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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. Becker<sup>2</sup> documented the separateness of the positive (north-seeking) and negative (south-seeking) magnetic fields. The positive (north-seeking) magnetic field is the signal of stress injury. The negative (south-seeking) magnetic field governs healing and normalization of biological functions. In terms of neuronal response, the positive (north-seeking) magnetic field is exciting and when sufficiently high such as during sun flares, can even precipitate psychosis in those so biologically predisposed. The negative (south-seeking) magnetic field is neuronal calming and encourages rest, relaxation, sleep and when sufficiently high in gauss strength, can produce general anesthesia. Robert Becker anesthetized his small experimental animals with a negative (south-seeking) magnetic field.

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

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#### **SINGULAR BIOLOGICAL RESPONSE TO SINGULAR MAGNETIC POLE FIELDS**

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

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

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

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

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

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

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

## **MAGNETIC FIELDS BIOLOGICAL RESPONSES UNIVERSAL TRUTHS**

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

### **1. Centrad and centrifugal atomic energy expressions.**

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

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

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

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

### **2. Centrad and centrifugal weather energy expressions.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22. Cancer cells have a positive magnetic field charge.

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

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

has a non-stressful low pulsing frequency.

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

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

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

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

## 26. IMMUNOLOGIC RESPONSES TO OPPOSITE MAGNETIC FIELDS

A. Substance + Positive magnetic field .....>sensitization.

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

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

## 27. ENZYMATIC RESPONSE TO OPPOSITE MAGNETIC FIELDS

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

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

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

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

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

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

### 28. HEAVY METAL DETOXIFICATION

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

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

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

### 29. POSITIVE MAGNETIC FIELD NEUROPATHY

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

### 30. NEGATIVE MAGNETIC FIELD HEALING OF NEUROPATHY.

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

### 31. OPTIMIZING THYMUS GLAND DEFENSE

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

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

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

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

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

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

### 33. MAGNETIC FREE ENERGY.

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

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

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

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

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

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

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

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

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

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

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

**The Physiology of Biomagnetics**

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

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

**Biological Responses to Separate Magnetic Fields:**

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

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

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

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

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

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

**pH Biological Response to Separate Magnetic Fields**

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

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

<p>A positive magnetic field is a signal of injury sent to the brain.</p>	<p>The brain receives the signal of injury as a positive magnetic field and returns the signal of a negative magnetic field</p>
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No healing-repair can occur due to the positive magnetic production of acid-hypoxia.

Healing-repair requires alkaline-hyperoxia for oxidative phosphorylation production of ATP. A negative magnetic field biological response to a negative magnetic field is alkaline-hyperoxia.

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

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

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

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

**Biological Source of Magnetism**

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

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

**Examples of Biological Produced Magnetism**

Four Oxidoreductase enzymes

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

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

**Secrets of Negative Magnetic Field Therapy**

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

no matter why they are present.

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

Oxidoreductase enzyme,  
 Superoxide dismutase  
 enzyme in an  
 alkaline medium

Superoxide Free Radical \_\_\_\_\_>Hydrogen Peroxide  
 (H<sub>2</sub>O<sub>2</sub>)

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

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

Alkaline-medium electrostatic field or negative magnetic field

**The Role of Magnetics In Enzyme Function**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dear Doctor:

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

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

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

Sincerely,

William H. Philpott, M.D.

#### **Magnetic Therapy**

Medical Supervised Research

VS.

Self-Help Treatment

#### **Medical Supervised Research**

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

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

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

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

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

405/ 390-1444 Fax 405/ 390-2968

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

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

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

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

Address:

Date:

William H. Philpott, M.D.

17171 S.E. 29th

Choctaw, Ok 73020

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405/ 390-1444 Fax 405/ 390-2968

**THE MAGNETIC RESONANCE THERAPEUTIC  
RESEARCH PROJECT:**

**PATIENT'S AGREEMENT FOR RESEARCH**

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

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

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

Address:  
Date:

**SELF-HELP TREATMENT RESPONSIBILITY**

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

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

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

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

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

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

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

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

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

Therapeutic research format available:

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

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

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

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

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

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

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

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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**Universal Sensitivity Reactions**  
from the *Magnetic Health Quarterly*  
"Universal Sensitivity Reactions" Vol. IX, 4th Qtr, 2003

by **William H. Philpott, M.D.**  
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Choctaw, OK 73020  
405/390-3009 Fax: 405/390-2968  
[polarp@flash.net](mailto:polarp@flash.net)

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

**MEDICAL SUPERVISION IS RECOMMENDED**

**MAGNETIC PROTOCOL**

The Interface Between Vitamin C & Magnetic Fields  
Vitamin C facilitates the maintenance of a negative magnetic  
energy pool

**ANN'S SUCCESS STORY**

Ann has a chronic severe multiple chemical sensitivity. Marked weakness is a major symptom. She has faithfully pursued the systems of several expert environmental and toxicological specialists. She has found Far-Infrared Sauna therapy to be of appreciable value. When she added magnetic therapy, there was marked improvement in symptom reduction. A more optimal value is increased strength and reduced symptoms even when exposed to an assortment of chemicals when she sleeps on the negative field of a 70-magnet bed.

When on vacation away from her 70-magnet bed, her weakness and symptoms returned. Upon returning to the magnet bed, her strength promptly returned and the symptoms faded. Her health requires the nightly use of the 70-magnet bed.

Ann's story is a case of chronic oxidoreductase enzyme toxin inhibition that cannot be managed by mere avoidance of the initiating chemical enzyme toxins but can be managed by a nightly negative magnetic field activation of her oxidoreductase enzymes.

The following is a letter that Ann wrote to me.

Re: The 70-Magnet Bed To whom it may concern,

My chemical sensitivities began back in 1983 and by the time I located Dr. Philpott for help in 1985, I had become a 'universal reactor'. After one year, eighty ozone IV's, a strict rotation diet, along with removal of my silicone breast implants, I still was very chemically reactive. The ozone had brought down my pesticide level considerably, as had EDTA chelation which removed much of the lead poisoning in my body, but still I could not function at all in 'the real world'.

This is when Dr. Philpott realized a new approach was needed and he began to investigate the possible use of magnets. I had instant success wearing them in the head band of my hat. From then on, I was at all times wearing magnets on various parts of my body as well as sleeping on twenty 4" x 6" x 1/2" magnets at night - not too comfortable, but definitely symptom-relieving.

For many years, I managed to survive in this manner until Dr. Philpott invented the 70-magnet bed which changed my whole life, as now my entire body is captured nightly in a strong, healing magnetic field.

After three months, I was almost symptom-free of chemical and electromagnetic field sensitivities. However, I am still cautious about my diet - an all organic rotation diet - and walk three miles on the beach every day.

There is only one drawback to this treatment. When I leave the 70-magnet bed to stay at my house in the Bahamas, I do not do so well after a few weeks and must return early to rejuvenate myself again with strong, negative magnetic therapy. It works!

Ann Lloyd

Deerfield Beach, Florida

**KARL'S SUCCESS STORY**

Karl was a young man with the delusion that he was Jesus Christ and that his father was God, the Father. These delusions consistently developed when operating a propane fueled forklift in an enclosed apple cooler warehouse. In his psychotic state, he was hospitalized in a psychiatric hospital where he became a party to a research program examining mental patient's development of symptoms on exposure to environmental substances such as foods, chemicals and inhalants. By the fourth day of avoidance of foods, chemicals and inhalants, he was mentally normal. A systematic blind exposure to car exhaust fumes and an array of other petrochemical sources all evoked his delusion of being Jesus Christ and of his father being God. Deliberate food testing of single foods evoked physical symptoms. Wheat evoked depression but only petrochemicals evoked his delusions.

His program consisted of avoidance exposure to petrochemical hydrocarbon sources and a four day diversified rotation of his foods along with optimization of his nutrition. He was symptom-free for a period of 18 years. When his neighbor tarred his roof with a hot, smelly tar, he again became psychotic. This time, he thought someone was trying to kill him and he was going to find them first. For several weeks, he was kept at home with two male attendants around the clock. The hope was that the symptoms would clear from his massive exposure to the petrochemicals in the tar from the neighbor's roof. He did not clear. Super neodymium disc magnets which are 1" x 1/4" were placed bitemporally. Within 10 minutes, his mental symptoms cleared. He carries these magnets with him and whenever he is exposed to petrochemicals such as car exhaust and feels himself becoming tense, he places these disc magnets bitemporally and his symptoms disappear. His psychotic symptoms have never returned. It has now been eight years that he has been symptom-free.

His original hospitalization which reversed his original psychotic state cost \$30,000. These two magnets cost \$55 each. This time, his psychosis was reversed for \$110.

**Sharon's Success Story**

**Chronic Fatigue Syndrome**

I wrote a magnetic research protocol for a woman who, for the past 20 years or more had been having a chronic fatigue syndrome episodically in response to petrochemicals, other chemical exposures or to common allergens. She had extreme episodes of weakness when she was unable to stand or even talk. She had described these as catatonic episodes although they did not have the mental disorder that is sometimes seen with catatonic episodes. A study in 1991 revealed a high titer to human herpes viruses #6, Epstein-Barr virus and rubella. I believed that her problems stemmed from these viral infections and that her reactions to foods, chemicals and inhalants were secondary to the injury that had occurred from these viral infections. Of course, it was very important for her to avoid whatever she was reacting to. It was imperative that she follow a 4-Day Diversified Rotation Diet and that she also treat herself with magnets prior to eating foods. When she did have a symptom, she would treat her brain or any other area of her body that may have had a pain or malfunction with magnets.

**Treatment Results**

She sleeps on a 70-magnet bed composed of magnets that are 4" x 6" x 1" placed 1" apart. Thirty-five of these magnets are placed

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** in two wooden carriers that are 36" square. When placed end-to-end, they make a single bed of 36" x 72". She rotates her foods. She uses Far Infrared sauna treatments also.

Her response to Far Infrared Sauna treatment has been most remarkable. Before the treatment, she was so weak that she could only whimper and was too weak to walk. Within 2 minutes of exposure to the infrared sauna, her strength returned. Using the magnet bed combined with the Far Infrared sauna treatments, she has made a remarkable recovery.

#### DYNAMIC FUNCTION OF ENZYMES

##### What Magnetic Therapy Is

##### What Magnetic Therapy Does

Magnetic therapy is the energy activation of enzymes.

##### What Are Enzymes?

There are thousands of enzymes in the human body, each with a specific function. We digest our foods with enzymes. Enzymes are used to process the food as nutrition for the production of biological energy. Enzymes are composed of vitamins, minerals, amino acids and fats. When we are deficient in these building blocks of enzymes, diseases result. This is why nutrition is so important and has taken a central role in health maintenance and reversal of degenerative diseases.

##### What Are the Functions of Enzymes?

Enzymes have the ability to add electrons or subtract electrons without injury to the enzyme. Enzymes are either acid-dependent or alkaline-dependent. Most of the enzymes in the human body are alkaline-dependent. Only those in the mouth and the stomach are acid-dependent. Alkaline-dependent enzymes will not function in an acid medium. The acid is a toxin to alkaline-dependent enzymes. Many of the toxins that inhibit enzyme function in the human body are acids. Examples are insect stings and reptile bites. Free radicals produce acids. Heavy metals produce free radicals. Many of the agricultural and industrial chemicals that we are exposed to form free radicals and thus form acids. Many enzymes in the human body are activated by adenosine triphosphates (ATP). Thus, they are designated as ATP-dependent enzymes. There are other enzymes in the human body that are not ATP-dependent. These are called oxidoreductase enzymes. The oxidoreductase enzymes are categorized according to their specific function. They are 1) dehydrogenases, 2) hydroxylases, 3) oxydases, 4) oxygenases, 5) peroxidases, and 6) reductases. The end result of these oxidoreductase enzymes is molecular oxygen and water. Four of these oxidoreductase enzymes are necessary for the production of ATP from food sources. These oxidoreductase enzymes process free radicals, acids, alcohols, aldehydes and peroxides. They not only produce energy in terms of ATP, they also handle the metabolic process of the end results of oxidation reduction. Their product is molecular oxygen and water which is not inflammatory.

##### How Enzymes Are Activated

Many enzymes in the body are activated by ATP which is made by oxidoreductase enzymes which are not ATP-dependent. Thus, oxidoreductase enzymes become the source of the ATP energy activation of many enzymes in the body. This ATP is not the only activator of enzymes but is a main source. A negative magnetic field will activate these enzymes and even these ATP-dependent enzymes are activated by a negative magnetic field associated with the ATP. The substrate is identified as the substance that is being changed by the enzyme. There is an electromagnetic attraction between substrates and enzymes. However, this attraction is at areas termed dipoles. This attraction is not in itself capable of making the enzyme and the substrate join for the catalytic reaction. The mechanism by which oxidoreductase enzyme joins the substrate is through this dipole attraction moving static electrons that are inherently in

us and around us. When the movement of electrons occur, a magnetic field is produced. In the case of oxidoreductase enzymes, this is a negative magnetic field. These are alkaline-dependent enzymes and in an alkaline medium it is a negative magnetic field that is formed. Magnetic therapy is that of providing an external source of a negative magnetic field which provides for the movement of electrons between the enzymes and substrate so that a catalytic reaction occurs. This catalytic reaction can be the production of ATP from food sources. It can be the detoxifying value of free radicals and their product of peroxides, oxyacids, alcohols and aldehydes or external source of toxins which can be acids or any other substance that can turn into a free radical or an acid and thus become an enzyme toxin. The oxidoreductase enzymes process all of these enzyme toxins. When the toxic substances are in a heavy amount, they will block the oxidoreductase enzyme detoxifying capacity. By adding an external source of a negative magnetic field, this will activate the oxidoreductase to do their energy production of ATP and also activate their detoxification process. This is essentially what magnet therapy is. That is, it is activation of oxidoreductase enzymes to do their job of making ATP and detoxification. A negative magnetic field can activate an oxidoreductase enzyme that otherwise is overwhelmed, thus inhibited by the toxin.

There are enzymes that are acid-dependent. These acid-dependent enzymes are termed transferases. They are present in cancer, microorganism infections and inflammation. A negative magnetic field not only activates the oxidoreductase enzymes to make ATP and detoxify but also they block the acid-dependent transferase enzymes that are present in cancer, infections and inflammation. This is why a negative magnetic field application is so valuable in such a broad spectrum way which can reduce soreness, inflammation from any source, kill microorganisms that invade the body and kill cancer. The application of a negative magnetic field is a most remarkable therapy. A negative magnetic field is anti-stressful as shown by the electroencephalogram. Placing a negative magnetic field on the head can calm the brain down, stop major mental disorder symptoms, minor emotional symptoms and reverse the brain response to toxins.

Unfortunately, for many years, medicine has ignored the fact that oxidoreductase enzymes need an activator. They considered if the enzymes were in adequate supply through nutrition that they would automatically function. This is not true. They have to have an energy activator. An external source of a negative magnetic field is the energy activator of oxidoreductase enzymes. We do not have to wait for the chance of the use of static electrons in the environment to activate these enzymes. We can do this with a negative magnetic field. Magnetic therapy is so effective in such a broad spectrum of situations that initially it sounds to most people like a cure all. But, the fact is, it works in this broad spectrum of cases.

##### Magnetic Therapy, Pre-meal

The biological response to a negative magnetic field is that of alkaline-hyperoxia. The oxygen comes from the release of the oxygen that is bound in the many toxic substances. Thus, the application of a negative magnetic field is completely non-toxic and never produces any side effects. For years, I used soda bicarb and the breathing of oxygen to relieve symptoms when I had evoked them by deliberate food testing. Albert Roy Davis, Physicist, had demonstrated that the biological response to a negative magnetic field is alkaline-hyperoxia. This is what I was doing. I was alkalinizing the patient and providing them oxygen to breathe. Oxygen is always deficient in an acid medium. The symptom reactions to foods and chemicals were always associated with a demonstrated acidity in the blood. I found that using a negative magnetic field was even more predictable than the use of alkalinizing agents and the breath-

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ing of oxygen. Therefore, I changed from that of providing alkalization and oxygenation to that of relieving the symptoms of a negative magnetic field. The symptoms of degenerative diseases are the same as the acute symptoms evoked during deliberate food testing. It is simply an extension in time of these same symptoms into a chronic state. I demonstrated that I could relieve the symptoms of acute maladaptive reactions during deliberate exposure testing. I then extended this to the relief of chronic diseases. Furthermore, I not only could relieve the acute symptoms evoked during testing exposure, but I could also put the same magnets on the head or other parts of the body for one-half hour before the exposure test and there would be no symptoms produced. Therefore, I have come up with a technique of exposing the subject to a negative magnetic field using discs for the brain and larger magnets for the heart and the liver. I do this negative magnetic field exposure before the foods are eaten on a rotation basis and thus symptoms are prevented. Originally, I would leave the symptom reactive foods out for a period of three months. 95% of the time, these could be returned to the diet on either a four or seven day basis without symptoms occurring. However, with the magnets, I can provide these magnets ahead of a meal and prevent the symptom from occurring, therefore, we go directly to a rotation diet of either a four or seven day basis with magnets ahead of the meals. By three months, the desensitization has occurred and the foods can continue to be rotated without the magnets ahead of meals. However, if a person is going to eat a meal out and not pay attention to the rotation diet by using the magnets ahead of the meal, they can proceed without symptom production. This is really a very remarkable discovery.

#### SOURCES OF UNIVERSAL REACTIONS

A universal maladaptive reactor is a most miserable person, seemingly maladaptive reacting with symptoms to a large assortment of environmental contacts such as foods, environmental chemicals, environmental allergens, autoimmune reactions, infectious agents and so forth. They often present with multiple neurotic and physical symptoms. They present with overwhelming weakness, anxiety and fears that they will react as well as muscle, tendon, facial and joint pains. They have reacted so frequently, and often violently falling to the floor, that they live in a fear that they will react to some chemical or allergen. This is a most miserable state. The reactions are so universal that the physician doesn't know where to start to discover what he can do for his patient's relief. Instead of being dismissed as neurotic or sometimes even psychotic, this universal reactor deserves a broad spectrum study of the multiple factors that may enter into their miserable state.

#### A LIST OF DIFFERENTIAL DIAGNOSIS

##### CONSIDERATIONS

- Multiple food allergies
- Multiple food addictions
- Reactions to multiple foods, cosmetics and house heating systems
- Car exhaust
- Pesticides
- Fabrics
- Multiple infections, especially Epstein-Barr, cytomegalovirus or human herpes virus #6, Candida,
- Lyme's disease
- Low thyroid function with low temperature
- Low adrenal function
- Autoimmunity
- Insomnia
- Dehydration
- Imbalance of essential fats
- Diabetes mellitus disease process

#### MALADAPTIVE FOOD REACTIONS

Allergic reactions to foods of the IgG type are frequent and often unsuspected. IgG has a delayed type of reaction in which when first contacting this food there is a relief state. Three or more hours later, there is a symptom state. Because the very food to which they are allergic can give relief, it is unsuspected as the cause. I have run antibodies on thousands of cases demonstrating that these allergic food reactions are present, not just from the fact that we can isolate these food reactions after a five day fast but also the antibodies are there.

Food addiction without antibodies is very common. Both the food allergies and the food addictions are based on the frequency of contact so that either antibodies are formed or addiction without antibodies is formed. An addiction has the quality of initial relief followed by a withdrawal phase three to four hours later. There is no good way for the differentiation between food allergies and food addictions since they behave alike. It is quite likely that both qualities are present in allergies and addictions to the same foods, although we know you can have the addictive reactions without antibodies. The traditional allergy specialty has erred in missing the subject of food addiction and unfortunately even food allergies are often treated lightly. A desensitization process using injection therapy has little value in either food allergy or food addiction. Avoidance always works and should be the main treatment for consideration of food allergy and food addiction. Five days of avoidance of foods, or the five days could be only foods that are seldom used such as watermelon, fish or otherwise, reverses both food allergy and food addiction so that within an hour there is the emergence of symptoms when feeding this food as a single test meal. Associated with this is the emergence of acidity both demonstrated in the blood and saliva when symptoms occur. Therefore, we know this is an acidic state which would also be a low oxygen state. Acid-hypoxia is the result of a maladaptive reaction, be these allergies, addictions or toxicities. The treatment of choice is initial avoidance for three months and the setting up of either a four or seven day rotation of foods. In three months, 95% of the time, the foods can be returned to the rotation diet without symptoms emerging. Fortunately, I have discovered that treating the subject with a negative magnetic field ahead of the food used on a rotation basis can block the symptoms. In varying degrees, there emerges hyperglycemia with the food reactions.

Toxins are frequently in the foods. With our present day agricultural program, residual insecticide sprays can be in the foods. Certain foods inherently contain inflammatory reactions. The nightshade family which are tomatoes, potatoes and eggplant contain inflammatory chemicals that when frequently used can set off inflammation. Foods containing fatty acids, some of which are inflammatory such as omega 6 or hydrogenated fats. It is easy to have an inflammation because of the imbalance of inflammatory omega 6 and anti-inflammatory omega 3 and omega 9.

#### MULTIPLE REACTIONS TO CHEMICALS

##### Low Thyroid

Frequently, the subject with multiple reactions has a low thyroid with a resulting low temperature. Enzymes are not only pH-dependent, they are also temperature-dependent. Therefore, the person with low thyroid does not have optimum enzyme function. Often, there is no particular problem with the thyroid gland itself but it is a non-specific low thyroid function which relates to the chronic stress that the subject is under. Sometimes there is evidence of autoimmune reaction to this thyroid which is most likely based on a viral infection such as Epstein-Barr, cytomegalovirus, human herpes virus #6 or other infections. What we have interestingly observed is that when a total magnetic treatment is used, the

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#### Low Adrenal Function

This is not classically Addison's disease but a stress reaction in which the adrenals become exhausted. This is secondary to, but a part of the universal symptom response syndrome. When the stress of the responses are reduced, adrenals have a chance to return to normal function. Also, adrenal function can be an autoimmune reaction. The magnetic treatment for this is a total body treatment of the super magnetic bed and super magnetic head unit. The adrenals can profitably be treated from anywhere from 5-15 minutes, not to exceed 30 minutes at a time. Place a 4" x 6" x 1/2" over each kidney/adrenal area using the positive magnetic pole. Do this in the morning before starting the day's work. Do this again in the early afternoon, if need be. The use of the positive magnetic field will stimulate the adrenals to pour out hormones and reinstate their function.

#### Infections

The universal reactor characteristically is carrying infections which is part of the problem. Not only the infections, but their toxins. The human herpes family of viruses is commonly present - this is Epstein-Barr, cytomegalovirus or human herpes virus #6. These infect the immune system. These are lymphotropic viruses and like lymphocytes. The B-lymphocytes make antibodies, therefore there is a disordered immune system in the presence of these infections. They are also neurotrophic and like neurones, therefore they affect the neurone system, both central and peripheral. These viruses do not die. Approximately 80% of the adult public have these viruses and many are suffering from the effects of these viruses. Even lymphoma cancers are known to be initiated by these viruses. These viruses do not die. They do make stealth adaptation in which the immune system no longer responds to them. They can be present and cultured even when the body has no antibodies. These viruses will die in the presence of a negative magnetic field. An example of this is shingles caused by herpes zoster which are the viruses that continue to survive after having chickenpox as a child. Often shingles does not appear until a person is in later years and the immune system is lagging. Treating directly over these viruses, wherever they are, such as on the rib cage and at the same time treating the thoracic spine where the viruses have been hiding in the neurones will kill these viruses and there is then no longer episodes of shingles occurring and there is no lingering neuralgia symptoms. Also, herpes simplex 1 occurring on the lips and herpes simplex 2 in the genital area can be treated the same way and once treated for about two weeks with magnets, there is no longer any more episodes of these viruses. To treat these viruses systemically, a super magnetic bed composed of the 4" x 6" x 1" magnets is used. These subjects frequently have Candida -- women in the vagina and men or women in the low colon. Sometimes they invade the sinuses, sometimes the mouth and occasionally the lungs. These are all effectively treatable with a negative magnetic field. This is so effective there is no need for any medication to treat this or other fungal infection. We should always consider Lyme's disease. It gives multiple symptoms including weakness. There are other infections to consider.

#### Autoimmune Reactions

Autoimmune reactions should be considered. An ANA test is wise to do. Autoimmunity may affect the body in general but also, specific tissues may be affected. Sometimes the tissue involvement such as in lupus is not too prominent and even though they have the disease it cannot be particularly related to a classic tissue disorder. The treatment for autoimmunity is that of the super magnetic bed and head unit plus stopping the input of what may trigger the

autoimmunity, particularly considering foods or maladaptive reactions to chemicals and toxins, particularly chemical toxins.

#### Insomnia

Insomnia is often present in this general multiple maladaptive reactor. The treatment for insomnia is of course, treating the disorder that may be isolated first of all, but also sleeping on the super magnetic bed and the super magnetic head unit.

#### Aches and Pains

Fibromyalgia symptoms are common. They are usually an expression of the infected state of the patient. Rheumatoid arthritis is often an expression of the infected state of the patient and the autoimmune state of the patient.

#### **THE ROLE OF SYMPTOM REACTIONS TO CHEMICALS**

My observations are that maladaptive reactions to environmental chemicals have a major role in producing the universal symptom reactor syndrome. It is necessary to have an ecological examination to consider all the possible exposures to chemicals. First, we look within the home itself. The rugs on the floor, the drapes on the windows, the paint on the walls, how the house is heated, and so forth. Many homes are heated with fossil fuels such as propane and natural gas. The furnaces are sometimes not properly vented. Our cars are fueled by gasoline and oils. Sometimes we have found a faulty exhaust system as a cause of a universal reaction to multiple chemicals. Petrochemicals are a major source of chemicals in our industrial world. We are now exposed to thousands of chemicals that our ancestors were not exposed to. Some of these being used in agriculture are not sufficiently biodegradable and they enter into the soils, polluting our water system. It is frightening to think of how many chemicals we are exposed to that our body has to process. These chemicals are enzyme toxins so it is easy to develop enzyme inhibited and enzyme hypersensitivity toxic states to these numerous chemicals. For years, formaldehyde has been a common source. In recent years, many of the foam pad products are now without formaldehyde. These sensitive reactors react to the resin of pine and cedar and sometimes other woods. We have to clean up our house, filtration of water is part of the answer, also the use of negative ions is an important method of cleaning up the chemicals in the house. Many of these chemicals are fat soluble and are not depleted in the body immediately. Appropriate nutrients, especially large amounts of vitamin C can help clean the body of these chemical contaminants. A negative magnetic field is a major source of activating oxidoreductase enzymes so that these enzyme toxins are processed to non-toxic substances such as water and molecular oxygen.

#### **THE ROLE OF TOXIC METALS**

Toxic metals such as lead, aluminum and mercury needs to be considered. A hair test can indicate the body's load of toxic metals. There are appropriate chelating agents for removal of these toxic metals from the body. A negative magnetic field of the super magnetic bed of seventy 4" x 6" x 1" magnets has a powerful detoxifying effect for toxic metals.

#### **LOCAL MAGNETIC THERAPY**

The first use I made of negative magnetic field therapy is that of the treatment of local symptoms. My original treatment of local symptoms was that of baking soda for alkalization and oxygenation. I had demonstrated that maladaptive reactions to foods, chemicals and inhalants were particularly documented and, in relationship to foods, was that of acidity. This was demonstrated during deliberate food testing in which there had been a fasting period of water only for five days followed by deliberate exposure to single foods or single chemicals. Theron G. Randolph, M.D., Allergist had stated that these maladaptive reactions were acidifying. I con-

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** firmed that this was true. Albert Roy Davis, Physicist, had documented that the biological response to a negative magnetic field was that of alkaline-hyperoxia and the biological response to the positive magnetic field was acid-hypoxia. When I tested this out, I confirmed that this was true, therefore, I used a negative magnetic field to relieve the symptoms that had been evoked by deliberate exposure to a substance such as a food. I found this to be more predictable than the baking soda and the breathing of oxygen. Furthermore, I also documented that when you expose a subject to the magnets ahead of a test meal of a food to which the subject is known to respond, that they will not respond. Therefore, we could relieve the symptoms after they occurred but we could also prevent the symptoms from occurring.

A teenager who had attempted suicide, was diagnosed as schizoaffective. Five days of fasting, her symptoms all cleared. When given a test meal of wheat, her affect became flat, she said she couldn't stand it in the test room with other patients, she had a headache and was seriously depressed. Her suicide attempt had occurred after eating wheat. I took her to a room by herself, placed disc magnets on her head and a magnet down her spine. She fell asleep. Forty-five minutes later I woke her up and her symptoms were all gone. She returned to the test room with the other patients with comfort and her affect was normal. A week later, I placed the magnets on her head and the magnet down her spine as I had done to relieve the symptoms, then fed her the meal of her reactive food and she didn't have any symptoms.

A teenage boy with temporal lobe seizures in which he would become disoriented became disoriented when he was fed eggs. I relieved his symptoms with the disc magnets placed on his head. A week later, I placed the disc magnets bitemporally and fed him a meal of eggs and no symptoms occurred.

Originally, my use of magnets was to relieve or prevent acute symptoms in a test exposure situation. However, the symptoms of degenerative diseases are the same symptoms as the acute symptoms evoked during a test situation. The subject with a chronic degenerative disease was fasted. Their symptoms would either markedly abate or even disappear. Then the meals of single foods were given and the symptoms would emerge with specific foods. Therefore, the symptoms of acute reactions and of chronic diseases are the same. In the chronic diseases, the symptoms become chronic due to the chronic frequency of exposure. This could be pain, soreness, skin eruptions or hyperglycemia. I also determined that these foods could be due to IgG reactions. We always ran antibody studies on our subjects. There could also be addiction without antibodies. There could also be enzyme toxic reactions without antibodies. By this means, we found that there were many reactions missed by the allergists who were insisting on antibodies as evidence of a reaction. We had to look broader at reactions than the allergist-immunologist was doing. These non-immunologic reactions were just as serious as the immunologic reactions. The area of clinical ecology developed because the specialty of allergy and immunology was ignoring these non-antibody reactions. I now had established that acute symptoms could be relieved with a negative magnetic field and the chronic symptoms of degenerative disease could also be relieved with a negative magnetic field. I had developed the fact that symptoms could be prevented by treating with magnets ahead of exposure to the reactive substances. This changed the whole inability to prevent a symptom ahead of time by exposure to a negative magnetic field and changed dramatically how we could proceed with setting up a rotation diet. Initially, we had left the symptom-producing foods out for a period of three months. By that time, a desensitization had occurred whether this was allergy, addiction or toxicity. These foods could be returned to the diet on a 4 or 7 day

rotation basis. Ninety-five percent of the time, the foods could be returned and the subject would remain symptom-free as long as they were rotated. By exposing the subject to the disc magnets placed bitemporally and the heart with the exposure to a 4" x 6" x 1/2" magnet and the liver to a 4" x 6" x 1/2" magnet prevents the subject from developing symptoms. Providing these magnets for 30 minutes ahead of a meal and preferably even also during the meal will characteristically stop the reaction. If per chance, which is infrequent, the exposure to the foods or chemicals did override the negative magnetic field, then these foods or chemical exposures should be left out of the diet for three months before reintroducing them. This has made it a lot easier for people at home helping themselves to set up a rotation diet. Many people prefer the 7 day rotation diet. This is outlined in my quarterly, *Metabolic Syndrome*.

#### SYSTEMIC EXPOSURE

Besides the local treatment where symptoms developed, we proceeded to develop a systemic treatment. First of all, this was a bed made of mini-block magnets that are 1-7/8" x 7/8" x 3/8" placed 1-1/2" apart. We also developed a head unit composed of four 4" x 6" x 1" magnets called a Vitality Sleeper. This was very useful in encouraging relaxation and sleep. However, it was not adequate to treat systemic infections or cancer.

The super magnetic bed composed of 4" x 6" x 1" magnets placed an inch apart making a single bed of 70 magnets was developed to treat systemic infections and metastatic cancer. I found this bed made of these large 4" x 6" x 1" magnets to be ideal for the universal symptom reactor. This bed treats every cell in the body. The energy system of the body is made by each cell, therefore exposing all the cells of the body which materially increases the energy production of each cell rendering the subject capable of outwitting their universal reactors. We still continue to treat locally as well as systemically. For example, if the person has sinusitis, it should be treated locally with the sinus/eye unit or with the super magnetic head unit.

The super magnetic head unit is composed of twelve 4" x 6" x 1" magnets. Four are stacked together on each side of the head and four are at the crown of the head. This is a wooden carrier with a space for the head. This space is such that the person can be either on their back or on their side. The head unit is very important as a part of this. It is such that it will treat the eyes and will treat the sinuses and upper part of the neck. These magnets are all negative pole facing the head. At first, we were concerned that maybe negative poles facing each other on each side of the head would cancel each other out. We found this not to be true and with many different trials of many different positions, we found that this provided the most optimum treatment. This was originally invented to treat brain tumors but we found it to be optimal for anyone, especially including the universal symptom reactor.

The super magnetic hat unit is composed of thirty-four 1" x 1/8" neodymium disc magnets.

One layer of these magnets are sewn into the fabric of the hat. Extra magnets are attached to these that are sewn into the fabric. At night, they would sleep with their head in the super magnetic head unit of twelve of the 4" x 6" x 1" magnets and during the day they would wear this super magnetic head unit on their head. It is also being used for any other cerebral problems including Alzheimer's disease.

#### SUCCESS STORIES

Numerous subjects have been treated with the magnets ahead of a meal or ahead of an exposure to chemicals and have found it to be a highly successful method of preventing symptoms.

#### OPTIMIZED NUTRITION

The human organism is an electromagnetic organism functional

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** in an alkaline-hyperoxic medium. The human body is an energy machine with each cell of the body making its own energy from nutrients. An external source of magnetism is necessary for this human metabolic energy machine to function. A reasonable nutritionally intact human organism will respond to an external negative magnetic field with a biological response of alkaline-hyperoxia capable of preventing and reversing inflammation, governing tissue repair/healing, destroying invading microorganisms, destroying cancer and much, much more. Magnetism provides the energy for turning food into adenotriphosphate energy as well as detoxification of internal metabolic toxic products of metabolism and processing of exogenous toxins from the environment. Magnetism provides the energy of life and thus acts on the framework of the human body. Magnetism does not provide the human body biological frame. Only nutrition can be incorporated into the human body energy machine. When I describe the role of magnetic energy in the human body function, I am telling only half of the necessary story for optimum human function. The necessary other half is nutrition.

#### SOURCES OF NUTRITIONAL INFORMATION

##### 1. Professional nutritionist.

The guidance of optimal nutrition by a professional nutritionist provides the greatest chance of optimal nutrition being provided. Scientific nutrition information is rapidly advancing and it is hard to keep up with all of this information for self-help alone. Everyone is ultimately responsible for gathering the knowledge from scientific information necessary for good health and reversal of diseases if and when they have developed. Some areas of nutrition require a laboratory assessment to determine if a nutritional disorder is present, particularly, such as B<sub>12</sub> deficiency or folic acid deficiency.

##### 2. Health food stores and book stores.

There is an abundance of new scientific information occurring and published in book stores and health food stores. It is the responsibility of each person seeking help for the reversal of disease to seek information from these sources. Health food stores have an abundance of supplementations that the health-minded person needs to understand and use. Health food stores have special foods for special problems. The health-minded person should be knowledgeable about the source of information, supplements and specialty foods.

3. Jonathan Wright, M. D. Nutrition and Healing 819 North Charles St Baltimore, MD 21201

Dr. J. Wright provides a valuable update of nutritional information and nutrients.

4. Life Extension Foundation PO Box 229120 Hollywood, Florida 33022-9120

This is a good source of information and supply of nutrients.

6. W. H. Philpott, M.D.

##### Magnetic Health Quarterlies

Each quarterly is on a single subject. There are many books on diets. Any diet system that does not honor food allergies, food addictions and food toxicities is missing a very essential need for diet considerations. The Magnetic Health Quarterlies emphasize the rotation diet. The quarterly entitled, *The Ultimate Non-Addiction, Non-Stress Diet* outlines a four day rotation diet. The quarterly entitled *Metabolic Syndrome* describes the seven day rotation diet. The quarterly entitled *Addiction and Weight Management* describes the magnetic meltdown in which magnets are used directly over the fatty areas, especially the abdomen for weight loss. It also describes how to reduce the calories using a visual method of training and the acceptance of the reduction of calories.

Optimum nutrition is a must along with magnet therapy. Professional guidance for optimum nutrition is recommended. For those not under professional guidance, then following the minimal nutri-

tion program is recommended.

1. One a day type vitamin-mineral capsule. Take one, 2 x a day.

2. Ascorbate minerals, 1 tsp, 2 x a day

3. At least 6 or more grams of vitamin C a day in divided doses, 2 or 3 x a day.

4. Fish oils. Consider emulsified cod liver oil 1 tsp, 3 x a day.

5. Abraham Hoffer, M.D. 2727 Quadra St #3A Victoria, BC Canada V8T4E5

Dr. A. Hoffer provides an excellent source of nutritional information.

6. Hugh Riordan, M.D. 3100 North Hillside Wichita, KS 67219 316/ 682-3100

Dr. H. Riordan provides an excellent source of nutrition. He has especially studied the value of vitamin C IV (Intravenous).

#### Magnetic Protocol for Universal Reactors

#### UNIVERSAL SYMPTOM REACTOR

##### ORIENTATION:

This magnetic protocol is for the treatment of the universal symptom reactor. These subjects have many allergies, addictions and toxicities to chemicals to which they are especially sensitive, even just a whiff of a chemical that they are reactive to can produce major symptoms such as marked weakness or even falling to the floor. It is hard for them to live in this world because there are so many chemicals in the environment. Exposure to petrochemicals is a major symptom producer for these universal symptom reactors. They often react to the fumes from the colors in fabrics, clothing, rugs or draperies. Avoidance should be as optimal as possible. Beyond this, use the magnets to relieve the symptoms. They need to sleep all night on the super magnetic bed and head unit. They need disc magnets that they can place bitemporally when needed. They should always carry with them these disc magnets and the band that holds them. As soon as they sense a reaction, they place these magnets on their head bitemporally.

##### MAGNETS USED:

Super magnetic bed composed of seventy 4" x 6" x 1" magnets. Thirty-five of these are placed in a wooden grid 36" square. Two of these wooden grids are placed end to end providing a bed 36" x 72". This is the size of a single bed. The total weight of this is 400 pounds. Over this place a 2" pad.

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

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

Two 4" x 6" x 112" 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

*The Ultimate Non-Addiction, Non-Stress Diet* quarterly *Metabolic Syndrome* quarterly

*Allergy, Immunology and Microbiology* quarterly *The pH Factor* quarterly

##### PLACEMENT AND DURATION:

Sleep all night on the super magnetic bed and super magnetic head unit. For the first three months, it is wise for them to go back on this bed for one hour, four times a day during the waking period. The reason for this is to kill any viruses, bacteria or fungi.

Some with adrenal exhaustion benefit by placing the positive magnetic pole of a 4" x 6" x 1/2" magnet over each adrenal. This is usually placed on the backside over the kidneys. The duration is a minimal of five minutes and an optimum of thirty minutes. This could be done in the morning on awakening and may need to be

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** repeated in the afternoon. The positive magnetic pole is a stress field which will activate the adrenals to produce their hormones.

Many of these subjects are overrun by Candida in the vagina or the low colon. It is wise to place a 4" x 6" x 1/2" magnet over the pubic area with the 6" lengthwise the body. Hold this in place with a 4" x 52" body wrap. Treat this area 24 hours a day for the first month of treatment.

Sinusitis is common and with this, the super magnetic head unit may suffice, otherwise, use the sinus/eye unit composed of a light shield with 1" x 1/8" neodymium disc magnets attached to this light shield. If this is used, treat the sinuses as many hours a day as possible until the sinusitis has been corrected.

Individual magnets are used wherever there are symptoms. These local areas could also be treated with a 4" x 6" x 1/2" ceramic block magnet while still on the bed.

It is imperative that they rotate their foods on a four or seven day basis. 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 body is treated with magnets ahead of the meal as described below.

#### 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*.

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

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

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

#### NEGATIVE ION HOUSEHOLD AIR TREATMENT

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

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

#### 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

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** foods. After three months, these frequently used foods can be returned to the diet, usually without any symptoms being produced.

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

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

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

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

#### **Universal Sensitivity Reactions**

- **To Stress Pulsing Electromagnetic Frequency Reactions**
- **Toxic Chemical Reactions**
- **Food Allergic-Addictive Reactions**

In environmental medicine practice, reliance has been made on avoidance of the symptom-producing substance, be it a food, a chemical or an electromagnetic stress field. For the majority, avoidance - and even for foods, later spacing on a four or seven day basis is adequate. By relieving the stress, after a few weeks the body has recovered and functions without the sensitivity or the addiction that has developed. However, there are a residual number of subjects that never completely recover. They remain exquisitely sensitive to minor stress pulsing electromagnetic fields and or to even a small amount of the offending chemicals or relatives to the initial offending chemicals. There is an answer for these exquisitely sensitive subjects. It is not a cure but it is an ongoing functional answer. The problem with these exquisitely sensitive subjects to chemicals or environmental pulsing frequencies is that oxidoreductase enzymes have been trained down so that they are not functioning at the normal functioning level. The assignment of these enzymes is to first of all, make adenosine triphosphates which is in turn used as an activator of other enzymes. They also have the assignment of processing any toxins such as free radicals or any toxins produced by these free radicals such as, peroxides, acids, alcohols and aldehydes and also they have the assignment of processing exogenous toxins. The sensitivity to these offending environmental agents is that the oxidoreductase enzymes are not processing them adequately. However, there is a circumstance in which these enzymes will be functioning adequately and that is when they are exposed to a negative magnetic field. It is a most welcome discovery.

#### **UNIVERSAL SYMPTOM REACTOR TO AN ASSORTMENT OF ENVIRONMENTAL CHEMICALS AND STRESS-LEVEL PULSING MAGNETIC FIELDS ORIENTATION:**

This protocol is for exquisitely sensitive subjects to both an assortment of environmental chemicals and environmental stress-level pulsing frequencies. Thirteen cycles per second is the dividing line, dividing pulsing frequency between stress and non-stress. Below 13 cycles per second is a non-stress and anti-stress level of pulsing frequency. Above 13 cycles per second is a stress pulsing field. The EEG demonstrates this. A base line is a non-stress base line below the 13 cycles per second. In thinking and motor activity and so forth, we make excursions into the higher stress level puls-

ing fields and then revert back to the non-stress level and in fact at night, we maintain this non-stress level even with a brain pulsing frequency of 2 cycles per second in deep sleep. Thinking and motor activity is 22 cycles per second. We make excursions into this but always revert back below the 13 cycles per second and we have to maintain this at night in order to get our energy back. It is the non-stress level that makes adenosine triphosphate and a negative magnetic field termed oxidative remnant magnetism. We have to not maintain for long periods of time, the stress level frequency, but we have to revert back to the non-stress level in order to recover our energy. These oxidoreductase enzymes also have the assignment of processing all the toxins. When they are functioning low, we cannot process all our toxins or we cannot offset the stress of the chronic stress-level pulsing fields that we are exposed to. The answer for this is to maintain a high level of non-stress during sleep or at any other time that we may need this during the day.

#### **MAGNETS USED:**

Super magnetic bed composed of 70 magnets 4" x 6" x 1". 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 2" pad. The memory foam pad is best for comfort.

A, super magnetic head unit composed of twelve 4" x 6" x 1" magnets in a wooden carrier. Two ceramic block magnets that are 1-1/2" x 1/2". These are ceramic block magnets. One 2" x 26" band.

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

An additional value can be obtained from negative ions in both water and air.

#### **PLACEMENT AND DURATION:**

Sleep all night on the super magnetic bed and the super magnetic head unit.

For the management of any symptoms occurring during the waking period, place the ceramic disc magnets bitemporally. Hold in place with the 2" x 26" band.

#### **GENERAL INFORMATION ABOUT THE 4-DAY DIVERSIFIED ROTATION DIET**

The essence of the 4-Day 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.

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.

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 subject 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 sternum 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 are to be continued during the meal. With this method, there is no avoidance

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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 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.

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 a negative magnetic field as well as being alkaline. The AKAI Electrolysis Instrument is used for producing the alkaline micro water. At least five glasses of this water should be used each day.

#### NARIWA WATER:

Nariwa water is a negative ionized 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.

#### RESEARCH CONSIDERATIONS:

It is requested that reports from the subject be made to William H. Philpott, M.D. at three month intervals. It is encouraged that a physician be monitoring and also reporting the progress.

#### BEYOND MAGNETISM:

Acute maladaptive reactions to foods, chemicals or inhalants has been documented as producing a brief state of acid-hypoxia. In this state, there is a production of acid and a failure to process properly the end-products of oxidation phosphorylation metabo-

lism. 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 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 Diversified Rotation Diet is set up to leave out these frequently used foods. After three months, these frequently used foods can be returned to the diet, usually without any symptoms being produced. Instead of three months of avoidance of frequently eaten foods, magnetic treatment of the brain, heart and liver could be used as described above.

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, negative charged ions and negatively magnetically charged oxygen and water. There is a home electrolysis unit (The AKAI Electrolysis Instrument) that provides this alkaline micro water. It is recommended that a minimum of 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 or more. 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.

In order to maintain an adequate alkaline state, it is necessary that the minerals that are used in the bicarbonate buffer system be in adequate supply. These are the minerals calcium, magnesium, potassium and zinc. There are several proprietary preparations that contain these minerals associated with vitamin C as ascorbates. Use 1/2 teaspoon to 1 teaspoon of one of these powders in one-half glass of water, two times a day. The preferred time to take the alkaline minerals is in the morning on arising and before going to bed. Before using this mineral alkaline water, place it on the negative magnetic field of a 4" x 6" x 1/2" magnet for a minimum of five minutes or more. This will charge up the water and the oxygen in the water with a negative magnetic field which will help the body maintain its normal alkaline state. When using micro alkaline water or Nariwa water, the mineral water need not be placed on a magnet since it is already magnetically charged.

#### ELECTROMAGNETIC STRESS PULSING

##### FREQUENCY SUCCESS STORY

A woman had multiple emotional and physical symptoms. She lived next to a transformer. When placed on a magnetic bed and with magnets treating her head, all her emotional and physical symptoms disappeared.

#### FINAL WORD

Universal reactions to foods, environmental chemicals and inhalants is a most miserable state. The universal reactor can hardly

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** exist in this world. The symptoms are so numerous and pervasive that the physician doesn't know where or how to start helping his patient. The good news is that a negative magnetic field energy activates enzymes that have a universal value in symptom relief of the universal symptom reactor.

#### HORSE AND BUGGY ENERGY MEDICINE VERSUS ELECTROMAGNETIC FREE ENERGY MEDICINE

The invention of the wheel was a great invention in its day. Mankind now had wheel barrels and scooters. Harnessing the energy of a horse to a wagon was another great invention which served mankind well for thousands of years. It is true that our grandparents moved west by horse and buggy. Two generations later, we fly all over the world. Transportation has advanced from an original wonderful achievement to a new marvelous achievement.

This marvelous achievement of the electromagnetic industrial age has occurred because of the achievement of harnessing the movement of electrons. We no longer just wonder at the electromagnetic energy of lightning, tornados, cyclones and anti-cyclones which, in the northern hemisphere spin counter-clockwise and in the southern hemisphere spin clock-wise. Mankind has learned to harness the energy of movement of electrons. We make magnets with the flow of electrons and we give direction to the flow of electrons with magnets. We have learned to trust the predictableness of the movement of electrons with magnetic fields. We live in a virtual sea of electrons in the space around us as well as the space within us. Mankind is an electromagnetic organism. The magnetic movement of free energy electrons within us is an integral aspect of biological life energy. Human life does not exist apart from magnetism. Have we missed something in medicine that the electromagnetic industry has captured? Yes, we have! We have failed to capture the free magnetic energy available to us. The same degree of predictableness exists in biological systems exposed to magnetic fields as it does in electric non-biological systems.

Therapeutic medicine is barely entering the threshold of free magnetic energy use. We nourish our bodies but we still wait for some mysterious life energy to spontaneously heal us. Magnetic therapy can change the speed of healing from the horse and buggy level to an equivalent level of flying. The movement of electrons between enzymes and substrates produces a magnetic field which attaches the enzyme and the substrate. With the magnetic energy medicine, electrons are magnetically harnessed to move between enzymes and substrates. The secret of magnetic therapy is that this free magnetic energy can be supplied from a static field magnet providing the energy activation of the enzymes so that a catalytic reaction occurs. A static negative magnetic field alkalizes and energizes, such as the alkaline-dependent oxidoreductase enzymes family of enzymes. These oxidoreductase enzymes are responsible for producing some of life's energy (ATP and catalytic remnant magnetism) as well as processing inflammatory toxic substances that threaten life energy. A positive magnetic field energy blocks these enzymes from functioning. The essence of magnetic therapy is the predictable movement of free energy field static electrons by a free energy static magnetic field in a biological system producing predictable biological responses.

**Magnetic therapy is at this threshold of moving therapeutic medicine from the horse and buggy low level efficiency, slow speed energy function into a high efficiency speed energy function equivalent to flying and computer efficiency functions.**

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### **THE INTERFACE BETWEEN ASCORBIC ACID AND MAGNETIC FIELDS**

Catalytic reactions occur when dipoles of a substrate and the enzyme join so the enzyme can transfer electrons in the substrate by either adding or subtracting electrons from the substrate. Enzymes can either receive or give electrons without destroying the enzyme. Adenosine triphosphate (ATP) is an energy activator for ATP-dependent enzymes which are a substantial number of human metabolic enzymes for their numerous jobs. Oxidoreductase enzymes are not ATP-dependent in oxidoreductase enzyme catalysis static electrons are activated between the dipoles of enzyme and substrate. Ascorbic acid is also an available source of electrons beyond that of static electrons for catalysis. Therefore, the quantity of ascorbic acid helps determine the speed of the catalytic reaction. When electrons move between the enzyme and the substrate, a magnetic field is produced. This magnetic field is called oxidative remnant magnetism and is measurable as evidence of a catalytic reaction. In an alkaline medium, alkaline-dependent enzyme catalysis produces a negative magnetic field. In an acid medium, acid-dependent enzyme catalysis produces a positive magnetic field. A magnetic field is always present as the final state of enzymes and substrate joining for catalysis. This is why an external magnet force can be used to produce a catalysis. A negative magnetic field produces alkaline-hyperoxia. The positive magnetic field produces acid-hypoxia. Human metabolism requires alkaline-hyperoxia. Invading microorganisms and cancer require acid-hypoxia. Ascorbic acid supports the alkaline-dependent oxidoreductase enzyme functions and stops the acid-dependent fermentation function. Ascorbic acid and a negative magnetic field are complementary and should be used together. The higher the quantity of vitamin C, the more available the electrons are for catalysis of alkaline-dependent enzymes.

It is recommended that ascorbic acid be taken as an ascorbate. In an ascorbate, ascorbic acid is joined to an alkalizing mineral such as sodium, potassium, phosphorus and so forth. Six to eight grams should be considered. 4000 mg equals one gram. The higher the quantity of ascorbic acid, the better. Intravenous ascorbates function more optimally than oral ascorbates. Ascorbates and negative magnetic fields independently can often achieve the same goal in some instances. However, combining ascorbates and a negative magnetic field provides optimal catalytic function and therefore, should be combined for the complementary effect.

### **ASCORBIC ACID AS A VITAMIN AND AS A COFACTOR ENZYME**

1. It is a vitamin preventing or effectively treating scurvy.
2. As a coenzyme, it can receive electrons or give electrons

without destroying its value.

3. It makes available electrons along with available static field electrons for enzyme catalysis of oxidoreductase enzymes and other alkaline-dependent enzymes.

4. Through the method of electron contribution to alkaline-dependent enzyme catalysis, it becomes a party producing the negative magnetic field's final step in the catalytic reaction.

5. It's electron movement in alkaline-dependent enzyme catalysis contributes to the necessary reservoir of a negative magnetic field.

6. When it contributes an electron to alkaline-dependent enzyme catalysis, producing a negative magnetic field, it contributes to the maintenance of the biologically necessary alkalinity due to the fact that alkaline-hyperoxia is the biological response to a negative magnetic field.

7. As an antioxidant it prevents the development of toxic chemical species such as peroxides, oxyacids, alcohols and aldehydes.

8. Thus, it contributes to alkalinity whether ingested as an acid (ascorbic acid) or an alkali mineral ascorbate.

9. It is an anabolic regulator of over-expressed catabolism.

**BOWEL TOLERANCE OPTIDOSING OF ASCORBATE**  
Equipment:

Multiple mineral ascorbate. There are several multiple mineral ascorbates available. They contain ascorbates with calcium, magnesium and potassium and some also have chelates of zinc, manganese and copper. These are used to provide multiple minerals as well as ascorbate of the minerals.

Sodium ascorbate

Calcium ascorbate

1 teaspoon of calcium or sodium ascorbate equals 4000 milligrams (1 gram).

Method:

Start with 1 teaspoon of multiple ascorbates two times per day. Add to this, calcium ascorbate at one teaspoon doses. Calcium ascorbate can be given up to a total of six teaspoons a day. Beyond this, use sodium ascorbate in teaspoon doses until there is a soft-formed stool. Provide this in four doses a day. This can be either given before or 30 minutes after a meal. Each day, keep adding two teaspoons of ascorbate until the desired dose of a soft-formed stool occurs. When the stress of an acute infection occurs, there would be a need to increase the ascorbate to handle the toxicity of the stress of the infection. Cancer patients would require substantial doses, sometimes even up to 30, 40 or 50 grams a day. Oral ascorbates can do much to handle the toxicity of cancer but are not capable of maintaining a cancer remission.

### **ASCORBATE FLUSH**

Ascorbate flush is preferred to an enema, a colonic or a coffee enema. This is achieved by using sodium ascorbate. Using three teaspoons in 1/4 to 1/2 glass of water every 15 minutes until a colon flush occurs. Do this on an empty stomach the first thing in the morning before breakfast.

### **VALUES OF VITAMIN C INTRAVENOUSLY**

Vitamin C intravenously achieves a significant value beyond that of oral vitamin C. This can be given in either small or substantial doses of 50 grams or more a day or even more than once a day. This has been shown to work quite effectively for an acute infection with a fever. Often the fever will be normalized within 3-4 days and the acute infection has evidence of stopping. For chronic infections or cancer, this should be given daily in substantial doses for 6-8 weeks. I have extensive experience in the use of Vitamin C, both orally and intravenously. My finding is that intravenous vitamin C did cause cancer to go into remission. How-

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ever, vitamin C intravenously at 50 gram doses had to continue at 50 gram doses every two weeks in order to maintain the remission. When the vitamin C was stopped at two week intervals and bowel tolerated doses continued, the subjects still had a return of their cancer from which they died. My experience with negative magnetic field treatment of cancer is quite different. Cancer will die and no return will occur. Combining vitamin C and the negative magnetic field therapy are complementary.

“Everybody requires an overdosing of vitamin C on a daily basis to reach and maintain optimum health.” Thomas E. Levy, M.D.

*Vitamin C Infectious Diseases & Toxins* by Thomas E. Levy, M.D. Xlibris Corporation, 1-888-795-4274

#### THE ROLE OF VITAMIN C IN MAINTAINING LIFE'S ENERGY MAGNETIC FIELD

Albert Szent-Gyorgyi confirms Otto Warburg's observation of cancer being a fermentation process and H. Goldblatt's observation that lack of oxygen induces a malignant transformation cell. The movement of electrons in the biological body is a necessity for biological health. The enzymatic role of vitamin C is the facilitation of movement of electrons in the biological body. Vitamin C both receives and gives electrons as the need may be. Thus, vitamin C helps maintain the necessary magnetic field of life energy. The movement of electrons produce a magnetic field. Magnetic fields in turn, give direction to the movement of electrons. The human body as a reservoir of magnetism produced by catalysis. Since the catalytic reaction moves electrons, its final step is magnetic. Magnetic field movement of electrons is the final common pathway of life energy. This is why an exogenous negative magnetic field is a universal energy, maintaining health and a reversal of degenerative diseases, infections and cancer.

Albert Szent-Gyorgyi was seeking to discover the cell proliferation regulators because he had discovered that cancer results from a disorder of cell proliferation regulators. He knew this occurred in hypoxia. He knew that this had to be electronic however he had not discovered that the negative magnetic field is a regulator over the positive magnetic field and energizes all the biological regulators of the body. We now know that this is the negative magnetic field that he was seeking. “When we find this, we will have an answer to the reversal of cancer”. Now, we have the evidence that it is the negative magnetic field that he was seeking.

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