Supplement to

The Art of Getting Well

Magnetic Resonance Bio-Oxidative Therapy for Rheumatoid and Other Degenerative Diseases

Sources are given in references.

Authors of contributions\quotations are alphabetically arranged; major author, if any, is underlined.

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Concerning Magnetic Polarity

[*There is an important difference, as to the nature of the polarity of magnets used on human tissue. Dr. Philpott herein presents a summary of many years of research, clarifying the proper use of magnets. Also see* Magnet Therapy *by William Philpott, M.D. & Dwight K. Kalita, Ph.D. with Burton Goldberg, ISBN 1-887299-1; Ed.*]

The definition of magnetic polarity used in this article is that of an electrical definition of polarity, which is positive and negative. This is purposely used when applying magnets to the human body rather than the navigational definition of magnetism as north seeking and south seeking.

The human body functions on a direct current circuit and thus, references to positive and negative are most appropriate. A positive electric field produces a positive magnetic field. A negative electric field produces a negative magnetic field. This parallel makes it possible to appropriately use the electric terms of polarity.

It has been recommended that it is preferred to use the electric definition of polarity instead of navigational definition of polarity when referring to magnetic polarity[1]. An important point of referring to the separateness of the two magnetic poles is that the biological response is opposite to the separate poles. Some have elected to use a positive magnetic field of a combined positive-negative magnetic fields of low level gauss strength which serves as a counter-irritant. However, the limitations of this is such as to not recommend this type of stress reflex therapy. It is more appropriate to have a higher gauss strength and use the negative magnetic pole for its anti-inflammatory value.

Some have also elected to use a pulsing frequency associated with a magnetic pole. Although this can be useful, it is not necessary.

What we have described in this article is a static magnetic field plus a pulsing field. The brain makes a pulsing response to the magnetic field it receives. When increasing the positive magnetic field the brain frequency increases and the amplitude decreases. When the brain is exposed to a negative magnetic field the brain frequency decreases and the amplitude increases.

The resting brain has a pulsing frequency of 8 to 12 cycles per second. This is a response to the negative magnetic field.

Sleep has runs as low as 2 cycles per second, which cycles per second is anti-stressful.

Any pulsing frequency above 12 cycles per second is stressful. Any pulsing frequency below 12 cycles is anti-stressful. The pulsing frequencies can be used for their value separate from a magnetic field or combined with a magnetic field. However, since the brain makes its own pulsing frequency response to the magnetic field there is no essential necessity of associating a pulsing frequency with the magnetic field.

This is truly a magnetic resonance therapy.

It is an oxidative therapy by virtue of the increase in oxygen that occurs under the influence of a negative magnetic field. A positive magnetic field would decrease the content of oxygen in the tissues under the influence of that positive magnetic polarity.

The pH Factor

Acute reactions to foods, chemicals, and inhalants are all acidifying.

Chronic reactions that become diagnosed as chronic degenerative diseases are simply extensions of acute reactions to environmental substances.

Infections, whether bacterial, viral, or fungal, are acidifying. The pH factor is the most consistent factor occurring in both acute maladaptive reactions and chronic degenerative diseases substance reactive (brief systemic and longer term local).

Unfortunately, the specialty of allergy settled on the evidence of antibody reactions as providing the believable reactions to environmental substances and for some years disregarded and tended to disbelieve any type of reactions that did not manifest antibodies. If the allergy specialty had taken the acid pH-hypoxia factors as the central reason for reactions, allergy would have been the specialty that contributed most of all specialties to the advancement of medicine.

The acidity is local where the symptoms develop and may not necessarily be reflected by an assessment of the blood pH. Morning (AM) blood pH is not a reliable indication of the degree of disease and acidity-hypoxia in local symptom areas. The systemic evidence (blood pH), if and when present, after a maladaptive reaction, classically becomes corrected in two to three hours.

In an acid medium, molecular oxygen becomes reduced and no longer has oxidative value. Since molecular oxygen is necessary for biological energy production in humans, the development of hypoxia in an acid medium is central to the acute and chronic disease process.

The Solubility Factor

Essential minerals remain ionized and thus soluble in an alkaline

pH and precipitate into insoluble complexes in an acid state. Calcium becomes the center for consideration since it has so many roles it plays in metabolism and also the role it plays in depositing insoluble complexes at the site where the pH is the most acid such as occurring around inflamed joints, bruised heels, arteries, and so forth.

Not only does calcium become insoluble crystals[2,3] in an acid pH, but so do amino acids. These amino acids form insoluble gels in an acid pH[4] thus, we have these deposits occurring in the arteries such as atheromatous plaques, in which both insoluble amino acids and insoluble minerals compose these plaques. Also, we have amyloid despositing in the central nervous system and other organs as an insoluble amino acid gel. Since microorganism infections are acidifying these insoluble deposits of minerals and amino acids become centered also where infections are present.

The Role of Maladaptive Reactions

There are three types of maladaptive reactions. 1) an immunologic reaction in which antibodies are formed to the substance producing symptoms; 2) non-immunologic maladaptive reactions; 3) addictive withdrawal reactions.

The non-immunologic reactions compose approximately 50% of the reactions that I have found in my assessment of patients. These are of unknown origin, but are most likely related to enzyme deficiencies which again, in turn, are related to nutritional deficiencies[10].

Addictive reactions are created by the stress of a frequently contacted food or substance to which the body initially produces a rise in self-made narcotics (endorphins) and some three or four hours later there is a drop in endorphins which is symptom producing.

All these reactions are acidifying.

Chronic degenerative diseases have a chronic state of acidosis occurring locally at the site of symptom formation whereas, the acute reactions have only an acute state of systemic acidosis occurring a few minutes to an hour after the exposure to the food and usually recovers within three to four hours associated with a brief local acidosis at the sight of symptom formation.

The allergist, Theron G. Randolph, M.D., was the first to observe the brief acidic reaction associated with immunologic and non-immunologic maladaptive reactions to foods, chemicals, and inhalants[5]. Following his lead, I tested, over a twenty year period, thousands of saliva pH's before and one hour after test meals to foods. This resulted in the conclusions that there is evidence of frequently, a brief state of systemic acidosis associated with a local acidosis producing local symptoms. However, there are so many variables associated with saliva pH such as food particles, mouth infection, and so forth, that the reliability of saliva pH statistical monitoring makes it not worth reporting. For reliable statistics, blood pH needs to be monitored. This is an important research needing fulfillment. Phydron® pH paper with a range of 6 to 8 can be used by touching the edge of the paper to a drop of blood. (See "Allergies and Biodetoxification for the Arthritic," www.arthritistrust.org.)

The Role of Infection

Infections are acidifying, produce numerous acid toxins, evoke immunologic reactions, and precipitates autoimmune reactions.Infections may be bacterial, viral, fungal, or intestinal parasites. Focal infections are important sources of rheumatoid diseases. Consideration should especially be given to infected teeth (especially root canal teeth), infected gums, sinuses, tonsils, and intestinal bacteria and parasites. (See "*Root Canal Coverup* Conceals Numerous Side Effects" and "The World's Greatest Medical Discovery," www.arthritistrust.org.)

The Role of Oxidative Phosphorylation

Adenosine-Triphosphate (ATP) is the energy substance of biological life energy.

Oxidative phosphorylation is the process by which humans and other oxygen respiratory organisms produce ATP. This process occurs only in the presence of molecular oxygen and an alkaline state.

Oxidative phosphorylation is supported and activated by a negative magnetic field.

Infectious bacteria, fungi, cancer cells and intestinal parasites make ATP by fermentation phosphorylation without the need of molecular oxygen and in an acid medium.

A positive magnetic field supports and activates fermentation (substrate level) phosphorylation.

A negative magnetic field, with its support and activation of oxidative phosphorylation, materially aids the human body in its defense against potential bacterial, viral, fungal, and parasitic infections, as well as oxidative detoxification of toxins and maintaining optimum biological energy.

There is sufficient evidence that oxidative phosphorylation and substrate level phosphorylation are mutually inhibitory and thus, it is either one or the other producing ATP. Thus, the alkaline medium plus an abundance of molecular oxygen supports oxidation phosphorylation and at the same time inhibits substrate level phosphorylation.

An acid medium and a lack of molecular oxygen supports substrate level phosphorylation and inhibits oxidative phosphorylation.

Human metabolism has the ability to produce oxidative as well as substrate level phosphorylation. Only oxidative phosphorylation can support human systemic ATP life energy needs.

When acidic-hypoxic level cellular conditions exist, the human cells switch to substrate level phosphorylation. This condition is not only symptom producing, but also it is the ideal condition for microorganism replication and cancer cell production. The ATP of cancer cells is produced by fermentation phosphorylation. The correction of microorganism infections and cancer production is that of keeping a strong oxidative phosphorylation available. The negative magnetic field makes this possible.

The Role of Negative Magnetic Energy Reversing Reduction End-Products of Oxidation-Reduction Metabolism

When molecular oxygen enters into the oxidative phosphorylation process producing ATP molecular oxygen is reduced to oxygen free radical, hydrogen peroxide, and acids. Oxygen bound in these reduced products has no oxidative value. There are a series of enzymes that reverse these reduced products, releasing oxygen to its active molecular state (O_2).

There is sufficient convincing evidence (alkalinization and the presence of molecular oxygen) to theorize that a negative magnetic field energy is the energy activation of the enzymes releasing molecular oxygen from its reduced state. The reversal of these inflammatory producing (free radical oxygen, hydrogen peroxide, and acid) products is the secret to symptom relief. A negative magnetic field is the energy achieving this value of reversing inflammation, inhibiting infections, detoxifying toxins, resolving crystallized calcium, and resolving amino acid insoluble gels.

The Role of Stress Injury

There are two types of rheumatic stress injury 1) stress injury without any underlying pathology; 2) stress injury associated with existing pathology such as reactions to substances (foods, chemicals, inhalants), toxins from infections or environmental situations. The numbers in this category are large. The stress injury may involve the various parts of joints such as bone, cartilage, tendon, muscle insertions, and nerves adjacent to joints. Specific jobs or recreational pursuits may, by frequency of use, of a joint produce stress injury. Examples are golf, stressing the lumbar and cervical spine and knees; football injuries to joints, muscles, tendons and nerves; writing and especially typing, stressing the carpal tunnel of the wrist. Even these injuries from identifiable stress still often have an associated predis-

posing generalized cause such as food reactions, toxins and so forth.

The Role of Nutrition

Essential nutrients are necessary for all biological function including energy production, pH normalization, growth, healing, enzyme production and functions.

Nutritional deficiency can result from the lack of intake and also from stressors making excessive demands for nutrients. Laboratory assessment of vitamins, minerals, amino acids, and essential fats is indicated in rheumatic diseases and all degenerative diseases. Supplements based on a laboratory assessment is in order. Vitamin C as ascorbates should range from twelve or more grams per day. Vitamin B_6, B_3 as well as cystine is virtually always needed as supplements. Calcium and Magnesium is usually the most needed minerals.

The Role of Pain Relief

Classically, symptoms of acute substance maladaptive reactions and equally, chronic degenerative diseases, are the result of ceullular edema caused by a local acidosis and hypoxia. A negative magnetic field reverses cellular edema, produces an alkali medium and oxygenates and by these mechanisms, relieves pain and other symptoms, thus, relief of symptoms is by means of correcting disordered metabolism.

The Role of Sleep Enhancement

Sleep is a phase of the human circadian rhythm. Wakefulness is driven by the positive magnetic field and sleep is driven by the negative magnetic field. The wakeful state expresses and, therefore, uses up biological life energy. Sleep is the restorer of biological life energy. Sound, energy restoring sleep is absolutely essential for biological health.

The anabolic hormones, melatonin and growth hormones are produced during sleep. Melatonin has a control over the entire energy system of the body. Growth hormone is essential for growth and healing.

There are two very important conditions for the enhancement of sleep and that is there should be no light and if this cannot be arranged a cover should be placed over the forehead and eyes to prevent any light response of the brain since this would stop the production of melatonin.

Equally important is that there should be no 60-cycle per second frequency in the room where the person is sleeping. There should not be an electric blanket, a heated waterbed, electric clock, and so forth in the room where the person is sleeping. Sixty cycle per second prevents the production of melatonin.

Since sleep is driven by the negative magnetic field an important way of achieving sound sleep is to sleep on a negative poled magnetic bed pad and sleep with magnets at the crown of the head. It is known that a negative magnetic field to the head can raise melatonin. It has equally been observed that growth hormone is raised by this same process.

The Role of a four Day Diversified Rotation Diet

There are three types of symptom producing maladaptive food reactions which include 1) immunologic reactions in which antibodies are formed. In a mjaority of cases these are IgG type antibodies; 2) non-immunologic maladaptive reactions which appear to be enzymatic deficiency disorders or enzymatic functional disorders and occasionally genetic enzymatic disorders; 3) addictive reactions. The symptoms emerge three to four hours after the food has been eaten and it occurrs as a withdrawal phase in which there is a drop below normal of endorphins. Initially, when the food is eaten, there is a rise in endorphins, beyond normal. (See "Allergies and Biodetoxification for the Arthritic," www.arthritistrust.org.)

Deliberate food test meals identify maladaptive reactions on all three of these types of reactions. The food testing is preceded by five days of eating seldom used foods or a complete food fast accompanied with adequate water[11]. The process of five days of avoidance changes chronic adaptation to the foods to an acute, non-adaptive state.

In the chronic adapted state the maladaptive reaction emerges at about four hours after the food has been eaten.

In the acute, non-adaptive state the symptom reactions, acid reaction, and blood sugar changes occur within one hour of the test meal exposure.

The acute non-adaptive reaction is a more serious reaction than the chronic adaptive reaction and thus, more clearly understood as a reaction.

Foods are tested as a test meal to single foods with three or four meals a day. This can be done at home as a self-help procedure except in cases of seizures, diabetics on insulin, and psychotics with either socially inappropriate or dangerous symptoms. Post test meal assessment is made of the emergence of symptoms, blood sugar changes at one hour post meal, and acid-base assessment at one hour post meal.

The acid-base assessment uses litmus paper to test a drop of blood. The edge of the litmus paper can absorb blood plasma without the blood cellular elements. My original research tested saliva pH post meal. This provided a gross evidence of a brief (one to two hours) emergence of systemic acidosis frequently, but not always, associated with symptom production. Using blood to determine systemic pH is more reliable than saliva. Over a twenty year period I tested thousands of patients with the routine described above. The emergence of the symptoms of rheumatic diseases frequently occurred during this testing. A good review of rheumatoid disease symptoms during deliberate food testing is described by Theron G. Randolph[6]. It requires about four weeks of testing to test all the foods a person uses or should be using.

After the testing period is completed a four day diversified rotation diet is initiated. Minor symptom reactive foods are left out of the diet for six weeks and major symptom reactive foods are left out for three months before reintroducing these symptom reactive foods back into the rotation diet. Ninety five percent of the time symptom producing foods can be introduced back into the diet without symptoms occurring.

It is necessary to keep the rotation diet as a lifetstyle. After several months of rotation and symptom freedom on occasions, a single meal violating the rotation diet can be done without symptoms emerging. It is important that no caffeine or alcohol ever be reintroduced back into the diet.

The most symptom reactive foods are cereal grains, containing gluten (wheat, rye, oats, barley), dairy products, especially milk, and mature corn products. Gluten foods were found to constitute 64% of the reactions. Dairy products cause 51% and corn cause 50% of the reactions. On an average there were about 12 foods reacted to with symptoms.

There is no adequate substitute for the four day diversified rotation diet. I have tested out the following and found them not capable of taking the place of a rotation diet despite some of their limited values -- a hypoglycemic diet of high protein frequent feedings, an alkaline food diet, a diabetic diet, a candidiasis diet leaving out yeast foods and not rotating, homeopathic remedies for symptom relief, neutralizaiton techniques without a rotation diet, a macrobiotic diet without food rotation, and so forth.

A four-day diversified rotation diet as a lifestyle is a must for the rheumatoid disease sufferer who wishes to remain symptom free.

A negative magnetic field can relieve the symptoms of rheumatoid disease caused by reactions to foods, chemicals, inhalants, and infections. However, leaving out a rotation diet and depending on optimum nutrition, ridding the body of infections and relying on a negative magnetic field only, to keep symptoms down, can be equated to unnecessarily walking a tightrope.

The Role of the Diabetes Mellitus Disease Process

My research including numerous physically and mentally ill patients spanning a twenty year period provides convincing evidence that characteristically degenerative diseases including numerous rheumatoid disease cases have a prediabetic stage of the diabetes mellitus disease process. Some of the rheumatoid disease cases had progressed to full blown clincally diagnosed diabetes mellitus.

The diabetes mellitus disease process can logically be characterized as having two phases consisting of a compensated diabetes mellitus disease process and a decompensated diabetes mellitus disease which is termed clinical diabetes. The difference between the compensated and the decompensated state is simply that of how many cells are swollen during the reaction and how long they stay swollen.

Compensated diabetes mellitus disease process characteristically exists for years before decompensation occurs. During the compensated phase, food testing, after five days of avoidance demonstrates hyperglyciemia of 160 milligrams percent or more up to one to two hours post meal for about half of the symptom producing foods and some not manifesting symptoms. Hypoglycemia does not develop after the five days of avoidance.

Clinically, during this compensated state, episodic hypoglycemia occurs. During the food reaction a brief hyperglycemia occurs which in turn evokes hyperinsulinism as a correction which then produces hypoglycemia. During this compensated state only a few cells are swollen during the food reactive state. In the decompensated state a hyperglycemia of several hours occurs. This happens because more cells are swollen and for a longer period of time than during the compensated phase. Insulin cannot do its job of carrying blood sugar into the cells because they are swollen.

As has been stated] the difference between the compensated and the decompensated state is simply that of how many cells are swollen during the reaction and how long they stay swollen.

In the decompensated state the insulin is available but unable to do its job of transporting the sugar into the cells because they are swollen. This state of adequate insulin without the ability of insulin to do its job has been termed insulin resistance. This discovery of the cause of insulin resistance has been a real breakthrough in understanding maturity onset diabetes mellitus (Type II). This information indicates that the answer to Type II Diabetes Mellitus is deliberate food testing, identifying the hyperglycemic food reactions followed by a four day diversified rotation diet.

The generalization concept gathered by a glucose tolerance test that the problem is the inability to process free carbohydrates with the assumption that there is no such reaction to proteins is erroneous and therefore, misleading. Hyperglycemic reactions occur to any type of food be it carbohydrate, protein, or fats, or in fact chemicals, also. My research has abundantly demonstrated this. The secret to the extent of the diabetic reaction is that of how many cells are swollen and the duration of the swollen cells.

Disordered urea cycle metabolism with the emergence of brief bouts of hyperammoniemia is demonstrated to be also an aspect of both compensated and decompensated diabetes mellitus disease processes. With the urea cycle disordered proteins are not properly processed due to the inability to tie up ammonia into urea. Ammonia is split off from amino acids in order to metabolically use the amino acids.

Ammonia is highly toxic to the neurones. When the spinal cord neurones are most affected the disease is called Amyotrophic Lateral Sclerosis [Lou Gehrig's Disease]. When the brain is the target organ Alzheimer Disease develops.

An institution specializing in Alzheimer and senility case care asked for my ideas on Alzheimer. I told them to feed an 80% protein meal and after two hours post meal test venous and arterial blood for ammonia. Twenty senile cases and twenty Alzheimer cases were tested by this process. All were diagnosed by neurologists. All twenty of the Alzheimer cases had hyperammoniemia and none of the senile cases had hypeammoniemia.

My monitoring of Amyotrophic Lateral Sclerosis cases indicates the existence of hyperammoniemia. Amyotrophy, which has the same symptoms as Amyotrophic Lateral Sclerosis is one of the complications of Diabetes Mellitus type II. The mental deterioration in a diabetic is attributed to being a complication of diabetes. Amyotrophic Lateral Sclerosis and Alzheimer is the same illness with different target organs. They exist as complications occurring during the compensated and decompensated diabetus mellitus disease process with a disordered urea cycle metabolism resulting in bouts of hyperammoniemia. This state of urea cycle disorder is due to maladaptive reactions to foods and or chemicals. This urea cycle disorder disappears when the foods are rotated in a four day diversified rotation diet.

Magnetic therapy is a material aid in preventing and reversing the maladaptive reactions to foods and chemicals.

A four day diversified rotation diet is a central need for correcting both the compensated and decompensate diabetes mellitus disease process phases.

Insulin dependent Diabetes Mellitus (Type I) characteristically develops in childhood. Pancreatic Islet Cells producing insulin are injured by an autoimmune disease or viral infection. There is evidence of an immunologic (IgG) food reaction with a superimposed islet cell autoimmune reaction[7]. The essential difference between Type I and Type II Diabetes Mellitus is that Type II has food allergies and non-immunologic reactions and addictive reactions without the superimposed islet cell autoimmune reaction; whereas the Type I has also the food allergies, non-immunologic food reactions, and addictive reactions with also islet cell auto-immune reaction.

Both types of diabetes mellitus need to have food reactions (immunologic, non-immunoligic maladaptive reactions, addictive) and reactions to chemicals assessed. A four day diversified rotation diet is indicated for both types of diabetes mellitus.

In my experience with this program the true insulin dependent diabeitc will still be insulin dependent however, with the need for insulin reduced by two-thirds.

Nightly use of a negative poled magnetic bed pad and magnets at the crown of the head during sleep should be a lifestyle to aid in preventing the development of complications that are characteristically associated with Diabetes Mellitus and which develop more rapidly in a type I than a type II Diabetes Mellitus.

Diabetics, whether Type I or Type II, should not have to deteriorate with complications.

Insulin resistance caused by reactions to foods and chemicals has been confirmed. When food reactions were sorted out and honored by a four day diversified rotation diet, two-thirds of the Type II diabetics who had deteriorated to the need for insulin did not need insulin and the one-third who continued to need insulin needed only one-third the amount for good control.

It has been said that to understand diabetes mellitus and its complications is to understand the degenerative disease process. It should be understood that rheumatic disease subjects who are not already diabetics are in the stage of compensated diabetes mellitus process and are predisposed to develop Type II clinical stage decompensated diabetes mellitus disease process.

<u>The Physiological Effects of Positive and Negative Magnetic Fields</u>

According to many researchers, negative magnetic fields seem to affect all the metabolic processes involved in growth, healing, immune defense, nonimmune microorganism defense, and detoxification. The following chart as reported in *Alternative Medicine, The*

Definitive Guide,[5] was prepared by William H. Philpott, M.D. and is based on his clinical observations of the effects that positive and negative magnetic fields have upon living organisms.

Biological Response to Antistressful Negative Static Magnetic Fields	Biological Repsonse to Stressful Positive Static Magnetic Fields
pH normalzing	Acid producing
Oxygenating	Oxygen deficit producing
Resolves cellular edema	Evokes cellular edema
Usually reduces symptoms	Often evokes or exacerbates existing symptoms
Can relieve addictive withdrawal symptoms	Stress evokes endorphin production and symptoms can therefore be addicting
Inhibits microorganism replication	Accelerates microorganism replication
Biologically normalizing	Biologically disorganizing
Governs rest, relaxation, and sleep	Governs wakefulness and action
Evokes anabolic hormone production--melatonin and growth hormone	Evokes catabolic hormone production inhibits anabolic hormone production
Counters and processes metabolically-produced toxins out of the body	Produces toxic end products of metabolism and does not counter or process these toxins out of the body
Cancels out free radicals	Produces free radicals

The Role of Exogenous Energy Sources

Physiologists figure that no more than 70% of human biological life energy comes from the food digested. Energy is required to process this food and therefore, the net gain of energy is about 70%. Where does the 30% of exogenous energy come from and what can we do to enhance this 30%?

Humans live in a magnetic field and become ill if not in a magnetic field. Astronauts are provided an artificial magnetic field to prevent illness. A fluid passing through the friction of a magnetic field produces electromotive energy. This is used industrially. Blood flowing in the human body, which is flowing through the earth's magnetic field in which the human lives, will provide the production of some electromotive energy. This energy production can be enhanced by placing a magnet over the heart. Using the negative magnetic pole also keeps the cellular elements properly magnetically poled so they do not stick together. Also, oxygen and water are paramagnetic and can carry this magnetic field to the entire body through the blood circulation.

The earth's magnetic field is waning and therefore humans are living in a magnetic deficient environment. This can be corrected by sleeping on a negative poled magnetic bed pad and/or with the head in a negative magnetic field.

Wearing the negative pole of a magnet on the heart will help correct the magnetic deficient environment.

Any treatment of the body with a magnetic field will to some degree have a systemic energy increase since the oxygen and water passing through the magnetic field become magnetized, which then goes to the entire body.

Tachyon Energy (space energy, gravitation energy) is a theory postulated by physicists which has not, as yet, received universal acceptance by the scientific community at large and therefore, is presented as a theory rather than a fact. The theory goes like this: 1) tachyons are particles 12,000th the size of electrons; 2) tachyons can be converted to electrons by passing through a friction field; 3) a magnetic field is a friction field and therefore a converter of tachyons to electrons; 4) healthy human cells have an electric charged membrane and thus provide a friction field for the conversion of tachyons to electrons. Thus, it can be seen how important for human cells to be in a healthy state with a normal electric charged membrane.

An edematous cell will not serve as a tachyon to electron converter. A negative magnetic field exposure stops the cellular edema and thus improves cellular electron conversion from tachyons.

It is of interest to note that insects and sharks obtain 90% of their energy from exogenous sources whereas humans receive only 30% of their energy from exogenous sources.

The Theoretical Significance of Left and Right Electron Spin in the Human Energy System

A static magnetic field is an energy field by virtue of the movement of electrons. The negative mangetic pole moves (spins) electrons to the left and the positive magnetic field moves electrons to the right. Electron movement is the essence of energy.

Light also is an energy by virtue of its movement of electrons. Polarized light can move electrons either to the left or right, depending on the refractory ability of the substance through which it is going.

There are two types of amino acids: The levo amino acids, which polarize light to the left and dextro amino acids, which polarize light to the right. Light shining through these amino acids would spin electrons either to the left or the right.

Cis fats (unsaturated fatty acids) polarize light to the left and Trans fats (saturated fatty acids) polarize light to the right.

There are sugars that polarize light to the left which are termed levo and sugars that polarize light to the right which are called dextro. Glucose which is blood sugar is often termed dextrose because it is dextro light polarizing. Even though blood sugar is dextro rotary in the crystalline form it is both dextro and levo rotary in solution. The reason for this is that it forms rings in solution which is not formed in the crystalline state. Since both the dextro and levo rotary aspect is approximately equal there is therefore no specific drive of energy in one direction since these cancel each other out and, therefore, glucose in the blood is neutral in terms of its energy production of either dextro or levo by virtue of its light polarization.

Oxygen and water are paramagnetic and can be magnetized either positive or negative magnetic field.

Thus, magnetized oxygen or water will energy-wise behave like a static magnetic field being either positive or negative, depending on the magnetic field to which they have been exposed.

It appears to be an important fact that the human body requires more levo than dextro and in fact cannot use an amino acid that polarizes light to the right and cannot use a fatty acid that polarizes light to the right. These are toxic to the human body.

The levo, both amino acids, and fatty acids polarizing light to the left have the same energy biological effect as a negative magnetic field which spins electrons to the left.

It is important to understand that the magnetic field that spins electrons to the left supports the body's energy oxidation-reduction process. It seems evident that this negative magnetic field supplies the energy for the enzyme function reversing acids, hydrogen peroxide, and oxygen free radicals, thus releasing from these products molecular oxygen, which again is useable in the oxidation process of energy production in the human body.

Also, the human body has to have an alkaline medium because oxygen cannot be maintained in an acid medium. An acid medium is enzyme-toxic to the human body. Thus, it can be understood that a negative magnetic field, levo amino acids and cis fatty acids, all support the body's alkalinity and its high need for oxidation capacity for energy production.

Blood sugar is a neutral, supporting neither the acid production nor the alkaline production, and also, does not interfere with the body's necessary oxidation potential.

Magnetic negative poled oxygen or water supports human physiology. Oxidation provides energy for reversal of reduction end-products (free radicals, hydrogen peroxide, and acids) of metabolism and aids in maintaining the necessary alkaline pH.

The Role of Chemical Remanent Magnetization and the Production of Magnetized Magnetites Crystals in Humans[9]

Chemical remanent magnetization is an oxidative process of producing magnetism. This explains how the human body, through the process of chemical remanent magnetization, produces magnetized

magnetite crystals in the pineal gland, ethmoid magnetic organ and magnetized magnetite crystals in neurons.

Magnetite is made from iron and manganese. Thus, the human body makes mineral crystals that can be magnetized and through an oxidative process can magnetize these crystals. The law governing magnetism also tells us that the external mangetic field can also magnetize these magnetite crystals. Thus, we have both endogenous and exogenous sources of magnetic fields which can influence human body function.

Neurons containing magnetized magnetite crystals, and magnetic organs such as the pineal gland and the ethmoid magnetic organ are permanent static field magnets. Human cells that do not contain magnetite crystals are paramagnetic and are therefore dependent on endogenous and exogenous sources of mgnetism to keep them magnetized. They are magenetized during biological life and are not magnetized after death.

The paramagnetic fields of human cells are centered in the DNA. The cellular human DNA is frequently receiving environmental stress insults which make breaks in the DNA which require repair. The negative magnetic field is the governor of all cellular repair therefore, the cell has to stay in a state of an alkaline medium and high oxygen content in order for the DNA repair system to function.

When the cell becomes acidic and swollen and lacks oxygen then DNA cellular repair is not occurring and thus mutations develop. Under these circumstances, the cell loses its ability for oxidation phosphorylation and resorts to fermentation phosphorylation. Thus, we have the development of degenerative diseases including the encouragment of cancer cells which are known to develop in hypoxic, acid medium conditions.

Thus, the development of cancer is an ever-present threat in all degenerative diseases which have the characteristics of cellular acidosis and hypoxia.

Dr. William H. Philpott's Personal Experience

Twenty-one years ago when I was 54 years old I became dizzy. The next morning I ran a chem screen on my blood and discovered a fasting blood sugar of 250. I had already discovered that food reactions were the cause of maturity onset diabetes mellitus.

I went through the deliberate food testing the same as I had been doing for my patients during the research process in which I was engaged. I discovered that wheat and other cereal grains containing gluten produced my high blood sugar.

When I drank milk I had bursitis, tender elbows, tender right wrists.

Through the years I had had bouts of bursitis, pain in my elbows that had developed a carpal tunnel syndrome with a Dupuytren contracture in the right wrist and hand. Several times I had to inject cortisone into my wrist in order to straighten out my hand and fingers.

I placed myself on a four day diversified rotation diet. Twenty-one years later I have been free through the years of diabetes, bursitis, arthritis, tenosynovitis, and the Dupuytren contracture.

When I began to understand the role of negative magnetic field in health and healing I started sleeping in a negative pole magnetic bed pad with magnets at the crown of my head. I slept soundly and had more energy the next day.

I had been troubled with apnea in which I would quit breathing and suddenly start breathing heavily. This has been a great concern to my wife and it would wake her up and she would shake me and wake me up. After a few months on the bed pad with the magnets at the crown of the head the apnea disappeared.

Apnea is often known to be produced by lack of melatonin. This was evidence that melatonin was now being produced by my pineal gland.

Before I started using magnets I had also developed a dry eye and found it necessary to carry eye drops with me to keep my eye moist otherwise, it was continually red. I considered that I must be developing some evidence of arteriosclerosis that would cause this. I began sleeping with a magnet on the side of my head where the dry eye was. In a few weeks the dry eye syndrome had disappeared. A few months later, when I had my eyes examined by an ophthalmologist he remarked that he had never seen a person of my age without some evidence of arterioslcerosis in the eye grounds. This was evidence that the magnetic treatment at the sides of my head had corrected the arteriosclerosis.

At 75 I am healthy without diabetes, any rheumatoid disease process, evidence of any apnea, or arteriosclerosis.

At 54 I was falling apart with aches and pains, high blood sugar, and I had lost all my molars due to infection, over a three year period before I discovered I had diabetes. I have not lost a tooth in the last 21 years.

Katherine Philpott's Personal Experience

Katherine did not consider herself ill, but she slept on the magnetic bed pad and had the magnets at the crown of her head due to my request and besides, we were sleeping in the same bed and therefore, this necessitated her to have the same exposure I was having.

She noted that she had more energy. Her hair was too brittle to take a permanent. Within a few months the hair had normalized and a normal amount of oil had returned to her scalp. The body hair, which had thinned during menopause, returned. At the same time, the hair that had emerged on her face diminished.

A most interesting thing occurred in which she had some thirty years before after the birth of a child had a blood clot in the left groin. The residual to this was a marble-sized organization in the artery in the left groin, which could be seen and felt. She was unable to walk up flights of stairs without stopping after two or three steps because raising the left leg would cut the blood supply off to the leg.

Several months after she had been sleeping on the magnetic bed pad and with the magnets at the crown of the head she had an occasion to walk up a long flight of stairs and to her surprise no pain developed in her leg. I examined her and found this organized marble-sized area could be neither seen nor felt. This area was never treated by a magnet. The benefit was systemic.

It is now known that both oxygen and water are paramagnetic. What appears to have happened is the water and oxygen had been treated and as it circulated through the arteries and veins, it resolved this residual organized area from the clot.

She has been successfully treated for basil cell carcinoma on her forehead and a serious, fast growing, deep penetrating, malignant melanoma.

Katherine and I chose a mangetic bed pad and magnets at the crown of the head as a lifestyle for the rest of our lives. We anticipate that our lives will be long and continue to be healthy and happy.

Rheumatoid Inflammatory Reactions

Orientation

This Magnetic Research Protocol is prepared for all types of inflammatory reactions for joints, muscles, tendons, nerves, skin, internal organs, and so forth, no matter what the initiating cause may be.

Prior to the start of magnetic therapy a thorough diagnostic study should be done including such as, a physical examination, a history of the illness, any appropriate laboratory work, identifying the illness. The examination should include the symptom reactive tissues and type of reaction, the nutritional state, the infected state, the maladaptive substance reactive state, sleep disorder state, pain syndrome state.

The magnetic therapy is to be combined with other therapies specific for the demonstrated disease state. Magnetic therapy will serve as the reversal of the disordered pathology of specific tissues,

pain relief, sleep enhancement, and the antibiotic effect.

Magnetic therapy cannot replace adequate nutrition and therefore, nutritional supplementation based on laboratory assessment is always in order along with the magnetic therapy.

Treatment

Local and/or Joint Placement

The magnets should be large enough to cover the joint involved. Sometimes small magnets placed close together are used such as the mini-block ceramic magnets, which are the approximate size of a domino.

The principle is that the magnetic field needs to be larger than the lesion being treated.

The flexible magnets are available in 2", 3", and 4" wide, and as long a strip as is necessary. Popular flexible plastiform magnets are 2" square, 3" square, 3"X4", 4" square, 4"X6", 4"X12". these are flexible and may be bent around a joint. They are also thin enough that a person could be lying on the magnet. As useful as these magnets are they are not as useful as the ceramic magnets which are 3/8" thick to 1/2" thick and can even be purchased as 1" thick. There is a disc magnet 1-2/3"X3/8", the mini-block magnet, 1-3/4"X3/4"X3/8", the common ceramic blocks of 4"X6"X1/2", and there is also a 2"X5"X1/2" ceramic magnet. The ceramic blocks of 4"X6" can also be obtained as 1" thick. These are used in the sleeper system placed at the crown of the head. The 1/2" material usually suffices well and penetrates deeply into the tissues however, the weight of the ceramic magnets make them less useable than the flexible magnets.

Organ Placement

Organs such as the liver, spleen, intestine, lungs, prostate, vagina, and so forth, have magnets of specific sizes and shapes adapted for these particular areas. The 4"X6-1/2" magnets are the usual ones used on internal magnets such as the liver or spleen.

It is well to treat at right angels at which a magnet is placed to the side of the body over the organ and another one is placed either on the front or back of the body so the magnetic fields cross at right angles in the organ.

In terms of the intestines, the 4"X12"X1/8" magnets are usually the best. They will also conform to the shape of the abdomen. Sometimes a 4"X6-1/2" magnet is placed directly over the most involved area of the abdomen.

Sinus

Sinuses should be treated with the ceramic disc magnet 1-1/2" across, particularly during sleep at night. the maxillary or frontal sinuses can be thus treated. Flexible material such as 2" square could also be used.

Teeth and gums could either be treated with the ceramic disc magnet or the ceramic mini-block magnet. It is particularly important to tape this on the face, over the infected area at night. However, in an acute infection, it should be left on 24-hours a day for at least 2 weeks, initially.

The treatment of calcium deposited areas will require much longer treatment. They should be treated nightly with a suitable preferably ceramic magnet. It could require as much as a year to resolve calcium deposits.

Also, it should be considered that it may take many months to repair cartilage, tendons, or bone.

Inflamed lymph nodes should be treated with magnets of suitable size. Often the best magnet for treating a small lymph node is the neodymium magnet which is 1"X1/4" of 12,300 gauss. This can be taped over the lymph node. If the lymph node is larger than 1", the ceramic disc magnet should be used. The treatment should be continuous until the lymph node inflammation has been handled.

Systemic

Systemic treatment is an important part of the treatment. It has a great detoxifying value and encourages sound sleep. The subject should sleep with magnets at the crown of the head and sleep on a magnetic bed pad.

Magnets Used

The flexible magnets are obtainable in 2", 3", 4" wide and strips as long as needed. Popular sizes are 2" square, 3" square, 4" square, 4"X6", 4"X12". These magnets are 1/8" thick of 2,000 gauss.

Ceramic magnets come in an assortment of sizes, The size should be chosen according to the size of the area being treated. Popular sizes are a disc magnet 1-1/2"X3/8", a mini-block magnet 1-3/4"X3/4"X 3/8", a block magnet 2"X5"X3/8", a ceramic block magnet 4"X6"X 1/2".These ceramic magnets are all 3,950 gauss.

Duration and Placement

The magnets should be placed directly over the affected area. An absorbent barrier can be between the magnet and the affected area and is a good idea to absorb any moisture from sweating. This can be gauze or any other type of absorbent material. They can be held in place by any number of body wraps; an ACE bandage is readily available and useful. Elastic band wraps are available that are porous enough to have a breathing ability. They fasten with velcro in which the hook velcro fastens to the fabric itself. These can be obtained 12", 17", 36", 31" or 52" long.

Usually treating the lesion directly over the lesion is adquate. Another method is to treat it at right angles in which there is a field coming from above and the side so the magnetic fields cross at right angles in the lesion.

The duration is important. it is important to not just relieve the symptoms, but to leave the field in place for the purpose of healing. The more hours the better. The treating at night is ideal since heavier magnets can be used than would be available while ambulatory. This is a good time to use the ceramic magnets and to also sleep in the magnetic bed pad and the sleeper system at the crown of the head. The sleeper system at the crown of the head is composed of magnets 4"X6"X1" placed 1" apart in a carrier that holds them against the headboard. The top of the head should be no closer than 3" to these magnets. The magnetic bed pad is composed of mini-block magnets that are the shape and size of dominos, placed 1-1/2" apart throughout the bed pad. This pad can be placed under the mattress and still give substantial benefit and for many people should start with it under the mattress. It can be placed on the top of the mattress with an egg crate type foam pad over this bed pad, or some do very well with sleeping directly on the magnetic bed pad.

The use of these magnets for sleep at night should become a lifestyle, used nightly.

Polarity

Always use the negative field facing the body.

The positive field would be inflammatory producing. The negative field is anti-inflammatory.

Possible Side effects

Most people do not experience any kind of sensation when exposed to the magnets. Occasionally, someone will feel something, which is usually caused by the pulling of fluid toward the magnet. This may happen if you place the magnet on one side of the head where if it is placed on both sides of the head this would not be the experience.

If a person does feel something, it is of no consequence and should be ignored.

Occasionally, there is fluid in an enclosed space such as a capsule of a joint or a plugged sinus. When the magnet is placed over a closed area with fluid it may cause pain. This does not mean that the wrong thing is being done, it just means you should treat up to tolerance and the tolerance will grow.

You may find relief by moving the magnet to one side in which fluid can be pulled from the enclosed space.

In treating the eyes, it is important to treat from the side of the eyes so any fluid build up, causing glaucoma, could be pulled out of the eye rather than more fluid pulled into the eye.

Occasionally, when a magnet is placed directly over a nerve, odd sensations (paresthesias) can be experienced. Some may call these paresthesias pain, but it is of no significance and should not deter treatment.

Research Considerations

[*For those physicians interested in appropriate research, contact William H. Philpott, M.D., Chairman Bio-Electro-Magnetics Institute, 17171 S.E. 29, Choctaw, OK 73020: Ed.*]

The monitoring physician provides the research organization with a description of the research subject.

The research organization provides a research protocol to be followed.

The research subject keeps a detailed account of the type and duration of the exposure to the magnets and reports to the monitoring physician.

The monitoring physician reports a minimum of three times a year for the first year.

In chronic illnesses, there should be a yearly report for five years.

Summary

Static magnetic fields from permanent magnets are ideal for treating inflammation and pain no matter why the symptoms may be there. The principle of treatment is a reversal of acid-hypoxia by a normalization of the pH to its normal alkaline state and the flooding of the area with molecular oxygen from the release of oxygen in its bound state in the reduced products of free radical oxygen, hydrogen peroxide, and acids.

The magnetic field should be slightly larger than the lesion being treated.

The duration should be as many hours as possible. In the case of infection, it should be continuous until the infection has been handled, which may require two or three weeks.

In the case of cancer, it requires 24 hour a day treatment for a minium of three months.

In the case of calcium deposits, it requires many months of treatment, especially making use of treatment while asleep at night.

The more hours the better. This holds true for the treatment of atheromatous plaques or amyloid deposits.

The ethics of magnetic resonance therapy is that the magnets being used are industrial magnets and have not been cleared as medical instruments; however, it should be understood that the magnetic fields of solid state static field magnets are the same as instruments that have been cleared.

The FDA has classified the application of magnetics to humans as not essentially harmful.

It is not now and will not be ethical to make a claim that magnetics is a cure for any degenerative disease until statistical studies are published justifying the claim.

The only claim that can ethically be made is that there is sufficient clinical evidence to warrant statistical studies leading to the possibility of claiming a cure for specific degenerative diseases.

Without promising a cure, magnetics is worth a try. The evidence of value is sufficient to warrant the prediction that magnetic therapy will be a substantial, accepted treatment in future medicine.

References

1. Beleney, B. "Magnetism," *New Encyclopedia*, Volume 18, Encyclopedia Britannica, Inc., Chicago. USA, 1986 pp. 274-275.

2. Barefoot, R.R., Reich, C.J., *The Calcium Factor*, Bokar Consultants, PO Box 201270, Wickenburg, AZ, 85358, 1991.

3. Seaborg, G.T., "Calcium," *New Encyclopedia*, Volume 15, Encyclopedia Britannica, Inc., Chicago. USA, 1986 pp. 966-968.

4. Klonowski, W., Klonowski, M., "Aging Process and Enzymatic Protons," *Journal of Bioelectricity*, 1985, 4(1), 93-102.

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

6. Randolph, T.G., "Ecologically Oriented Rheumatoid Arthritis, Ecologically Oriented Myalgia and Related Musculoskeletal Painful Syndromes," Ibid, pp. 201-223.

7. Jukka, Karjalainen, M.D. "A Bovine Albumin Peptide as A Possible Trigger of Insulin-Dependent Diabetes Mellitus," *New England Journal of Medicine*, July 30, 1992, 327(5): 302-307.

8. Potts, John, "Avoidance Provocative Foot Testing in Assessing Diabetes Responsiveness," *Journal of Diabetes*, 29:Supplement 2, 1980; "Value of Specific Testing for Assessing Insulin Resistance," 29:Supplement 2, 1980;"Blood Sugar-Insulin Responses to Specific Foods Versus GTT," 30: Supplement 1, 1981; "Insulin Resistance Related to Specific Food Sensitivity," 35:supplement 1, 1986.

9. Philpott, William H., M.D., "Victory Over Diabetes; "Diabetes Mellitus, A Reversible Disease," "Brain Allergies," "Health Strategies" (A Self-Help Guide to Food Testing); "Cancer Prevention and Reversal," *New Encyclopedia*, Volume 24, Encyclopedia Britannica, Inc., Op.Cit. pp. 200.

10. Also see Hector E. Solorazano del Rio, M.D., Ph.D., D.Sc., *Systemic Enzyme Therapy*, www.arthritistrust.org.

11. Also see *Allergies and Biodetoxification*, Warren Levin, M.D., Anthony di Fabio, www.arthritistrust.org.

A more complete description of Magnetic Resonance and BioOxidativew Therapy with magnetics is found on our website (http://www.arthritistrust.org) at the “Research” tab, under “William H. Philpott.”