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Introduction and Orientation for All Magnetic Health Quarterly Publications
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William H. Philpott, M.D.

FIRST IMPORTANT NOTE

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

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

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

SECOND IMPORTANT NOTE

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

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

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

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SINGULAR BIOLOGICAL RESPONSE TO SINGULAR MAGNETIC POLE FIELDS

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

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

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

Alzheimer's Disease and Amyloidsis

from the *Magnetic Health Quarterly*
"Alzheimer's Disease and Amyloidsis," Vol. VII, 1st Qtr, 2001
by William H. Philpott, M.D.
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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
Acid-Hypoxia Cause
Alkaline-Hyperoxia Correction

Preview: Revealing Facts About Alzheimer's [3]

As a quick, educational primer, here is a valuable list of pertinent facts about Alzheimer's.

- There are over 4 million Americans suffering with Alzheimer's. The number will increase to 14 million people in the next generation or two. There are 20 million Americans directly affected by it, and this will progress to 70 million.
- The combined expenses to treat Alzheimer's in the United States exceed $100 billion annually.
- Approximately 50 percent of the population will develop Alzheimer's if they survive past the age of eighty-five.
- Twenty percent of all Alzheimer's cases are related to genetic inheritance.
- Alzheimer's can be prevented. Even moderately advanced stages can be delayed. Early recognition is the key to treatment and prevention.
- The larger the brain, the greater the reserve that remains throughout the course of this developing dementia. Larger brains show better performance during the downhill spiral of Alzheimer's.
- It is now generally accepted that the course of Alzheimer's disease might start as early as the fetal stage and will intermittently traverse several decades. It can have slow and sporadic periods of development, as well as acute phases, depending upon the underlying causes, the individual's physiologic status, and genetic mutations.
- Short-term memory loss is the most prominent early symptom of Alzheimer's. It can be very subtle in onset, and initially it is cleverly hidden by the patient.
- Little-known fingerprint patterns can predict the development of Alzheimer's years before its clinical onset, and with such accuracy that they have been proven an excellent marker. A simple home test will reveal it.
- The sense of smell is lost approximately two years prior to other symptoms. It is an early marker for disease. Its onset is so gradual over such a prolonged period of time that the patient is often totally unaware. Simple home testing can expose it.
- Hearing loss is extraordinarily high in Alzheimer's and occurs earlier than other symptoms. It is an early marker for identifying disease and easy to detect.
- Depression is a very early marker. It is encountered in 50 percent of all patients suffering with dementias. In Alzheimer's, its onset is seen earlier than other dementias, setting it apart from them. It can present itself more than two years before the disease is recognized.
- Survival is generally six to eight years after diagnosis. However, death can occur as soon as two years after the diagnosis has been established.
- Seventy percent of all deaths due to dementias are of the Alzheimer's type. There are many dementias that mimic Alzheimer's, of which vascular dementia is the most frequently encountered.
- Individuals with low blood sugar (hypoglycemia) have nearly twice the chance of developing Alzheimer's dementia because their brain cells are deprived of the sugar required for energy and survival.
- Diabetics have only one-half the risk of developing Alzheimer's disease.
- Prolonged psychological stress can induce Alzheimer's.
- Prolonged use of the antihistamine type of nerve medicine, chlorpromazine (Thorazine), can contribute to Alzheimer's disease.
- Prolonged use of stomach medicines such as Donnatal and Bentyl might play a significant role causing, or at least aggravating, Alzheimer's.
- Electromagnetic fields are now implicated as a cause of Alzheimer's.
- Exposure to several groups of organic solvents such as toluene is implicated as a possible cause of Alzheimer's.
- Several anti-inflammatory agents such as ibuprofen are able to reduce the risk of developing Alzheimer's as much as 55 to 60 percent by their ability to counteract the inflammatory processes in the brain that are responsible for the death of brain cells that cause Alzheimer's.
- Shingles, a very painful skin rash caused by a virus, can produce a dementia identical to Alzheimer's.
- Autopsy reveals that Alzheimer's patients are deficient in thiamine (vitamin B_1). Correcting this deficiency with vitamin supplements has been shown to improve cognition.
- Estrogen replacement therapy provides a 55 percent reduction in the risk of developing Alzheimer's disease.
- Aluminum has been alleged to be a major cause of Alzheimer's disease.
- Zinc is now a primary suspect among the heavy metals suspected as a potential cause of Alzheimer's.
- Iron deposits in the brain are prominent in Alzheimer's and may possibly evolve as a cause of dementia.
- The lack of circulation with a corresponding loss of oxygen and glucose (sugar) to the brain is highly suspected to be a contributing cause of Alzheimer's disease, even as early as the fetal stage.
- Children of affected mothers have a significantly higher rate of Alzheimer's (9:1) compared to children of affected fathers.
- Several genes have been identified that cause Alzheimer's, and the earlier its onset the more likely the cause is genetic.
- Apolipoprotein E 4 (APOE 4) is a harmful inherited

gene, carried by 30 percent of the population, but fortunately only 10 percent of those who carry it will ever develop Alzheimer's.

- Head trauma, particularly accompanied by loss of consciousness, doubles the risk of Alzheimer's. Head trauma with possession of the abnormal hereditary gene APOE 4 increases the risk of Alzheimer's tenfold.

- Alzheimer's dementia has been documented in individuals as young as age twenty-nine, representing an inherited genetic subset of the disease.

- The Cherokee Nation of Native Americans exhibits a natural immunity to Alzheimer's.

- African-Americans and Hispanics are both at higher risk than whites for developing Alzheimer's.

- AD 7 C has to date proven to be a most significant test and it closely matches autopsy findings for diagnostic accuracy.

- The PET scan is unique for measuring blood flow and metabolism in the brain. It is reported to have the potential to predict Alzheimer's as many as twenty years before clinical symptoms evolve.

- Nicotine improves learning and slows the progression of Alzheimer's, although this is not an excuse for smoking.

- Vitamin E is 55 percent effective against Alzheimer's. It can help to prevent the disease if started early in the course of treatment.

- Haldol, a nerve medicine initially marketed for the treatment of schizophrenia and other psychoses and now used for other nervous disorders, can significantly retard the progression of Alzheimer's.

- Certain ulcer medications such as Tagament provide significant delay in both onset and progression of Alzheimer's.

- Fish oils (omega-3) are protective against Alzheimer's and help prevent depression.

- Levels of vitamin B_{12} normally decrease with aging, but Alzheimer's patients have lower levels of vitamin B_{12} than their normal counterparts and this deficiency requires replacement.

- Sundowner's syndrome refers to wandering and roaming when the sun goes down. Melatonin may help to alleviate sundowner's syndrome and help regulate and normalize sleep patterns.

- Epileptic-type seizures can be a very early marker of a rare genetic subset of Alzheimer's and can occur even before the early onset of disease at ages as early as twenty-nine.

Understanding Magnetic Therapy

What is a static field magnet?

A static field magnet is surrounded by a magnetic field that moves electrons in the field.

Even though the magnetic field is static the movement of electrons makes this an energy field. Therapeutic magnets are flat surfaced ranging in thickness from 1/16 to 1 inch and in diameter from 1/2 inch to 4" x 6" x 1". The magnetic fields are on opposite sides of a flat surface. There is a positive magnetic field (+) and a negative magnetic field (-) on opposite surfaces of these static field magnets. The positive and negative magnetic fields correspond to the positive and negative magnetic field of a direct current electric circuit. In fact the magnetic field of a magnet are produced by an electric exposure to the electric fields direct current circuit.

One half of the thickness of the magnet is a positive and the other half is a negative field. These are opposite sides of the static field magnet. Iron oxide or neodymium is the usual materials used. These metals are impregnated in a hard material such as ceramic or neoprene form.

Magnets used for treating Alzheimer and other types of Amyloidosis

For the purpose of treating Amyloidosis the magnets used are:

1. Four 4" x 6" x 1" thick stacked magnets on both sides and top of the head. A total of twelve 4" x 6" x 1" magnets surrounding the head. This super magnetic head unit is used during sleep at night and when napping during the day.
2. Thirty-four 1" x 1/8" stacked neodymium disc magnets strategically placed on the hat around the head exposing the entire head to an optimum magnetic field.
3. When a single organ such as the liver is involved in Amyloidosis then a 4" x 6" x 1/2" thick magnet is used over this organ.

The duration of exposing the target organ with Amyloidosis to a negative magnet field for the resolution of Amyloidosis is yet to be statistically determined. The objectively observed immediate effect of symptom relief in the early stages of Alzheimer's is obvious. The percentage values are yet to be experimentally determined. It is the better part of wisdom for the treatment to be used daily as a lifestyle.

Beyond the local treatment of the amyloid deposits such as the brain for Alzheimer or other selective organs such as the liver, pancreas, heart, kidneys, spleen and so forth, it would be well for general health reasons to have a systemic exposure to a negative field. This can be achieved by sleeping on a negative magnetic field bed composed of mini block magnets (1-7/8" x 7/8") placed one and one half inch apart, or even more optimal, a single bed size composed of seventy magnets (4"x 6" x 1") placed one inch apart.

The Patho-Physiology of Alzheimer's Disease

Amyloid deposits can develop anywhere in the body, and are often in the liver and pancreas. Alzheimer's disease is amyloidosis of the brain. Beta-Amyloid is a neuro-toxic amyloid. Amyloid is composed of insoluble amino acids plus minerals, heavy metals (especially aluminum and mercury) and remnants of dead neurons and their appendages.

Amino Acids are soluble in an alkaline pH, such as the physiologically normal 7.4 pH of the blood and body fluids[4]. Amino acids form insoluble gel precipitates in an acid medium[4]. Therefore we know of a certainty the starting point of the formation of local amyloid deposits is a local acidity. Furthermore, the change of insoluble amino acids back to soluble amino acids requires the reversal of the local acidity to a local alkalinity (i.e. a change in pH). The local application of a negative magnetic field achieves the replacement of acid-hypoxia with alkaline-hyperoxia. For this reason, the most fundamental starting point is the local application of the negative magnetic field to the brain.

Any acidifying source is important to consider and reverse. Deliberate test exposure to foods, chemicals and inhalants demonstrates that when symptoms occur there is measurable blood acidity. The body area where a symptom develops has the highest local acidity. In Alzheimer's disease the brain is the local area of highest acidity, which precipitates the local amino acids into insoluble gels. All the early stage symptoms of Alzheimer's have been observed to be evoked with deliberate test exposures to foods, chemicals and inhalants to which the subject is addicted, immunologically reac-

tive or otherwise evoking an inflammatory reaction due to a hypersensitivity to that substance. These maladaptive symptom evoking brain reactions demonstrate that these maladaptive reactions are the fundamental building blocks for Alzheimer's disease. Each time a brain maladaptive reaction from an environmental substance occurs a layer (plaque) of insoluble amino acids occurs. Alzheimer's disease is the extension in time of acute cerebral symptom reactions to environmental substances. Percentage wise these symptoms mostly occur to foods by the mechanism of addictions, immunologic allergies and otherwise oxidoreductase enzyme inhibitions producing hypersensitivity reactions.

All sources of acidification are important; the following need to be considered:

- Addiction reactions. The withdrawal phase of addiction is acidification. Hypoglycemia is a manifestation of the withdrawal phase of food addiction. The reduced supply of glucose to the brain further damages neurons and compounds the damage form acidity.
- Immunologic reactions. These types of reactions are acidifying as well.
- Hypersensitive reactions that are neither addictions nor immunologic reactions. These occur due to several reasons such as; malnutrition or an oxidoreductase trained inhibition.
- Infections. Infections are acidifying, it is wise to examine for chronic infections such as Epstein-Barr, cytomegalo, and Human Herpes VI.
- Heavy metals. These are acidifying by virtue of the formation of free radicals and its production of a chain of inflammatory substances (especially including oxyacids). Heavy metals are electropositive; therefore free radicals and acids are formed. A negative magnetic field reverses the electromagnetic positivity of heavy metals, which in turn stops free radicals and acid formations.
- Nutritional deficiencies. Oxidoreductase enzymes and in fact all other enzymes are formed from amino acids, B complex vitamins and mineral. A nutritional deficiency can produce a decreased efficiency of the oxidoreductase enzymes. The assignment of the oxidoreductase enzymes is to produce ATP and also detoxify and process any end products of the oxidation-reduction metabolism starting with free radicals and their end products.

Further facts observed by William H. Philpott:

- Alzheimer's is amyloidosis of the brain.
- Amyloid plaques consist of amino acid gels with whatever else was present and caught up with this amino acid gel. This includes heavy metals (especially calcium, aluminum and mercury), dead neurons and their appendages.
- Amino acids are soluble in the physiological pH (in the brain) of 7.4 and are insoluble in an acid medium. Therefore, amyloidosis can only develop when there is a local acidity to the brain.
- The biological response to a negative magnetic field is alkaline-hyperoxia; therefore a negative magnetic field is capable of reversing the amyloid plaques.
- The major reason for precipitating amino acid gels is maladaptive reactions to foods, chemical and inhalants in the form of food addictions and immunologic reactions.
- Heavy metals compound the problem by their electromagnetic positivity forming free radicals and acids. This is reversible by a negative magnetic field, replacing the electromagnetic positivity of heavy metals.

The specific symptoms that develop are a reflection of the area of the brain that is involved and sometimes maybe rather limited to that area with the rest of the function being reasonable intact. There are five such discreet areas of brain malfunction that are observed in Alzheimer's[5]:

1. Karsakoff amnesic state. This amnesic state consists of an inability to remember recent events. The memory may be so impaired that the subject cannot remember what occurred a minute or two previously. Yet the area of most important learned functions may still remain intact.
2. Dysnomia. This is the forgetting of words especially proper names.
3. Viseo-spatial disorientations. The parietal-occipital functions sometimes become disarranged and fail while other areas of function are preserved. Losing ones way even in familiar surroundings is an example of this.
4. Paranoia and other personality changes.
5. Gait disorders. In most cases of Alzheimer's the gait disorder is only observed in the last stage of the disease, but in some cases it occurs early in the disease process.

WHAT IS AMYLOID?

Amyloid is composed of the precipitate of insolvable amino acids along with fibrous material from dead neurons and their extensions. Successive layers of Amyloid precipitate are laid down in intercellular space. This growth of Amyloid precipitate is increasingly space occupying between cells and is toxic and thus injurious. Amyloid is an abnormal protein precipitate of insolvable amino acids, which have no biological value in human metabolism. Amyloid is toxic because it is acidic, is a positive magnetic field and has heavy metals attached to the Amyloid. Heavy metals are not necessary for the production of Amyloid. All that is needed is acidity to precipitate the amino acids into an insolvable gel.[2] Heavy metals complex with this Amyloid resulting in an increased toxicity of the Amyloid thus the higher amount of toxic heavy metals the more toxic the Amyloid. Also the presence of the toxic heavy metals is acidifying thus can have a secondary role in increasing the amount of Amyloid.

WHAT PRECIPITATES AMYLOID?

Amyloid develops because of an insolvable precipitate of amino acids. Amino acids are solvable in the physiological normal in the pH of 7.4 and beyond and as such are available to be incorporated into enzymes and useful tissues. Amino acids are known to be insolvable in an acid medium in which condition amino acids become an insolvable gel. Amyloid is amino acid gel, which has incorporated fibrous elements of dead neurons and their extensions.

Understanding that amino acids are solvable in an alkaline medium of 7.4 and beyond and insoluble in an acid medium explains why there are so many factors that influence the development of Amyloidosis in general and Alzheimer Amyloidosis in particular. The goal of prevention is to maintain a physiological alkaline pH in the blood and tissues. The goal of treatment is to stop the input of acidification and provide a sustained alkalinity not just of the blood but also of the tissues, where the Arnyloid is deposited in any system that maintains alkaline-hyperoxia is helpful. Amyloid is not vascular and thus is resistant to a reversal from blood alkaline-hyperoxia. Ideal is a magnetic field that has no dependence on diffusion because it is all the same everywhere in the magnetic field. The biological response to a negative magnetic field is alkaline-hyperoxia. Thus a sustained, static, negative magnetic field can reverse Amyloidosis. The higher the magnetic gauss strength and the more sustained the magnetic field exposure the more efficient the process of Amyloid absorbance. The insolvable acid Amyloid becomes solvable in the alkaline-hyperoxia pro-

duces by a negative magnetic field.

Amyloidosis is a systemic disease despite the fact it has high concentrations in local areas giving it the appearance of being only a local disease. The brain (Alzheimer Disease), liver, kidneys, pancreas, heart, around blood vessels and around nerves, frequently have heavy precipitates of insolvable Amyloid. There are frequent skin and subcutaneous deposits of Amyloid. Even the fingerprints change due to Amyloidosis. Indeed Amyloidosis is a serious incapacitating disease both mentally and physically.

INFECTIONS

All biologically invading microorganisms (viruses, bacteria, fungus and parasites) are acidifying.

Viruses particularly may be involved in a local infection but also toxins from local bacterial and viral infections are also inflammatory, and may well be a part of the acidification where the Amyloid is deposited. A search should be made for infectious agents especially including latent and slow virus infections. Special consideration should be given for the isolation of any of the herpes viruses.

All invading microorganisms can be successfully treated with a negative magnetic field. Toxins from microorganisms can be detoxified by a negative magnetic field. When indicated, which is especially true of such as Epstein-Barr, Cytomegalovirus, and Human Herpes #VI, the magnetic treatment should be systemic. Ideal for this is a seventy magnetic bed composed of ceramic block magnets that are 6" x 4" x 1" thick placed 1" apart. Seventy of these are needed for a single bed size. Any treatment that can rid the body of a microorganism infection state is useful in the prevention or advancement of Amyloidosis. Amyloidosis frequently has episodes that undoubtedly relate to infections or other periodic inflammatory responses.

RHEUMATOID INFLAMMATORY REACTIONS

Amyloidosis is frequently associated with rheumatoid inflammatory reactions. Inflammation is acidic and any inflammation no matter how produced is significant in the production of Amyloidosis.

IMMUNOLOGIC REACTIONS

Immunologic reactions are always acidifying and should be appropriately treated. Treating local systemic immunologic reactions with magnets is very profitable. Avoidance and spacing of contact with agents precipitating allergies is a significant part of management of allergies.

ADDICTIONS

The withdrawal phase of addiction to anything whether it be narcotics, foods, alcohol, tobacco, caffeine and so forth are acidifying and can be a major cause of Amyloidosis.

NUTRITIONAL DEFICENCIES

Nutritional deficiencies lead to inflammatory reactions. Special consideration should be given to deficiencies in thiamin, vitamin E, folic acid and B_{12}.

Trauma is known to aid in precipitating a development of Amyloidosis. In Alzheimer disease, head trauma can precipitate or markedly increase the production of Alzheimer disease.

STRESS:

Prolonged stress can precipitate Amyloidosis in the specific area that is being stressed.

HEAVY METAL TOXICITY

Most common heavy metal toxicity's are to aluminum, mercury, and lead[6]. All heavy metals are Electro-magnetic positive[7] and thus are free radical producing and acid producing. Heavy metals are known to complex with specific elements in tissues. For example, mercury complexes with sulfur in amino acids and tissues. Heavy metals produce acidity and add Electromagnetic positivity to Amyloid where they attach (complex). Heavy metals are not necessarily for the production of Amyloidosis however when present they will increase the toxicity and the production of Amyloidosis. Therefore, to rid the body of heavy metals of any type is very important. There are specific chelating agents for specific metals.

Also, a negative magnetic field detoxifies heavy metals by replacing their electro-magnetic positivity with electro-magnetic negativity. While in this detoxified state the heavy metals are dispensed of in the urine.

Alzheimer's with Arteriosclerosis

Cerebral symptoms are indicative of the specific area of the involved but does not reveal why. Sophisticated techniques of visualization are necessary to reveal with certainty the cause. The diagnosis of Alzheimer's is a matter of excluding all other causes and also visualizing the presence of amyloid deposits. The most common differential diagnosis is between amyloid deposits of the brain and vascular abnormalities secondary to arteriosclerosis. Compounding the differential diagnosis is the fact that both amyloid deposits and cerebral arteriosclerosis are frequently present together in which both can produce the same symptoms. Furthermore, toxic beta-amyloid can erode blood vessels and produce bleeding in the brain.

An examination of amyloidosis should equally include an examination for vascular disorders of the brain. Also the examinations should include the entire body, examining for amyloid deposits and vascular disorders. Insoluble calcium deposits should also be included in the bodily survey of insoluble deposits.

The common denominator of insoluble of amino acids and insoluble calcium is the repeated evoking of local acidity. Arthromatous plaques in the arteries are composed of a combination of amino acid and calcium insoluble deposits plus other local cellular elements caught up in these deposits. Arteriosclerosis including the entire arterial wall and surrounding soft tissue is the same process of local acidity as that of arthromatous plaque formation. There are several potential causes for this local acidity. The major cause is maladaptive reactions (addiction and immunologic allergies to foods), which are ingested with such a frequency that they become a biological stressor. All inflammatory reactions are acidifying. The goal of magnetic therapy is to stop all inflammatory, acidifying responses and thus stopping these insoluble deposits. Magnetic therapy has the goal to stop the cause of these insoluble deposits and also by the alkaline-hyperoxia response to the magnetic field resolve these deposits.

The Role of pH

Theron G. Randolph was the first to observe that biological acidity emerged when symptoms developed in response to deliberate test exposure to foods, chemicals and inhalants[8]. He also observed that enzyme inhibition was involved in this acid reaction. The majority of enzymes involved in human function are alkaline dependant and thus acidity blocks the enzyme response. I have examined many thousands of symptom producing reactions on deliberate exposure to foods, chemicals and inhalants. It has been my routine to test pH as well as blood sugar. My work has abundantly confirmed that Dr. Randolph was right[9]. Acidity does emerge when symptoms do develop, it matters not whether these symptoms can be demonstrated to be addictive withdrawal symptoms, immunologic allergies or otherwise symptom producing sensitivity. Acidity is there when symptoms emerge. This is a very important key to understand-

ing how Alzheimer's disease can develop. It is well established that amino acids are soluble in an alkaline pH, and form insoluble gels in an acid pH[4]. The same is true of calcium, which is soluble in an alkaline pH and insoluble in an acid medium[4]. We see these calcium deposits develop wherever there is inflammation, such as around joints and muscles. Amyloid is obviously insoluble amino acid gels that have developed because of acidity. Therefore now, based on this understanding, these insoluble amyloid deposits developing in the brain in Alzheimer's disease is due to acidity. There are many sources of acidity. Even biological stress is acidifying. Most important of all are maladaptive symptom reactions to foods mostly, and also to chemicals and inhalants. These acidity states keep being evoked because of the frequent exposure to these foods, chemicals and inhalants. My observation is that when a symptom develops in response to an exposure to a substance the acidity is systemically measurable such as in the blood or the saliva. However, the area where the symptom develops is the most acidic of all. Thus in Alzheimer's disease the acidity is in the brain and where this acidity specifically occurs amino acids become insoluble gels.

This knowledge of amino acids becoming insoluble in an acid medium gives us also the queue for treatment. It is known that a negative magnetic field alkalinizes. Therefore the treatment of Alzheimer's is to maintain an alkalinization of the brain so that the amino acids go back into solution.

The Role of Oxidoreductase Enzymes

The families of oxidoreductase enzymes have two major responsibilities, which are

1. The production of adenosine triphosphate (ATP) and
2. Oxidation remnant magnetism (a negative magnetic field)

It requires four of these oxidoreductase enzymes to make ATP. Whenever there is an enzyme catalytic reaction there is always a magnetic field produced. The magnetism produced is called oxidative remnant magnetism[10]. Thus there are two sources of energy made by this process of oxidation phosphorylation, which are ATP and a negative magnetic field. These energies are used in producing enzyme catalytic reactions. The human body must maintain an alkaline pH in order for these enzymes to work. They are alkaline dependant.

The second function of oxidoreductase enzymes is to process free radicals. Free radicals are a spin off of the oxidation phosphorylation process. Free radicals, if they are not processed immediately, will proceed to produce acids, alcohols and aldehydes, which are inflammatory products. There is a specific member of the oxidoreductase enzyme family that have the job of processing any and all toxic substances, either the end product of oxidation-reduction or any other toxins to which the body may be exposed. These enzymes have nutritional precursors of amino acids, B complexes and an assortment of minerals. Thus maintaining optimum nutrition is an important component of being healthy. No one can have health without adequate nutrition.

As important as nutrition is, nutrition alone with the presence of adequate enzymes does not cause the enzymes to function. The function of enzymes is a matter of an energizer. The source of energizing oxidoreductase enzymes is the harnessing of available static electrons to move between the enzyme and the substrate, thus making the enzymes and the substrate join so that a catalytic reaction can take place. When this movement of electrons occurs between the enzyme and the substrate a magnetic field is formed. It is known that the movement of electrons produces a magnetic field. It is also equally known that a magnetic field can be harnessed to move electrons. The magnetic field formed when oxidoreductase enzyme catalysis occurs is a negative magnetic field. For this reason a static negative magnetic field rather than a static electric field can be used for enzymes to join with substrates. This use of free electron energy, which becomes free magnetic energy, is in essence what magnetic therapy is all about. Magnetic therapy is the energizing of oxidoreductase enzymes, which have the task of producing ATP plus a negative magnetic field and also the assignment of detoxifying all toxins whether from the end products of metabolism or from external source of toxins. No matter what these may be, from bacteria, microorganisms, physical injury, petrochemical hydrocarbons or heavy metals, oxidoreductase enzymes detoxify them.

The International functional classification of oxidoreductase is as follows:

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

Heavy Metal Detoxification

Aluminum and mercury especially as heavy metals have been considered as a likely source of producing Alzheimer's disease. This is assumed because of the measurable presence of these heavy metals in Alzheimer's autopsies. I think the evidence is that the heavy metals are not the cause of Alzheimer's disease but rather the precipitating of amino acid gels is due to the maladaptive reactions of foods, chemicals and inhalants. However, the heavy metals become an important contaminant. Due to the fact that the heavy metals are simply caught up in the amyloid, and because the amyloid is not live tissue, it remains as a deposit in the amyloid. This makes the amyloid more toxic because the heavy metals are electromagnetic positive[11], which produces free radicals, which in turn produces acidity. Therefore, the heavy metals are an important contaminant though they are not the original cause. It is important to process the metals out of the body. There are chelation techniques that can be used both intravenously as well as orally that will aid in removing these heavy metal contaminants from the body. These should be used as optimally as possible. It should also be understood that a negative magnetic field exposure cancels the toxicity of the heavy metals by replacing the electromagnetic positivity of these heavy metals with an electromagnetic negativity.

Therefore they are no longer producing free radicals and acids when exposed to a static negative magnetic field. As long as the area containing these heavy metals is in the presence of a negative magnetic field their toxicity is cancelled; and in this non-toxic state they will be processed out of the body, especially in the urine. Therefore it is important from a standpoint of toxicity to expose more than just the brain to a negative magnetic field. The entire body should be exposed to a negative magnetic field so that these toxins can be processed out of the body through the urine in a non-toxic state. In terms of mercury, one of the methods of removing this metal is through the lungs, such at the body temperature to some degree making mercury volatile.

Static Magnetic Field Therapy
Vs.
Pulsing Magnetic Field Therapy
Why I Use Static Magnetic Field Therapy

Why I Do Not Use Pulsing Magnetic Field Therapy

I use static magnetic field therapy in preference to magnetic field pulsing therapy because there are advantages to using a static field over using a pulsing magnetic field. Robert O. Becker, M.D. and I agree that there are no advantages and only disadvantages when using a pulsing magnetic field versus a static magnetic field. In 1993, at the NIH Electromagnetic Advisory Committee, I presented my research program using the static magnetic field. Robert O. Becker responded by seconding my research and added, "We should be doing as Dr. Philpott is doing, using a static magnetic field. I am a co-inventor of the Bassett Instrument with a pulsing magnetic field used for healing bones. However, I can state that a pulsing magnetic field has no advantage over a static magnetic field. There is nothing a pulsing magnetic field can do that cannot also be produced by a static magnetic field."

Understanding the biological response in general and cerebral response, in particular, to separate negative and positive magnetic fields has taught me a valuable lesson. The lesson is that you do not need to go through biological stress to arrive at biological anti-stress as a reflex compensation to the biological stress. The magnetic stress I was using for my mental patients was electro-convulsive therapy and non-seizure electromagnetic brain stimulation. These treatments produce a positive magnetic field stressor for which there is a post-stress, anti-stress reflex compensation of a negative magnetic field replacing the positive magnetic field's stress. By going directly to the negative magnetic field anti-stress, the symptoms of brain malfunction are more predictably reduced than going through stress to achieve a reflex compensative anti-stress. The head placed in an anti-stress negative magnetic field predictably stops psychotic ideas (hallucinations, delusions, perceptual distortion, judgement disorders, depression and mania) as well as non-psychotic (tension, anxiety, depression, other emotional symptoms and also including seizures) without the stress of a seizure of electromagnetic stimulation of the brain. From an electromagnetic standpoint, there is no reason to go through electromagnetic stress to arrive at a reflex compensated electromagnetic anti-stress state. This negative magnetic field anti-stress can be achieved with two 1-1/2 " x 1/2" ceramic disc magnets placed bitemporally; and even more optimally achieved with a Super Magnetic Hat that permeates the entire brain with a negative magnetic field.

My practice of neurology and especially my extensive experience with EEG has provided me guide-lines in applying magnetic therapy and especially isolates the errors being made in the current popular application of pulsing magnetic field therapy.

The EEG reveals that the electromagnetic pulsing of the brain at 8-12 cycles per second is an anti-stress relaxed brain.

Sleep runs as low as 2 cycles per second. Any pulsing frequency of 12 cycles per second or less is a negative magnetic field, non-stress state. Any pulsing field beyond 12 cycles per second is the expression of a positive magnetic field stress state. Imagery and thinking produce 22 cycles per second and in a few, 18 cycles per second, which is a sufficient stress that can only be maintained for three minutes without a relaxed anti-stress period when the pulsing frequency of the brain cuts the stress pulsing frequency in half, thus producing a period of anti-stress.

An anti-stress pulsing frequency needs to be below 13 cycles per second. A stress pulsing frequency, when used, should be no more than 18-22 cycles per second and not sustained for more than three minutes at a time.

Information from the EEG must not be known by those enthusiastic about magnetic pulsing therapy. One instrument advises no more than 8 minutes for their magnetic stress pulsing frequency. Some advise no more than 20 minutes for their magnetic stress pulsing instrument. Classically, pulsing frequencies beyond 22 cycles per second are being used by these magnetic stress pulsing instruments with 50-100 Hz being frequently used. This is all contrary to our understanding of human electromagnetic physiology. Magnetic pulsing therapy has not been using proper guidelines for its investigation.

The essential truth emerges when the brain is exposed to separate positive and negative static magnetic fields during an EEG. A negative magnetic field produces an anti-stress EEG. The higher the gauss strength, the slower the brain pulsing field. Thus, there is a direct relationship to a negative magnetic field gauss strength and anti-stress value. A positive magnetic field produces a stress EEG. The higher the gauss strength, the more frequency the pulsing field. Thus, there is a direct relationship between positive magnetic field gauss strength and the degree of stress. The stress of a positive magnetic field with its increasing in frequency of pulsation can extend up to 35 cycles per second at which a grand mal seizure occurs. Even at low gauss strength, a positive magnetic field can evoke a seizure in a subject predisposed to seizures. On the other hand a negative magnetic field will prevent seizures in a subject predisposed to seizures. Thus, again, we see the stress factor of a positive magnetic field and the anti-stress factor of a negative magnetic field.

The separate skin response to a positive magnetic field and to a negative magnetic field needs to be understood. The skin response to a positive magnetic field is that of vasodilation with a visible reddening of the skin. When this positive magnetic field is extended over a week or more, it turns out that the vasodilation is an inflammatory vasculitis caused by the acid-hypoxia produced by the positive tic field. Infection sets in on this inflammatory vasculitis. The short-term response of vasodilation is bleeding from cuts, arteries and veins. This acid-produced vasculitis decreases oxygen supply to the area under the positive magnetic field. The negative magnetic field releases oxygen from its bound state in free radicals, peroxides, acids, alcohols and aldehydes and due to the abundance of molecular oxygen is vasoconstricting and thus stops bleeding. The negative magnetic field is suitable to treat acute as well as chronic injury conditions. A positive magnetic field cannot be used in an acute bruise or cut injury but only in chronic injuries.

Robert O. Becker, M.D. made a most valuable observation which is that a positive magnetic field is the signal of injury and that a negative magnetic field is of necessity present during healing. Thus a negative magnetic field heals and a positive magnetic field does not heal and can prevent healing.

If a magnetic pulsing field is used, these are the rules to follow:

1) For any healing effect, the pulsing field needs to be below 13 cycles per second. There is no limit in the time exposure when within the anti-stress field below 13 cycles per second.

2) For sleep induction, the pulsing field is best at 2 cycles per second. There is no limit in the time exposure to the anti-stress level of the 2 cycles per second.

3) A pulsing field of 22 cycles per second can activate neurons in the brain and spinal cord which have lost their functional response due to "functional extinction of disuse" due to such as pressure from edema after an accident or after the acute swelling of myelin during an acute attack of multiple sclerosis

or anything that puts pressure on without killing the neurons. Don't exceed three minutes exposure of 22 cycles per second. It is useful to use runs of three-minute intervals for 22 cycles per second followed by 10 cycles per second. This alternating from 22 cycles to 10 cycles could be used for up to 30 minutes.

4) A pulsing frequency of 22 cycles per second can be used to stimulate glandular function such as adrenocortical function activating the production of adrenocortical hormone or the thymus for activation of its immune-hormonal responses. Do not exceed thirty minutes exposure because prolonged application will block response by producing a stress fatigue.

The rules to be followed for static magnetic field therapy are as follows:

1) Use a static negative magnetic field for all healing, cuts, bruises, insect stings, infections (bacterial, viral, fungal or parasitic), cancers and any inflammation.

2) Use a static negative magnetic field as a detoxifier of free radicals, peroxides, acids, alcohols and aldehydes and exogenous toxins.

3) Use static magnetic field to control mental, emotional and seizure symptoms.

4) Use a static negative magnetic field to control weight.

5) Use a static negative magnetic field to enhance sleep.

6) Use a static negative magnetic field to counter immune and autoimmune reactions.

7) Use a static negative magnetic field to control symptoms of addiction withdrawal.

8) Use a brief exposure to a static positive magnetic field to activate neurons and stimulate glandular function.

Summary

Human cells pulsate in response to magnetic fields. A positive magnetic field is stressful and pulsates cells in the stress range beyond 13 cycles per second. The higher the gauss strength, the higher the pulsing field. A negative magnetic field pulsates the cells in the anti-stress range of 12 cycles per second and below. An exogenous pulsing field can be used to produce magnetic fields in human cells. 13 cycles per second and beyond is a positive magnetic stress field and below 13 is a negative magnetic field anti-stress. Pulsing fields have no advantage over static magnetic fields. To go through stress by a pulsing field to achieve a reflex correction, producing anti-stress, is inefficient and the results are not as predictable as producing anti-stress with a static negative magnetic field. Efficiency and predictability is on the side of using a static magnetic field rather than a pulsing field.

In terms of detoxification, a static negative magnetic field using long term application is a masterful detoxifier while a pulsing magnetic field going through stress to achieve a brief period of anti-stress is a low level inefficient detoxifier.

I use a static magnetic field because I know of no good reason not to use a static magnetic field. I do not use pulsing magnetic fields because I know of no good reason to replace a static magnetic field with a pulsing magnetic field. A pulsing magnetic field simply does not qualify for the sustained alkaline-hyperoxia response required to reverse atherosclerosis, arteriosclerosis, amyloidosis including Alzheimer's disease, infections, cancer and other conditions requiring sustained alkaline-hyperoxia, whereas a static negative magnetic field predictably treats these same conditions and does so without any side effects.

Alzheimer's Disease

Orientation

Alzheimer's disease is amyloidosis of the brain. Amyloid is composed of acid produced insoluble amino acids. Amino acids are soluble in an alkaline medium and insoluble in an acid medium. Any mechanism that produces a local acidity can initiate the production of amyloid deposits. Common sources of acidity are such as:

- Addictive reactions to foods, chemicals or inhalants
- Immunologic allergies to foods, chemical or inhalants
- Otherwise hypersensitive reactions to foods, chemical or inhalants
- Inflammations (for whatever reason they may occur)
- Infections
- Cancer

Beyond that of the brain other common areas of amyloid deposits are:

- Spleen
- Liver
- Kidneys
- Pancreas
- Tendons (producing tendonitis)
- Around inflamed nerves

Fifty-nine percent of diabetics have amyloidosis of the pancreas. There is an amyloid neuropathy which is symptomatically indistinguishable from diabetic neuropathy. There should be a systemic laboratory evaluation of amyloid deposits anywhere in the body, not just the brain. All of these amyloid deposits should be treated with a negative magnetic field. If it is quite widespread, than a seventy-magnet bed (composed of seventy 4" x 6" x 1" ceramic magnets) should be used as well as the local treatment of the head. The entire body should be surveyed for vascular disorders, arthromatous plaques and arteriosclerosis. The brain, heart and carotids will frequently have the vascular abnormalities. Alzheimer's disease is frequently a mixture of amyloid deposits and vascular disorders. Amyloid deposits, arthromatous plaques and arteriosclerosis are caused by local acidity. All are treated and reversed by the alkaline-hyperoxia produced by the negative magnetic field.

Calcium is soluble in an alkaline medium and insoluble in an acid medium. The entire body needs to be studied for calcium deposits. The calcium deposits produce stenotic areas; the lumbar and cervical areas are most common. These calcium deposits need to be treated with a negative magnetic field so as to reverse the calcium deposits.

Magnet Therapy

Minimum Program of Magnets:

- Super magnetic hat (composed of 34 neodymium disc magnets that are 1" x 1/8")
- Super magnetic head unit (composed of twelve 4" x 6" x 1" ceramic magnets equally distributed to the sides and top of the head)
- One 4" x 6" X 1/2" ceramic magnet
- One 5" x 12" deep penetrating flexible mat
- Five mini block magnets that are 1-7/8" x 7/8" x 3/8"
- One 4" x 52" body wrap

Maximum Program of Magnets

- Magnetic mattress pad (composed of mini block magnets that are 1-7/8" x 7/8" x 3/8" placed an inch and a half apart throughout the pad)

• One chair pad (composed of mini block magnets that are an inch and a half apart in both the back and the seat)

For Viral Infections:

If viral infections have been isolated, especially from lab work, indicating an infection of Epstein-Barr, cytomegalo, or Human Herpes VI virus, then replace the regular magnetic mattress pad with the seventy-magnet bed (composed of seventy 4" x 6" x 1" ceramic magnets which are placed an inch apart in two wooden carrier grids). Furthermore, go back on the bed 1 hour four times a day for the first three months. Optimize thymus gland function by using the positive pole (the side with hook Velcro) of a 2" x 5" x 1/2" ceramic at one-half hour periods four times per day for the first three months.

For Calcium Deposits:

Magnets that are suitable for treating the calcium deposits are given above, the most useful will be the 4" x 6" x 1/2" ceramic magnets.

For Vascular Disorders:

Special consideration should be given to treat these vascular disorders. Most of the time the magnets used for this will be the 4" x 6" x 1/2" ceramic magnet.

For Amyloid Deposits:

Magnets suitable for treating these amyloid deposits need to be arranged. Most of the time they will be the 4" x 6" x 1/2" ceramic magnet.

Placement and Duration

Most of the treatment occurs at night. Sleep with the head in the super magnetic head unit. Go back to this unit for one hour four times a day if possible. During the day, when not in the super magnetic head unit, wear the super magnetic hat. Also the super magnetic hat is worn for the reduction of symptoms when there is a reaction. When out in public it is best to wear the hat to keep the brain oxygenated and alkalinized. This will reduce symptoms and make the subject more functional in society.

The heart is routinely treated with magnetic therapy even if and when there is no cardiac condition. This negative magnetic field attachment to the water and oxygen in the blood will circulate this negative magnetic field to the entire body. There are two choices for treating the heart, one is the 4" x 6" x 1/2" ceramic magnet placed over the heart with the 6" lengthwise the body. This is held in place with a 4" x 52" body wrap. This is part of the nightly treatment, however if there is a cardiac problem then this can be extended to the daytime. In that event, suspenders would need to be attached to this body wrap in order to keep it in place. The alternative that some people prefer is to take a 5" x 12" deep penetrating flexible mat and place it crosswise the length of the body, and on top of this flexible mat place five mini block magnets. These mini block magnets are placed crosswise the two inner rows of magnets (inside the flexible mat), this places them and inch and a half apart and provides a deeper penetration to treat both heart and lungs.

In case of infections use the seventy-magnet bed. For one to three months also go back on the bed for 1 hour four times per day. Also use the positive magnetic field of a 2" x 5" x 1/2" ceramic magnet on the thymus gland for four half-hour periods during the day.

Calcium deposits are treated with suitable magnets that will penetrate deep enough. Most of the time this will require a ceramic magnet or three to four plastiform magnets stacked together.

Amyloid deposits are treated with magnets that are suitable to penetrate to tissues. Most of the time a minimum of 1/2" thick ceramic magnets will need to be used. Specific magnets would have to be arranged depending on the depth of the deposits.

Nutrients Recommended

• Vital Life Multi-Element Buffered Vitamin C Powder. This powder contains vitamin C, calcium, magnesium, zinc, manganese, copper, quercetin potassium and reduced L-glutathione. A minimum of one-half teaspoon, or a maximum of one teaspoon twice a day is quite useful.

• Vital Life Multi-Vitamin with Chelated Minerals. This provides a broad-spectrum supply of vitamins and chelated minerals. Take one tablet, twice daily.

• Vital Life Chromium Picolinate Plus. One daily is the recommended dosage.

• It is recommended that the monitoring physician be responsible for the nutrition. It is very important that B complex vitamins be evaluated, especially thiamin, B_{12} and folic acid. Vitamins, minerals and amino acids should be assessed and treated according to the deficiency.

Alkaline Micro Water

Alkaline micro water helps materially to maintain the body's normal alkaline state. Also, being micro water, it enters into the cells of the body more readily than the usual water. This also carries a negative 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.

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 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 fifth 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 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. 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.

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 bicarbonate alkalinization is not likely to be needed when the magnets are used.

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.

General Information About Magnets

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

Mini block ceramic magnets are sometimes called Briggs blocks because they are used as the Magneto magnets in a Briggs and Stratton gasoline engine. These magnets measure 1-7/8" x 7/8" x 3/8", and they have many therapeutic uses. They can be used on the head, in such areas as the temporal, frontal or occipital areas, for headaches, management of emotional symptoms or seizures. They can be used on fingers or toes. They can be placed on top of the flexible mats to rein-force the depth of magnetic field penetration. They can be used directly on the joints, under or incorporated into wraps around the joints. They are used in the magnetic slumber pads, the multiple purpose pads, and in the chair cushion pads.

Ceramic discs measure 1-1/2" x 1/2", and have numerous valuable purposes. They can be used around the head to treat headaches or other central nervous system symptoms, around joints, over skin or on subcutaneous lesions. The magnetic field of a ceramic disc extends to eight inches. The magnetic field therapeutic value extends to about two and one half inches.

4" x 6" x 1/2" ceramic magnets have a therapeutic magnetic field value that extends for five inches. A ceramic magnet that is 4" x 6" x 1" has a therapeutic value extending to eight inches. The 4" x 6" x 1/2" ceramic magnet has many uses such as around joints or to penetrate deeply into the liver, internal organs, the heart, or into the head such as for treatment of tumors. The 4" x 6" x 1" ceramic magnet are used in the headboard-type magnetic sleep enhancer in order to have a field that penetrates into the head during sleep. The magnetic sleep enhancer is composed of four 4" x 6" x 1" ceramic magnets placed in a row 3/4" apart. These ceramic magnets are placed upright in a wooden carrier that holds them firmly up against the headboard. They can be raised or lowered depending on the height of the pillow. They are shipped at the top of the carrier and needs to be lowered so that the head is in the magnetic field. They are resting on a wooden dowel. The wooden dowel they are resting on should be at the level of the back of the head when the head is on the pillow. The closer the top of head is to the magnets in the carrier at the head of the bed, the better.

The magnetic slumber pad is composed of ceramic mini block magnets that are placed an inch and one-half apart throughout the pad.

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

The multiple purpose pads [small (11" x 17") and large (14" x 25")] are composed of ceramic Mini Block magnets that are placed an inch and one-half apart throughout the pad. This multiple purpose pad has many uses such as being used on the back, the abdomen, and up over the heart and on the chest area.

Polarity

Always use the negative magnetic field only. With one exception, when infections or cancer are present a positive magnetic field treatment using the 2" x 5" x 1/2" ceramic magnet for one half hour four times during the day. This is used in order to optimize thymus function. This would be used for the first three months of treatment only.

Research Considerations

As near as possible magnetic therapy should proceed under medical supervision. It is requested that the monitoring physician report three times a year to the parent research organization. When a physician is not monitoring the case it is still requested that reports be presented three times a year to Dr.

Philpott, M.D.

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 re-acted 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.

How to Find Help

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 it is his/her 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 self-help information on the appropriate subject. Self-help materials by W.H. Philpott, M.D. that are available are:

1. The book *Magnet Therapy* by AlternativeMedicine.com
2. The book *Brain Allergies* by Keats Publishing
3. The book *Cancer: The Magnetic/Oxygen Answer*
4. Magnetic Health Quarterlies
5. Individual magnetic protocols

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.

For information about how to use magnets for self-help or for medically supervised research contact:

William H. Philpott, M.D.
17171 S.E. 29th St.
Choctaw, OK 73020
(405) 390-1444
Fax: (405) 390-2968
Email: polarp@flash.net

For purchasing magnets, and information contact:

Philpott Medical Services
17171 S.E. 29th St.
Choctaw, OK 730020
(405) 390-3009
Fax: (405) 390-2968
Email: polarp@flash.net

For the Manufacture of Polar Power Magnets contact:

Lothrop Technologies, Inc.
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Email: polarp@flash.net
communities.msn.com/PolarPowerMagnetics

http://www.PolarPowerMagnets.com

Many of the specialized alternative medicine physicians that examine broadly for maladaptive reactions to foods, chemicals and inhalants as well as examining for toxicities and nutritional needs belong to the American Academy of Environmental Medicine Society and American College for Advancement of Medicine. Magnetic therapy as outlined in this quarterly needs to be incorporated into the environmental medicine-toxicology-nutritional program in order to achieve optimum results. Some of the physicians upon referral from W.H. Philpott, M.D. will serve as monitors for Dr. Philpott's magnetic research project. Contact Dr. Philpott for a referral to a physician if you do not have a physician. If possible first engage your local physician to monitor the magnetic research project.

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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?

INDEPENDENT, SELF-SUPPORTING RESEARCH DETERMINATION OF THE VALUES OF MAGNETIC 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 member 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 magnetic therapy. After receiving this initial statement, Dr. Philpott prepares a magnetic research protocol to be followed.

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

3. 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 US. 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 magnetic research.

For research treatment guided by Dr. W. H. Philpott with your monitoring by a local physician: Write or FAX:

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Final Word

The valuable information that my observations contribute to the cause and treatment of Alzheimer's is that the deposits of insoluble amino acids forming amyloid plaques as an acid process. Thus also the resolution of amyloid plaques can be achieved by a negative magnetic field alkaline-hyperoxia response inherent as a biological response to a negative magnetic field. This is indeed good news as this sets the stage for a logical prevention and treatment of Alzheimer's. The prevention of Alzheimer's includes the stopping of any source of acidification. The most prominent source of acidification is maladaptive food reactions. Maladaptive reactions to chemicals and inhalants are also acidifying. Addictions to foods and allergies to foods are the major source of the episodic acidification that leads to the formation of insoluble amino acid gels.

Beyond stopping these sources of acidification the treatment is that of a sustained negative magnetic field in which the amino acids will become soluble and the other toxic substances including heavy metals will be detoxified and also processed out of the body.

It has been abundantly, objectively, observed that any symptoms of Alzheimer's can be observed in deliberate test exposures to foods, chemicals and inhalants in susceptible subjects. The cause of the maladaptive reactions are such as addictions, immunologic reactions, and hypersensitive reactions or some other basis (some of which are not now understood). It has been found that some of these maladaptive reactions simply mimic Alzheimer's disease. When in fact this is more than mimicking Alzheimer's disease this is a demonstration of the cause of Alzheimer's disease. Whenever an area is acidic due to a maladaptive reaction symptoms are produced which cause harm to that area of the brain. When these symptoms do occur there is laid down some insoluble amino acids due to the acidity. Therefore, these observable reactions that mimic Alzheimer's are in

fact why Alzheimer's exists in the first place. These reactions are simply the reason why Alzheimer's develops.

The good news is that the cause of amino acid insoluble gelling is known. It is frequently repeated local brain acidity. The sources of acidity can be stopped. The most frequent source of acidity is maladaptive reactions to foods. Amino acid insoluble gels will become soluble in an alkaline medium. A negative magnetic field with its biological response of alkaline-hyperoxia can reverse the insoluble amino acid gel.

The observation of a negative magnetic field exposure to the brain with its production of alkaline-hyperoxia is observed to materially reverse the early symptoms of Alzheimer's disease. Long-term studies will be needed to demonstrate the degree of reversibility of the chronic late stage of Alzheimer's disease.

A remarkable book *Beating Alzheimer s: A Step Towards Unlocking the Mysteries of Brain Diseases*[11] *is* a required read for everybody dealing with this disease. This is the fascinating story of recovery from an early stage of Alzheimer's. The necessity of assessing and therapeutic honoring of maladaptive reactions (immunologic, non-immunologic, and toxic) to environmental substances is objectively depicted. The reversibility of Alzheimer's disease, especially the early stage, is obvious.

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