Allergy, Immunology, Microbiology
Introduction and Orientation for All Magnetic Health Quarterly Publications
Published by:
William H. Philpott, M.D.
17171 SE 29th St.
Choctaw, OK 73020
(405) 390-3009/ Fax: (405) 390-2968
Email: polarp@flash.net

William H. Philpott, M.D.

FIRST IMPORTANT NOTE

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

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

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

SECOND IMPORTANT NOTE

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

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

Dr. Philpott says that he will be pleased to answer questions by telephone. Information and the catalog are free upon request.

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 alkalinization.
- 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.

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 acclamation 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 tranquhizer.

"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 tranquihizers. 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 purpose 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 reemerging 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-

sis and treatment of psychotics. The medical school accepted the $4,000,000.

"To my amazement, they didn't do anything I had outlined. Instead, they diverted the money to other projects but did do a Rossette test on a few schizophrenics. The results are published in the book, *The Biology of the Schizophrenic Process* edited by S. Wolfe. The conclusions from the Rossette test is that schizophrenia is either an immunologic reaction or a viral infection since both of these look the same on the Rossette test. This did confirm my findings but disappointingly, did not pro-vide 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 alkalinizes 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 alkalinizing 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 alkalinization 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 gall-bladder 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 foreward 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

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 toxicity 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 0. 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

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

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 skies.

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

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 [2] 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 neuron calming and encourages rest, relaxation, sleep and when sufficiently high in gauss strength, can produce general anesthesia. Robert Becker anesthetized his small experimental animals with a negative (south-seeking) magnetic field.

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

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

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

SINGULAR BIOLOGICAL RESPONSE TO SINGULAR MAGNETIC POLE FIELDS

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

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-Bohn 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 toward 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) sub stances. 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.

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, edermatous 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

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 endorphins and serotonin, microorganisms and cancer cell replication.

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

33. MAGNETIC FREE ENERGY.

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

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

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"

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:

Positive Magnetic .Field	*Negative Magnetic Field*
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

Positive Magnetic Field	*Negative Magnetic Field*
Acid-hypoxia	Alkaline-hyperoxia

Magnetic Response to Stress Injury

Positive Magnetic Field	*Negative Magnetic Field*
A positive magnetic field is a signal of injury sent to the brain.	The brain receives the signal of injury as a positive magnetic field and returns the signal of a negative magnetic field
No healing-repair can occur due to the positive magnetic production of acid-hypoxia.	Healing-repair requires alkaline-hyperoxia for oxidative phosphorylation production of ATP. A negative magnetic field biological response to a negative magnetic field is alkaline-hyperoxia.
The production of ATP by oxidative phosphorylation is blocked by the acid-hypoxia of a positive magnetic field.	

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

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

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 magnetic field
transferase 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 disputase
enzyme in an
alkaline medium
Superoxide Free Radical _____>Hydrogen Peroxide
(H_20_2)

Catalase enzyme in an alkaline medium
H_20_2_____>water + molecular oxygen

Superoxide
free Oxidoreductase enzymes
radical, 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-

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 characteristically 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 transferaces, 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-

dependent.

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

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

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

The Role of Oxidoreductase Enzymes in Addiction Including Food Addictions

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

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

Oxidoreductase enzymes are responsible for the production of adenosine triphosphate and oxidation remnant magnetism (negative magnetic field). This is an alkaline-hyperoxia negative (south-seeking) magnetic field dependent enzyme catalytic reaction. When the frequency of a substance exceeds the available functional capacity of oxidoreductase enzymes, then this becomes a stress. The body's response to stress is to raise endorphins and serotonin. This stress over-produces endorphins and serotonin beyond their normal physiological level, thus providing not just a comfortable feeling, but also a super comfortable, even euphoric feeling. Some 3-4 hours later, the production of endorphins and serotonin drop below physiological level, which is now an acidic, inflammatory, psychologically depressive and anxiety-producing state. When oxidoreductase enzymes can be maintained at a normal physiological level, this addictive state does not occur. We know this is true because when we expose the brain and the symptomatic areas to a negative (south-seeking) magnetic field, it will activate the oxidoreductase enzymes and thus relieve the symptoms. This fact also becomes the center focus for handling the symptoms of addiction in general and food addiction in particular. By the use of a negative (south-seeking) magnetic field applied to symptomatic areas and the brain, the withdrawal from addictive substances including foods can be made comfortable. Maintaining comfort while withdrawing from food addiction is an important part of magnetic therapy of reversing food addiction.

THE ROLE OF ADDICTION IN OBSESSIVE-COMPULSIVENESS

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

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

Grandfather Status of Magnet Therapy

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

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 deserves 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

405/ 390-1444 Fax 405/ 390-2968

THE MAGNETIC RESONANCE THERAPEUTIC RESEARCH PROJECT: PATIENT'S AGREEMENT FOR RESEARCH

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

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

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

Address:
Date:

SELF-HELP TREATMENT RESPONSIBILITY

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

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

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

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

Name_____ Date_____

Mailing address_____

_____
City, State, Zip

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

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

Therapeutic research format available:

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

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

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

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

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

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

WILLIAM H. PHILPOTT, M. D.
17171 S.E. 29TH Street Choctaw, Ok 73020
405/390-3009 Fax: 405/390-2968
William H. Philpott, M.D., Chairman
Institutional Review Board
W. H. Philpott Magnetic Research

Research gift to HOLOS INSTITUTES OF HEALTH made by:

Name _____

Address _____

_____

Phone _____

Date _____

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

_____
W.H. Philpott, M.D.

Date _____

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

Allergy, Immunology, Microbiology

from the *Magnetic Health Quarterly*
"Allergy, Immunology, Microbiology" Vol. VI, 3rd Qtr, 2001
(2003 Revision)

by William H. Philpott, M.D.
17171 S.E. 29TH Street
Choctaw, OK 73020
405/390-3009 Fax: 405/390-2968
polarp@flash.net

General Information, Not a Medical Order
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

Definitions of Symptom-Producing Reactions Constitutive Reactions

Constitutive reactions are non-immunologic defense reactions that are always present as a defense. They do not have to be evoked. They are such as the skin as a barrier to penetration If the skin barrier has been breached then there are cellular defenses such as the phagocytes. There are chemical defenses such as histamine. These are given as examples. There are numerous other inflammatory substances that are barriers to further penetration of any substance beyond these constitutive barriers. Inflammation for numerous reasons is present.

Immunologic Reactions

Humeral Reactions

Humeral reactions use the production of antibodies as a neutralizing agent. These antibodies can develop against live organisms or equally, non-live substances.

Cellular Immunity

Cellular immunity is the evoking of specific cells that attack the invading antigen.

Allergic Reactions

Allergic reactions bridge the non-immune constitutive reactions as well as the immune reactions. The constitutive reactions often help to initiate the immune reactions. Allergies particularly noted for their inflammatory reaction to histamine that is evoked as a constitutive reaction is also termed allergy which is a hypersensitivity.

Addictive Reactions

Addictive reactions do not evoke immune reactions. They can and do involve the constitutive reactions. They involve other biological reactions such as disordered carbohydrate metabolism which eventually can lead to maturity onset diabetes mellitus. Serious withdrawal symptoms occur from the addictive withdrawal phase.

Microbiology Invasion & **Reactions**

This involves all types of invading microorganisms, bacteria, viruses, fungi, parasites and so forth. These involve both the constitutive reactions and the immune reactions. Much of what we know about immunity has stemmed from an examination of the interaction between microorganisms and humans.

This treatise is not intended to be encyclopedic in the area of allergy, immunology and microbiology. The goal of this treatise is to emphasize the role of magnetism in the control over all of these sources of symptom production. A negative magnetic field is anti-inflammatory no matter how or why the inflammation has occurred. A negative magnetic field is an antibiotic and should logically be applied whenever there is an infection A negative magnetic field is anti-cancerous and should be logically applied whenever there is a cancer. The negative magnetic field should be logically applied whenever there is an allergic reaction.

"Despite tremendous advances in our understanding of host-microbial interaction and in the development of new and varied anti-microbial drugs and therapies, infections still remains the greatest cause of human morbidity and mortality." (1, page 367)

Magnetic therapy provides a new dimension in this battle with microorganisms. The human response to a negative magnetic field has been demonstrated to provide an adequate defense against microorganism invasion. Magnetic therapy deserves to be developed to the fullest extent in the human battle against microorganisms.

Autoimmune reactions deserve to be treated with a negative magnetic field since this magnetic field controls inflammation no matter why it has developed.

A negative magnetic field should be used whenever there is an implant of an organ from one human to another. The negative magnetic field can destroy any latent microorganisms in the donor's tissues A negative magnetic field can exert a control over the organ rejection phenomena. This application of the negative magnetic field deserves serious study and general application.

MAGNETIC FREE ENERGY

The Secret of Magnetic Therapy

By William H. Philpott, M.D.

Biological life exists in a sea of free electrons (electrostatic field). Enzymes harness these free electrons as an energy source for the joining of enzymes to substrate (catalysis). The movement of electrons between enzyme and substrate produces a magnetic field. It is ultimately the magnetic field attraction that magnetically joins enzyme and substrate. Thus, the free energy source of free electrons is more than electric, it is also electromagnetic. Classically, in the presentation of enzyme catalysis, the magnetic aspect is not identified as being present. Ignoring the magnetic component of free energy during enzyme catalysis is an error since magnetic free energy from a static magnetic field can be harnessed to produce enzyme catalysis. Thus, there need not be dependence on the constant electron free energy since a static magnetic field can also supply free energy by activation of electrons. This magnetic free energy from a static magnetic field is the secret of magnetic therapy. The higher the gauss strength of the magnetic field, the more efficient the enzyme catalysis. This fact changes the energy activation of enzymes from a constant energy activation of static electric field electrons producing a so-called "spontaneous" response to that of a maneuverable, variable, measurable and predictable enzyme catalysis. This is based on the static magnetic field moving free electrons.

The activation of enzymes in biological systems is temperature and pH dependent. Variations of temperature and pH from physiological normal influence the efficiency of the enzyme catalysis. Most human metabolic enzymes are alkaline dependent. The oxidoreductase enzymes necessary for human function are alkaline-dependent. Oxidoreductase enzyme catalysis occurring from free electrons produces a negative magnetic field. Thus, a static negative magnetic field from an external source such as a static field magnet can increase the efficiency of the oxidoreductase enzyme catalysis.

Varying the static magnetic field gauss strength determines the efficiency of the enzyme function.

A static negative magnetic field activates the mineral bicarbonates by attaching to these paramagnetic bicarbonates. Thus, a static negative magnetic field alkalinizes and provides for the alkalinization necessary for oxidoreductase enzyme function. At the same time, a static negative magnetic field energizes oxidoreductase enzyme catalysis. Four of these oxidoreductase enzymes are necessary for the production of adenosine triphosphate (ATP). At the same time ATP is produced, oxidation remnant magnetism is produced. Oxidation remnant magnetism is a negative magnetic field.

This self-made negative magnetic field, oxidation remnant magnetism, is used to maintain alkalinity and for enzyme catalysis. There are ATP dependent enzymes which are at the same time, also negative magnetic field-dependent. Oxidoreductase enzymes have the assignment of processing the end-products of oxidation, which are superoxides, free radicals and their end-products (peroxides, oxyacids, alcohols and aldehydes) and environmental toxins such as acids, alcohols, aldehydes, petrochemicals and toxic heavy metals.

All heavy metals in solvent form are electro-positive and therefore produce free radicals and complex with tissues. In the presence of a static negative magnetic field, the electropositivity of heavy metals is reversed; free radicals are processed to water and molecular oxygen and heavy metal cornplexing with tissues is prevented and reversed.

Enzyme catalysis is the energy movement making life energy available as well as the detoxification of toxins that would destroy biological life. Research discovery of the nutrients compromising enzymes is providing a necessary component of understanding how to make and maintain life energy.

The electro-magnetic component of non-nutritional free energy has been largely ignored or simply regarded as a non-variable "spontaneous" free energy enzyme activating system. In fact, external magnetic fields provide a free energy activating source for enzyme catalysis, both for the production of life energy and its necessary defense against life destroying toxins. This use of an external magnetic source of free energy is magnetic therapy.

Magnetic Free Energy From a Static Magnetic Field Energizing Enzymes Is The Essence Of Magnetic Therapy

Acid Hypoxia
Common Denominator Of Addictions, Allergies, Immunologic Reactions, Infections and Cancer

Addictive reactions constitute inflammatory symptoms precipitated by an adaptation to a frequently used substance (food, tobacco, caffeine, alcohol or narcotics) to which there are no immune components, such as cellular or humeral, to the symptom production. Symptoms may be precipitated by constitutive defenses such as vasoactive agents (histamine, serotonin, kinines and complement disorders). The central mechanism of addictive adaptation is a see-saw of too much and too little endorphins and serotonin. This is a hypersensitive reaction developed by the biological stress of frequent contact with the same food. On contact, there is a hypersensitive defense response of a rise in self-made narcotic polypeptides (endorphins). This rise in alkaloid endorphins produces an alkaline state in which oxygen and oxidoreductase enzymes function with efficiency. At the same time, the endorphins rise beyond normal. Serotonin also, as a defense against biological stress, rises beyond normal. This alkaline-hyperoxia, high narcotic, high serotonin state is super comfortable in which pain leaves, energy is present and oxidoreductase enzymes are highly functional and the beyond normal narcotic level produces a mental euphoria and disordered judgment. Three to four hours later, there is a switch to acid-hypoxia, a drop below normal of endorphins and serotonin with the emergence of pain and the euphoria is replaced with depression. Again, judgment is impaired due to the depression. In this acid-hypoxia state, histamine and other inflammatory constitutive reactions develop, producing symptoms. The frequency association of IgG immune reactions to foods and addictive reactions to food suggests that at least in some cases, IgG immune reactions develop secondary to addictive reactions.

The essence of allergic hypersensitive reactions is inflammation associated with substance exposure. Food addiction and food allergy, as separate mechanisms, can exist to the same substance. In my writings, I have specifically referred to food allergies since it is classically regarded in the medical literature as being the same as immunologic reactions. Theron G. Randolph, M.D.(2), has taught us the significance of addiction and its relationship to allergies. My research as described in my book, *Brain Allergies*, agrees with and compliments the observations of T.G. Randolph. My observations have demonstrated that acid-hypoxia is the common denominator in symptom production even when there is no evidence of immune reactions. Immune reactions are also and always acidifying. Thus there are many reactions that immunologists have dismissed as being psychosomatic when in fact, they were addictions. Acid-hypoxia is the common denominator between addictive reactions and allergic-immune reactions. The withdrawal phase of addiction explains the symptoms of addiction. Fortunately, avoidance of the IgG allergen and or the addiction withdrawal reaction can be reversed with three months of avoidance following which, 95% of the time, a single exposure to the food will not produce symptoms. The re-exposure at the frequency of once in four days classically does not reinstate either the immunologic reaction or the addictive reaction. Furthermore, food addiction cannot be adequately handled by desensitization type treatments. Both IgG, complement disorders and addiction can be adequately handled with the initial three months avoidance followed by an exposure once in four days.

There are a dozen or more constitutive defenses against invasion of antigens, be these non-alive antigens or alive microorganisms. The constitutive defense mechanisms are not immune mechanisms as such but set the stage for the cascade of humeral and cellular immune mechanisms. For a review of the significance of these constitutive defenses, refer to text in these fields(1). The goal of this treatise is to recognize and emphasize neglected and even ignored electromagnetic and energy factors which are a party to and impinging on allergy, immunology and microbiology sciences.

The value of avoidance and spacing of contact with the offending agent compared to neutralization and desensitization techniques is that avoidance and spacing is most efficient. All too often, the avoidance and spacing of contact is ignored in preference to neutralization. If the offending agent is dander from a cat or dog, the best policy is to remove the cat or dog and clean up the house especially with filtration and ozone. If it is a food, then avoid the food for a period of three months and then space the contact to no more than once in four days. In my judgment, after an extensive trial period, I regarded food desensitization or neutralization as a disaster, whereas food rotation turned out to be a great health promoter for the majority.

The Role Of Magnetic Energy

The anti-inflammatory, anti-microbial role of the endog-

enous level and exogenous level of a static negative magnetic field has been ignored and as such has not been assessed in classic allergy immunology and microbiology. These sciences need to assess this magnetic energy factor in relationship to the enormous valuable contribution these magnetic fields can contribute to these sciences. This assessment requires an in vivo assessment and cannot be adequately made in an in vitro assessment.

All biological life is an electro magnetic energy system. Live biological cells have both positive and negative magnetic fields. Invading microorganisms have higher positive magnetic fields than negative magnetic fields. Human cells have higher negative magnetic fields than positive magnetic fields. Invading microorganisms have a higher mineral content and thus a higher conductance and a higher pulsing frequency than human cells. Thus, opposite magnetic fields between human and invading microorganisms and other antigens is a critical difference between the biological energy systems. Any antigen, whether a live microorganism or a non-live antigen that evokes symptoms does so by virtue of either being a positive magnetic field or evoking a positive magnetic field in the human biological system.

Human biological energy has two factors: 1) the production of ATP which is an energizer to many necessary enzymes, and 2) catalytic remnant magnetism which is a negative magnetic field. The oxidoreductase enzyme family identified by function are as follows; dehyrogenases, reductases, oxidases, peroxidases, hyroxylases and oxygenases. They are not ATP-dependent but rather are energized by a static electric field or a negative magnetic field. They are also alkaline-hyperoxia-dependent. When electrons move between dipoles of the enzyme and the substrate, a magnetic field is formed. Alkaline-dependent enzymes, such as the oxidoreductase enzymes, produce a catalytic remnant negative magnetic field. Acid-dependent enzymes used by invading microorganisms produce a positive catalytic remnant field. In humans, it requires four oxidoreductase enzymes to produce ATP which, at the same time, produces catalytic remnant magnetism of a negative magnetic field. All catalytic reactions have a measurable magnetic field produced which of course, also includes those that are ATP-dependent. Physiological texts have ignored or have not considered the magnetic fields that are always present in catalytic reactions. This is a serious mistake since the level of this inherent magnetism varies with the metabolic state of the subject. The exogenous source of magnetism can be varied with the gauss strength of exposure. The efficiency of a catalytic reaction is dependent on the level of endogenous or exogenous magnetism available.

Oxidoreductase enzymes have two functions; 1) to make ATP and catalytic remnant magnetism and 2) detoxification of inherent endogenous toxic species of oxidoreductase metabolism such as free radicals, peroxides. acids, alcohols and aldehydes as well as the numerous environmental exotoxins. The efficiency of catalytic reactions producing ATP and detoxification of toxins is dependent on the level of magnetism available from both endogenous and exogenous magnetism sources.

The greatest area of neglect, avoidance and even ignorance is in the area of magnetism's free-energy biological response. A negative static magnetic field is anti-stressful, anti-inflammatory and anti-microbial with a biological response of health promoting alkaline-hyperoxia. On the contrary, a positive magnetic field is biologically stressful, inflammatory, and microbial supportive with a metabolic disorganizing disease-producing acid-hypoxia.

Magnetic Microbiology Research

The human biological response to a static negative magnetic field is observed to be antimicrobial whether the invading agent is a virus, bacteria, fungus, parasite or cancer. The higher the magnetic gauss strength, the higher the efficiency. There is an urgent need to evaluate this anti-microbial efficiency and to discover the mechanisms of this anti-microbial response. There are many questions about the mechanisms that need to be answered. The following theoretical mechanisms should be considered; 1) pH. Microorganisms flourish best in either an acid or at least, neutral pH. Classically, bacterial, viral and fungal studies have been done at a pH of 7. What we know about their enzyme functions and their immune responses, come from studies at a pH of 7. In order for this to be translated into the human-microorganism interface, we must do our work in vivo and at a pH of 7.4 to 7.6. An example is that oxidoreductase enzymes don't even function at a pH of 7 but require at least a 7.4 to be functional. The entire mechanism of defense that human cells have against invading microorganism cells are only meaningful at a pH of 7.4 which inhibits the microorganism enzyme functions and supports the human enzyme functions that are alkaline-dependent. The negative magnetic field will maintain the necessary human alkaline pH of 7.4 and would thus inhibit the enzyme functions of the microorganisms requiring acid or neutral pH, and 2) Mineral content. It is observed that microorganisms and including cancer cells are not edematous in an acid pH whereas human cells are edematous in an acid pH. The reason for this is that invading microorganisms, and it secondarily can be assumed that cancer cells, also have a higher mineral content. The human cell membrane is a negative magnetic field whereas the cell membrane of the invading microorganisms and cancer cells is a positive magnetic field. This behaves differently in terms of the mineral content of the cell. The cells with a high mineral content will have a higher conductance capacity, thus the microorganisms will have a higher pulsing frequency than the human cell with a lower mineral content. An EEG has helped us determine what these pulsing frequencies are. A pulsing frequency of 12 and below is anti-stressful to the human body and it is this anti-stressful state that is required for the human body to make its ATP. This is where sleep plays such an important role in that there is a high production of ATP during sleep whereas during wakefulness with an expression of energy ATP is being used up and cannot be made at a sufficient rate to keep the life energy available. We have to go to sleep to do this, which is under a negative magnetic field. When there is a pulsing frequency beyond 12 cycles per second, that is when energy is being used up either by activity or by mental function. The thinking brain has a pH of 22 cycles per second. Correspondingly, motor activity has a pulsing frequency beyond the 12 cycles per second. Microorganisms would have a pulsing frequency higher than 12 cycles per second and this would be continuous. Microorganisms have a high metabolic rate whereas human cells have a low metabolic rate. Microorganisms have an inefficient mechanism of producing ATP whereas human cells have a highly efficient mechanism of making ATP with oxidation-phosphorylation. Microorganisms preferentially use fermentation and also other respiratory mechanisms not using oxygen. Oxidative phosphorylation has the highest efficiency of producing ATP.

Even when there are microorganisms using oxidative phosphorylation, they still have this mechanism of a positive magnetic field cell membrane. Microorganisms can invade human tissue because they have this opposite positive magnetic field in contrast to the human negative magnetic field. If microorganisms can outwit and thus, override the cellular negative magnetic field of the human, they can win. If the human cells can maintain a higher negative magnetic field with all of its protection against invasion, it can win. The battle is between the positive magnetic field reinforcing the microorganisms and the negative magnetic field reinforcing the

human organism. It is not the negative magnetic field all by itself that is so significant. It is the biological support of the human cells with a negative magnetic field that can fight the battle and win against the microorganisms. Therefore, in vitro techniques of trying to determine this battle between positive and negative magnetic fields is an inappropriate and inefficient way of making any determination. The determination must be made in vivo while the human cells and microorganisms having this battle are exposed to each other. It is the negative magnetic field support of the human metabolism that makes a negative magnetic field anti-microbial. This only exists in an in vivo situation.

Much that we know about the human immune response comes from an interface study of microbiology and human immune response. Virtually all that we know about microbiology enzyme functions comes from in vitro studies at a pH of 7. A pH of 7.6 to 7.4 is quite different. We need to do our studies over at a pH of 7.4 - 7.6 that is compatible with human enzyme functions. We need to do over our microbiology interface between humans and microorganisms in in vivo studies at a pH of 7.4 - 7.6. We also need to vary the gauss strength of the negative magnetic field externally supplied to the human organisms in order to establish the anti-microbial effect of a negative magnetic field exposure to the humans. We know that this exists because we have killed these viruses when it has been possible for us to assess the results. Human herpes simplex virus #1, characteristically up around the face, has been adequately killed with exposure to a negative magnetic field. The same is true of shingles and herpes simplex #2. When these areas that are actively infected are treated with a negative magnetic field, the viruses are completely killed and there is no return of symptoms of aching, pain or tingling. When these areas are not treated with a negative magnetic field, then there are often 3-5 episodes per year of return of the symptoms. Therefore, from these studies we know that we have effectively killed these herpes viruses. This evidence needs to be documented in a series of diagnostic studies. In order to kill these viruses we need a negative magnetic field that will penetrate the entire body which is of sufficient gauss strength to kill these viruses. At the same time, this is the strength that is necessary to kill cancer, bacterial infections or fungal infections. This can be arranged by using 4" x 6" x 1" magnets placed one inch apart making an entire bed. For a single-sized bed, this would require 70 magnets. The subject sleeps on this bed and, in the acute phase of an infection, goes back on the bed four times during the day. This is continued for a minimum of three months. Prophylactically, it is well to continue to sleep on this bed as a lifestyle. The person can sleep close to the bed with only a 2" pad between them and the magnets or after the acute phase of three months treatment, then place the magnets between the mattress and the springs. Even then, under the mattress, this will provide a sufficiently strong magnetic field to inhibit the growth of any of these invading microorganisms, be they viruses, bacteria, fungi or cancer cells.

Magnets Used:

Necessary for systemic infections, either acute or chronic, use the 70-magnet bed composed of ceramic block magnets that are 4" x 6" x 1 “magnets. These are placed one inch apart in a wooden carrier. There are two grids containing 35 magnets each that are 36” square. Two of these placed together provide a bed 36" wide and 72" long. Place on top of this a thin futon or foam pad. Sleep on this bed at night and, during the first three months, go back on this bed for one hour, four times during the day.

When on the Super Magnetic Bed, also have the head placed in the Super Magnetic Head Unit. This is composed of twelve 4" x 6" x 1" magnets in a wooden frame. Four of these magnets are stacked together on the sides of the head and four are facing the crown of the head. After the three months of virtually continuous treatment, then continue to sleep on this bed with the Super Magnetic Head Unit. After three months, if desired, place the 70-magnet bed under the mattress.

For those who have such as a brain tumor, established infection in the head or Alzheimer’s, then when the head is not in the Super Magnetic Head Unit, use the Super Magnetic Hat which is composed of 34 of the neodymium disc magnets that are 1" x 1/8".

Local treatment for infections of any type or cancer require a magnet of sufficient size that will cover the lesion and sufficient thickness that will penetrate at least 25 gauss to reach the area that needs to be treated. A 4" x 6" x 1/2" magnet is suitable for treating not only local but internal organs such as the liver, spleen, heart or the brain. There are any number of sizes and shapes and thicknesses of magnets that are suitable for each area to be treated. When treating systemically, then treat locally as well, when not on the bed.

Common sized magnets that are used are ceramic discs that are 1-1/2" x 1/2" or neodymium discs that are 1" x 1/8". There are plastiform magnets that are 1/8" thick and can be cut into any size that is necessary. There are pads that are 5" x 6" or 5" x 12" that are padded plastiform magnets that have been cut into strips so that the pad is flexible.

The Pathology Of Herpes Family Viruses

Facts about Herpes Family Viruses

The following are members of the herpes family virus:

- Herpes simplex I which is characteristically around the face, cervical spine or also in the head and brain itself.
- Herpes simplex II which is characteristically in the genital area.
- Herpes simplex I or II can be either around the head or the genital area.
- Varicella-zoster causes chicken-pox. Most children have had chicken-pox. Years later, the manifestation can be observed as shingles which is caused by the latent viruses of chicken pox.
- Epstein-Barr is a highly frequent infection. It particularly likes lymphocytes. It also is neurotrophic. It not uncommonly becomes disseminated into any organs of the body such as the liver, spleen, thyroid or the brain.
- Cytomegalovirus is particularly neurotrophic affecting the brain and the entire nervous system.
- Human herpes virus #6 has been implicated as being consistently present in multiple sclerosis.
- Human herpes virus #7 is a recently discovered human herpes virus. Little is known of its significance.
- Herpes B virus is a virus that is carried by some Old World monkeys. There are 18 well-documented human cases. Thirteen of these were fatal.
- Almost all adult subjects have one or more of these types of herpes family viruses. Epstein-Barr virus is positive in about 90-95% of adults. Herpes viruses do not die. Instead they establish a latency and survive. The only way they can be killed is with a human biological response to a negative magnetic field.
- Herpes viruses “establish latency in the body after pri-

mary infection despite the presence of antibodies". (1, Page 955)

- Antibodies to herpes viruses are not protective against subsequent outbreaks. "Reoccurrences are common and represent reactivation of latent viruses" (1, Page 956).

- None of the antiviral agents eradicate latent viruses. (1. Page 958).

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

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

Theoretical Magnetic Immunology

Humans are an electromagnetic organism. Both positive and negative magnetic fields are an inherent aspect of life energy. Biological life does not exist apart from magnetism. Magnetism is always a positive and negative pole. However, these do not have to be at the same gauss strength and obviously in humans they are not at the same gauss strength. The fact that human metabolism functions in an alkaline medium is evidence that the positive and negative magnetic poles are not equal in humans and in fact, a negative pole is higher than the positive pole. This has to be in order to maintain the alkalinity. Movement of a static electric field source of electrons produces magnetic fields. This biological production of magnetic fields develops with each catalytic joining of enzymes and substrates. When electrons move between enzyme and substrate, a magnetic field is produced. Likewise, an external static magnetic field moves electrons, producing a joining of enzyme and substrate (catalysis). The stronger the gauss strength, the stronger the catalytic reaction. Magnetism is two opposite energies that are mirror images. The static negative magnetic field spins electrons counterclockwise. This is a three dimensional spin. The higher the negative magnetic gauss strength, the faster the electrons spin and the higher the biological expressed energy. The positive magnetic field spins electrons clockwise in a three dimensional spin. The higher the positive magnetic field gauss strength, the faster the spin of the electrons.

The EEG provides evidence of the biological response to positive and negative magnetic fields and demonstrates that this is an opposite energy. A brain exposed to a static negative magnetic field reveals that the higher the gauss strength, the slower the pulsing field. This ranges all the way from 8 cycles per second for relaxation to 12 cycles per second for relaxation and 2 cycles per second for sleep to 1 cycle every two seconds for anesthesia.

The brain exposed to a static positive magnetic field pulses beyond 12 cycles per second. The higher the gauss strength, the faster the pulsing field. This positive magnetic field exposure to the brain is beyond 12 cycles per second and ranges to 22 cycles per second during mental activity to 35 cycles per second during a grand mal seizure.

Thus the EEG response establishes conclusively the separate biological energy systems produced by separate positive and negative magnetic fields. It can also be understood that pulsing sensory inputs can evoke specific magnetic field energy expression of the brain. The EEG tells us that the pulsing frequency is such as the non-stress (stress controlling), 8-12 cycles per second for relaxation, the 2 cycles per second for sleep and 1 cycle very two seconds for anesthesia. Thus we have two ways to drive the magnetic field of the brain, such as positive and negative magnetic fields and sensory and low gauss pulsing magnetic fields.

The natural pulsing of the brain, and thus also all cells of the body is dependent on cellular conductance. Cellular conductance is dependent on cellular mineral content. The higher the cellular mineral content, the greater the conductance. Conductance produces a vibrational pulsing frequency. The higher the mineral content, the higher the inherent vibrational pulsing frequencies. Microorganisms (viruses, bacteria, fungi and parasites) and cancer cells have a higher mineral content and thus a higher pulsing frequency than human cells which have a lower mineral content and thus a lower vibrational pulsing frequency.

There is a battle of electromagnetic energies between human cells, microorganisms and cancer cells. The one with the highest energy will win the battle between electromagnetic positives and electromagnetic negatives. Human cells are electromagnetic negative. Supplying exposure to a negative magnetic field supports the human negative electromagnetic field energy and blocks the micro-organisms and cancer cells that are electromagnetic positive.

Human cell function is alkaline-dependent. Most human enzymes are alkaline-dependent and some, such as those producing ATP, are alkaline-hyperoxia-dependent. Oxidoreductase enzymes have the assignment of producing ATP and catalytic

remnant magnetism (negative magnetic field) as well as processing inflammatory end-products of metabolism (free radicals, peroxides, oxyacids, alcohols and aldehydes) and all endotoxins and exotoxins. It is very important to understand enzyme dependence on pH and cellular energy as an expression of conductance since the understanding of the minutia of immunology has ignored both pH and conductance. This seems very strange because there is an enormous amount of detailed understanding about immunologic reactions. Understanding these two factors gives immunology a new therapeutic life-energy dimension. The understanding of the two diametrically opposed magnetic fields of negative and positive is precisely where magnetic therapy makes its contribution to immunology and the therapeutic use of the immunologic mechanisms.

Some serious questions need to be asked and answered about pH and immunologic reactions:

Are both hormonal and cellular immunologic defense reactions acidic-dependent? Does the acidity precede the immunologic response or is the acidity the product of the immune defense response? It is possible that either can be true. It is certain that all immune responses are inflammatory and acidic and that all immune inflammatory responses are favorably influenced by alkalinization.

Is it possible that a strong and evenly maintained alkaline pH can defeat microorganism invasion? Many patients report that while sleeping on a negative magnetic field bed that they no longer have colds, flu or other evidences of infection.

Can we optimize systemic exposure to an external negative magnetic field and thus prevent infectious invasions? We can successfully treat microorganism infections with a strong and sustained negative magnetic field and kill the microorganisms and kill cancer cells.

Is it possible that understanding the separate roles of conductance between the human cells and microorganisms can lead to understanding why a negative magnetic field is an antibiotic?

A static negative magnetic field biological response is alkaline-hyperoxia. A negative magnetic field attaches to bicarbonates, supporting their alkalinity. A negative magnetic field enzymatically processes inflammatory byproducts of oxidation reduction metabolism (free radicals, peroxides, oxyacids, alcohols and aldehydes) to molecular oxygen and water. Also, endogenous and exogenous toxins are likewise processed to molecular oxygen and water. Thus, alkaline-hyperoxia is a product of a negative magnetic field exposure to human metabolism.

A negative magnetic field biological response is anti-stress and thus controlling of all normal human cellular functions including the control over cellular replication, tissue growth and healing. On the contrary a positive magnetic biological response is stress and if sustained for any period of time, interferes with human cellular functions including cellular replication, tissue growth and healing. Robert 0. Becker, M.D. has determined that healing only occurs in the presence of a negative magnetic field and is equally blocked by the presence of a positive magnetic field.

Microorganism cultures and blood cell cultures (virus and cancer) ignores pH as maintained by human metabolism and especially ignores conductance deficiencies between human cells and micro-organisms. Even though there is some value in these cultures, the results can never be equated to an intact biological organism with these two defenses (pH and conductance) intact. All immune responses are biological stress responses and thus are measurably acid-hypoxic. A negative magnetic field biological response of the alkaline-hyperoxia can initially block and if present already, replace acid-hypoxia with alkaline-hyperoxia.

Infections invading microorganisms are acid-producing and thus the constitutive defenses against invasion are inflammatory acid-producing as well as the immune defense against the invading microorganism is acidifying. Cancer fermentation process is acid-dependent and also produces lactic acid.

Magnetic Immunologic Project

Principle Of Functions

A negative magnetic field, by virtue of a biological response of alkaline-hyperoxia, is anti-inflammatory and can be used to train out an immunological inflammatory allergic reaction to an antigen.

A positive magnetic field is inflammatory by virtue of a biological response of acid-hypoxia and can be used to train in an inflammatory (vaccination) response to an antigen.

Desensitization Methodology

Use a patch skin test or intradermal skin test that is positive to an antigen. Place over this positive skin test, a 1" x 1/8" neodymium disc magnet. Leave in place for one week. Repeat the exposure to the antigen and immediately place over this the negative magnetic field for another week. On the third time, test to determine if the test is still positive. Keep repeating this procedure until the test is negative which time desensitization has developed and is demonstrated.

Sensitization (Vaccination) Methodology

Do an intradermal skin test to determine a negative response. Place the antigen between two glass slides. Secure these glass slides so that they cannot move. Place the glass slides on the skin. Place over this a 1" x 1/8" neodymium disc magnet. Tape this to the skin. Hold this in place for four days. Four days are required to maximize the cellular immune, response. Do not exceed four days since the positive magnetic field is inflammatory. A mild degree of vasodilatation, producing soreness, will be present by four days. If it is extended to as much as two weeks, there will be a florid infection on top of this inflammatory vasculitis. Therefore, do not exceed four days. Move the antigen to another area of the skin every four days. A positive vaccine response will be manifest when an inflammatory reaction with soreness is present within the first day of exposure.

This method of vaccination would not expose the person to an infection. Therefore, it would be a protection against the damage that does occasionally occur from vaccination. A magnetic representation of a substance is known to be capable of producing a biological response. This is the principle of homeopathy. It would be a great blessing to be able to vaccinate and not run the risk of an infection, a massive immune response to some component of the vaccine, contamination of viruses in the vaccine material or of toxic heavy metal contamination. The magnetic method of vaccination using a magnetic representation of the antigen rather than the antigen substance itself is urgently needed and should be vigorously pursued.

AMAS Test

(Anti-malignien, antibody screen)

The AMAS immune assay is the most reliable test for early cancer detection of all types of cancer except leukemia. This is a blood test approved by the FDA. The AMAS test can also be used after magnetic therapy to determine if cancer has been successfully eradicated.

Cancer Markers Frequently Used For Specific Tumors

CEA (carcinoembryonic antigen) test for colon cancer

AFP (alpha-feto protein) test for liver cancer (primary apatocellnlar carcinoma)

PSA (prostate specific antigen) for prostate cancer

TA (carcinoma) 27. 29 for breast cancer

TA125 for ovarian cancer

None of these tests are as reliable as the AMAS test for the early detection of cancer. The AMAS test is not reliable in advanced cancer in which other tests including biopsy is most reliable.

MAGNETIC ANTIBIOTICS

There are numerous evidences that microorganisms capable of infecting humans will die in a negative magnetic field of sufficient gauss strength and sufficient duration. This is true whether the infectious agent is a virus, bacteria, fungus, parasite or other invading microorganism.

A man with a culture identification of a tuberculosis lesion on the back of his hand, having been unsuccessfully treated with various antibiotics, was treated with a plastiform magnet 4" square and 1/8" thick with the negative magnetic field facing the lesion and kept on continuously for six weeks. This negative magnetic field completely killed the tuberculosis skin lesion. Thus, we know there is a magnetic answer for tuberculosis no matter where it is on or in the body.

A man with viral C hepatitis with a positive fetoprotein test was treated with the negative magnetic field of a 4" x 6" x 1/2“ magnet 24 hours a day for several weeks. The viral infection died out and the fetoprotein test became zero.

A woman with a stool culture of several pathogenic bacteria along with *Candida albicans* plus the usual normal, harmless colon bacteria slept on a negative magnetic pole bed of 70 magnets. These magnets are 4" x 6" x 1". The total weight of the 70 magnets in two wooden grids 36" square, with two of these placed end to end, is 400 pounds. The therapeutic gauss strength of 25 gauss extends 18" above the bed. Thus, the entire body is engulfed in a therapeutic level negative magnetic field. Three months after sleeping on this 70 magnet bed nightly, a stool culture demonstrated the absence of the bacterial and fungal pathogen. The normal non-invading, non-harmful bacterial flora of the colon was flourishing.

An elderly man with diabetes mellitus type II that was out of control had a large, non-healing ulcer of a mixed bacterial and fungal culture was scheduled for surgical removal of his foot. The negative magnetic field of a 4" x 6" x 1/2" ceramic block magnet was placed over the non-healing infected ulcer. Within a week, the ulcer started healing. The ulcer healed and the foot was not surgically removed. This occurred despite his uncontrolled state of type II diabetes mellitus.

CONCLUSION FROM CURRENT OBSERVATIONS

The death of invading type microorganisms cannot be demonstrated by in vitro culture outside of the human body. The death of these invading microorganisms is dependent on in vivo infection. The static negative magnetic field strengthens the human cell’s response such that the human cells can kill invading microorganisms. All invading microorganisms of viruses, bacteria, fungi, parasites and others have all responded with death of the microorganism from a sufficiently strong static negative magnetic field of sufficient duration.

There is no adaptation capacity of these microorganisms to a static negative magnetic field.

The good news is that in addition to the life-saving value of currently used antibiotics, we now have a static negative magnetic field with universal antibiotic value to which no human invading microorganisms can adapt. The sad news is that this universal antibiotic value of a static negative magnetic field is not common knowledge and therefore is not being used by traditional scientific medicine. Surely, it can safely be predicted that the day will come when hospitals will be equipped with negative magnetic field beds of sufficient gauss strength to produce an antibiotic value which will be used with or without currently well-established values of known chemical antibiotics.

SUCCESS STORY

Following is the story of Donna-Rae Daugherty. Her story demonstrates:

1. The limited value of using the positive and negative magnetic fields on the same side of the magnet.
2. The symptom producing significance of chronic use of the combined positive and negative magnetic fields.
3. The value of treating with the negative magnetic field only.
4. The antibiotic value of negative magnetic field application.

In February 2000, I was diagnosed with the beginning of osteoporosis in my left ankle. Since I already was walking on the treadmill, I started lifting light weights too. One day I increased the weights and I felt pain in my ankle. Everytime I tried the weights my ankle hurt. I had been using positive and negative magnets for pain on various parts of my body for a variety of reasons for probably about a year. They always “took care” of the pain, so I put the magnets on my ankle, the pain went away and I continued to lift the weights and walk on the treadmill. This went on for about 9 or 10 months. However, now my ankle hurt most of the time. The positive and negative magnets did not relieve the pain anymore, in fact, my ankle seemed to hurt more, it would even wake me in the middle of the night. I eventually went to the doctor and got a cortisone shot, it did not help a bit. I was getting desperate.

I read a little article in the newspaper that a Dr. William Philpott had been in town speaking at a health food store. He had talked about using negative magnets only for healing and reversing diabetes, obesity, and also relieving pain. Not only the word pain caught my eye but obesity also.

I purchased the book *Magnet Therapy.* I only read parts of the book, but the more I read the more it made sense to me.

I wrote to Dr. Philpott and explained about my ankle and asked if he could help me.

He responded very promptly and explained that the positive pole has no effect on healing at all and in fact, will block healing even though it does relieve the pain. In fact, the presence of the positive magnetic pole would even encourage microorganisms replication if by chance they are present. If I were to continuously leave the positive and negative magnets on for a week or more (which is what I was doing) there would develop an inflammatory vasculitis with bacterial growth under the positive magnetic pole area. If the positive magnetic field is placed over a nerve, it produces neuritis. He suggested that I buy a 5" x 6" flexible deep penetrating magnet and the power discs that are 1-1/2" across and 1/2" thick. He also suggested the negative magnetic poled bed with magnets at the crown of my head.

I ordered the magnets for my ankle and also some for my knee. I did not order the bed pad. My knee had been hurting a lot, although not as severe as my ankle. Several months prior I had fallen and come down on the pavement. I had been wearing the positive and the negative magnets on it too.

I received my order the very next day. Within a half an hour or so the pain in my ankle was gone. I wore it for a day or so. When I removed it, my ankle ached a little bit. However, after a week or so the pain was completely gone. The same was true for my knee. I have continued to wear it on my ankle though

because of the osteoporosis.

Because my ankle and my knee healed so completely and so fast about 10 days later I ordered the negative magnetic bed pad with the headboard. This was on May 21st. On May 30th I ordered a few more magnets.

To make a long story short I purchased the magnets for a particular need my ankle and my knee. The magnets completely healed them. However, since sleeping on the bed pad with the headboard and using the various magnets that I purchased, I have discovered the following:

1. The Bursitis in my left hip is gone. I had struggled with it off and on for about 10 years. But it is gone now! I did not even treat it specifically.
2. I feel so relaxed and so good.
3. I healed a periodontal gum soreness.
4. I think that my hearing is better. I do have hearing aids but I have not been using them lately.
5. I have lost a total of 20 pounds in approximately 3 months. I now weigh 110 pounds. I have been not only sleeping on the negative bed pad, but placing the negative 11" x 17" multipurpose pad on my abdomen and a 4" x 6" x 1/2" ceramic magnet on it. When I was in my late 30's I went on a high protein, no carbohydrate diet. I did get my weight down to 110 pounds, but my husband said that I did not look "good." He said that my face looked gaunt. However, this time he says that I look great!
6. I think that the fibrocystic condition in my breasts is disappearing. I really can't feel the lumps much anymore. I have not been to the doctor yet though to confirm this.
7. I wear a 5" x 12" double flex mat with 6 mini-blocks over my breast when I get on the treadmill. It seems to "help" my exercising. I walk 3 miles in 1 hour, 6 days a week. Sometimes I do 4 and even 5 miles on the treadmill.
8. My dry eyes have cleared up. .
9. The cellulite on the back of my thighs is completely gone!!!
10. I have always had cold feet—winter or summer. Even if it is 80 degrees outside I would put my feet on a heating pad. No more! No more cold feet!
11. For many months I had had a chronic cough all of the time only sometimes—most especially when I would laugh. One day I realized that I was not coughing anymore. I did also purchase the chair pad. In the Quarterly *Secrets of the Magnetic Field of Youth* I read about a chronic cough from candidiasis of the lungs. I wonder if that is what I had?
12. No longer did I have gas after the evening meal.
13. Before I started using the magnets I had an upset stomach practically everyday. I would use the sea bands on my wrists that were for sea-sickness. They did work, but now I don't need them.
14. The brown "old age" spots on the back of my hands are gone! I had a lot of them.
15. Now for a major, major magnetic healing that really made a believer out of me. Suddenly one evening I realized that I had a sinus infection. I have never just had sinus infections; I have sinus infections of gigantic proportions that just about kill me.

When I was about 6 or 7 years old, I had a sinus infection. It was so bad that both of my eyes were swollen shut. I could not hear out of my left ear, and I had lost my equilibrium. My parents changed doctors. When they took me to the new doctor, he did not even examine me. He just looked at me and hospitalized me. He told my parents that the infection was so bad and had spread so much it was entering my brain. He said that I would have been dead by morning. I have truly suffered all of my life from my sinuses.

When I was about 13 years old I had polyps in my sinus cavity. They were surgically removed.

I have had sinus infections off and on all of my life. Of course they were always treated with antibiotics. Sometimes the infection would clear up and sometimes it just seemed to perhaps make the pain a little less. But then I would get another infection.

In 1996 I had continuous pain. I kept telling the doctors that the antibiotics were not working. I had an x-ray of my sinus. The doctor said that the sinus cavity was completely packed and that he would have to irrigate my sinus. I would rather have surgery than to ever go through that again. He had to actually climb into my lap in order to push that large syringe up under my lip into my sinus cavity. I thought that it was coming out the back of my head! He emptied two syringes into my sinus. I had pus coming out my nose and down the back of my throat. It was a terrible experience.

In December of 1997 — here we go again — one drug after another. Then I started getting severe reactions to each drug. In July 1998 things really started happening. I was given the drug Minocycline. I became really sick. I had severe pain in my back, nausea, diarrhea, vomiting, chills, sweating, coughing, blisters inside my mouth and lip, a bad taste in my mouth, a sore and swollen tongue, sore mouth and large, raised lesions over my entire stomach. I thought that I was going to die. I was diagnosed as having Steven Johnson syndrome. It was a side effect of the Minocycline. It can be fatal. Then I developed pneumonia in both of my lungs. I was given corticosteriod for the Steven Johnson syndrome and another drug for the pneumonia. A couple of weeks later I developed large, 2" in diameter, hard, red lumps or knots on both legs. They were extremely painful. They then developed all over my body. The nodules were on my shoulders, face jaws, and neck. This was diagnosed as erythium nodosum. The dermatologist said that I had some hidden organisms in my body. He suspected that it was due to my sinuses. In September of 1998 I was given a shot of Prednisone and put on Prednisone medication. The Prednisone was stopped in June 1999. Guess what, anther sinus infection. I went back on the Prednisone until October of 1999. While I was on the Prednisone I had all sorts of side effects, too numerous to name here. I also went from about 128 pounds to 155 pounds. I looked like a chipmunk, my cheeks were so fat. It was even difficult to tie my shoes, my stomach was so big. After I went off of the Prednisone I did get my weight back down to 130 pounds but it wouldn't budge from there — until now!! I now weight 110 pounds!

In November of 1999 I had another sinus infection. Here we go on antibiotics again! I have been given a wide variety of antibiotics. I can honestly say that for probably approximately five years my sinus and my teeth have hurt almost constantly. The doctors didn't seem to hear what I was saying, that "this wasn't working".

Finally, in February of 2000, I was sent to an ENT Specialist. It took him two or three seconds for a diagnosis of surgery. A culture was done on my sinus, and the ENT doctor said that I had bacteria in my sinus cavity that was very hard to get rid of, and that it was due directly from being on so many antibiotics for so many years. He had to try two different medications to clear it up, but finally it did.

My sinus had been perfectly clear until about one month

ago. Suddenly one evening I realized that I had another infection. The entire side of my face and teeth hurt — even my eye. My husband wanted me to call the doctor. I said, "No, I'm not going to take anymore antibiotics". I put the low-profile neo disc (1" x 1/8" disc) on my sinus. First it helped the pain. Then it really started to hurt. In Dr. Philpott's quarterly, *Pain the Magnetic Answer,* he says that "Pressure of excess fluid in a closed space can cause pain". Boy did it! The pain was excruciating all night long. I would leave the magnet on until I could no longer tolerate the pain then I would remove it. After the pain subsided a little, I put the magnet back on. By morning my sinus had started to drain and drain and drain. The pain was leaving now. Within 24 hours my pain was gone and I had no more drainage. I was cured!! I did though treat my sinus for about 12 days afterward. This really made me a believer of negative magnet therapy.

I have always been so called "positive" thinker. No more! Now I am a 'negative' thinker!

For approximately 20 years I have suffered from headaches. They are not migraines or clusters, but they were really severe. Originally I had a headache 24 hours a day, 6 days out of seven with no relief. Since all of the tests that were done were negative, a doctor suggested that perhaps food was triggering them. On my own I figured out that I could not eat Swiss or cheddar cheese, soy sauce, or nitrites. Sometimes, tomatoes, sometimes hamburger, sometimes pizza would give me headache, but not always. The headaches gradually were not as often but still severe. When I had a headache not even codeine nor Percoset nor Imitrex would touch it. I really suffered. In September of 2000 my doctor prescribed a new drug called Panlor SS. It did help, but I was still getting the headaches. I was told to take Panlor every three days even if I didn't have a headache. It did help, but I was still getting the headaches.

On July 1st, 2000 I started Dr. Philpott's 4-Day Rotation Diet. At the beginning I was not doing it exactly as he said. It was a little difficult to get started. I was still eating some of the foods that I had eaten more than twice a week, but I was eating them every four days. I did sorta have some withdrawal symptoms. I did stop my coffee though. I was beginning to notice a difference in how I felt, so then I got serious about the diet. About the end of July I followed his diet to a "T." My last headache and my last Panlor was August 7th. I have had none since. Today is September 6th.

I am sixty-nine years old but I certainly do not feel like it. I feel like I am getting younger everyday not older. I haven't had this much energy for many years.

Thank You Dr. Philpott, Donna-Rae Daugherty

The Secret Of Successful Magnetic Cancer Remission

Scientific Peer-Reviewed Documentation

A static magnetic field is an energy field by virtue of the movement of electrons.(3)

It is an accepted fact that a negative magnetic field spins electrons counter clockwise and a positive magnetic field spins electrons clockwise.

A gauss meter, magnetometer or compass identify the positive (+) and negative (-) magnetic fields of the earth's magnetic fields and also of a static field magnet.

A positive (north-seeking) static magnetic field blocks melatonin production by the pineal gland and the negative (south-seeking) magnetic field stimulates production of melatonin by the pineal gland. (4)

Cancer cells ATP production by transferase enzymes is acid-hypoxic dependen. (5)

Cancer results from a disorder of cell proliferation regulators such as occurs in hypoxia and oxidoreductase enzyme inhibition. (6)

Lack of oxygen induces a malignant transformation in cell culture. (7)

There is published peer reviewed evidence that a static magnetic field inhibits cancer proliferate replication.

Six prior studies have shown that a brief static magnetic field exposure resulted in reduction of cancer cell proliferation growth Nine prior brief static magnetic field studies revealed no effect on cancer cell proliferation growth. This study was designed to determine if a strong static magnetic field with a prolonged exposure would result in cancer cell proliferation growth. Three malignant cell lines; melanoma, ovarian cancer and lymphoma were exposed to a seven tesla uniform static magnetic field for 64 hours. Conclusion: "We have determined that extended exposure to a strong static magnetic field retards the growth of three human tumor cell lines. Further investigations of this phenomena may have a significant impact on the future understanding and treatment of cancer." In this study, the cell culture plate was placed iso-center in the static magnetic field. This study was not intended to isolate separate responses to separate positive and negative magnetic fields, however, the placement of the culture in the iso-center of the static magnetic field exposed one-half of the culture to the negative magnetic field and one-half of the culture to the positive magnetic field. (8)

The positive magnetic field encourages cancer growth. The negative magnetic field inhibits cancer growth. (9)

Non-Peer Reviewed Observations Confirming Peer Reviewed Documentation

The biological response to a static positive magnetic field is acid-hypoxia. The biological response to a negative magnetic field is alkaline-hyperoxia. Cancer implanted on the skin dies in response to a static negative magnetic field. (10)

Confirmation of Davis' work. (11& 12)

A positive magnetic field is the signal present in response to injury. A negative magnetic field is present during healing. (13)

Discussion

The documentation that a static positive magnetic field free energy is a human biological stressor, disorganizer and thus, the signal of injury and that a static negative magnetic field free energy is a human biological anti-stressor, organizer-regulator and thus the signal present during biological normalization and healing is one of the great documented discoveries of the 19th century.

Starting in the 1930's and spanning a period of over 50 years, Albert Roy Davis documented the acid-hypoxia biological response to a static positive magnetic field and the alkaline-hyperoxia response to a static negative magnetic field. He documented cancer remission to a negative magnetic field application.

In 1982, Robert O. Becker documented that a static positive magnetic field is the signal of injury and a static negative magnetic field is present during healing. (Becker, Robert O. and Seldon, G. "The Body Electric. Electromagnetism and the Foundation of Life." William Morrow and Company. NY. 1986)

In the 1930's, Otto Warburg documented the acid-hypoxia fermentation transferase enzyme function as the energy drive of cancer for which he won a Nobel prize.

In 1996, Raymond Raylman documented that a strong, prolonged magnetic field killed cancer. Arthur Trappier, in 1990, documented that it is the negative magnetic field that kills cancer.

Albert Szent-Gyorgi documented that oxygen as an electron receiver and oxidoreductase enzymes moving electrons was necessary to kill cancer. He knew that an energy was needed but in 1970 did not know that a negative magnetic field is the energizer. We now know the answer for which he was seeking is alkaline-hyperoxia plus a negative magnetic field energizer controlling human cell proliferation.

In 1953, H. Goldblatt documented that lack of oxygen induces a malignant transformation in cell culture.

In 1972, W. Joklik observed "Among the goals that should be within reach in the foreseeable future are an understanding of the fundamental control mechanisms that operate in both normal and abnormal cell differentiation, including cancer. (14)

Conclusion

Magnetic therapy of cancer replaces the acid-hypoxia-dependent transferase enzyme catalysis (fermentation) producing ATP with alkaline-hyperoxia oxidoreductase enzyme catalysis (oxidation reduction) of producing ATP. Cancer cells are thus robbed of their ability to produce ATP by fermentation. Cancer cells die because they cannot produce ATP in an alkaline-hyperoxia medium

Acid-hypoxia is the central causal factor in degenerative diseases in general and cancer development in particular.

The initiating causes of acid-hypoxia are many, such as, immunologic reactions, addictive reactions, toxic reactions, physical injury, local or systemic stress, prolonged emotional stress, nutritional deficiencies and so forth.

Cancer cells die in the presence of a continuous static negative magnetic field. Both peer reviewed publications and non-peer reviewed publications confirm the death of cancer cells from a static negative magnetic field of sufficient gauss strength and sufficient prolonged duration. A static negative magnetic field is the breath of life for human cells and the kiss of death for invading microorganisms and cancer cells. Definitive negative magnetic field therapy for the treatment of cancer is justified and recommended by both peer reviewed and non-peer reviewed evidence.

IT IS AN ESTABLISHED SCIENTIFIC FACT THAT A PROLONGED SUSTAINED STATIC NEGATIVE MAGNETIC FIELD PRODUCES CANCER CELL REMISSION.

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 lightening, tornados, cyclones and anti-cyclones which, in the northern hemisphere spin counter-clockwise and in the southern hemisphere spin clockwise. 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 predictability 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 predictability 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 alkalinizes 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 the 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. Static Magnetic Field Local and Systemic Therapy

Allergy-Immunology-Microbiology Magnetic Protocol

Orientation

Negative magnetic field systemic magnetic therapy is optimally suited for; 1) systemic or local allergic reactions, 2) systemic or local immune reactions, 3) systemic or local microbial infection of any and all types of invading microorganisms, 4) any and all inflammatory reactions including addictive withdrawal inflammatory reactions, autoimmune reactions and organ transplant rejection reactions.

All inflammatory reactions, no matter how produced, are benefitted materially by an application of a negative magnetic field to the inflamed area. There can be local inflamed areas that have evoked only the mechanisms of the constitutive barriers. Once these constitutive barriers have been bridged, then the immune reaction, be it humeral, cellular or both, is at that point, systemic. Therefore, it is wise that all inflammatory reactions should use the systemic approach. When not being systemically exposed to a negative magnetic field, then the known local areas of inflammation should be further treated. The inflammatory reaction of addictive withdrawal is also benefitted. However, the final part of the treatment must be also avoidance of the addictant. In a case of foods, three months avoidance usually suffices for control over the inflammatory reaction when the exposure to the original addictant is no more often than once in four days. Narcotics, alcohol, and caffeine should be avoided completely and never reintroduced. The bio-

logical response to a negative magnetic field exerts a control over the immune system. Therefore negative magnetic field systemic therapy should be used to assure the optimum function of the immune system. Much of the time, a negative magnetic field stopping the invasion of microorganisms at the constitutive barrier level will prevent even the necessity of evoking the humeral and cellular immune defenses. But if this is breached, and it often is before treatment begins, then the negative magnetic field has a control over the function of the immune system including its production of inflammation.

A positive magnetic field can be used to stimulate thymus function. These periods of thymus positive magnetic field exposure should be brief, such as 15-30 minutes and spaced several hours apart so that there is not an over-stress of the thymus gland produced by the development of local acidity in the thymus gland. All other aspects of treating the immune system should be negative magnetic field because it is anti-stressful, anti-inflammatory and controlling over the normal functions of the immune system.

Systemic magnetic field therapy is optimally suited for:

1) systemic or local allergic reactions,

2) systemic or local immune reactions,

3) systemic or local microbial infections of any and all types of invading microorganisms,

4) local and especially systemic cancer. Breast cancer, even though it is local should be considered systemic because it so characteristically has spread to systemic,

5) local and systemic arteriosclerosis,

6) local or systemic amyloidosis including also Alzheimer's disease,

7) optimal for sleep disorders, heavy metal detoxification, for stimulation of oxidoreductase enzymes with their functions of a) the production of adenosine triphosphate and, b) the processing of all types of toxins.

Magnets For Systemic Therapy

- Seventy-magnet bed (composed of magnets that are 4" x 6" x 1" placed 1" apart. Thirty-Five of these magnets are placed in two wooden carriers that are 36" square. When placed end-to-end they make a single bed of 36" x 72")
- A Super Magnetic Head Unit (composed of twelve 4" x 6" x 1" magnets. Four are on each side of the head, and four are at the top of the head)
- Super magnetic hat (composed of thirty-six neodymium disc magnets that are 1" x 1/8")
- A 2" x 5" x 1/2" ceramic magnet
- One 4" x 52" body wrap

Local Magnetic Therapy

The magnets used for local magnetic therapy will vary considerably depending on the size or the need for the depth of penetration:

Ceramic magnets available:

A suspension unit composed of four 4" x 6" x 1" magnets in a wooden carrier

A 4" x 6" x 1/2" ceramic block magnet A 2" x 5" x 1/2" ceramic block magnet A 1-1/2" x 1/2" ceramic disc magnet

Neodymium disc magnets available:

1/2" x 1/16" neodymium disc magnet 1" x 1/8" neodymium disc magnet 1" x 1/4" neodymium disc magnet

Plastiform flexible magnets:

Plastiform magnets come in strips 2", 3" and 4" wide. They can be cut to any dimension desired. They can be stacked to produce a stronger field. Common plastiform magnets available are 2" x 3" x 1/8", 3" x 3" x 1/8", 4" x 4" x 1/8" and 4" x 6" x 1/8". Four 1/8" thick plastiform magnets stacked together will produce the same strength as a half inch ceramic magnet.

Flexible mats composed of plastiform magnets:

Flexible mats can be 5" x 6" or 5" x 12". They are composed of plastiform material that is 1-1/2" long and 7/8" wide and 1/8" thick. They are provided with one or two layers of these magnets as may be suited.

Multi-purpose pads that are flexible are composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8" placed and inch and one-half apart. There is a pad that is 11" x 17" and one that is 18" x 24".

There are body wraps that hold the single magnets in place ranging from 2" x 12", 2" x 17", 2" x 26", 3 "x 31", 3" x 40" and 4" x 52".

Placement and Duration

The central purpose of systemic treatment is achieved by sleeping on a Super Magnetic Bed. Those with acute infections or systemic cancer should not only sleep on the magnetic bed at night, but also for 1/2 hour or preferably one hour, four times during the day. The initial treatment should extend to twelve weeks. In achieving this, they should be as close to the magnets as possible. An eggcrate-type foam pad or a suitable futon that is approximately 2" thick is suitable. After the three months, the critical phase is over. The subject can continue to sleep on the bed as is or can place the magnets between the mattress on the springs.

Thymus gland stimulation is achieved by placing the positive pole of the 2" x 5" x 1/2" ceramic magnet on the sternum for 15 minutes, three times a day. Hold in place with a 4" x 52" body wrap.

Local treatment can be used during the time that the subject is not on the bed. When on the bed, the subject also will have his head in the Super Magnetic Head Unit. When not on the bed, the Super Magnetic Hat can be used. In treating a tumor of the brain, it is necessary to treat the head during the period when not on the bed at which time the head is in the Super Magnetic Head Unit. Any serious condition of the brain such as a tumor of the brain, Alzheimer's disease or a vascular disorder, it would be wise to use the Super Magnetic Hat with 34 of the neodymium disc magnets.

The 1-1/2" x 1/2" ceramic disc magnets can be used anywhere on the body with a local lesion that is no larger than 1-1/2" across. These discs are especially useful when placed on the head. The magnets are placed bitemporally and held in place with a 2" x 26" band. This is used to handle any emotional or mental symptoms associated with the illness.

Suitable magnets, be they ceramic, neodymium discs, flexible pads or mats can be used.

In treating areas that are more than 1-1/2" deep, a larger ceramic magnet should be used . Suitable is the 4" x 6" x 1/2" magnet. This can be placed over the liver, the spleen, the heart, the stomach, the intestines or wherever the local lesion is. This ceramic block magnet can be held in place with a 4" x 52" body wrap. This should be used locally when not on the bed.

For very serious conditions such as invasion by microorganisms of the lungs, intestines, the liver or any other place, the most optimum treatment would be that of a suspension of magnets which is four of the 4" x 6" x 1" magnets suspended above the subject without any weight on the subject. This can be used at the same time the Super Magnetic Bed is being used, thus there is an approach from the back side as well as the

front side of the body.

It can be useful to maximize the response of the thymus gland by placing a positive magnetic field of a 2" x 5" x 1/2" ceramic block magnet on the sternum. Beneath the sternum is the thymus gland. This uses a positive magnetic field for 15 minutes, three times a day.

It could be further beneficial to drink alkaline micro water to help keep the body in an alkaline state.

There are many cases in which a far-infrared sauna would add a detoxifying value as well as an oxidoreductase enzyme stimulating value.

A 4-Day Diversified Rotation Diet can handle addiction.

4-Day Diversified Rotation Diet General Information

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

The Following is the Optimum Method of Preventing Symptoms form Occurring from Foods:

1. A 4-Day Diversified Rotation Diet. This four-day spacing of exposure to specific foods prevents food addiction. The 4-Day Diversified Rotation Diet is described in greater detail in *The Ultimate Diet* (Vol. VI, First Quarter, 2000) by William H. Philpott, M.D.

2. Pre-meal negative magnetic field exposure. One-half hour before the meal place the magnets on the body. Magnetic discs, either ceramic discs (1-1/2" x 1/2") or neodymium discs (1" x 1/8") placed bitemporally. These can be held in place with a 2" x 26" wrap. Place on the sternum, a 4" x 6" x 1/2" ceramic magnet. Hold in place with a 4" x 52" wrap. An added value can result from placing a 4" x 6" x 1/2" ceramic magnet on the epigastric area, held in place with a 4" x 52" wrap. Place on the thoracic spine a large sized double strength flexible mat; this flexible mat can be held in place with the same 4" x 52" wrap that is supporting the 4" x 6" x 1/2" ceramic on the epigastric area. These can be removed at the beginning of the meal or they can be continued through until the meal is finished. If symptoms emerge after the meal has been eaten, then replace the magnets until the symptoms leave and especially place a suitable sized magnet directly over the symptom area. Also prior to the meal, if there are any symptom areas, treat these with appropriate sized magnets, pre-meal. Always use the negative magnetic field (south-seeking).

3. Post-meal, if any symptoms develop then use suitable magnets placed locally for relieving these symptoms. It could be helpful again, to place the ceramic disc magnets bitemporally. Bicarbonate alkalinization is useful one-half hour after the meal, use multi-element mineral ascorbate powder. Take 1/2 teaspoon of multi-element mineral ascorbate powder and 1/2 teaspoon of soda bicarbonate in 1/2 a glass of water.

The above pre-meal and post-meal alkalization method is recommended for:

- Those with a serious state of symptoms reactions to multiple foods in which food rotation is not entirely satisfactory.
- When of necessity, symptom-evoking foods have to be eaten, such as when eating out at a restaurant, or those that have to use this method instead of waiting three months for the reintroduction of their foods.

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

Infrared Sauna

Far Infrared is a good, non-injurious heat source with several valuable health promoting values including alkalinization, oxygenation and detoxification.

1. Alkalinization

The human body functions in an alkaline medium. Enzymes in the human body are dependant on alkalinization and on temperature range. Increasing the temperature increases the enzyme function.

2. Oxygenenation

The human body makes it's energy by the oxidation process requiring the presence of molecular oxygen. As the temperature rises, the oxidation process increases. Thus, this will aid in producing more energy.

3. Detoxification

The human body processes toxins, some by being exhaled from the lungs, others passed out through the urine or the stool. Sweating from the skin is another process of detoxification. The far infrared sauna is ideal in that it penetrates through the layers of the skin and into the subcutaneous fat throughout the skin and then detoxifies all types of toxicity including heavy metals. Therefore, this is ideal for heavy metal toxicity such as mercury, lead or other heavy metals. It also processes the enzyme inhibiting acids such as in degenerating diseases. Especially noted is the value in processing the toxins from cancer.

Far infrared sauna is markedly complementary to negative magnetic field therapy which is also alkalinizing, oxygenating and detoxifying.

The Infralume Hand-Held Lumiscope is an ideal instrument. This is obtainable from medical supply stores and drug stores. When using the Infralume, the magnet can be placed on the area immediately after heating. There can be 30 minutes of heating one or more times a day.

Alkaline Micro Water

Alkaline micro water helps materially the body's normal alka-

line state. Also, being micro water, it enters into the cells of the body more readily than the usual water. This also carries negative (south-seeking) magnetic field as well as being alkaline. The Singer Electrolysis Instrument is used for producing the alkaline micro water. At least five glasses of the water should be ingested each day.

Hydration

Pure water should be used as a minimum of eight glasses a day and ten can even be better.

Optimized Nutrition

It is recommended that a local physician be responsible for optimizing nutrition.

Bowel Function

It is very important to keep bowel function optimal. Sleeping on the magnetic bed will help retain some fluid in the stool and make for a softer bowel movement. Vitamin C, particularly as a sodium ascorbate should be used in adequate amounts to provide a soft-formed stool. It is well to take minerals of calcium, magnesium and potassium as ascorbates. The rest of the vitamin C can be taken as a sodium ascorbate.

Polarity

The negative magnetic pole is used at all times, other than the brief exposure of the thymus gland to a positive magnetic field as has been described.

Beyond Magnetism

An acute maladaptive reaction 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 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 alkalinity and normal oxygen state.

Majorities of people are maladaptively reacting to foods in one or more ways, 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 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. For further details and the rotation diet, see *The Ultimate Diet* (Vol. VI, First Quarter, 2000) and *Gastrointestinal Disorders* quarterly (Vol. V, Third Quarter, 1999) by William H. Philpott.

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 producing and should be rarely used. Soft drinks are sweetened with corn sugar and if they are ingested they should be limited to the corn rotation day.

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. The preferred source of alkali minerals is multi-element mineral ascorbates by Klaire Lab. 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 again before going to bed at night. *When* using this mineral alkaline water, place it on the negative magnetic pole of a 4" x 6" x 1/2" magnet for a minimum of five minutes. 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.

There is a valuable method of electrolysis, which provides alkaline micro water that has an alkaline pH. There is a home electrolysis unit (The Singer Electrolysis Instrument) that provides this alkaline micro water. It is recommended that five glasses of the alkaline micro water be ingested daily. 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. The preferred source of alkali minerals is multi-element mineral ascorbates by Klaire Lab. 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, the mineral water need not be placed on a magnet since it is already magnetically charged.

There is a valuable method of electrolysis, which provides alkaline micro water that has an alkaline pH. There is a home electrolysis unit (The Singer Electrolysis Instrument) that provides this alkaline micro water. It is recommended that five glasses of this alkaline micro water be used a day.

Final Word

Last Word

The human biological response to a negative magnetic field is anti-inflammatory. The human biological response to a positive magnetic field is inflammatory. Inflammatory symptoms, no matter why they are caused, can be materially handled with a negative magnetic field whereas a positive magnetic field would make these worse. This is true whether these are infections, histamine-produced or full-blown immunologic reactions. A negative magnetic field is the approach that is needed for inflammation. A negative magnetic field provides the free energy that is necessary for the human immune system to be appropriately controlled. There is a great need for research that has the promise of desensitization by using the biological response to the negative magnetic field and vaccine sensitization using the positive magnetic field. There is reason to believe that vaccination can be achieved without the dangers of infection or contaminants from the vaccine. There is a need to examine the interface between invading microorganisms and humans using the pH that is known to be necessary for the function of human enzymes. This pH ranges from 7.4 - 7.6. This alone would help defeat microorganisms. There are other theoretical reasons why a negative magnetic field will support the human physiology to fight a successful battle against invading microorganisms. There is a continuous energy battle taking place between the human physiology supported by a negative magnetic field and the invading microorganisms and cancer cells supported by a positive magnetic field. Whichever system can come up with the greatest energy will win the battle. Fortunately,

exposing the human body to an external source of a static negative magnetic field can materially aid the body in winning against invading microorganisms and cancer. There is a great need for statistical validation of what has been observed. This cannot be adequately demonstrated in in vitro cultures. It must take place in vivo treatment. We have to have the human body's response to the negative magnetic field to achieve the goal. This cannot be achieved in a plate culture circumstance.

THE GOOD NEWS IS THAT THE HUMAN BIOLOGICAL RESPONSE TO A STATIC NEGATIVE MAGNETIC FIELD CAN PROVIDE THE FREE MAGNETIC ENERGY NECESSARY FOR THE HUMAN ENERGY SYSTEM TO DEFEAT THE MAGNETIC OPPOSITE ENERGY SYSTEM OF INVADING MICROORGANISMS AND CANCER.

ACID-HYPOXIA IS A COMMON DENOMINATOR OF ADDICTIONS, ALLERGIES, IMMUNE REACTIONS, INFECTIONS AND CANCER.

ACID-HYPOXIA IS INFLAMMATION AND SYMPTOM-PRODUCING.

ALKALINE-HYPEROXIA IS THE BIOLOGICAL RESPONSE TO A STATIC NEGATIVE MAGNETIC FIELD.

A STATIC NEGATIVE MAGNETIC FIELD BIOLOGICAL RESPONSE OF ALKALINE-HYPEROXIA RELIEVES THE SYMPTOMS OF ADDICTIONS, ALLERGIES, IMMUNOLOGIC REACTIONS AUTOIMMUNE REACTIONS, INFECTIONS AND CANCER.

References

1) Zinsser Microbiology, 20th Edition. Appleton and Lange. (1992).

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

3) AHARONOV, Y. and BOHN, D. Significance of Electromagnetic Potentials in Quantum Theory. The Physical Revision. 115, 485. (1959)

4) Semm, P., SCHNEIDER, T & VOLLRATH, L. "The Effects of an Earth Strength Magnetic Field on the Electrical Activity of Pineal Cells". Nature, 1980; 288: 607-608.

5) Warburg, 00, On the Origin of Cancer Cells. Science 123 (1956) 309-315.

6) Szent-Gyorgyi, Albert. *Electronic Biology and Cancer A New Theory of Cancer* 1976. Marcel Dekker, Inc. NY, NY 10016

7) Goldblatt, H., and Cameron, G. (1953), J. Exirn. Med, 97525-552; Goldblatt, H., Friedman, L., and Cechnir, R L (1973), Biochemical Medicine 7:241-252

8) Raylman, Raymond R., Clavo, Anair C., Wahl, Richard L. Bioelectromagnetics 17:358-363. Wiley-Liss, Inc. 1996.

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

10) Davis, A.R. and Rawls, W. "The Magnetic Blueprint of Life.". Acres USA, Kansas City, MO, 1979.

11 & 12) Confirmation of Davis' work. by W.H. Philpott, M.D., Philpott, W.H., M.D. and Kalita, Dwight, Ph.D., *Magnet Therapy* (Tiburon, CA: Alternative Medicine. corn, 2000); Philpott, W.H., M.D. *Cancer The Magnetic/ Oxygen Answer* 2001 edition. Published by W.H. Philpott. 17171 SE. 29th Street. Choctaw, OK 73020.

13) Becker, Robert O. and Seldon, G. "The Body Electric. Electromagnetism and the Foundation of Life." William Morrow and Company. NY. 1986.

14) Joklik, Wolfgang K., D. Phil. Zinsser Microbiology. 20th edition. Appleton & Lange, Norwalk, CT. 1992. We now have achieved the goal Joklik was seeking. It is negative magnetic field free energy regulating cell proliferation and thus regulating Growth and healing and also control over invading microorganisms and cancer.

Other references

Becker, Robert O. and Seldon, G. "The Body Electric. Electromagnetism and the Foundation of Life." William Morrow and Company. NY. 1986.

Becker, Robert O. "Cross Currents". Jeremy P. Tarcher, Inc. Los Angeles, CA, 1990.

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

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

Fyfe, William S. New Encyclopedia. Vol. 24, pg 200. Oxidative Remnant Magnetism Encyclopedia Britannica, Inc. Chicago. 1986.

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

McGilvery, R. W. *Magnetic Fields in Enyzme Catalysis. Functional Approach.* W.B. Saunders Company, 1983. Philadelphia, PA. USA.

Bishop, M.L. *Clinical Chemistry.* Second Edition. 1992. J.B. Lippincott Company. Philadelphia, PA. USA.