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
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

Fibromyalgia

from the *Magnetic Health Quarterly*
"Fibromyalgia " Vol. VII, 4th 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

Causes and Corrections of Fibromyalgia
The Single Simple Cause and Correction of Fibromyalgia Pain

The single simple cause of fibromyalgia pain is acid-hypoxia produced by a local positive magnetic field. The single simple answer for fibromyalgia pain is the replacement of local acid-hypoxia with alkaline-hyperoxia by virtue of the alkaline-hyperoxia biological response to a negative magnetic field. Regardless of the initiating causes of the presence of a positive magnetic field with its associated acid-hypoxia, the correction is all the same which is the replacement of a positive magnetic field and its acid-hypoxia biological response with a negative magnetic field with its alkaline-hyperoxia biological response.

Robert 0. Becker(1) materially helped us understand the magnetics of symptom production and the corrective magnetic healing process. A positive magnetic field is the signal of biological injury while the negative magnetic field is the signal present during healing. Albert Roy Davis(2) established the evidence of the acid-hypoxia biological response to a positive magnetic field and the alkaline-hyperoxia biological response to a negative magnetic field. Theron G. Randolph(3) was the first to establish acid-hypoxia as the cause of symptoms to allergic, addictive or otherwise hyper-sensitive reactions to foods, chemicals and inhalants. My method of monitoring blood and saliva pH during deliberate food, chemical and inhalant testing, after five days of fasting in an environment free of common chemicals and inhalants has confirmed the acid-hypoxia symptom association and the alkaline-hyperoxia negative magnetic field relief of symptoms as well as the healing of physically injured areas and chronic stress-injury areas(4,5).

Originally, I followed Theron G. Randolph's symptom relief of oral bicarbonate plus inhalation of oxygen when a subject developed symptoms during testing procedures. This would alkalinize and oxygenate and thus relieve symptoms. By chance, I heard of the physicist Albert Roy Davis' observations that the biological response to a negative magnetic field is alkaline-hyperoxia. I tested this out and found that Albert Roy Davis was right. Symptoms evoked during testing are predictably relieved by placing the negative magnetic field of a static field magnet over the symptom area. Furthermore, placing the negative magnetic field bi-temporally over the amygdala area relieved pain, weakness, depression, tension, obsessive-compulsiveness and in major mental patients, also relieved depression, delusions, hallucinations and other mental symptoms. Chronic diseases were observed to be time extensions of acute symptoms observed during testing procedures. Chronic diseases have further injured areas by the chronic acid-hypoxia. Thus, I demonstrated that the acute symptoms of reactions to environmental substances plus chronic diseases with the same symptoms as acute reactions are both treatable with a negative magnetic field.

A logical question is, why do symptoms occur where they do? I observed that any area that has sustained an injury in the past is likely to develop a symptom during deliberate exposure testing to a food, chemical or inhalant to which they have now developed these symptoms. I have worked up a lot of carpal tunnel syndromes. The immediate cause is due to the stress of the chronic use of that wrist, however, I have always found that there was a food or substance to which the subject was reacting, making them more vulnerable to the stress of the chronic use. Thus, in this case there were two causes, one is a reaction to a substance producing a general inflammatory reaction but showing up at the area of greatest stress. Thus it can be understood that the areas where symptoms develop are the most biologically compromised areas for some reason. In my mental patients, I found the reason why they have mental symptoms is that their brain has been injured by viruses of the herpes family such as Epstein-Barr, cytomegalovirus or human herpes virus VI. These injuries occurred early in life so that the brain did not fully develop because the infection was in the brain as well as otherwise in the body. So the brain became the target organ for reactions when they did react to foods plus the fact that their immune system has been disordered by these viruses which like the lymphocytes. The B-lymphocytes make antibodies and have become disordered. Plus the fact that many of these patients are addicted, not showing any antibodies, but addicted having a disordered metabolism in which there was an initial rise in endorphins and a later symptom withdrawal phase. They would not have the mental symptoms if they hadn't had a brain injury from the viruses.

In my experience in diagnosing and treating fibromyalgia, I have concluded that quite routinely these cases have viral infections of the herpes family, especially Epstein-Barr and cytomegalo. Therefore, I have had to conclude that these viral infections set the stage for most of the fibromyalgia cases. Not only should we treat the local symptoms with a negative magnetic field for the immediate relief of symptoms but it is also logical and best to treat the subject systemically with the negative magnetic field to kill the viruses.

My observations during the diagnosis and treatment of fibromyalgia has demonstrated that virtually routinely, reactions to foods particularly and also to chemicals and inhalants, can and do evoke the pain symptoms of fibromyalgia. Therefore, fibromyalgia patients should rotate foods on a four day diversified basis. The details of this are in my writings which should be referred to for the details of implementing the 4-Day Diversified Non-Stress, Non-Addiction Rotation Diet. Most fibromyalgia patients can be kept symptom-free by following this rotation diet.

What about the remarkable relief of the painful symptoms of fibromyalgia by a cognitive-behavioral therapy approach as outlined by Nancy Selfridge, M.D.(6). This system focuses on the stress-injury of chronic stress such as occurs from an obsessional dwelling on anger or other unsolved problems.

The subject may not even be conscious of the source of this stress injury. In any event, ultimately, the focus on this stress injury, including the focus on the pain itself, can through practice, switch the local polarity of a positive magnetic field provoking acid-hypoxia into that of a negative magnetic field

evoking alkaline-hyperoxia. Any practice that leads to this change of polarity at the site of injury will reduce symptoms. This is true even if the content is not true. The very attempt itself can harness the brain to send a negative magnetic field to the site of stress-injury. This is why Robert 0. Becker's work is so important. He demonstrated that a positive magnetic field is present at the site of injury.

This is true even if it is a stress injury and not an initial trauma injury. The brain can respond to this and change the positive magnetic field with its acid-hypoxia to that of a negative magnetic field with alkaline-hyperoxia. A subject can, through practice, develop cues that will signal the brain to send the correct message to the trauma-injured or stress-injured areas. It is necessary for the negative magnetic field to be there in order for correction of the disordered physiology and for healing to occur. There are any number of systems; relaxation, cognitive therapy, behavioral therapy, or meditation that can signal the brain to normalize the pH of the symptom area and this is done through magnetism where a positive magnetic field is replaced with a negative magnetic field. Thus, it is understood that the simplest way to do this is simply place a negative magnetic field over the symptom area. This will replace acid-hypoxia with alkaline-hyperoxia and thus relieve the symptom. I have included a section in this quarterly demonstrating how to use behaviorism to magnetically normalize biological function. In this practice, I use the negative magnetic field placed on the brain and on the body in order to facilitate the behavioral practice.

Human Biological Stress Injury State
Versus
Human Biological Non-Stress Healing State

The non-stress state is the baseline of normal human physiology. In this non-stress state, the pH of the body is alkaline and a negative magnetic field. The negative magnetic field is maintained at a higher level than the positive magnetic field. There is a direct relationship between an alkaline body pH and a negative magnetic field. This non-stress normal base physiology occurs during relaxation and during sleep. During this time, the cells are producing more adenosine-triphosphate than they are using. This is the growth repair-healing mode. Alkaline-hyperoxia is present in this non-stress mode. This is the mode that relieves fibromyalgia pain.

Human biological stress-injured state occurs with prolonged biological activity. Biological activity has an end-product that is acidifying. Humans make brief excursions from the non-stress state over to the stress state. Thinking and movement are all biological stress states. During this stress state, we are using more adenosine triphosphate than is being produced, therefore, the human has to go back to the non-stressed state such as relaxation during the day with cessation of mental and physical activity and at night, the necessity of sound sleep which makes more ATP than is being used and makes melatonin and growth hormone that are anabolic hormones.

Fibromyalgia pain results from a chronic maintained stress injury state. The answer for fibromyalgia pain and it's associated fatigue is biological non-stress which is alkaline-hyperoxia and a negative magnetic field which relieves the biological acid-hypoxia positive magnetic field state.

Sources of biological acidity include:

1) reduced processing of free radical oxygen by-products
2) products from physical injury
3) accumulated end-products of physical and mental biological metabolism
4) addictive reactions to foods and or chemicals
5) allergic-immunologic reactions

Acid is painful. Acid also produces hypoxia. Thus, acid-hypoxia is the cause of tissue pain not caused by specific nerve injury. The tissue pain of fibromyalgia is due to acid-hypoxia. This explains why fibromyalgia pain is relieved by a negative magnetic field producing alkaline-hyperoxia.

Cues, such as thoughts, words and ideas can, by practice, switch the brain (limbic system) and local tissue areas from a pain-producing acid-hypoxia positive magnetic field stress injury to alkaline-hyperoxia negative magnetic field non-stress state.

Thus, it is understood that there are systems of meditation, self-hypnosis, relaxation and cognitive methods of isolating either real or supposed causes which has trained in a chronic obsessional stress-injury hostility or anger. Relief of pain occurs when any method is capable of switching the polarity of the brain and tissues from positive magnetic field acid-hypoxia to a negative magnetic field non-stress alkaline-hyperoxia negative magnetic field. Relaxation relieves the chronic tension which is often expressed as anxiety or phobias. However, obsession requires a second mechanism. It requires a cancellation of the obsession which relaxation alone will not do. Cognitive conscious focus on the pain and its probable causes from learned experiences can lead to the capacity to set aside the obsession and thus relieve the pain. This is one way of achieving the goal. Another is to effectively block this obsession by holding the breath until the mind goes blank. In any event, what has to develop is the ability to repeatedly block the obsession until it no longer is cued by some thought or environmental experience.

As a neurologist, I have been intrigued by the accuracy of an electroencephalogram revealing the difference between the stress-injury state and the non-stress state. When a subject is relaxed and not thinking, there is a brain pulsing frequency ranging from 8-12 cycles per second. In sleep, the pulsing frequencies of the brain can be as low as 2 cycles per second. When a person is thinking, the pulsing frequency is 22 cycles per second. The higher the pulsing frequency, the more biological stress the subject is experiencing. Thirty-five cycles per second with sufficient intensity can produce a seizure. Exposing the brain to a negative magnetic field produces the non-stress levels of brain activity. The higher the gauss strength, the slower the pulsing field. On the other hand, exposure of the brain to a positive magnetic field - the higher the gauss strength, the faster the pulsing field. Also, the brain pulsing field can be driven by sensory inputs - sight, sound, tactile - thus the sensory inputs can drive the brain either in a negative magnetic field or a positive magnetic field.

Static Magnetic Field Free Energy

Static Magnetic Field Energy

How can it be that a static (non-moving) magnetic field is an energy? Energy is defined as being evidenced by movement. A static magnetic field does not move. This lack of movement of a static magnetic field has caused some physicists to picture magnetic therapy as a hoax in which subjects are imagining they are favorably influenced by a magnetic field.

The answer to this criticism about a solid state static magnetic field not being an energy field has been answered by Y. Abaronav and D. Bohn(7). In 1986, the Abaronav-Bohn effect was confirmed by Akaira Tonomura at Hitachi, Ltd. in Tokyo. Thus, movements of electrons do occur in response to a static magnetic field. A static magnetic field is an energy field by virtue of the movement of electrons in the magnetic field. Thus, the engineer, physicist or biochemist claiming that a static magnetic field doesn't influence human physiology are exposing

their lack of information. They may have a Ph.D. in a science field and still have never heard of the Abaronav-Bohn effect. The energy is the movement of electrons which affect human metabolism. Some scientists without any experience of observing human responses to magnetic fields are bold to declare magnetic therapy a hoax. It is a strange phenomena that a scientist holding a Ph.D. or M.D. can be so uninformed as to boldly declare himself an expert in a field that he has no knowledge or expertise.

On Naming Magnetic Fields

The original naming of magnetic poles related to the navigator's use of a compass. The compass needle that pointed north was named north pole and the compass needle that pointed south was named south pole.

In 1600, William Gilbert (DE Magnete) was the first to point out that the navigator oriented himself with a compass needle pointing toward north which he called north which in fact the compass needle pointing north is a south poled magnetic field. Several scientists throughout the years have identified this error in naming the magnetic pole. This error in identifying magnetic poles still persists as a tradition.

The physicist, B. Belaney(8) again identified the 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 the positive electric pole (+) is also a positive magnetic pole (+qM) and a negative pole (-) is also a negative magnetic pole (-qM). M stands for magnetism.

Where Do Electrons Come From?

Space around the earth and inside our bodies is filled with static field electrons. Magnetic fields move (spin) these electrons. We don't need any more than the fact of a static magnetic field moving electrons in us to justify magnetic therapy application to influence human metabolism. However, there likely is something more as to why these electrons are in a magnetic field. It is probable that some of these electrons come from space free energy with the magnetic field serving as a space free energy-to-electron converter.

"The magnet is a window to free space energy of the universe". Bruce D. Palma, Free space energy inventor(9).

"The challenge is not to decide whether or not "free energy" is real. It is. Instead the challenge is to our collective will to break free of our ignorance, the electric jail, the ecocide, the gridlock, the Newtorin recidity, the greed and the vested interest." (Brian O'Leary, Ph.D. Physicist and former astronaut)(9).

Researchers have observed space energy consists of spirals of energy in constant motion. Whirlpools, tornados, cyclones, anti-cyclones and wide storms are examples of weather spiraling energy. The positive magnetic field clockwise spiral spin is an energy from the center outward. The negative magnetic field counterclockwise spiral spin energy is from outward to the center. In the outward motion, matter and energy are dissipated. In the motion toward the center, energy is created.

Researchers believe that space energy follows an inward spiral path and are in constant motion. Whirlpools, tornados, cyclones, anti-cyclones and wide rotating storms are examples of weather spiraling energy produced by magnetic fields.

The Magnetics Of Spiraling Electrons In Human Physiology

There is a parallel between industrial use of the explosive fossil fuels and atomic energy and the effect of the positive magnetic field biological toxicity. The positive magnetic field spins electrons clockwise. This is explosive. The negative magnetic field response to human physiology is energizing and without toxic damage. This is equivalent to the implosive space free energy source. The negative magnetic field spins electrons counterclockwise and is implosive.

Industrial Use Of Energies

Fossil fuels and atomic energy is an expanding energy from combustion. This is equivalent to the positive magnetic field spinning electrons clockwise. This explosive energy has many toxic spin offs. We are seriously contaminating our earth's atmosphere and producing human diseases. The space energy inward spiral has no toxic end products and when used as our source of electron energy will not contaminate our environment.

Biological Regulators

Human biological life consists of the circadian rhythm which consists of two phases 1) an awake, alert, conscious period of physical and mental activity, and 2) a relax and sleep phase. The wakeful active phase is driven by the positive magnetic field. The sleep phase is driven by the negative magnetic field. The wake-active phase, if chronically maintained, becomes toxic, depletes energy and if continued, could lead to death. The sleep phase is necessary for restoring life-energy, detoxification and healing-repair.

Each biological response has a counter-regulatory response to prevent an over-response biological injury. For example, there are chemical regulators to inflammation, blood clotting, immune reactions, toxins produced during metabolism and so forth. These counter regulators are chemicals, hormones and enzymes. The regulators are negative magnetic field energized. Metabolism has two expressions of energy which are catabolism and anabolism. Adrenaline, steroid hormones, insulin, endorphins and serotonin are catabolic hormones. Melatonin and growth hormone are examples of anabolic hormone regulators. Ultimately, a negative magnetic field and biological responses to a negative magnetic field are regulators over the harmful effects of prolonged over-expression of catabolism's potential injuries.

The famous biochemist, Albert Szent-Gyorgya, was seeking to discover the cell proliferation regulators because he has stated that cancer results from a disorder of cell proliferation regulators. He knew that this occurred in hypoxia. His book on this subject is titled *Electronic Biology and Cancer*(10). He knew that this had to be electronic however, he had not discovered that the negative magnetic field is a regulator over the positive magnetic field and energizes all the biological regulators of the body. We now know that it is the negative magnetic field that he was seeking. He said, "when we find this, we will have an answer to the reversal of cancer." Now, we have the evidence that it is the negative magnetic field that he was seeking.

Negative Magnetic Field Energized Oxidoreductase Enzymes

Human energy coming from oxidation of foods is dependent on alkaline-hyperoxia. A negative magnetic field, with its counterclockwise rotation of electrons makes oxidation reduction possible. Four oxidoreductase enzymes are involved in producing human life energy (ATP) and oxidation remnant magnetism. In this process, oxygen accepts an extra electron which is now a free radical (superoxide, 0_2^{-}). This free radical must be quickly detoxified or it develops a series of toxic substances. Again, the oxidoreductase enzymes come to the rescue of reversing the free radical electrons with the end product of a non-

inflammatory molecular oxygen and water. If, by chance, inflammatory substances have been already produced, there are specific oxidoreductase enzymes available to process these inflammatory products (peroxides, acids, alcohols and aldehydes) to non-toxic molecular oxygen and water. All of these oxidoreductase enzymes are energy activated by a negative magnetic field.

Both oxidoreductase enzymes and substrates (foods, $0^{'}$, hydrogen peroxide, acids, alcohols and aldehydes) have dipoles that provide an attraction between the enzyme and the substrate. However, beyond this attraction, there has to be an energy source. This energy source is static electrons. These environmental available electrons move between the enzyme and the substrate dipoles. This movement of electrons produces a measurable magnetic field (negative magnetic field). Thus, the final step of enzyme and substrate joining so the enzyme can do its catalysis is a negative magnetic field. Magnet therapy consists of exposing the area containing enzymes and substrates to a negative magnetic field so they join and enzyme catalysis occurs.

Magnetic Antibiotics

Microorganisms have a high metabolic rate whereas human cells have a low metabolic rate. Microorganisms have an inefficient mechanism of producing ATP whereas human cells have a highly efficient mechanism of making ATP with oxidation phosphorylation. Microorganisms preferentially use fermentation and also other respiratory mechanisms not using oxygen. Oxidative phosphorylation has the highest efficiency of producing ATP. Even when there are human-invading microorganisms using oxidative phosphorylation, they still have this mechanism of a positive magnetic field cell membrane. Microorganisms can invade human tissue because they have this opposite positive magnetic field in contrast to the human negative magnetic field. If microorganisms can outwit and thus override the cellular negative magnetic field of the human, they can win. If human cells can maintain a higher negative magnetic field with all of its protection against invasion, then they can win. The battle is between the positive magnetic field reinforcing the invading microorganisms and the negative magnetic field reinforcing the human organism. It is not the negative magnetic field all by itself that is so significant. It is the biological support of the human cells from a negative magnetic field that can fight the battle and win against the invading microorganisms. Therefore, in vitro, techniques of trying to determine this battle between the positive and negative magnetic field is an inappropriate and inefficient way of making any determination. The determination must be made in vivo, while the human cells and microorganisms having this battle are exposed to each other. It is the negative magnetic field support of the human metabolism that makes a negative magnetic field antimicrobial. This only exists in an in vivo situation.

Microorganisms (bacteria, fungi, viruses and parasites) infected areas are sore and painful because of the presence of acid-hypoxia produced by the infection of microorganisms producing add and a positive magnetic field. A negative magnetic field relieves the pain and soreness of microorganism infections. The good news is that microorganism infections of any type, (bacterial, fungal, viral or parasites) will die in the presence of a sufficient negative magnetic field gauss strength of sufficient duration.

Cancer production of ATP by transferase enzymes is acid-hypoxia-dependent the same as invading microorganisms. Cancer is sore and painful due to the presence of acid-hypoxia. A negative magnetic field relieves the pain and soreness of cancer. The good news is that cancer of any cell type or cause will die in the presence of a negative magnetic field of sufficient gauss strength and sufficient duration.

There are non-invasive bacteria, such as friendly bacteria in the gut, to which the above described battle between the magnetic pole fields does not apply. A negative magnetic field does not destroy these non-invasive, friendly bacteria.

Acid Hypoxia

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

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

The essence of allergic hypersensitive reactions is inflammation associated with substance exposure. Food addiction and food allergy, as separate mechanisms, can exist to the same substance. In my writings, I have specifically referred to food allergies since it is classically regarded in the medical literature as being the same as immunologic reactions. Theron G. Randolph, M.D.(3), has taught us the significance of addiction and its relationship to allergies. My research as described in my book, *Brain Allergies,* agrees with and compliments the observations of T.G. Randolph. My observations have demonstrated that acid-hypoxia is the common denominator in symptom production even when there is no evidence of immune reactions. Immune reactions are also and always acidifying. Thus there are many reactions that immunologists have dismissed as being psychosomatic when in fact, they were addictions. Acid-hypoxia is the common denominator between addictive reactions and allergic-immune reactions. The withdrawal phase of addiction explains the symptoms of addiction. Fortunately, avoidance of the IgG allergen and or the addiction withdrawal reaction can be reversed with three months of avoidance following which, 95% of the time, a single exposure to the food will not produce symptoms. The re-exposure at the frequency

of once in four days classically does not reinstate either the immunologic reaction or the addictive reaction. Furthermore, food addiction cannot be adequately handled by desensitization type treatments. Both IgG, complement disorders and addiction can be adequately handled with the initial three months avoidance followed by an exposure once in four days.

There are a dozen or more constitutive defenses against invasion of antigens, be these non-alive antigens or alive microorganisms. The constitutive defense mechanisms are not immune mechanisms as such but set the stage for the cascade of humeral and cellular immune mechanisms. For a review of the significance of these constitutive defenses, refer to text in these fields(11). The goal of this treatise is to recognize and emphasize neglected- and even ignored electromagnetic and energy factors which are a party to and impinging on allergy, immunology and microbiology sciences.

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

The Role Of Magnetic Energy

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

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

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

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

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

The Pathology Of Herpes Family Viruses

Facts about Herpes Family Viruses

Herpes simplex I is characteristically around the face, cervical spine or also in the head and brain itself.

Herpes simplex II is characteristically in the genital area.

Herpes simplex I or II can be either around the head or the genital area.

Varicella-zoster causes chicken-pox. Most children have had chicken-pox. Years later, the manifestation can be observed as shingles which is caused by the latent viruses of chicken pox.

Epstein-Barr is a highly frequent infection. It particularly likes lymphocytes. It also is neurotrophic. It not uncommonly becomes disseminated into any organs of the body such as the liver, spleen, thyroid or the brain.

Cytomegalovirus is particularly neurotrophic affecting the brain and the entire nervous system. Human herpes virus VI has been implicated as being consistently present in multiple sclerosis.

Human herpes virus VII is a recently discovered human herpes virus. Little is known of its significance.

Herpes B virus is a virus that is carried by some Old World monkeys. There are 18 well documented human cases. Thirteen of these were fatal.

Almost all adult subjects have one or more of these types of herpes family viruses. Epstein-Barr virus is positive in about 90-95% of adults. Herpes viruses do not die. Instead they establish a latency and survive. The only way they can be killed is with a human biological response to a negative magnetic field.

Herpes viruses ¨establish latency in the body after primary

infection despite the presence of anti-bodies.(11)

Antibodies to herpes viruses are not protective against subsequent outbreaks. "Reoccurrences are common and represent reactivation of latent viruses".(11).

None of the antiviral agents eradicate latent viruses. (11).

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

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

Behavioral Therapy For Fibromyalgia

Body, Brain and Emotional Disorders

Psychoneurosis are composed of maladaptive responses to a variety of emotional stimuli.

In a person with a normal functioning, non-injured brain these stimuli that evoke the symptoms may be from traumatic stimuli, or from stimuli evoking anxiety and tension from interpersonal relationships. Tension-anxiety may take many forms of maladaptive reactions such as tension, anxiety, depression, phobias, hysterical reactions, panic, disassociation, obsessive-compulsive behavior, learning disorders and so forth. There are mind/body symptoms such as tension myalgia syndrome from such as subconsciously repressed hostilities, anger, fear and so forth. Tension and anxiety is biologically stressful and can therefore produce acid-hypoxia in any area of the body predisposed for the reaction. The magnetic treatment is the same whether there is a biological reason or psychological reason for the selection of the symptoms and the somatic expression. Both the brain response and when present, the somatic response, need to be treated simultaneously with a negative (south-seeking) magnetic field. The usual treatment of the brain is with a bitemporal placement of discs (either neodymium discs or ceramic discs). The somatic symptom is treated with appropriate magnets for the size and depth of the symptom. Suitable magnets for somatic symptom treatment are, such as, the ceramic disc, the neodymium disc, the double magnet multi-magnet flexible mats, or the reinforcement of these flexible mats with mini-block magnets, various sizes of plastiform magnets, 4" x 6" x 1/2" ceramic block magnets and so forth. The duration of exposure to a negative (south-seeking) magnetic field ranges from 10-30 minutes for acute symptom relief. For chronic symptoms, the duration should be prolonged to aid in healing. The longer the duration of exposure to a negative (south-seeking) magnetic field, the better.

Training out of the symptoms is achieved by a reviewing of the symptom-evoking stimuli while magnetically maintaining a calm central nervous system. This may be achieved by a live meeting of the stimuli or by an image review of the stimuli.

Fibromyalgia pain and obsessive-compulsive treatment requires special, techniques that inhibit the pain and obsessional thoughts or compulsive acts. Breath-holding to the point of the mind going blank is one aversive way to block out obsessive-compulsiveness. This practice of imaging the obsession or the compulsion and blanking it out by breath-holding should proceed under the circumstances of maximum relaxation and the maintenance of neuronal inhibition by exposure to a negative (south-seeking) magnetic field. Obsessive-compulsiveness deserves special consideration since it can run through the gauntlet of neuroses, personality disorders, somatic disorders, tension/muscle disorders, learning disorders and psychoses. Obsessive-compulsiveness can be produced by a non-organic brain response or by an organically injured brain such as schizophrenia, manic-depressive, initially injured by a viral infection (Epstein-Barr, cytomegalovirus and/or human herpes virus VI).

Three or more months of one-half hour per day of behavioral training will be useful for all stages, ranging from Fibromyalgia to neurosis to psychosis. Although, acute symptoms in all categories can be managed with exposure to a negative (south-seeking) magnetic field, there should be a search for organic factors such as maladaptive reactions to foods, chemicals and inhalants. Behavioral training while relaxed and while optimally exposed to a negative (south-seeking) magnetic field should proceed for one-half hour daily for three or more months.

Pains, Anger, Hostilities, Corrective Behavioral Training Drill For Obsessions-Compulsions, Depression, Anxieties, Phobias and Other Maladaptive Responses

Preparation For Drill

Fill out the tension response inventory. Select three of the items to work on during the drill.

Content of Behavioral Corrective Practice Drill:

A. Progressive Relaxation

B. Systematic Desensitization

While relaxed with eyes closed, reproach through imagery, fears and phobias. This trains down anxieties and phobias.

C. Inhibition of Obsessions, compulsions and fibromyalgia pains

Relaxation does not train out obsessions, compulsions and fibromyalgia pains.

Holding the breath until the image of the obsession or compulsion disappears effectively says "no" to the symptoms and is capable of training out obsessions and compulsions and fibromyalgia pains.

D. Positive Reinforcement

This positive imagery is capable of training in a new, socially useful behavior. After each imagery inhibition of a maladaptive response, picture yourself behaving acceptably with correction.

Magnetic Facilitated Behavioral Training Therapy

Understanding Magnets and Their Therapeutic Application

The magnets used have magnetic poles on opposite sides of flat surfaces so that exposure can be made to one pole at a time. The negative pole is identified with the word "Negative" or "N".

The positive magnetic field excites cellular function including neurons while a negative (south-seeking) magnetic field calms down and controls cellular excitement, including neurons of the brain and spine. The secret is to have the brain and spinal cord exposed to a sufficient negative (south-seeking) magnetic energy field to cancel out symptoms while re-approaching situations which have been evoking symptoms. The essence of desensitization corrective training is to meet the stimuli usually evoking symptoms while not experiencing symptoms. Adequate relaxation while re-approaching stimuli through imagery is adequate for some people to train out their anxieties and phobias. However, using magnets appropriately placed and of proper gauss strength can calm down the brain, spinal cord, muscles and abdominal organs which materially increases the effectiveness of behavioral therapy training sessions.

Inhibiting an image by holding the breath until the image is blanked out of the mind is especially effective in training out obsessive-compulsive behavior.

Placement Of Magnets:

A. Head:

Bitemporal placement of ceramic disc magnets that are 1-1/2" x 1/2" held in place by a suitable band, such as a 2" x 26" wrap or sweat band, etc. An alternative to ceramic disc magnets are neodymium disc magnets that are 1" x 1/8". One is placed inside the head band and a second one is placed outside the head band directly over the inner magnet. The temporal areas are in front of and at the level of the top of the ears. An alternative placements that some people may find to be most effective are to place a disc magnet on the forehead and the left temporal area or on the left temporal and low occipital.

B. Chest: Place a 4" x 6" x 1/2" ceramic magnet on the mid-sternum.

C. Back: Place a 14" x 25" multi-purpose magnetic pad on the upper back, neck and back of the head.

D. Magnetic Eye Treatment Unit: The magnetic eye unit is composed of a magnetic light shield covering the eyes and forehead with two 1" x 1/8" neodymium disc magnets on the light shield over each eye.

E. Those with the seventy magnet super bed and twelve magnet super head unit will use the bed and head unit rather an items A, B, C and D. This system provides the optimum setup for behavioral practice.

Therapeutic Sleep

Therapy can be materially enhanced by having a good night's sleep. For improved sleep and therapeutic dreaming at night, use a magnetic sleep system composed of four 4" x 6" x 1" ceramic magnets placed 3/4" apart in a carrier which is placed up against the headboard. An additional value can be achieved by placing the negative (south-seeking) magnetic field of a 4" x 6" x 1/2" magnet on the side, front or back of the head. This 4" x 6" x 1/2" ceramic magnet should be placed on a 5" x 6" double magnet, multi-magnet flexible mat. Place the 6" front to back on the side of the head which is not on the pillow when laying on a side or lean it up against the side of the head if laying on the back.

With the sleeper system up against the headboard, the head is in a magnetic field 19" across and 6" high. This not only produces improved sleep, but increases dreaming white relaxed during the night. Dreaming is nature's own desensitization technique, which again fulfills the re-approach to situations while being relaxed. Many anxieties and phobias can be trained out simply by therapeutic dreaming with the use of magnets. The closer the top of the head is to the magnets, the better.

An additional value can be obtained by using a magnetic bed pad which improves sleep. This consists of negative poled magnets throughout the bed pad.

A 70-magnet super bed and twelve magnet super head unit provides the optimum deep therapeutic sleep system.

Progressive Relaxation Drill

Slowly proceed with the following relaxing practice. Place both thoughts and feelings in the mind as a picture. The eyes are closed. The magnetic eye unit is across the eyes and all the magnets are to be in place as have been described. Progressively, proceed slowly as follows:

Think of the right foot. Let every muscle go. Heavy, heavy, heavy. Warm, warm, warm. Heavy, warm, relaxed. Proceed the same way to the lower leg, the upper leg and then proceed to each section of the left leg. Proceed the same way to the right arm, the left arm, the abdomen, the low back, the front of the chest, the upper back, the back of the neck, the front of the neck, eyes, forehead, scalp. This will require about ten minutes.

Imagery Corrective Drill

While maintaining relaxation, place in mind an image of a troubled thought, feeling or pain. Stay relaxed. Place again the troubled thought, feeling or pain as a picture in your mind. Stay relaxed while holding the breath until the mind goes blank.

Again, think and feel the right leg; heavy, warm, relaxed. Then proceed over the entire body. After again achieving maximum relaxation, continue the practice on other troubled thoughts and feelings. Practice 3, 4 or more different imagery pictures during these sessions. Include for sure, one or more obsessive thoughts and compulsive acts each session.

The advice is to have 30-minute behavioral training sessions daily until all tension, anxiety, phobias, troubled thoughts, troubled feelings, anger, hostility, fibromyalgia pains, obsessions and compulsions have been trained out.

Magnetic Protocol for Fibromyalgia

.Static Magnetic Field Systemic Therapy and Local Therapy Magnetic Field

Orientation

Systemic negative magnetic field magnetic therapy is optimally suited for:

1) Systemic or local allergic reactions.

2) Systemic or local immune reactions.

3) Systemic or local microbial infection of any and all types of invading microorganisms.

4) Any and all inflammatory reactions including addic-

tive withdrawal inflammatory reactions, autoimmune reactions or organ transplant rejection reactions and enzyme toxic reactions.

5) Fibromyalgia.

All inflammatory reactions, no matter how produced are benefitted materially by an application of a negative magnetic field to the inflamed area. There can be local, inflamed areas that have evoked only the mechanisms of the constitutive barriers. Once these constitutive barriers have been bridged, then the immune reaction, be it humeral, cellular or both is at that point, systemic. Therefore, it is wise that all inflammatory reactions should use the systemic approach. When not being systemically exposed to a negative magnetic field then the known local areas of inflammation should be locally treated. The inflammatory reaction of addictive withdrawal is also benefited, however the final part of the treatment must be also avoidance of the addictant. In a case of foods, three months avoidance usually suffices for control over the inflammatory reaction when exposure to the original addictant is no more often than once in four days. Narcotics, alcohol and caffeine should be avoided completely and never reintroduced. The biological response to a negative magnetic field exerts a control over the immune system. Therefore negative magnetic field systemic therapy should be used to assure the optimum function of the immune system. Much of the time a negative magnetic field stopping the invasion of microorganisms at the constitutive barrier level will prevent even the necessity of evoking the humeral and cellular immune defenses. But if this is breached, and it often is before treatment begins, then the negative magnetic field has a control over the function of the immune system including its production of inflammation.

A positive magnetic field can be used to stimulate thymus function. These periods of thymus positive magnetic field exposure should be brief such as 15-20 minutes and spaced several hours apart so that there is not an over-stress of the thymus gland produced by the development of local acidity in the thymus gland. For all other aspects of treating the immune systems, the negative magnetic field should be used because it is anti-stressful, anti-inflammatory and controlling over the normal functions of the immune system.

Negative Magnetic Field Systemic Therapy

Magnets for systemic therapy:

- Seventy-magnet bed (composed of magnets that are 4" x 6" x 1" placed 1" apart. Thirty-Five of theses magnets are placed in two wooden carriers that are 36" square. When placed end-to-end they make a single bed of 36" x 72")
- Super magnetic hat (composed of thirty-six neodymium disc magnets that are 1" x 1/8")
- Super magnetic head unit (composed of twelve 4" x 6" x 1" ceramic magnets evenly distributed to the top and sides of the head in a wooden carrier)

Local Magnetic Therapy

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

Ceramic Magnets

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

Neodymium Disc Magnets

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

Plastiform Flexible Magnets

These come in strips 2", 3" and 4" wide. They can be cut to any dimension desired. They can be stacked to produce a stronger field. Common plastiform magnets available are:

- 2" x 3" x 1/8"
- 3" x 3" x 1/8"
- 4 " x 6"x 1/8" Four of these stacked together will produce the same strength as a 1/2" ceramic magnet.

Flexible Mats

These are composed of plastiform magnets set into foam. These flexible mats are 5" x 6" or 5" x 12". They are composed of plastiform material that is 1-1/2" long, 7/8" wide and 1/8" thick. They are provided with one or two layers of these magnets.

Multi-Purpose Pads

These are flexible foam mats composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8" placed 1-1/2" apart. These pads are 11" x 17" or 18" x 24".

Body Wraps

These hold the single magnets in place. The sizes are 2" x 12", 2" x 17", 2" x 26", 3" x 31", 3" x 40" and 4" x 52".

Placement and Duration

The central purpose of systemic treatment is achieved by sleeping on a super magnetic bed. Those with acute infections or systemic cancer, should not only sleep on the magnetic bed at night but also 1/2 to one hour, four times during the day. The initial. treatment should extend to twelve weeks. In achieving this, they should be as close to the magnets as possible. An eggcrate-type foam pad or a suitable futon that is approximately two inches thick is suitable. After the 3 months, the critical phase is over and the subject can continue to sleep on the bed as is or can place the magnets between the mattress and the springs.

Severe chronic cases are best served by returning to the bed and super magnetic head unit two to four times a day for 1/2 hour to 1 hours sessions. This is especially true of chronic viral infections and chronic toxic states.

Fibromyalgia subjects characteristically have chronic infections of one or more of the herpes family viruses (Epstein-Barr, cytomegalovirus or Human Herpes Virus #6) and do best on the super magnet bed all night and for one hour, four times during the day for a minimum of 3 months. Use the super magnetic hat when not on the bed.

Local treatment can be used during the time that the subject is not on the bed. When on the bed, the subject will also have his head in the super magnetic head unit. When not on the bed, the super magnetic hat can be used. In treating a tumor of the brain, it is necessary to treat the head during the period when not on the bed at which time the head is in the super magnetic head unit. For any serious condition of the brain such as a tumor of the brain, Alzheimer's disease or a vascular disorder it would be wise to use the super magnetic hat with thirty-four of the neodymium disc magnets when not on the bed and super magnetic head unit.

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

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

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

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

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

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

A 4-Day Diversified Rotation Diet can handle food addiction. Alcohol addiction is food addiction to the food in alcohol production.

4-Day Diversified Rotation Diet General Information

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

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

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

2. Pre-meal negative magnetic field exposure. One-half hour before the meal place the magnets on the body. Magnetic discs, either ceramic discs (1-1/2" x 1/2") or neodymium discs (1" x 1/8") placed bitemporally. These can be held in place with a 2" x 26" wrap.

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

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

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

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

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

Infrared Sauna

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

1. Alkalinization

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

2. Oxygenenation

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

3. Detoxification

The human body processes toxins, some by being exhaled from the lungs, others passed out through the urine or the stool. Sweating from the skin is another process of detoxification. The far infrared sauna is ideal in that it penetrates through the layers of the skin and into the subcutaneous fat throughout the

skin and then detoxifies all types of toxicity including heavy metals. Therefore, this is ideal for heavy metal toxicity such as mercury, lead or other heavy metals. It also processes the enzyme inhibiting acids such as in degenerating diseases. Especially noted is the value in processing the toxins from cancer.

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

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

Magnetic Alkaline Micro Water

Magnetic 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 negative (south-seeking) magnetic field as well as being alkaline. There are electrolysis instruments used for producing the magnetic alkaline micro water. At least five glasses of the water should be ingested each day.

The most optimum alkaline microwater comes from a natural spring water from Japan's magnetic mountain. This water contains many minerals that hold a permanent negative magnetic field and micronized water. This is marketed in the U.S. under the name of Nariwa water. One 500 ml or more of this water are advised a day. This is detoxifying and energizing. There is a minimum value in exposing water to the negative magnetic field of a static field magnet. Water and oxygen are magnetizable.

Hydration

A minimum of eight glasses a day of pure water should be ingested, and ten glasses can be even better. Magnetic alkaline microwater is the most hydrating and most detoxifying.

Optimized Nutrition

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

Bowel Function

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

Colloidal Silver Therapy

Colloidal Silver is made by an electrolysis method that produces a particle size of 0.0001 micron. These small silver particles are charged to a negative (south-seeking) magnetic field by the electrolysis method. This solution of colloidal silver is placed in the mouth, especially under the tongue for absorption. This provides quick absorption into the blood stream. These fine silver particles go throughout the entire body. The negative magnetic field magnetically attaches to microorganisms, parasites and cancer cells, which are positive (north-seeking) magnetic poled. Silver, in its own right beyond that of the negative magnetic field, inhibits the replication of these cells. The small silver particles do not interfere in any way with human cell function. It is recommended to use 40 parts per million starting for the first week with 1/2 teaspoon four times a day, then followed the next three months by 1 teaspoon four times a day. Aloe salve may also help in the treatment of local skin infections.

Polarity

Always use the negative (south-seeking) magnetic field facing the body at all times other than the brief exposure of the thymus gland to the positive magnetic field as has been described.

Final Word

Fibromyalgia pain management is achieved by treating the head and the painful area of the body at the same time. Optimum for treating the head is the ceramic disc magnets (1-1/2" x 1/2") placed bitemporally for depression or headache, frontal and left temporal for anxiety or left temporal and occipital for obsessive-compulsiveness. These ceramic mini-block magnets that are 1-7/8" x 7/8" x 3/8" can serve the same value as the ceramic disc magnets. The magnetic super hat composed of thirty-four ceramic disc magnets that are 1" x 1 /8" is the most optimal for head treatment. Local pain areas can be treated with magnets of sufficient suitable size for the area involved such as the 4" x 6" x 1/2" magnet which is the one that is used most, ceramic discs, mini-blocks, neodymium discs, flexible mats, multi-purpose pads made from the mini-blocks or a magnetic chair made from the mini-blocks.

Usually, fibromyalgia subjects are infected with one or more of the herpes family viruses as well as candidiasis of the colon and vagina. Due to these infections, a basic magnetic systemic treatment with a 70 magnet (4" x 6" x 1") bed is optimal.

A negative magnetic field spins electrons counterclockwise and is anti-stressful, neuronal-calming, cellular function-regulating and thus, healing.

The negative magnetic field of a static field magnet is a space free energy converter to electrons. A negative magnetic field has the biological regulatory control over a positive magnetic field. A negative magnetic field is the anabolic control over the harmful effects of prolonged catabolism.

The present and future battle over toxic explosion fossil fuel and atomic energy and non-toxic implosive space free energy in industry and the medical application of potentially toxic pharmaceuticals replacement with the development of non-toxic magnetic free energy therapy will evoke resistance to change from vested interests.

Furthermore, physicians will need to learn a new dimension in maintaining health, reversing disease and producing healing. It is not easy for a physician highly skilled and justly rewarded for his special skills to change to even a more successful therapy.

FIBROMYALGIA INFLAMMATION AND PAIN ARE CAUSED BY A POSITIVE MAGNETIC FIELD ACID-HYPOXIA STRESS BIOLOGICAL RESPONSE AND REVERSED BY NEGATIVE MAGNETIC FIELD ALKAUNE-HYPEROXIA ANTI-STRESS BIOLOGICAL RESPONSE.

Fibromyaglia Pain Do's & Don't

DO's

Do relieve pain with a static negative magnetic field over the painful area while also treating bitemporally with negative magnetic field discs.

Do relieve pain with a static negative magnetic field over the painful area while also treating bitemporally with negative magnetic field discs. Rotate the foods on a 4-Day Diversified Rotation basis. Rotate the foods on a 4-Day Diversified Rotation basis.

Do avoid addiction withdrawal symptoms by rotating foods on a four day rotation basis.

Do clean up your home or work place so that you do not have chronic exposure to chemicals to which you are known to

be reactive.

Do behavioral training to train out any obsessions, compulsions, anger or other symptoms including pain.

Do behavioral training to train out any obsessions, compulsions, anger or other symptoms including pain.

Optimize nutrition with appropriate supplementation, preferably under medical supervision.

Do use the super magnetic bed and a super magnetic head unit to treat infections.

Don'ts

Don't relieve pain with narcotics.

Don't relieve pain with steroids.

Don't relieve pain with non-steroidal analgesics.

Don't relieve pain with tranquilizers.

Don't relieve pain with antidepressants.

Don't relieve pain with St. John's Wort.

Don't relieve pain with between-meal feedings.

Don't continue to daily eat foods to which you are symptom-reacting (addicted, allergic)

Don't eat between meals to relieve food addiction withdrawal symptoms

Don't continue exposure to chemicals to which you are symptom-reactive.

Don't obsessively dwell on pain.

Don't obsessively dwell on anger or hostility.

Don't be malnourished.

Don't use antibiotics for the treatment of viral infections.

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