" x 1" placed one inch apart. These magnets can be raised or lowered as the case may be. The most fundamental way of reversing any of these maladaptive reactions is to treat the brain, the heart and the liver pre-meal.

Optimal program:

A super magnetic bed composed of seventy 4" x 6" x 1" ceramic block magnets. Thirty-five of these are placed in a wooden carrier 36" square. Two of these wooden carriers are placed end to end producing a bed 36" x 72". Place over this a suitable 2" foam pad or futon.

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

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

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

One 2" x 26" band.

INFORMATION NEEDED:

Magnet Therapy book

Energy Medicine quarterly

The Ultimate Non-Addiction, Non-Stress Diet quarterly

Metabolic Syndrome quarterly

Cardiovascular Diseases quarterly

Major Mental Disorders quarterly

Diabetes Mellitus. A Reversible Disease quarterly

Emotional Disorders quarterly

PLACEMENT AND DURATION:

For the minimal program, rotate the foods on either a four or seven day basis. Provide adequate nutrition as demonstrated by laboratory testing. The 4-day diversified rotation diet is in the quarterly, *The Ultimate Non-Addiction, Non-Stress Diet*. The 7-day rotation diet is in the quarterly, *Metabolic Syndrome*.

The minimal program plus minimal magnet therapy consists of the rotation diet, appropriate supplements plus sleeping on a magnetic bed composed of mini-block magnets and a Vitality Sleeper head unit which supplies a magnetic field to the crown of the head.

The optimal program which should routinely be used if the

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior disease has progressed to a clinically significant stage are composed of the super magnetic bed and the super magnetic head unit. The rotation diet and appropriate supplements need to be continued as a lifestyle. This super magnetic bed is needed to reverse lipid metabolism and aid in the repair of tissues such as kidneys, heart, liver, eyes and so forth. When the heart is involved in any dysrhythmia, plaque formation or arteriosclerosis, then place a 4" x 6" x 1/2" magnet over the heart 24 hours a day if needed to reduce symptoms but especially at night. Hold this in place with a 4" x 52" body wrap. Always use a negative magnetic field facing the body. Place the 6" lengthwise the body over the heart. For carotid stenosis, use the 1-1/2" x 1/2" disc magnets - each one over a carotid artery. Hold in place with a 2" x 26" band. The more hours of exposure, the better. The 4" x 6" x 1/2" magnets can be used anywhere on the body that has symptoms. Always use the negative magnetic field. The more time of exposure, the more efficient the treatment. The 4" x 6" x 1/2" magnets can be placed over the kidneys for healing. Hold in place with a 4" x 52" body wrap. The brain with arteriosclerosis will be treated with the super magnetic head unit.

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

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

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

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

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

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

NEGATIVE ION HOUSEHOLD AIR TREATMENT

The biological response to negative ions and negative magnetic fields are the same. The biological response to negative ions and a negative magnetic field is alkaline-hyperoxia. Alkaline-hyperoxia is anti-inflammatory, anti-stress, antibiotic, energizing

and aids in healing. Negative air ions plus a small amount of ozone in the air cleans the air from dust, microorganisms, pollen, smoke, chemicals, odors and so forth. Negative ions in the air clean up the environment whereas a negative magnetic field is used on the body to achieve the same values inside the body. Thus, negative air ions, negative water ions and a negative magnetic field are complementary and should be used together to achieve optimum results.

AIR NEGATIVE ION GENERATORS

LIVING AIR CLASSIC

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

ECOHELP

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

LIVING BREEZE

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

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

ALKALINE MICRO NEGATIVE ION WATER:

Alkaline micro negative ion water helps materially to maintain the body's normal alkaline state. Also, being micro water, it enters into the cells of the body more readily than the usual water. This also carries negative ions as well as being alkaline. The AKAI Electrolysis Instrument is used for producing the alkaline micro negative ion water. At least five glasses of this water should be used each day.

NARIWA WATER:

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

POLARITY:

Always use a negative magnetic field facing the body.

RESEARCH CONSIDERATIONS:

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

BEYOND MAGNETISM

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

A majority of people are maladaptively reacting in one or more ways to foods, thus producing bouts of acidosis and reduced oxygen. It is the better part of wisdom to follow a 4-Day or 7-Day Diversified Rotation Diet. This program leaves out foods that are used as frequently as twice a week or more for a period of three months. This is based on the assumption that these foods are being reacted to in some maladaptive way. It is the frequency of the use that produces the maladaptive reactions. A 4-Day or 7-Day Diversified Rotation Diet is set up to leave out these frequently used

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

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

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

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

FINAL WORD

The human body is dependent on maintaining alkaline-hyperoxia. All the enzymes of the human body are alkaline-dependent except those of the mouth and the stomach. A negative magnetic field is an enzyme energy activator of oxidoreductase enzymes in particular and other enzymes along with ATP as an energy activator. The biological response of acid-hypoxia is present as the pervading common denominator of maladaptive reactions to foods, chemicals, inhalants and toxins. The maintenance of alkaline-hyperoxia is necessary for the reversal of allergies, addictions and toxicities. Fortunately, the biological response to a negative magnetic field and negative ions is that of alkaline-hyperoxia. Furthermore, it is fortunate that the chronic exposure to a negative magnetic field and negative ions can be maintained. The reason for the development of primary diabetes mellitus type II was unknown until I did a project of a 5 day fast followed by stress single exposure to foods, chemicals and inhalants while at the same time, monitoring before and after exposure, that of blood sugar and blood pH. The cause of maturity onset type II diabetes mellitus is demonstrated to be maladaptive reactions to foods, chemicals and inhalants, but especially to foods. When these maladaptive hyperglycemic and pH acidifying reacting substances are removed there is no diabetic reaction. A 4 or 7 day diversified rotation diet has been demonstrated to be the central reversal technique of primary diabetes mellitus type II. This is easy enough that a well-oriented subject can do their own testing. Unfortunately, doctors, including specialists in diabetes, are not taught the technique of demonstrating the foods and substances that evoke the diabetes mellitus. Diets leaving out glycemic foods, eating largely of alkaline-forming foods or relying on some zone theory about foods, does not reverse diabetes mellitus, type II. However, avoidance, spacing and magnetic treatment with its alkaline-hyperoxic production does reverse diabetes mellitus. Furthermore, a negative magnetic field producing a sustained alkaline-hyperoxia, effectively treats arteriosclerosis, atherosclerosis, neuropathy, amyloidosis and reverses other insoluble deposits produced by a local acid state. A negative magnetic field kills local and systemic invading microorganisms. A negative magnetic field with its alkaline-hyperoxic response can reverse the mental and emotional symptoms of major mental and emotional disorders. A negative magnetic field reverses biological stress states so that symptoms are relieved. Appropriate therapy requires the stopping of the inputs producing acid-hypoxia and replacing the acid-

hypoxia with the alkaline-hyperoxia produced by a response to a negative magnetic field. This is universally true of inflammations, infections, metabolic degenerative diseases and mental and emotional states. A negative magnetic field has universal value in not only immediately relieving symptoms but also in reversing the chronic degenerative disease process. The biological response to a negative magnetic field is that of alkaline-hyperoxia which is needed for the maintenance of health and the reversal of metabolic degenerative diseases, infections, inflammations, physical injuries and tissue deposits of insoluble substances.

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