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

FIRST IMPORTANT NOTE

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

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

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

SECOND IMPORTANT NOTE

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

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

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

WHAT MAGNETIC THERAPY IS

Magnetic therapy is magnetic-electron-enzyme catalysis therapy. Static magnetic fields move electrons which rotate resulting in a magnetic-electron energy field. Static negative magnetic field electrons spin in a 3-dimensional spiral counterclockwise rotation. In a static positive magnetic field, electrons spin in a 3-dimensional spiral clockwise rotation. A positive magnetic field energizes acid-dependent enzymes. A negative magnetic field energizes alkaline-dependent enzymes. Biological response to a positive magnetic field is acid-hypoxia. Biological response to a negative magnetic field is alkaline-hyperoxia. Alkalinity maintains calcium and amino acid solubility and reverses insoluble deposits of calcium and amino acids in such as arteriosclerosis, spinal stenosis, around joints, amyloidosis, Alzheimer's, etc.

The energy activation of biological enzymes is magnetic therapy

WHAT MAGNETIC THERAPY DOES

The biological response to a static positive magnetic field is acid-hypoxia. The biological response to the static negative magnetic field is alkaline-hyperoxia. Positive magnetic field therapy is limited to brief exposure to stimulate neuronal and catabolic glandular functions. Positive magnetic field therapy should be under medical supervision due to the danger of prolonged application, producing acid-hypoxia.

Negative magnetic field therapy has a wide application in such as cell differentiation, healing, production of adenosine triphosphate by oxidative phosphorylation and processing of toxins by oxidoreductase enzymes and resolution of calcium and amino acid insoluble deposits. Negative magnetic field therapy is not harmful and can effectively be used both under medical supervision and self-help application.

Some of the values of magnetic therapy are:

- Enhanced sleep with its health-promoting value by production of melatonin.
- Enhanced healing by production of growth hormone.
- Energy production by virtue of oxidoreductase enzyme production of adenosine triphosphate and catalytic remnant magnetism.
- Detoxification by activation of oxidoreductase enzymes processing free radicals, acids, peroxides, alcohols and aldehydes.
- Pain resolution by replacing acid-hypoxia with alkaline-hyperoxia.
- Reversal of acid-hypoxia degenerative diseases by replacement of acid-hypoxia with alkaline-hyperoxia.
- Antibiotic effect for all types of human-invading microorganisms.
- Cancer remission by virtue of blocking the acid-dependent enzyme function producing ATP by fermentation.
- Resolution of calcium and amino acid insoluble deposits by maintaining alkalinization.
- Neuronal calming providing control over emotional, mental and seizure disorders.

"Magnetic therapy has been observed to have the highest predictable results of any therapy I have observed in 40 years of medical practice."

William H. Philpott, M.D.

ABOUT WILLIAM H. PHILPOTT, M.D.

William H. Philpott, M.D. has specialty training and practice in psychiatry, neurology, electroencephalography, nutrition, environmental medicine and toxicology.

He is a founding member of the Academy of Orthomolecular Psychiatry. He is a fellow of the Orthomolecular Psychiatric Society and the Society of Environmental Medicine and Toxicology, and life member of the American Psychiatric Association.

Between 1970 and 1975, he did a research project searching for the causes of major mental illnesses and degenerative diseases, which resulted in the publication of the books, *Brain Allergies* and *Victory Over Diabetes.*

Retiring in 1990 after 40 years of medical practice, he has engaged in research as a member of an Institutional Review Board, which follows FDA guidelines. In this capacity, he guides physicians and gathers data on the treatment and prevention of degenerative diseases using magnetic therapy.

The Linus Pauling Award was presented to William H. Philpott, M.D. in 1998 by the Orthomolecular Health Society, "for his scientific leadership and scholarship spanning the entire history of orthomolecular medicine."

Dr. Philpott says, "When I graduated from medical school, the guest speaker stated, "We have taught you what we know. It may well be that half of what we have taught you is not so. But we don't know which half is so and which half is not so". I learned so much in medical school that I was proud of my acclamation of knowledge. Was this speaker for real or simply a learned clinician acting out a false humility? As I marched down the aisle of graduation from medical school, I was proud of my increased amount of knowledge I had gained. I was especially proud of knowing about medications that were known to relieve headaches. Surely among these medications for headaches was an answer for my mother's headaches. I thought that now I have a solution to the lonely hours I spent as a preschooler while my mother was in bed in a dark room. I was all alone wondering how I could help my mother.

"I specialty trained in neurology and psychiatry and had a flourishing practice in these specialties. After fifteen years of practice, I began to wonder why we had so few answers that worked. There was shock treatment for severely ill patients. I gave over 70,000 of these. There were tranquilizers emerging in the late 50's and early 60's. I used these by the bushels on my mental patients. The efficiency was low and the side effects of tranquilizers were astoundingly frightening. One tranquilizer in an ad in a medical journal claimed less side effects than another tranquilizer and yet it took one-half page of fine print to list the side effects of this proposed better tranquhizer.

"I had six therapists (psychologists, social workers and sociologists) seeing my patients in individual and group therapy. The level of results in schizophrenia and manic-depressives was especially discouraging. In the early 60's, behaviorism came to the rescue in helping some neurotics in the ability to train out their symptoms. What about psychosis for which behaviorism had little help? Electric shock proved to have some temporary help. Tranquilizers were of minor help and the side effects were appalling. Obviously, our system was often even making our patients develop physician-induced illnesses. This was particularly troubling with a five-fold increase in maturity-onset diabetes mellitus when using tranquihizers. Were there answers not learned in residency training that we were ignoring?

"In my third year of medical school in 1949, while attending a small group session at Los Angeles County General Hospital, an allergist made the observation about a patient with anxiety whom he fasted for five days during which her anxiety symptoms left. When he exposed her to a test meal of one of her frequently eaten foods, her anxiety returned. He asked, what is the diagnosis? I was studying medicine with the expressed purpose of becoming a psychiatrist. I spoke up, giving the diagnosis of anxiety-neurosis. He said,"No. This is a food allergy". The rumor was that this allergist had ideas that most of my instructors did not agree with. I dismissed his diagnosis until twenty years later (1969).

"In my second year of psychiatric residency training, I read the book *Neurosis* by Walter Alvarez, M.D. In this book, he describes headaches and many symptoms of neurosis and psychosis occurring during deliberate food testing. I could not believe this. I thought Dr. Alvarez made a fool of himself. After all, he was an internist, not a psychiatrist and why was he dabbling into psychiatry. I dismissed his observations and didn't look at this book again for 16 years. I was wrong for ignoring him.

"I learned behaviorism from Joseph Wolpe, M.D. He and I shared the opinion that schizophrenia must be organic in origin. In 1965, he sent me an article by Theron G. Randolph, M.D.

"Amazingly, Dr. Randolph described many mental and physical symptoms as disappearing on a five day fast and reemerging during food tests on deliberate food tests of single foods. I set this article aside as impossible.

"In 1969, I was a consultant to a boarding school of some 100 socially and educationally disordered adolescents. I was responsible for a neurological and psychiatric examination on each student. One-third either were or had been psychotic. Saul Klotz, M.D. Internist-Allergist was responsible for their physical needs. He proposed to me that we do a double-blind study to determine the extent to which food allergies and non-allergic hypersensitive reactions related to their numerous symptoms. Together we did a double-blind study using food extracts. The results were overwhelmingly positive. I now had to consider how wrong I had been by ignoring the evidence that had come to me through the years concerning maladaptive reactions to foods and symptom-production.

"I was invited by a private psychiatric hospital to set up a study to determine the causes of schizophrenia. Based on the double-blind study of Saul Klotz, I initiated a study of the relation of foods to symptoms in my mental patients. To this, we added a nutritional survey and a survey for infectious agents. This research followed the advice of Theron G. Randolph, M.D. of a five day fast preceding food testing of single foods. This study resulted in the publication of two books, *Brain Allergies* and *Victory Over Diabetes.* From 1970 through 1990, I tested thousands of both psychiatric and non-psychiatric patients with a five day fast followed by deliberate food testing. The patients were monitored for pH changes and blood sugar changes. Viruses, especially Epstein-Barr, cytomegalovirus and human herpes virus #6 emerged as being consistently in our mental patients and those with more serious physical symptoms. All patients maladaptively reacting to foods had some degree of carbohydrate disorder. Maturity-onset diabetes emerged as the end result of prolonged reactions of food addiction. The brain/gut relationship was obvious.

"Therefore, during my testing I observed many minor to major gut reactions to foods. In 1973, a schizophrenic young man entered my research program. His father, president of a bank in Houston, was so impressed by his son's recovery that he proposed a $4,000,000 research program using my method of treatment. This money was to be provided to the medical school at Galveston over a four year period. I was invited to Galveston to do the project. However, I was satisfied with my current research program and decided not to move to Galveston for it. I went to Galveston and explained my system of diagno-

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

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

"It is a strange phenomena that there is inherently a resistance for doctors to recognize the relationship between foods and the development of both acute symptoms and chronic degenerative diseases. Some say they are waiting for more evidence such as more double-blind studies or the resolution of conflicting data. It appears to me that this waiting for evidence which really is already here in abundance, is not really the central problem.

"The problem is that it is hard for doctors to change their behavior once they have learned a comfortable set of routines. Doctors, by and large, have obsessive-compulsive personalities. This serves them well in their massive amount of learning that they need to do during medical school and residency training, however, it also serves as a handicap in making changes. The physician becomes comfortable with a set of routines and uncomfortable with making any changes. Also, there are outside pressures such as, if a specialist changes his routines, he will lose some of his referral resources. Physicians, for many reasons, find it difficult and anxiety-producing, to make changes. In my opinion, this mediates against progress more than any other thing.

"The addition of magnetic therapy to my ecology and infection program became a natural. It had been demonstrated by Albert Roy Davis that a negative (south-seeking) magnetic field both alkalinizes and oxygenates the biological system. I had already determined by my monitoring that symptom-producing reactions to foods or chemicals was acidifying and oxygen-reducing. I used alkalinizing agents such as soda bicarbonate and oxygen to relieve symptoms. I found that a negative (south-seeking) magnetic field was more predictable in relieving symptoms than alkalinization with soda bicarbonate. I had demonstrated that degenerative diseases were simply the extensions in time of the acute reactions in which the disordered chemistry of the acute reaction and of the chronic disease having the same symptoms was identical. It became logical then to extend the time of the application of a negative (south-seeking) magnetic field to reverse and heal degenerative diseases along with avoiding the foods, being well-nourished and treating the viral infections. I was delighted to find that a negative (south-seeking) magnetic field will kill microorganisms whether they are viruses, fungi, bacteria, parasites or cancer cells. Gastrointestinal disorders encompass diseased conditions of the entire gastrointestinal tract (gastrointestinal) from mouth to anus and in organs associated with the gastrointestinal tract such as the gallbladder, liver, and pancreas, emptying excretory contents into the gastrointestinal. The diagnostic classification of these gastrointestinal disorders encompass such as 1) infections, 2) immunologic reactions, 3) the minor gastrointestinal reflux states and irritable bowel disorders as well as the major inflammatory bowel diseases (celiac disease, Crohn's disease and ulcerative colitis).

"Viral infections, especially noted as herpes simplex I with lesions on the lips and mucous membrane of the mouth, chronic bacterial infections of the mucus membrane of the mouth and the gums around the teeth, and acute bacterial infections of the mouth and throat such as acute streptococcus infection. The esophagus can be acutely or chronically infected the same as the mouth. The stomach and duodenum can be infected with helicobacter pylori producing ulcers. The gall-bladder and pancreas can be acutely or chronically infected with microorganisms. The liver can be acutely or chronically infected with microorganisms, especially noted is viral hepatitis. Cirrhosis of the liver can develop secondary to these infections and or due to the processing of toxins. The anus and adjacent colon can be infected with microorganisms. The small and large colon can be infected with viruses, bacteria, fungi and parasites.

"There are several specific identifiable bacteria that can cause diarrhea and inflammation of the colon. There are specific antibiotics useful in killing these bacteria. My objective observation is that a negative (south-seeking) magnetic field can kill all types of microorganisms (viruses, bacteria, fungi and parasites). This fact is fundamental in understanding the value of magnetic therapy. It is logical to use antibiotics specific for each infection. Magnetic therapy using a negative (south-seeking) static magnetic field and colloidal silver providing a negative (south-seeking) static magnetic field can be used along with the specific antibiotics or used without the antibiotics."

William H. Philpott, M.D.'s Response upon receiving the Linus Pauling Award

"I really thank you a lot for this. I just wanted to say that Linus Pauling was a friend of mine and he wrote the foreward to my book, *Brain Allergies* and I thought I would just read a little bit of this so that you would see his attitude towards my work."

"'The concept that a change in behavior and in mental health can result from changing the concentrations of various substances that are normally present in the brain is an important one. This concept is the basis of orthomolecular psychiatry, a subject that is treated in considerable detail by Dr. William Philpott and Dwight Kalita in their book, *Brain Allergies.* The other general concept, also a closely related one, is that of human ecology. The idea is that substances in our environment can have a profound effect on mental health and behavior. These can be introduced into the environment as a result of our technical culture.'

"I just wanted you to realize that Linus Pauling did appreciate ecology and nutrition both, and said so in this forward to my book. We shared that as a common interest. I have been the one that was responsible for introducing ecology to orthomolecular medicine and the orthomolecular ideas to ecology medicine. I have been a catalyst in getting orthomolecular medicine and environmental toxicology medicine together. This organization needs to, and is, furthering the interest of Linus Pauling and this very important focus in medicine. It will make a difference and I want to congratulate all of you for this interest; keep it growing because it will become a more substantial part of medicine."

Ethics of Magnetic Diagnosis and Therapy

Magnetic instruments that have been cleared by the FDA and can make claims of value within the limits of their clearance -- these FDA cleared instruments include but are not exclusive to MRI, XOMED hearing aid, TENS class of instruments, diapulse, nerve testing instruments, Magneto encephalogram, Magneto cardiogram, etc. Industrial magnets have not been cleared as medical instruments and cannot claim cure for any condition or disease. Research is in process to enlarge the scope of claims of value of magnetic therapy. The person using magnets to treat a disease needs to become party to a medical supervised magnetic research project. The

Depth of Penetration / Gauss Field Strength

Antibiotic and anti-cancer therapy require a minimum of 25 gauss. The higher the gauss strength, the more therapeutic.

All measurements are made at the center of the product

Product	Surface	1/2"	1"	1 1/2"	2"	3"	4"	6"	8"
14" x 25" Multi-	324	100	40	25	15	12	10	8	6
14" x 25" Multi-Purpose Pad w/ a 4" x 6" x 1/2"	450	190	112	80	60	40	25	15	10
Mega-Field	70	25	15	8	6	5	4	3	-
4" x 6" x 1/2"	280	230	180	140	112	70	45	23	15
4" x 6" x 1"	525	450	355	275	210	125	75	35	25
Power Disc	840	375	135	65	30	16	10	4	-
Mini Block	730	260	98	44	23	7	3	-	-
Low-Profile	1250	325	86	29	15	5	-	-	-
Two stacked Low-Profile	2130	550	145	50	20	10	3	-	-
Soother Flex Mat	135	35	20	15	10	4	-	-	-
Deep Penetrating	200	70	40	30	23	15	10	5	-
Deep Penetrating Soother Flex Mat w/ 4" x 6" x 1/2"	400	245	180	135	105	65	37	15	7
2 - 4" x 4"	100	89	68	48	34	13	6	-	-
4 - 4" x 4"	210	180	140	94	65	32	13	4	-
Bed Grid**	25 Gauss at 28" above the bed -					-	-	-	■
Super Hat	-	-	-	-	-	-	65*	-	-

*This is a measurement taken at the equidistant center inside of the hat. All other measurements are unnecessary.

** The 70-magnet Bed Grid supplies a therapeutic value magnetic field of 25 gauss up to 18" away from the surface of the bed.

†Measurements were made with a GM-1A Gauss Meter, Manufactured by Applied Magnetics Laboratory - Baltimore, MD

magnets used as described in *The Magnetic Health Quarterly* are industrial magnets for which no claim of cure of disease is made. The application of industrial magnets for sleep and pain is a popular self-help application. The magnetic treatment of diseases demands medical supervised diagnosis and treatment in link with a research institutional review board following FDA guidelines for research. William H Philpott, M.D. presents his observations, theories, research protocols and answers to questions for consideration in the hopes of making progress in the application of Magnetic Therapy. Those interested in becoming party to the magnetic research project should contact William H. Philpott, M.D. The goal of research is to firmly establish magnetic therapy as a part of traditional allopathic medicine, which will popularize the application of and provide for insurance coverage for magnetic therapy.

Those choosing to proceed with use of magnets for medical purposes without medical supervision do so on their own responsibility. There is no restriction of the purchase of magnets for whatever reason they are used. There is no restriction on the writing, releasing, acquiring or purchasing of information about magnets.

Disclaimer

I do not claim a cure for any degenerative disease or even guarantee relief of pain or insomnia by means of magnets. My only claim is that there is evidence justifying a definitive controlled research project following Federal Food and Drug Administration (FDA) guidelines to determine the value and limitations of magnetic therapy. These guidelines require a physician diagnosis and physician monitoring under the supervision of a Scientific Institutional Review Board. The application of magnetic fields to humans has been approved by the FDA, which were based in part on toxicity studies, and has been classified as "not essentially harmful".

How Dr. Philpott Changed His Medical Practice

This *Magnetic Health Quarterly* represents my personal focus on health maintenance and disease reversal that has developed from my four years of basic medical school education, specialty training in neurology, psychiatry, allergy-immunology, forty years of medical practice, and my post-retirement research that guides physicians in an examination of the values of static magnetic field application to prevent and reverse degenerative diseases. I am proud to be a medical physician and I am convinced that medical science has a central truth about health maintenance and disease. The improvement in medical practice during my period of practice and observation has been tremendous. Beyond the progress what can and what should we incorporate in established scientific knowledge to the practice of medicine? This *Magnetic Health Quarterly* is involved with what I have observed that has been largely ignored or left out in spite of the abundance of information on the respective subjects. I have systematically recorded my observations concerning these neglected areas.

The public, through their congressional representatives have mandated the National Institutes of Health to widen its scope of research to include promising alternative areas beyond the current traditional application of medical science. This is a wise move since there are valuable alternative areas that have been neglected or ignored. To fulfill its mandated obligation, the National Institutes of Health have appointed advisory committees in important scientific areas to provide guidelines for research. One of the advisory committees is the Electromagnetic Committee, which includes five Ph.D. physicists, and two M.D.'s knowledgeable in electromagnetics. The two M.D.'s are Robert 0. Becker, M.D. and myself. Based on the recommendations of this committee, research projects financed by NIH grants are in process.

Biochemistry has become more readily understood than biophysics. Biochemistry has developed many promising, symptom-relieving agents and synthetic replacements for the failing human system. Biochemistry has helped us come to understand the role of nutrition, the role of oxygen, and the roles of many, many more necessary biochemical functions of human metabolism. There are great economic rewards for those marketing these valuable biochemicals. Biophysics has more slowly progressed in its medical applications. The current medical horizon holds the promises of biophysics being equal to or even superior to the therapeutic values of biochemistry. This emerging promise of values especially relates to the biological responses to magnetic fields. The values of biological responses to heat and cold have been well incorporated into physical medicine while the biological responses to magnetic fields has been neglected.

The biological response to magnetic fields has been, to a considerable degree, a mystery until recently. Medical science has been using magnetism without knowing it was using magnetism. Examples are such as electro-convulsive therapy used in mental illness. We can now understand that electricity produces magnetic fields. For example when an electric current produces a high neuronal exciting positive (north-seeking) magnetic field it produces a seizure, following which the brain switches its magnetic polarity from a usual positive (north-seeking) to a negative (south-seeking) magnetic field for a few minutes. This electromagnetic-produced general anesthesia calms neuronal functions and relieves mental symptoms. The thousands of enzyme catalytic reactions occurring in human physiology are energy-driven by magnetic fields. By understanding magnetic field energy enzyme catalysis, we no longer assume some mysterious, spontaneous enzyme catalysis, but instead, with this new knowledge, magnetic fields can be harnessed to energy-drive specific desired enzyme catalysis. Thus, a static negative (south-seeking) magnetic field can be arranged to produce melatonin and growth hormone during sleep. A static negative (south-seeking) magnetic field can be harnessed to enzymatically produce adenosine triphosphate (ATP) and reverse the inflammatory consequences of oxidation reduction end-products (free radicals, peroxides, acids, alcohols and aldehydes) in which oxygen is released from its bound state in these inflammatory products.

It is universally true that no one wants to admit that they have symptoms from the favorite foods they are eating. They ask, how could a food that makes me feel good when I eat it, make me sick 3 or 4 hours later? To most people, this is unbelievable. Physicians are, equally with their patients, resistant to accepting maladaptive reactions to foods as a cause of their symptoms. The physician is taught to look everywhere else than foods and also if it is foods there is likely little or nothing that can be done about it, thus, symptoms produced by maladaptive reactions to foods is a grossly neglected area in therapeutic medicine.

A significant aspect of this dilemma of dismissing food reactions as causes of acute symptoms and degenerative diseases is inherent in the change that occurred in the 1920's when antibodies and complement disorders were discovered. Up to that time, an allergic reaction was simply a symptom production by an exposure to a substance. After this discovery of isolatable immune mechanisms as an explanation for allergy, allergic reactions lost their mystery. They went from no known cause to known immunologic causes. In terms of symptoms from food reactions, those without discernable immunologic

factors were dismissed as imaginary or psychosomatic and so forth. Only in more recent years, has there emerged evidence of non-immunologic causes of symptoms from foods. These are now being referred to as non-immunologic sensitivities or addictions. The resistance to accept food reactions as the cause of symptoms remains only in the minds of patients and physicians alike.

In the 1940's, Albert Rowe, M.D., Allergist, of San Francisco, observed the relationship of non-immunologic food reactions producing symptoms. He used an initial avoidance followed by a rotation diet to handle these symptoms. In 1950, I attended, along with a dozen other senior medical students, a presentation by Alfred Rouse, M.D., an Allergist. He presented a case of a woman who became anxious when given a specific food. He asked our class, "What is the diagnosis?" I was studying medicine with the specific intention of becoming a psychiatrist. I answered his question with, "This is an anxiety neurosis." He rejected my diagnosis and to my surprise, maintained pleadingly, that an allergic reaction was involved. At the time, all I obtained from this was that he had ideas that were different than most of my instructors and therefore, I dismissed his hypothesis.

In 1952, while a resident in psychiatry, I read a book written by Walter Alvarez, M.D. entitled, *The Neuroses.* I was interested in what this honored internist at Mayo Clinic was saying about neuroses. Surprisingly, he devoted several pages to describing headaches, dulled brain function and emotional reactions to many different types to food reactions. At the same time in my residency training, all of my instructors were completely ignoring these possibilities. At the time, I thought Dr. Alvarez had made a fool of himself. He wasn't a psychiatrist. Why would he be drawing all of these conclusions that had a bearing on psychiatry?

In 1966, my friend Joseph Wolpe, who is referred to as the father of behaviorism, sent me a paper by Theron G. Randolph, M.D. In this paper, Dr. Randolph described fasting patients for five days and when feeding them meals of single foods, many symptoms emerged including the major symptoms of schizophrenia, manic-depression and neuroses. At the time, I thought this was impossible and I set the paper aside. It was four years before I read this paper again.

In 1970, I was a consultant to a school treating adolescents who were socially and educationally disadvantaged. Saul Klotz, M.D., Allergist, proposed that we do a double-blind study on these patients to see if any of their symptoms related to food reactions. This double-blind study was overwhelmingly positive, and from this I was encouraged to initiate a five-year study into the relationship between reactions to foods, chemicals and inhalants to mental symptoms. This resulted in my book, *Brain Allergies.* I was encouraged to do this project by Theron G. Randolph. I reviewed the writings of Herbert Rinkle, Frederick Spears, Walter Alvarez, Howard Rappaport and others. Marshall Mandell spent one day a week for five years supervising my examination of my patients. I followed Theron G. Randolph's method of fasting for five days followed by test exposures to single foods for the next month. The evidence was overwhelming. This study confirmed the allergists who had made observations of the emergence of emotionally and even mentally disordered symptoms due to food reactions, chemicals and inhalants.

Quite unexpectedly, I made another observation that resulted in my book, *Victory Over Diabetes.* The maturity-onset diabetic patients among my mental patients, not only had the clearance of their mental symptoms but also the reversal of their diabetes. It became clear that maturity-onset; non-insulin type diabetes mellitus is the product of food addiction. John Potts followed up on this with four excellent statistical studies all of which were published in the abstract issue of the *Journal of Diabetes*. There then followed what to me is a strange phenomenon. Even though this work was done the right way and published in the right place, it had no serious impact on the practice of medicine. Here I had demonstrated conclusively that maturity onset diabetes is due to food addiction and that a 4-Day Diversified Rotation Diet routinely reversed diabetes mellitus and that following such a diet prevented the development of diabetes mellitus. Yet, it was virtually ignored. This again, shows how difficult it is to establish a new system of therapy. You are met with all the resistance of the already established method, even though a new method is demonstrated to be superior.

It is a strange phenomenon that in spite of this knowledge about maladaptive reactions to foods and the role of addiction in these foods, we still have numerous diets to reduce weight or to treat diabetes, which ignore food addiction as the driving force of the compulsion to eat specific foods and overeat. Diets that do not honor and properly treat food addiction drives the person, first of all, into the early stage of the diabetes mellitus disease process such as hypoglycemia and the later stage of hyperglycemia given the diagnostic name of diabetes mellitus type II. Properly engineered, the 4-Day Diversified Rotation Diet with the help of magnets initially relieves the symptoms of addiction so the person is comfortable while overcoming their addiction, help in retraining the compulsion to overeat will not only manage obesity but also prevent or reverse type II diabetes mellitus. It is known that approximately 80% of patients, at the time they are diagnosed as having maturity onset-type diabetes mellitus Type II, are obese. It was interesting for me to observe that the reversal of the diabetes mellitus in my patients was not dependent on weight reduction. The diabetes mellitus disappeared within five days as soon as the subject had gone through the food addiction withdrawal phase. There was, at that time, no time for weight reduction to have occurred. Obesity is a stress and should be reversed but it is not obesity as such that makes the person diabetic. It is food addiction.

THE THERAPEUTIC SIGNIFICANCE OF NEGATIVE MAGNETIC POLARITY AND NEGATIVE ION POLARITY

HOW NEGATIVE IONS ARE FORMED IN NATURE

The atmosphere, and even within biological systems, is flooded with free static field electrons. There are electromagnetic conditions both in the atmosphere and within biological subjects which turn these static electrons to have either a positive or a negative polarity. In the positive polarity, the electrons are spinning clockwise. In the negative polarity, the electrons are spinning counter-clockwise. The activated electrons attach to particles that are available and produce ions, either positive or negative. Before and during a storm, the atmosphere is flooded with positive ions. The biological response of both animals and people to these positive ions is well-documented as producing tension, anxiety, depression and in cases of predisposed illnesses, physical or mental, the symptoms of the illness are worsened. After a storm is over, then the atmosphere is flooded with negative ions in which both animals and people respond with a sense of comfort and symptom-reduction.

In many parts of the earth, there are waters that have been known for their healing value. A volcanic mountain is a negative magnetic field and is in fact, a magnet. The volcanic mountain is a negative

magnetic field and the molten mass beneath the volcano is a positive magnetic field. Water that filters down through the volcanic ash of this negative magnet mountain carries a negative ion charge. Characteristically, there are 70+ minerals that are low atomic weight minerals which become negative ions in which negative counter-clockwise spinning electrons attaches to the minerals. This is a stable situation in which when the water with its minerals is removed from the mountain, it remains composed of negative ions. At this same time, the water is always alkaline and is micro water in which the water is in smaller units than water that does not have negative ions. It is important to observe that a volcano and its molten mass below is indeed a magnet, the same as the magnets that are made industrially with negative and a positive magnet field. It is important to note that this negative magnetic field itself of the negative pole of the volcanic mountain charges the low atomic weight minerals to be negative ions. In the same order the negative magnetic field of an industrially produced magnet makes negative ions.

HOW NEGATIVE IONS ARE FORMED BY ION GENERATORS AND BY STATIC MAGNET- FIELDS

Electrolysis-type ion generators can be arranged to release into the air only negative ions. Thus a house can be flooded with negative ions with health values. The negative magnetic field of a static field magnet can be used to produce negative ions. The negative magnetic field of a static field magnet activates electrons to be spinning counter-clockwise. Although the magnet field is static, the electrons in the field are activated and thus are not static. Thus, a static negative magnetic field is indeed an energy field with movement spinning of the electrons in that field. A negative magnetic field is a source of electro magnetic energy in terms of a biological response. Thus, sitting a glass of water on the negative magnetic field of a static field magnet will electromagnetically charge up the water to have negative ions of both the mineral content and other particles in the water. Placing nutrients on the negative magnetic field of a static field magnet will charge up the nutrients to be electromagnetic charged negative ions.

THE SIGNIFICANCE OF NEGATIVE MAGNETIC POLARITY OF A STATIC FIELD MAGNET AND NEGATIVE IONS IN WATER, AIR AND NUTRIENTS NEGATIVE ION CHARGED

The biological response to a negative electromagnetic polarity, whether from a static field magnet or negative ions is that of alkaline-hyperoxia. The biological response to a positive static magnetic field and positive ions is acid-hypoxia. Much is known of the significance of alkaline-hyperoxia maintaining health and acid-hypoxia toxicity producing degenerative diseases. It is health-promoting for us to drink water from a natural source such as the volcanic source which has turned the water into alkaline micro negative ion water or the water treated by an electrolysis unit producing alkaline micro negative ion water or placing the water on the negative field of a static field magnet. It is wise to flood the air of our homes with negative ions from a negative ion generator. It is health-promoting and disease-reversing to use all sources of negative magnetic fields and negative ions to keep ourselves well and reverse our acid-hypoxic toxic diseases.

The negative magnetic field of a magnet provides the optimal therapeutic value for body treatment. Treatment of air, water and nutrients are a valuable adjunct to magnet therapy.

Negative electromagnetic polarity is the energizer of oxidoreductase enzymes which make adenosine triphosphate which is the body's central enzyme energizer and the central metabolic detoxifier.

STATIC MAGNETIC FIELD SOURCES FOR PRODUCING NEGATIVE IONS OF WATER AND NUTRIENTS

(See *Polar Power Magnets Catalog*)

• One 4" x 6" x 1/2" ceramic block magnet. This is a flat surface static field magnet with positive and negative magnetic polarity on opposite skies.

USES:

On the negative magnetic pole side, place water (municipal treated or ground water) and nutritional supplements for a minimum of five minutes. The longer, the better.

There are many other uses for this 4" x 6" x 1/2" magnet such as heart treatment for atherosclerosis, treating aches and pains, inflammation, spinal treatment, local infections, local cancers and much more. See my Magnet Therapy book and my quarterlies.

Cost:	$ 49.95
Shipping:	8.50
	$ 58.45

• Ceramic disc magnets of 1-1/2" x 1/2". These magnets are provided as Soother One which has two 1-12" x 1/2" disc magnets and a band, 2" x 26". These discs have positive and negative magnetic fields on opposite sides.

USES:

The negative magnetic pole of the disc can be used to produce negative ions of water and nutrients.

There are multiple uses for the two discs and wrap such as bitemporal placement for headaches and relief of emotional and mental symptoms, aches and pains, inflammation and small local infections and small local cancers.

See my writings for further details.

COST:

Soother One	$ 21.95
Shipping	8.50
Total	30.45

William H. Philpott's
MAGNETIC THERAPY MOTTO:

I do not claim that magnets cured you; you claim that magnets cured you.

Even without being promised a cure, magnetic therapy is worth a try!

THE DEFINITION OF MAGNETIC POLARITY AS USED IN HUMAN PHYSIOLOGY

A magnetometer is used to identify positive (+) and negative (-) magnetic poles. A magnetometer is a scientific instrument, which identifies magnetic polarity in terms of electromagnetic polarity, which is positive (+) and negative (-) rather than the geographic compass needle identification of north and south. When using a compass to identify magnetic poles, a north seeking compass needle identifies a negative magnetic field of a static field permanent magnet. The north-seeking needle of a compass is magnetic positive and therefore points to (seeks) the magnetic negative north pole of the earth and also the magnetic negative magnetic field of a static field permanent magnet. The south-seeking needle of a compass is magnetic negative and therefore points to (seeks) the magnetic positive south pole of the earth and also the positive magnetic field of a static field permanent magnet.

Static field permanent magnets can properly be characterized as DC magnets because they are magnetized by a direct electric circuit current in which the positive electric pole produces a positive magnetic field and the negative magnetic pole produces a negative magnetic field. Those magnetically charging magnets from a DC electric current understand this relationship. Robert O. Becker, M.D., prefers to use the term DC magnets as applied to static field permanent magnets.

In 1600, William Gilbert (*DE MAGNETE*) was the first to point

out that the navigator oriented himself with the compass needle pointing toward north, which he called north, when in fact the compass needle pointed north is a south magnetic field.

Several scientists throughout the years have identified this error in naming the magnetic poles. This error in identifying poles still persists as tradition.

The physicist, B. Belaney (*New Encyclopedia Britannica* 1986. Vol. VIII, pages 274-275) again identified this geographic error in identifying magnetic poles and termed it "semantic confusion". To avoid this semantic confusion, he recommended using the electrical polarity definition of positive (+) and negative (-) as applicable to magnetic poles in which a positive electric pole (+) is also a positive magnetic pole (+qM) and a negative electric pole (-) is also a negative magnetic pole (-qM). "M" stands for magnetism.

The body is an electromagnetic organism with a direct current (DC) central nervous system in which the brain with its neuronal bodies is a positive magnetic field and, also produces a positive electric field. The extensions from the neuronal bodies are a negative magnetic field and also produce a negative electric field. The human body does not have a storage battery from which electricity flows or an electric dynamo from which electricity flows. Rather, by a mechanism comparable to a magneto, the human body turns its magnetic fields into DC electric current. It is also true that each cell of the body has a positive and negative magnetic field in its DNA. Since the human body functions on a DC electromagnetic circuit, it is especially appropriate to use the positive (+) and negative (-) identification of magnetic polarity when relating magnetism to the human body. The human body does not have a north and south poled field, but rather has positive and negative magnetic fields from which electricity is produced. A geographic definition not applicable to human physiology whereas, an electromagnetic definition of magnetic polarity is essential. If and when the geographic definition of polarity is used, it still requires a translation into usable terminology for application to human physiology.

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

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

STATUS OF THERAPEUTIC MAGNETISM

Since Ancient times, the beneficial biological response to magnetism has been praised by a few and doubted by a large number. The magnetic force at a distance that could not be seen leads to doubts of magnetism biological responses. The development of the compass produced a general acceptance of the actuality of the existence of magnetism. During the past two hundred years, the interest in the therapeutic value of magnetism has experienced considerable fluctuations.

The physicist, Albert Roy Davis' observations of the opposite biological response to opposite magnetic poles, set the stage for understanding there were two biological responses to magnetism. It is now known biological response to separate magnetic poles can be as predictable for biological responses as the use of electromagnetism used in our industrial world. It is now understood the magnetism functions at the atomic level with the movement of electrons which influence biological function. The positive magnetic field (traditional north-seeking pole) spins electrons clockwise while the negative magnetic (traditional south-seeking pole) spins electrons counterclockwise. These opposite electron spins from opposite magnetic poles provides predictable opposite biological response. The biological response to the positive magnetic field is acid-hypoxia. The biological response to the negative magnetic field is alkaline-hyperoxia.

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

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

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SINGULAR BIOLOGICAL RESPONSE TO SINGULAR MAGNETIC POLE FIELDS

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

netic field changes direction going backward towards the magnetic field on the other side (other pole) of the magnet that this changed direction is the opposite magnetic pole.

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

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

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

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

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

MAGNETIC FIELDS BIOLOGICAL RESPONSES UNIVERSAL TRUTHS

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

1. Centrad and centrifugal atomic energy expressions.

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

Therefore, there are no free radicals in a negative magnetic field with a counter-clockwise spiral spin of electrons pulling toward the center. Thus, a negative magnetic field is a biological anti-stress, anti-inflammatory response.

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

2. Centrad and centrifugal weather energy expressions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22. Cancer cells have a positive magnetic field charge.

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

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

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

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

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

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

26. IMMUNOLOGIC RESPONSES TO OPPOSITE MAGNETIC FIELDS

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

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

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

27.ENZYMATIC RESPONSE TO OPPOSITE MAGNETIC FIELDS

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

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

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

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

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

28. HEAVY METAL DETOXIFICATION

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

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

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

29. POSITIVE MAGNETIC FIELD NEUROPATHY

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

30. NEGATIVE MAGNETIC FIELD HEALING OF NEUROPATHY.

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

31. OPTIMIZING THYMUS GLAND DEFENSE

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

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

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

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

B. Prolonged exposure to a positive magnetic field can produce a toxic vasculitis, neuritis, and addiction due to evoked endorphins and serotonin, microorganisms and cancer cell replication.

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

33. MAGNETIC FREE ENERGY.

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

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

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

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

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

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

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

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

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

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

mattress pad in order for the surface to receive only a negative magnetic field. When placing mini-block magnets in a bed pad on top of a mattress it is necessary to sufficiently pad between and over the mini-block magnets so the weight of the subject cannot press down between the magnets so as to not reach the equator half-way point between the separate magnetic fields on opposite sides of the mini-block magnets.

The Physiology of Biomagnetics

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

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

Biological Responses to Separate Magnetic Fields:

Positive Magnetic .Field	*Negative Magnetic Field*
Stress response	Anti-stress response
Neurone exciting	Neurone calming
pH acidifying	pH alkalinizing

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

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

The human body can only maintain optimum life function in an alkaline medium. Human life is alkaline-hyperoxia-dependent. The physicist, Albert Roy Davis discovered that a negative (south-seeking) magnetic field biological response is alkaline-hyperoxia while the positive (north-seeking) magnetic field biological response is acid-hypoxia. My observations confirm Davis' observation of an alkaline-hyperoxia response to a negative (south-seeking) magnetic field. The alkaline-hyperoxia biological response to a negative (south-seeking) magnetic field is why a negative (south-seeking) magnetic field relieves symptoms.

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

pH Biological Response to Separate Magnetic Fields

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

Magnetic Response to Stress Injury

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

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

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

organisms are acid-hypoxic, fermentation-dependent for their production of ATP. A negative (south-seeking) magnetic field with its production of alkaline-hyperoxia canceling out acid-hypoxia is antibiotic, anti-parasitic and anti-cancerous.

Biological Source of Magnetism

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

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

Examples of Biological Produced Magnetism

Four Oxidoreductase enzymes

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

Food Substrate_____>ATP + a positive magnetic field
transferase enzyme + acid-hypoxia

Secrets of Negative Magnetic Field Therapy

A negative (south-seeking) magnetic field is anti-stressful and thus, neuronal calming. A negative (south-seeking) magnetic field on the brain and spine calms neurones (anti-stress) and aids voluntary relaxation and sleep. It is also true that a negative (south-seeking) magnetic field can be made strong enough to produce involuntary magnetic general anesthesia. Robert O. Becker anesthetized his salamanders with a negative (south-seeking) magnetic field. I have demonstrated the control of seizures by a negative (south-seeking) magnetic field. I have demonstrated the control of movement disorders with a negative (south-seeking) magnetic field. I have observed the control of major mental disorders such as hallucinations, delusions and depression with a negative (south-seeking) magnetic field. The exceptional value of a negative (south-seeking) magnetic field control over neuronal excitation is that it works whether the neuronal excitation is due to an injured brain from trauma, viral infection, maladaptive food reaction, maladaptive environmental chemical reaction, immunologic reaction or repressed unconscious hostility, anger, anxiety and its associated somatic expression. The secret of a negative (south-seeking) magnetic field therapy is that a negative (south-seeking) magnetic field is neuronal calming, cellular metabolic normalizing, enzymatic processing of all types of inflammatory responses no matter why they are present.

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

Oxidoreductase enzyme,
Superoxide disputase
enzyme in an
alkaline medium
Superoxide Free Radical _____>Hydrogen Peroxide
(H_20_2)

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

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

Alkaline-medium electrostatic field or negative magnetic field

The Role of Magnetics In Enzyme Function

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

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

dency for the enzyme and the substrate to join. These areas that have a biological attraction to join are called dipoles. However, this attraction all by itself does not produce enzyme action. These are simply the areas where the enzymes and the substrates do line up and join. Otherwise, there has to be an energy. This characteristically comes from static electrons that are in the body. They help move the enzyme and the substrate together. Once they move, now a magnetic field is created because this is what a magnetic field is all about. It is produced by the movement of electrons. Also, a magnetic field from an external source that is a static magnet field will also produce the movement of electrons. This is why an external source of a static magnetic field will cause the enzyme and the substrate to join because it is moving electrons.

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

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

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

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

Magnetic Dynamics of The Degenerative Process

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

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

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

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

2) Fersht, Alan. *Enzyme Structure and Mechanism*

The Significance of Alkalinity and Acidity in Biological Health and Disease

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

dependent.

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

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

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

The Role of Oxidoreductase Enzymes in Addiction Including Food Addictions

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

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

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

THE ROLE OF ADDICTION IN OBSESSIVE-COMPULSIVENESS

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

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

Grandfather Status of Magnet Therapy

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

is that of the research establishing both the value and safety of the application of magnetic energy for magnetic resonance imagery.

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

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

An Invitation To Do Research In Therapeutic Magnetics

Dear Doctor:

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

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

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

Sincerely,

William H. Philpott, M.D.

Magnetic Therapy

Medical Supervised Research

VS.

Self-Help Treatment

Medical Supervised Research

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

Self-Help Magnetic Therapy

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

William H. Philpott, M.D.
17171 S.E. 29th
Choctaw, Ok 73020
405/ 390-1444 Fax 405/ 390-2968

THE MAGNETIC RESONANCE THERAPEUTIC RESEARCH PROJECT:
PHYSICIAN'S PARTICIPATION AGREEMENT

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

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

Address:

Date:

William H. Philpott, M.D.
17171 S.E. 29th
Choctaw, Ok 73020

405/ 390-1444 Fax 405/ 390-2968

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

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

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

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

Address:
Date:

SELF-HELP TREATMENT RESPONSIBILITY

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

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

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

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

Name_____ Date_____

Mailing address_____

_____
City, State, Zip

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

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

Therapeutic research format available:

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

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

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

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

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

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

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

Research gift to HOLOS INSTITUTES OF HEALTH made by:

Name _____

Address _____

_____

Phone _____

Date _____

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

_____
W.H. Philpott, M.D.

Date _____

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

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

Gastrointestinal Disorders

from the *Magnetic Health Quarterly*
"Gastrointestininal Diseases" Vol. V, 3rd Qtr, 1999
(200Revision)

by William H. Philpott, M.D.
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polarp@flash.net

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

MAGNETIC PROTOCOL
Ulcers, Polyps, Cancer, Diverticulitis, Diverticulosis, Gastric Reflux, Celiac Disease, Crohn's Disease, Ulcerative Colitis, Brain/Gut Syndrome, Irritable Bowel Disorders

Gastrointestinal Disorders

Celiac disease (non-tropical sprue) attacks the lower area of the small intestine and has been documented to be due to an inherited immunologic reaction (gluten enteropathy). Irish inherit gluten enteropathy at a rate of 1 in 200. Non-Irish inherit gluten enteropathy at a rate of 1 in 2000.

The minor gastrointestinal reflux states and irritable bowel disorders as well as major inflammatory bowel diseases (Crohn's disease and ulcerative colitis) are classically said to have no specific causes. There is a mixed bag of immunologic, non-immunologic, food sensitivities and intolerances with superimposed infections. It is classically concluded in the medical literature that there is no specific known cause for inflammatory bowel disease (IBD).

This is where my research observations challenge the "no specific known cause" of traditional medicine for IBD. I have observed a specific, isolated, known cause for IBD with a specific isolated common denominator. This common denominator had not been documented before my research although it had been postulated. This common denominator is the emergence of systemic acidity sufficient to be measurable in the blood at the emergence of symptoms. This is in the nature of food addiction. It matters not whether these are immunologic reactions or non-immunologic reactions. There is always acidity. Acidity always reduces molecular oxygen and therefore, this biological response is characterized as acid-hypoxia. All cells, including single cell organisms, swell (edema) in a state of acidity when the acid is sufficient to override their tolerance for acidity. Human cells optimally function in an alkaline medium of 7.4 below which edema develops. This edematous hypoxia is inflammatory and encourages microorganisms (viruses, bacteria, fungi, parasites) and cancer cells to flourish. These microorganisms and cancer cells have a higher tolerance for acid-hypoxia than the human cells. In fact, the microorganisms and cancer cells make their adenosine triphosphate (ATP) by fermentation using the catalysis of transferase enzymes that are acid-hypoxic-dependent. Human cells make their ATP by the catalysis of four oxidoreductase enzymes which are alkaline-hyperoxia-dependent.

Theron G. Randolph, M.D., Allergist, was the first to postulate that acid-hypoxia was the common denominator of symptom-producing food reactions. He also identified this as food addiction with a characteristic withdrawal phase. The value of my research is that by monitoring thousands of patients over a twenty year period in which I monitored for the emergence of acid with symptoms, I proved by this large statistical study that Dr. Randolph was right. Dr. Randolph also postulated that enzyme catalysis was involved. My observations proved that enzyme catalysis is present. It is my research with biological responses to separate positive (north-seeking) and negative (south-seeking) magnetic fields that identified the enzyme factor in illness, health and healing.

This quarterly provides a systematic way to do an examination that brings out the evidence of the relationship between food maladaptive reactions and chronic degenerative diseases. This quarterly especially addresses gastrointestinal disorders.

The Crucial Role of Maladaptive Symptom Producing Food Reactions in Degenerative Diseases in General and Gastrointestinal Diseases in Particular

The term maladaptive food reaction will be used in this treatise to designate foods that produce acute symptoms which can also, in time, progress to degenerative diseases with the same symptoms. These have been termed "hypersensitive reactions" and often the loose term "allergy" has been used. In my experience, which will be described later in this article, I have observed that only a few of these symptom-producing food reactions are immunologic in origin as determined by the assessment of immunologic mechanisms. The majority are symptom-producing, but not immunologic in origin. It has been determined that the common denominator between all these immunologic and non-immunologic, symptom-producing food reactions is that of acidity. Addiction with the symptom-producing withdrawal phase occurring 3-4 hours after contact with the addictant is characteristic of these maladaptive food reactions.

What is the significance of maladaptive, symptom-producing reactions in gastrointestinal diseases?

John F. Johanson and Associates reported in the Gastrointestinal Diseases Risk Factors and Prevention list food sensitivity reactions among risk factors in gastrointestinal diseases. The food sensitivity (maladaptive) reactions are referred to in a non-systematized way such as in history-taking if the subject has observed any relationship between foods and symptoms. The subject is supported in self-help observations about food-producing symptoms. There is no physician monitored systematic examination of the possibility of foods producing the gastrointestinal symptoms. John F. Johnson and his associates at examination of risk factors and from this, deductions made for a formulation for prevention is grossly faltered by lacking a systematic, physician-monitored examination of maladaptive reactions to foods. The excuse is given that there is conflicting data on the subject. If conflicting data exists, obviously an examination of these articles reveal that the conflicting data exists because of a lack of standardized physician-monitored techniques in examining for food reactions precipitating gastrointestinal symptoms.

The honored gastroenterologist specialist, W. Grant Thompson, has provided an information guide for patients and physicians entitled, *THE ANGRY GUT.* He admits to the role of gluten enteropathy in celiac disease which affects the small intestine but denies that this applies to Crohn's disease which can affect any segment of the gastrointestinal tract from the mouth to the anus or to ulcerative colitis affecting the colon. He refers to Cambridge doctors who systematically test for maladaptive reactions to wheat, eggs and milk, but he is personally

doubtful of its significance. He is concerned about "quack" diets, the proponents of which have timidity to the claim of a cure. He regards the claims of a diet cure of Inflammatory Bowel Disease (IBD) as a cruel hoax. He despairingly refers to clinical ecologists "goading patients on" to use a diet as a cure for inflammatory bowel disease. Grant Thompson relies on a tight-rope balancing act with a trade-off between the limited values and injury limitations between steroid therapy, non-steroidal anti-inflammatory agents and sulfonamide antibiotic values. He ignores and even has an expressed bias against considering food reactions as a possibility of inflammatory bowel disease.

My experience tells me that it is a travesty of medical therapeutic errors to relegate food maladaptive reactions to a relative low value or ignore or even have a bias against the relative significance of maladaptive reactions to foods as being in fact, central as cause to Crohn's disease, ulcerative colitis or the less injurious irritable bowel syndrome.

What is my experience that justifies my conclusion that symptom-producing, maladaptive food reactions are central to minor gastrointestinal reactions such as imtable bowel syndrome to major tissue injury reactions including celiac disease, inflammatory bowel disease (IBD), Crohn's disease and ulcerative colitis?

My initial specialty training was in neurology and psychiatry. By the eighth year in my specialty practice, I observed the relationship between hyperinsulinism and its production of hypoglycemia in my psychiatric patients. In my twelfth year of clinical specialty practice, Saul Klotz, M.D, Allergist and I did a double-blind study on behavioral and psychiatric disordered adolescents which demonstrated a causal relationship between food reactions and their symptoms. Between 1970-1975, I devoted this time to a research program systematically examining the relationship between maladaptive reactions to foods, chemicals, inhalants and toxins and the symptoms of mental patients. These were all mental patients whose symptoms were sufficient to require hospitalization. Marshall Mandel, M.D, Allergist, spent one day a month for five years guiding this program. Theron G. Randolph, M.D, Allergist, with his system of food testing after a five day fast, was followed. Dr. Randolph was an advisor to this research program. Martin Rubin, Ph.D., Biochemist, guided the laboratory assessment.

The patients were placed in an environmentally clean environment in a hospital. They were fasted on pure water only - for five days. Test meals of single foods proceeded from the sixth day to the thirtieth day of hospitalization. Blood sugar and blood or saliva pH was tested before each test meal and one hour after each test meal. An entire body symptom system survey was made before each test meal and one hour after the test meal. This testing included a pulse and blood pressure test. Food antibodies and complement disorders was made on each subject. An assortment of anti-body studies to common infectious diseases, especially viruses, was made. Basic vitamin and mineral studies were made. Later, after this five year initial research study, essential fats and amino acids were added to the nutritional survey. A study for porphyria and for heavy metal toxicity was added. I have had twenty years of experience in systematically examining thousands of patients for maladaptive food reactions.

Among my mental patients in the original research examination, there was a spread of gastrointestinal disorders from minor to major. It is of interest to note that there is documentation that schizophrenics have, percentage-wise, more gastrointestinal symptoms than they have mental symptoms. Autistic also have the same Brain/Gut association as schizophrenics.

There is evidence of a common cause between these mental and gastrointestinal symptoms. This common cause is a viral infection. Consistently, in our mental patients, we found evidence of brain injury from a chronically, ongoing, viral infection of Epstein-Barr, cytomegalo and or, human herpes virus #6. These same viruses, especially cytomegalovirus and others, have been isolated as infecting the enteric nerves and sacral nerves. The mechanism is that the viruses have injured selective tissues or nerves which predispose these maladaptive food reactions to manifest symptoms in these injured or metabolically compromised tissues.

Surprisingly, my research demonstrated that the common denominator of maladaptive reactions to foods, chemicals and inhalants is acidity. For years, the immunologists had assumed that antibodies and complement disorders were the common denominator of maladaptive, symptom-producing reactions. This proved not to be true. Most of the reactions did not manifest antibodies or complement disorders, but whether immunologic or non-immunologic, the common denominator was the emergence of acidity at the time of the symptom. This was demonstrated with both blood and saliva tests before the test meal and after the test meal when symptoms emerged. The following types of maladaptive reactions were isolated:

1) Immunologic disorders
2) Oxidoreductase enzyme deficiencies
3) Oxidoreductase enzyme inhibition
4) Addictive reactions
5) Reactions to toxins

The addictive reactions, with a classical relief on exposure and a withdrawal phase 3-4 hours after the exposure, ran through all types of observed reactions other than the reactions to toxins. Anti-bodies to foods were seldom an IgE reaction which does give an immediate reaction and does not have an addictive withdrawal phase. IgG reactions, of which the majority of immunologic food reactions were composed, has the same addictive quality of relief on contact and a withdrawal phase 3-4 hours after the initial contact.

Therefore, food addiction is really central as the usual initiating cause of whether this is mental or physical symptoms including gastrointestinal symptoms. Another observation we made is that there is classically no such thing as a single symptom occurring at the time of a maladaptive food reaction. You have to examine all systems of the body. By doing so, you discover that there are multiple systems involved at the same time when a food reaction occurs. The gastroenterologist looks at this and refers to non-intestinal reactions, such as a skin Crohn disease reaction. In fact, there are over 100 non-intestinal system reactions documented as associated with the intestinal reactions.

Therefore, we understand this is not simply a gastrointestinal reaction. This is a total body reaction with the systems that have, for some predisposing reason, a compromised metabolism of those tissues which manifest symptoms at the time of the reaction. It helps us understand that our treatment must focus on a central cause, such as the maladaptive reaction to food rather than centering all our attention on the inflammatory reaction occurring in only the gastrointestinal symptom. We must treat appropriately, the central cause, which in the case of mental as well as gastrointestinal reactions, is maladaptive reactions to foods. In a lesser degree, there can be maladaptive reactions to toxins or infections. In order for the tis-

sues to be selected for reaction, there has to be some preceding tissue injury. During food testing, a person who has previously sprained an ankle will likely have some discomfort in that ankle that may have been injured years before. It is simply that any tissues that have a compromised metabolism for any reason, will be the tissues that show up as symptom-producing when a food reaction occurs or when an acute reaction to a chemical, a mold, a cat or dog, the chemicals from the rug on the floor or the petrochemicals from car exhaust occurs, and so forth. Thus, the focus of John F. Johnson and his associates on risk factors is quite significant because these risk factors pave the way for the final, common pathway of food reactions or acute reactions to other environmental factors precipitating symptoms. Foods simply are our most common frequent exposure to environmental substances.

It is very important to understand that frequency of exposure relates to the potential of maladaptive reactions. The central reason for this is that addiction is an adaptation reaction to the stress of frequent exposure to a specific food. In a somewhat indirect way, nutrition also relates to this although, nutrition all in its own right, may reduce the chance of addiction but will not totally prevent addiction from occurring. Addiction is based on frequency of exposure. This is true whether this is tobacco, alcohol, caffeine or any food.

The understanding of food addiction becomes the central kingpin of how to prevent symptoms. To stop symptoms, addiction must be stopped. Addiction relates to frequency of exposure. This is why a 4-Day Diversified Rotation Diet is established. First, stop the addiction by five days of avoidance. The testing will demonstrate the foods to which the person is reacting with symptoms. Avoid these foods for a period of three months. Ninety-five percent of the time, the person can return to these foods as long as they are kept henceforth on a five day rotation basis. Addiction does not exist unless a person makes contact with the addictant more often than every five days. This is simply an observed fact about addiction, whether this be tobacco, alcohol, a narcotic or a food. You have to understand addiction and its necessity for frequent contact in order to understand maladaptive food reactions and how you can arrange for a rotation diet that will prevent these food reactions. The exception to this of course, is that of genetic disorders such as celiac disease in which there is an inflammatory reaction in the small intestine. One out of 200 with an Irish ancestry have a genetic disorder that will produce symptoms on contact with gluten. In the non-Irish population, the frequency is 1 in 2,000. In these cases, foods containing gluten should be avoided all the time and cannot be successfully rotated. Otherwise, gluten reactions which we found to be the highest (64%) among our patients, can return to gluten in their rotation diet after three months of avoidance.

How to do an Ecologic Examination

1. Complete physical and mental examination.

2. Five day food avoidance. No smoking. This is best achieved by a fast on water only. Use pure water that has no chlorine. Theron G. Randolph, M.D. is the inventor of this system of five days of avoidance. By doing this, all substances to which the person is reactive will have gone through a withdrawal phase. The withdrawal phase is for the first 3-4 days. After the fifth day, the withdrawal phase of addiction has been broken. For best results, this should be in an environmentally controlled unit away from any chemicals to which the person may be frequently exposed. A less valuable, but more practical way would be to feed the subject one food during this five days that they do not use frequently (or any member of the family of foods to which they are not likely to have any type of reaction). Such a food that is most appropriate is watermelon. The person can eat all the watermelon they want for the five day period. This will provide them fluids and also minerals. This provides for an ideal withdrawal phase from any addictive substances. Less ideal, but often satisfactory, is to simply leave out all foods and members of the family of that food that is used twice a week or more and then immediately proceed with a 4-Day Diversified Rotation Diet leaving out these frequently used foods and their families. It is also possible at this point to begin food testing. It is easier with self-help, to simply make the evening meal a single food meal and proceed with food testing in this manner. In any event, the foods that are used with a frequency of twice a week or more should be left out for a period of three months unless it is proved by the food testing that they are not symptom-reactive foods.

3. Systemic system survey examines every organ of their body. Is there any pain? Is there any kind of discomfort? Is there any specific or general symptom? The pulse is taken and recorded. The blood pressure is taken and recorded. Due to the fact that the subject has gone through the five days of avoidance, it is very unlikely that there will be any symptoms before the food is tested. If there are, these are recorded because even an increase in these symptoms, if present, will be a significant evidence of reaction. It would undoubtedly come as a surprise to many people that my mental patients were clear of their symptoms after a five day fast. Their delusions, hallucinations, depressions, and gastrointestinal symptoms, of which they have in abundance, have simply, classically disappeared by the fifth day of a five day avoidance. It should be understood that during the first three days of a fast, symptoms can and usually do, become worse. They begin to subside by the fourth day. I have demonstrated that the reason why the symptoms during this withdrawal phase increase is that acidity increases. Therefore, to make the patient more comfortable during the withdrawal phase, you can alkalinize them. This can be done by sodium bicarbonate or a combination of two-thirds sodium and one-third potassium bicarbonate. Use a teaspoon, three times a day. An added value can be to have the subject breathe oxygen several times during the day. The acid state ties up oxygen and the person is essentially in a acid-hypoxic state. Therefore, you should alkalinize them and have them breathe oxygen for the relief of symptoms. A further substantial value can be obtained by using a negative (south-seeking) magnetic field. You should have ceramic disc magnets available that are 1-1/2" x 1/2" and a band that can hold these on the head. Another method is to use 1" x 1/8" neodymium discs. Use a 2" x 26" head band with one disc on the inside and one on the outside for magnetic attachment. Place in front of the ears at the level of the top of the ears (bitemporally). Headaches and other discomforts of the head, delusions, hallucinations, catatonia and so forth may occur during this withdrawal phase. Placing these magnets bitemporally, that is in front of the ears at the level of the top of the ears, can relieve these symptoms. It is well to also have a 4" x 6" x 1/2" magnet that can be used anywhere on the body where there may be discomfort. Place this magnet over the area. Usually the symptoms will be gone within a ten minute period. It matters not whether these magnets are left continuously on this area or whether they are removed as soon as the symptom disappears. Always use a negative (south-seeking) magnetic field since the biological response to the negative (south-seeking) magnetic field is alkaline-hyperoxia which cancels out the acid-hypoxia producing the symptom.

4) **pH monitoring.**

The most reliable pH monitoring is that of the blood. Litmus paper is used to determine the pH. The litmus paper should range from a pH range of 6-8. Prick the finger and a drop of blood can determine the pH. The plasma from the blood can be absorbed into the litmus paper or place the blood on the litmus paper and wipe off cellular elements. The normal pH is 7.4 or more. Any pH below 7.4 is acidic. During the withdrawal phase the pH will drop. During the five day withdrawal phase, for the first three days, the pH will drop below 7.4 usually to 7.0 or less. This will recover by the fifth day. The food testing should always start with a normal pH. If the pH has not normalized between test meals, then it is best to alkalinize the body, skip that meal and wait for another meal. This rarely occurs. Even if a food reaction occurs, it is classically true that the pH returns to normal by the next test meal. Saliva can be used. Place a drop of saliva on the pH paper. Do not place the pH paper on the tongue. After the one hour of the test meal in which the observation has been made for any symptoms and the pH of the saliva has been taken, then rinse the mouth thoroughly so that the next test meal saliva will be normal. The saliva will not necessarily read 7.4 but more likely will read around 7.0. Saliva pH is not significant until below a pH of 7.0. It is easy to test the blood since a drop of blood will be taken anyway for monitoring the blood sugar. The saliva pH, if it is being used, will at least indicate that there was a drop in pH from the starting point before the test meal to an hour after the test meal.

It is very important that pH be monitored. By monitoring the pH, my research project discovered that the common denominator between the various types or reasons for food reactions have one common denominator which is an evidence of acid reaction. Immunologists had assumed for many years that the common denominator was antibodies. Therefore, when known immunological mechanism was not isolated, they often dismissed as insignificant or even psychosomatic, symptoms that did not show antibodies. It has taken medicine a long time to reverse that error. Most symptom-producing food reactions are not immunologic and therefore cannot be logically termed “allergy” since the term allergy has become synonymous with immunology. There are reactions that can be described as maladaptive because the symptoms are produced or some prefer the term “hypersensitive reactions” or “sensitivity reactions”.

5) Blood sugar.

Blood sugar beyond normal occurring one hour after the test meat is fairly frequent and is characteristically there in more than one food. The blood sugar is tested before the test meal. This is achieved by a drop of blood and a monitoring instrument such as a diabetic uses for self-testing of blood sugar. Testing of blood sugar before and after each food test meal revealed that a diabetic disease process existed in food addiction.

There is an early stage of disordered carbohydrate metabolism that is sometimes called chemical diabetes. I prefer to call this the compensated stage of the diabetes mellitus disease process. During this time, there is no overnight fasting high blood sugar. However, there is a demonstrated carbohydrate metabolism disorder. Before the five day fast occurs, tills is usually manifested as hypoglycemia. The subject eats the food to which they are addicted and there is a hyperinsulin response which in turn drops the blood sugar down. The blood sugar will be below normal — normal being around 80 — at the 3 or 4 hour level. This in itself can be symptom-producing and is simply a manifestation of the withdrawal phase of food addiction. After the five days of fast, there is no hyperinsulin phase and therefore, no hypoglycemic phase. Instead, what the food testing shows is that the blood sugar will be beyond normal in one hour. Normal is 140, however, due to the literature we allow this to be 160. However, between 140-160 is suspicious because after we have the subjects on their rotation diet and they are stabilized, they never have a blood sugar one hour after meals any higher than 140. It is not uncommon to see blood sugars at the time of the symptom production at one hour of 200 or more. When testing a maturity onset diabetic, they will have their high blood sugar at whatever level which may be 200-300 or more an hour after the test meal. In the test meal, high blood sugar has no relationship to whether this was a meal of sugar or not. It can be a fat, a protein, a complex carbohydrate, a free carbohydrate — it doesn't matter. The high blood sugar happens because the subject has reacted to that food. The cause of this is that when there is a symptom reaction to a food, there are many cells in the body that swell. When a cell is swollen, it is the acidity that causes the cell to swell. When cells swell, the insulin cannot do its job of carrying the blood sugar into the cell. The height of the blood sugar will be determined by how many cells are swollen. A non-insulin diabetic will not show a high blood sugar to a sugar unless they are reacting to the parent substance from which that sugar comes. They will react to non-sugar foods as well as a toxic reaction to a chemical. The reason why the blood sugar rises is that the cells are swollen and the sugar cannot be carried into the swollen cells by insulin. As soon as you reverse the state of acidity, the blood sugar normalizes because the cells can now receive sugar carried by insulin into the cell.

Diabetes, maturity-onset type II, is purely and simply the product of food reactions. There is the early stage that we call the compensated stage in which the blood sugar only temporarily will rise but it does not stay up overnight. In the decompensated stage, the blood sugar will stay up above normal overnight. So, this person has a fasting high blood sugar. In both the compensated and early decompensated stages, diabetes is very reversible by simply sorting out the foods that the person is symptomatically addicted to. In the late stage of the decompensated stage, the pancreas is in a state of fatigue and will not be producing adequate amounts of insulin. At that point, many physicians will resort to the use of insulin to maintain a normal blood sugar. However, it has been demonstrated that even in this late stage, if you sort the foods out that the person is reacting to, three-fourths of these will not need insulin and the ones who do will only use 1/3 as much as long as the foods are kept rotated. Therefore, it has been documented that the majority of maturity-onset diabetics are readily reversible by a program of a four day diversified rotation diet in which the foods are initially removed from the diet that produce the high blood sugar. These can be returned to the diet at three months without the high blood sugar reaction occurring and it will not occur unless these foods are eaten with a frequency greater than every fifth day.

The diabetic end-result of food addiction is very important because it doesn’t matter whether this is a person with major mental symptoms due to their food reactions or gastrointestinal reactions. It is all the same. The end result will be diabetes mellitus if the person lives long enough to have arrived at the decompensated stage of the diabetes mellitus disease process. Thus, the diabetes mellitus disease process is seen as the central disease process of food addiction with many symptoms in many different systems of the body along the way as a

person moves toward that final stage of clinically significant diabetes mellitus. It is very important to understand this because if you manage this gastrointestinal reaction, whether it is minor or major, by simply reducing the inflammation by steroids or non-steroidal, anti-inflammatory agents, you simply continue on the process towards the final stage of diabetes mellitus. It is known that steroids will increase the chance of the development of diabetes mellitus. It is well known that the non-steroid, anti-inflammatory reactions have serious side effects such as interstitial cystitis, interstitial disorder of the kidneys, encouragement of gastric ulcers and so forth. The use of non-steroidal, anti-inflammatory substances or chemicals should be a last resort or even a most temporary measure while you are arranging for the more fundamental management with the goal of managing food reactions, essentially food addiction. Do not settle for this tight rope balance of a game of using steroids and non-steroid, anti-inflammatory substances, tranquhizers or antidepressants. Tranquilizers and antidepressants also are documented as increasing the development of diabetes mellitus. The most fundamental thing a person can do is sort out the foods and arrange for a rotation diet to prevent addiction. Never treat foods as some incidental potential reactor, but treat foods as central to the disease process whether this is mental or physical and this includes gastrointestinal reactions from minor to major.

6) Symptom reactions to chemicals beyond foods.

The survey of reactive substances needs to also include common environmental chemicals. Various types of petrochemical hydrocarbons are the most prevalent such as petrochemical hydrocarbon fuels and their combustion products, perfumes, food colorings, synthetic fabrics, resins, insecticides, formaldehyde and so forth. These can be tested by sniffing or by sublingual extract testing.

These chemicals inhibit oxidoreductase enzyme catalysis. The application of a negative (south-seeking) magnetic field placed bitemporally will characteristically relieve these symptom reactions to an assortment of reactive substances within 5-10 minutes. A negative (south-seeking) magnetic field activates oxidoreductase enzyme catalysis and by this method detoxifies these chemicals. Avoidance of these symptom-evoking chemicals is a necessary part of environmental and toxicology therapy.

7) Test for antibodies.

I have gone through a series of thousands of patients testing for a wide spectrum of antibodies to infectious agents. What I discovered was that the central infectious agents that relate to de-generative diseases, whether these are mental or physical, are Epstein-Barr, cytomegalovirus and human herpes virus *#6.* One or more of these are frequently found. This has been deter-mined to be an ongoing infection with a fluctuation of the antibodies relating to the exacerbation of the diseases. These viruses infect lymphocytes. They are called lymphotropic viruses and they infect B-lymphocytes that make antibodies. They disorder the immune system. They like neurons and nerves and infect both neurons in the brain and nerves. In our mental patients we discovered that the infections occur early in their life. It is quite possible that many of these are passed on through the mother who has the infection to the child and the child is born infected. It is also easy to pass this from one child to another or from an adult that is infected to a child. It is passed by saliva. It has been called the "kissing disease" since many college or high school students will pass this between themselves as they engage in kissing. If an adult gets this disease, it is called infectious mononucleosis. In its more smoldering stage, it is often called chronic fatigue syndrome. In our mental patients and learning disordered children, hyperactive children, attention-deficit children and so forth, they obtain this infection early in life which injures the brain so that it does not achieve its fully developed form. The brain doesn't mature until late adolescence. By this time, the brain has been injured. The symptoms the patient has relates to the area of the brain that has been injured. In a schizophrenic, the pre-frontal, frontal and even to the temporal areas are affected. Occasionally, it is even further back in the motor area and can produce seizures.

8) Infections.

Fungal infections should be examined for in the vagina. Stool contents should be examined for *Candida albicans* since the altered immune system from the viral infection will allow the fungal infections to flourish. Fungal infections are easily treatable with negative (south-seeking) magnetic field therapy. Viral infections are readily treatable with a negative (south-seeking) magnetic field therapy.

9) Nutritional status.

The food rotation diet and magnetic therapy can never substitute for adequate nutrition. In my work, I assessed vitamins, minerals, amino acids and essential fats. This is not possible under some circumstances where there is not research. Supplementation of vitamins, minerals and essential fats should be encouraged. There are selective amino acids that should be supplemented if they are demonstrated to be deficient, but that are quite useful, such as cysteine and taurine.

It is no wonder that we have a discrepancy as to the significance of foods since these researchers have not followed a standard program. Particularly, most of them did not go through the five day avoidance period to start making their determinations. You cannot rely on the patient's history of what they think they reacted to or even on testing that has been done without having gone through the initial five day avoidance period. This is why there is a discrepancy in the reports. There is no discrepancy in those that have followed the proper rules to make such a determination. Food reactions are the central cause of gastrointestinal disorders. It is a disservice to the patient to ignore this. Most important of all is that if food reactions are ignored as the central cause of gastrointestinal disorders, you end up unnecessarily with clinically significant diabetes mellitus. Many physicians are responsible for producing clinically significant diabetes mellitus by ignoring maladaptive food reactions and proceeding with long term use of steroids, non-steroidal anti-inflammatory substances, tranquilizers and antidepressants. Some have voiced the concern that if their patients start eliminating foods to which they are reacting, they are going to end up with such a narrow spectrum of foods that they will be malnourished. Of course, adequate nutrition is extremely important. However, the rotation diet does not eliminate the foods that are causing the symptoms. It only eliminates them long enough (6-12 weeks) so that the addictive reaction is completely reversed. Then these foods are placed back in the diet. Actually, the person ends up understanding foods and food values and enjoying their foods. They have a broad spectrum of foods. Much broader than they would have if they were not rotating their foods. Therefore, they are much better nourished. Only infrequently are there genetic errors to which the person cannot return to certain foods such as celiac intestinal reactions caused by gluten enteropathy. They should not return to the use of gluten foods (wheat, rye, oats and barley). However, these grains can be sprouted making a very nutritious food. There is no gluten present when the grains have been sprouted.

Therefore, a celiac case can eat these cereal grains, only they have to eat them sprouted. In cases of homocystinuria, first of all, the nutritional survey will rule out whether this is due to a B_{12} or folic acid deficiency. If it is, supplementing these will handle the homocysteneria. In a small number of cases, there is a genetic homocysteneria. Methionine does not have to be used as a food. The need for methionine to produce cysteine and taurine can be bypassed by supplementing cysteine and taurine and not using methionine. There has been a misunderstanding on the part of some gastroenterologists about what a 4-Day Diversified Rotation Diet was all about and the fear they have expressed that somehow their patient would become malnourished is completely unfounded. In fact, beyond that of providing a highly nutritious rotation diet, it is also recommended that supplementation of essential vitamins, minerals, amino acids and fats be supplemented even beyond the specific laboratory demonstratable special needs that subject may have in terms of nutrition.

The Gut-Brain Axis

Statistically reported schizophrenics have, percentagewise, more gut symptoms than brain symptoms. My research observations confirm this. Autistic children have the same gut-brain axis symptoms as a schizophrenic. My research observations confirm this. What is the most likely causes of these gut-brain symptom relationships?

Maladaptive reactions to foods are the major cause of these gut-brain symptoms with symptom reactions to environmental chemicals present to a much lesser degree. Maladaptive reactions can occur to any frequently contacted substance, whether ingested, inhaled or topical. The big question is why do these symptom reactions select specific tissues for their manifestation? What common denominator between brain and gut could be responsible for this gut-brain relationship?

My research isolated evidence of a lymphotropic virus infection (Epstein-Barr, cytomegalovirus and human herpes virus #6) in major mental patients (schizophrenia, manic-depressive) as well as lesser brain disorders (hyperkinesis, attention-deficit, dyslexia, autism). These lymphotropic virus infections initially are diagnosed as infectious mononucleosis. This occurs in adults who have not had the infection before. Mental, learning disordered and also behavioral disordered subjects have this viral infection starting either at gestation having received this from the mother, or at least, early in the childhood. These infections produce a smoldering encephalitis in the brain and a smoldering infection in the lymph tissue surrounding the gut. The brain infection interferes with brain development, particularly in the pre-frontal, frontal and temporal areas.

It is characteristic that these lymphotropic viruses and in-general viruses, do not die after the initial infection but instead hide from oxygen which they cannot tolerate and from the immune system defenses. The tissues they hide in are neurons and lymph node tissue. Thus, the brain neurons are chronically infected and the lymph tissues surrounding the gut are also infected. The gut is lined with lymph nodes. Thus, in my research I isolated the common denominator of gut-brain symptom reactions to be due to Epstein-Barr, cytomegalovirus and human herpes #6.

These viruses injure the brain and the gut and cause these areas to be the selected tissues in maladaptive reactions to foods, chemicals and inhalants. Any tissue that is injured for any reason can also be selected as the tissues that respond to maladaptive reactions to foods, chemicals and inhalants. Certain it is also that other types of viruses can be involved. The measles virus is a good candidate and has often been observed as being present. The herpes and measles viruses are also known for their infection of nerves, beyond neurons and lymph node tissue. In fact, the nerves supplying the bowel have been noted as virally infected.

An effective treatment must have the following qualities:

1) Stop the immediate precipitation of symptoms by avoiding the substances that evoke these symptoms or spacing the contact, that is, infrequent exposure, so that the symptoms are not produced.

2) Reverse the inflammatory reactions of the gut and the brain.

3) Kill the viruses.

4) Repair the tissues.

A negative (south-seeking) magnetic field is more anti-inflammatory than steroids and has no injurious side effects. A negative (south-seeking) magnetic field can and should replace the use of steroids to reverse inflammation. A negative (south-seeking) magnetic field regulates the immune responses and is more effective than immunosuppressant drugs in the management of adverse immunologic, inflammatory responses. A negative (south-seeking) magnetic field is an effective antibiotic for viruses, bacterial, fungi as well as parasites.

Certain it is that the gastroenterologists and psychiatrists should be experts in examining for and treating food addictions and toxic reactions.

Medications that calm down the inflammatory reaction of the gut and brain is not adequate treatment. We must also kill the microorganisms producing or associated with the inflammatory reaction. A negative (south-seeking) magnetic field achieves this goal. We must reverse the free radicals, peroxides, acids, alcohols and aldehydes that are part and parcel of the inflammatory reaction. A negative (south-seeking) magnetic field reverses these inflammatory substances through activation of the oxidoreductase enzymes catalysis. We must alkalinize the affected area. A negative (south-seeking) magnetic field alkalinizes the area through magnetic activation of the bicarbonates.

Magnetic Placement for Specific Conditions of the Gastrointestinal Tract

<u>Orientation</u>

This treatise is selectively specific for gastrointestinal disorders. Gastrointestinal disorders encompass the entire elementary system from the lips to the anus. Symptoms of the gastrointestinal tract are frequently manifestations of a systemic disease. The appropriate treatment for the systemic disease including magnetic therapy should be instituted - not just local magnetic treatment.

Viral, bacterial, fungal and parasitic infections can occur selectively in any segment of the gastrointestinal system. These microorganisms and infections can be adequately eradicated with a negative (south-seeking) magnetic field of sufficient gauss strength and adequate duration. A negative (south-seeking) magnetic field can kill these infectious agents. The gauss strength needs to be a minimum of 25 gauss at the site of the infection. The higher the gauss strength, the better. Duration needs to be continuous, or near so, for a minimum of two weeks. The longer, the better. There needs to be time for tissue healing-repair after the infection has been eradicated. This could require 2-4 or more weeks after the infection is killed. This healing-repair can be achieved by magnetic treatment to the local area while sleeping at night.

Cancer of the gastrointestinal tract is dealt with in a separate section of this writing. The duration of treating cancer is

different than microorganisms. Cancer requires three months of continuous or near-continuous magnetic treatment. The cancer may have died in four weeks, but we never rely on four weeks of treatment. Tissue healing-repair and reabsorption of the dead tumor may require several months. Usually at three months, the tumor will be about half its original size. If the tumor is a skin surface lesion, such as a melanoma, it will fall off by the end of three months. New skin will have grown under the tumor. It may take several more weeks of nightly treatment for the area where the tumor was to fill in. There will be no scar where the tumor was.

Cuts, infections or blisters on the lips should be treated immediately to prevent scarring. Scars develop because there is not sufficient oxygen present during the healing process. A negative (south-seeking) magnetic field alkalinizes and oxygenates the area which prevents scar formation during healing. Scars already formed will soften up and characteristically disappear with prolonged treatment. Also, a negative (south-seeking) magnetic field is mildly vasoconstricting, reducing bleeding potential. The negative (south-seeking) magnetic field using magnets that are treating the lips are neodymium discs such as 1" x 1/8" discs, ceramic mini-blocks that are 1-7/8" x 7/8" x 3/8" or plastiform magnets that are 1" x 1/8" and whatever length is needed. When using the plastiform magnets cover the negative (south-seeking) magnetic pole side with HY tape since plastiform magnets contain lead. The size of the magnet should be larger than the lesion being treated. The 1" x 1/8" neodymium disc is ideal. Tape the magnet over the lip lesion with HY tape. HY tape is skin colored, hypo-allergenic and will not loosen up by the skin sweating.

In terms of treating infection, the duration needs to be continuous for two weeks and then could be at night for healing. More than two weeks may be needed for healing. Scars that are already formed could be treated at night. It would take several weeks or months for the scar to disappear.

Herpes simplex I viral infection of the lips require special attention since the entire nerve from the neuron nerve trunk and local blister is infected. Treat the local blister with a 1" x 1/8" neodymium disc or suitable size plastiform magnet taped to the lip plus a 5" x 12" double magnet, multi-magnet flexible mat across the side of the face and cervical spine. Hold the flexible magnet in place with a 2" x 26" or 4" x 31" body wrap.

Infections of the mouth in general, gums and teeth can be treated with a negative (south-seeking) magnetic field. Teeth and gums can be treated with a 1" x 1/8" neodymium disc, mini-block magnets that are 1-7/8" x 7/8" x 3/8" or a suitable 1/8" thick plastiform magnet. Tape these over the affected area. It is well to place another neodymium disc on top of the one that is taped down or do the same with the plastiform magnet. The purpose of this is to increase the depth of magnetic gauss penetration. The stronger the magnetic field, the more effective the treatment. Two 3" x 3" x 1/8" or two 2" x 2" x 1/8" plastiform magnets can be taped on the side of the face. At night during sleep, place on top of the magnets that are already on the face, a 4" x 6" x 1/2" ceramic block magnet on the side of the face.

Esophagus

Treatment of the upper esophagus may be achieved with a 4" x 6" x 1/2" magnet on the side of the face and neck. A 5" x 6" double magnet, multi-magnet flexible mat is suited for upper esophagus lesions. Even better is to add to this flexible mat, one or more 3" x 6" x 1/8" or 4" x 6" x 1/8 thick plastiform magnets. These can be bent sufficiently to fit the curve of the neck. It is well to place these in the shape that you need them and then put duct tape on both negative and positive pole sides to hold the magnet bent in place. Hold these in place with a 4" x 31" body wrap. When treating the neck, it is necessary to put one of the rows of the magnets that are in the mat up under the chin so as not to have the positive (north-seeking) magnetic pole from the magnets that are on the neck radiating a positive (north-seeking) magnetic field into the mouth. The esophageal area below the neck and under the sternum can be best treated with a 4" x 6" x 1/2" magnet. If a hiatal hernia is present, it would be best to use a 4" x 12" x 1/8" plastiform magnet placed from the top down the sternum across the stomach. A second one can be placed on top of this to provide a depth of penetration or place the 4" x 6" x 1/2" magnet at the top if the esophagus under the sternum is involved or down over the hiatal area if a hiatal hernia or infection of the hiatal area is involved.

Stomach

Gastritis or gastric ulcer can be treated with a 4" x 6" x 1/2" magnet placed crosswise across the stomach area. Two weeks continuous treatment for gastric ulcer. Remove magnet for one hour, post-meal.

Duodenum

Duodenal ulcer or duodenitis can be treated with a 4" x 6" x 1/2" magnet directly over the duodenal area. Even better for either the stomach or duodena is to place a 5" x 12" double magnet, multi-magnet flexible mat across the stomach and duodenum and place on top of this a 4" x 6" x 1/2" magnet. Hold this in place with a 4" x 52" body wrap or a non-stretchable garment that has pockets in it. The garment supports the weight from the shoulders and makes it easy for the magnet to be removed since this needs to be removed during and for at least an hour after the completion of the meal.

Small Intestine

The small intestine is treated with a 5" x 12" double magnet, multi-magnet flexible mat lengthwise the small intestine with a 4" x 6" x 1/2" magnet directly over the most affected area.

Large Intestine

The large intestine is treated the same way as the small intestine. Place a 5" x 12" double magnet, multi-magnet flexible mat across the affected area with a 4" x 6" x 1/2" magnet on top of the flexible mat.

When treating any of the intestinal tract it has to be kept in mind that while the intestinal tract is in the magnetic field, it is virtually silent in terms of peristaltic movement. Therefore, the magnets need to be removed for at least one hour after the meal is completed or up to an hour and one-half after the completion of the meal.

Diverticulitis

This is an acute state of small abscesses making pouching diverticuli sacks in the colon. This is magnetically treated as an acute infection using the negative (south-seeking) magnetic field continuously, or near so, for a minimum of two weeks. After this initial two weeks, there should follow a nightly magnetic treatment for another two weeks. The infection is usually in the descending colon. Wherever the infection is in the colon, it should be treated with a negative magnetic field. The most fundamental magnet to use is a 4" x 6" x 1/2" magnet. It works best to place a 5" x 12" double magnet, multi-magnet flexible mat crosswise the abdomen-pubic area and a second one further up on the abdomen adjacent to the first mat. Place a 4" x 6" x 1/2" ceramic magnet crosswise and on top of the mat. A second 4" x 6" x 1/2" magnet is also placed crosswise the second flexible mat. These are to be placed directly over the area of the colon which is sore. Hold these in place with 4" x 52" body wraps or a garment with

pockets in it to hold the magnets. Thus, the weight can be supported from the shoulders. If body wraps are used, then use suspenders to hold these in place.

Diverticulosis

Diverticulosis is a chronic state of infected diverticuli. Diverticulosis is treated the same as diverticulitis but continues as a lifestyle. Use a negative magnetic field abdominal treatment. Sleeping on a negative poled magnetic mattress pad can also be useful.

Low colon

The low colon and rectal area should have the 5" x 12" mat placed crosswise the body on the low abdomen-pubic area with a 4" x 6" x 1/2" magnet placed lengthwise the body directly over the affected area.

Colon polyps

Polyps characteristically occur in the low colon or colorectal area. These are caused by viral infections of the mucous membrane comparable to viral infections of the skin causing moles. These should be surgically removed, usually by a wire snare, and examined for possible cancer. After the removal of the polyp, the magnetic treatment should be the same as for cancer whether or not the polyps are cancerous. The chances that the remaining base of the polyp will become cancerous is too high to risk. Magnetic treatment must proceed so as to kill the viruses producing the polyps or to treat the cancer if already present. Use the double magnet, multi-magnet flexible mats plus the 4" x 6" x 1/2" ceramic magnets as described for diverticulitis. Extend the continuous or near continuous treatment for three months. For colorectal polyps, add a magnetic super seat composed of three 4" x6" x 1" ceramic block magnets placed 3/4" apart in a wooden carrier. Place a thin pillow over this when sitting down. The more hours of exposure to this strong magnetic field, the better.

Colorectal area

Treat the colorectal area the same as the low colon but also use a 4" x 6" x 1/2" magnet across the rectal area. It is best to have a garment of non-stretchable material that is supported from the shoulders with a pocket in it. This could be moved aside or pulled up when sitting down. When standing, it can drape down across the rectal area. When sitting down, sit on a special wooden magnetic carrier made with three of the 4" x 6" x 1" magnets placed 3/4" apart. Place a suitable pillow on top of this. This is a strong magnetic field that will radiate into the rectal area and low colon. At night during sleep, have the magnets on the front of the body on the low colon and also arrange to hold a 4" x 6" x 1/2" magnet over the rectal area. In case of infection, treatment needs to be for a minimum of two weeks. Cancer is dealt with in another section of this presentation.

Constipation and its complications

Constipation represents a spectrum of disorders ranging from a minor disorder such as hard stool or straining at the stool, increasing all the way to serious conditions such as a megacolon and valvulitis which can become a surgical condition.

Damage to the nerves that supply the colon (enteric) nerves or the nerves from the sacral area that supply the muscles of the floor of the pelvis have been documented as a frequent cause of chronic constipation. This nerve damage can have several sources such as exogenous toxin from bacteria, viruses, or heavy metal toxicity (lead, mercury, arsenic). Viral infections of the enteric nerves is often involved. The most potentially likely viruses are the lymphotrophic herpes viruses (Epstein-Barr, cytomegalovirus and human herpes virus #6) and the measles virus.

The goal of this treatise is to add to the known values and limitations, the values that environmental medicine-toxicology and magnetic therapy can add.

Fluid intake should include 8-12 glasses of water a day. Electrolysis-produced alkaline micro water is the most optimum water. Avoid carbonated soft drinks for their acid production and especially avoid those that contain caffeine. Do not drink coffee or teas containing caffeine, thinking that they will supply adequate fluid. The four day diversified rotation diet or the selective four day diversified rotation diet is recommended and in fact, a necessary component of management of chronic constipation. In this rotation diet, vegetables and fruit should be eaten.

Vitamin C and its ascorbates of magnesium, calcium, potassium and sodium should be used as a stool softener. Beyond the optimum supplementation levels of magnesium, potassium, and calcium use sodium ascorbate in quantities sufficient to produce and maintain a soft stool. This will vary considerably for each person from 6-20 or more grams of ascorbates daily. This system of a soft stool by providing more ascorbates than can be absorbed is much preferred over chronic laxative use. Constipation, other than the more severe states such as megacolon, impaction or valvulitis can be relieved by an ascorbate flush. An ascorbate flush consists of 1-2 teaspoons of sodium ascorbate in a glass of water each 15 minutes until a diarrhea flush occurs. After the ascorbate flush, then experimentally determine the amount of ascorbate that will provide a soft stool and thus reduce the hard stool constipation condition.

Magnetic Treatment for **Constipation and its Complications**

Sleeping with a 5" x 12" double magnet, multi-magnet flexible mat on the low abdomen-pelvic area plus a 4" x 6" x 1/2" ceramic magnet centered on this pad and placed lengthwise the body is adequate to satisfy minor uncomplicated constipation cases. The negative (south-seeking) magnetic field will pull the fecal matter with its associated water content into the low colon-rectal area. This provides for a normal stool evacuation reflex upon awakening in the morning.

Sleeping with a 5" x 12" double magnet, multi-magnet flexible mat across the low abdomen-pubic area with another one higher up on the abdomen and adjacent to this magnetic pad can provide treatment of the entire abdomen. In order to provide for a greater depth of penetration, place a 4" x 12" x 1/8" plastiform magnet on top of each mat. If need be, two or more of these plastiform magnets can be stacked on top of the mat in order to provide a depth sufficient to relieve any pain and sufficient to treat viral infections. The minimum would be a magnetic flexible pad with a 4" x 12" x 1/8" flexible plastiform magnet on top of this. In more serious cases, place two of these magnets stacked together on top of the pad. Sometimes, a 4" x 6" x 1/2" magnet is needed on top of the magnets in order to have a depth of penetration and sufficient gauss strength to relieve the pain. After the pain is relieved, then the larger 4" x 6" x 1/2" magnet can be removed. When sleeping all night with these pads on the abdomen, remove the magnets on the upper part of the abdomen for the last three hours of the night. By doing so, this will allow fecal matter and fluid with the fecal matter to be pulled into the low colon providing for an evacuation reflex upon awakening in the morning.

Hemorrhoidal Disease

Approximately ten million Americans have hemorrhoidal disease. Increased pressure in the anal sphincter is the central

cause of hemorrhoidal disease. Conditions increasing anal sphincter pressure are such as a sedative occupation, obesity and diarrhea. The common complaint of hemorrhoidal disease are such as bleeding, prolapse and thrombosis of hemorrhoidal veins. A chronic irritation of the squamous cell and mucosal cells can lead to cellular degeneration and in a few cases, to cancer of the rectal tissues. The cause of the diarrhea should be assessed and treated. The cause of diarrhea also includes an examination of food addiction and food sensitivity reactions. Weight reduction should proceed in obese individuals. Again, this weight reduction involves the examination of food addiction with its management by a rotation diet which must be also associated with a reduction in calorie intake and increased exercise. Exercise can, in its own right, reduce anal sphincter hypertension.

Magnetic therapy for anal sphincter disease consists of sitting on a negative (south-seeking) pole magnetic chair pad. The magnetic chair cushion has mini-block magnets that are 1-7/8" x 7/8" x 3/8" placed an inch and one-half apart throughout the seat as well as the back of this chair pad. A further value can be achieved by placing a 4" x 6" x 1/2" ceramic block magnet under the chair seat, directly under the rectal area. Always use a negative (south-seeking) magnetic field facing the person. The negative (south-seeking) magnetic field is mildly vasoconstricting and has been observed to be sufficient to stop hemorrhoidal bleeding. At the same time that the negative (south-seeking) magnetic field is vasoconstricting, it is also alkalinizing and oxygenating. The alkalinization occurs because a negative (south-seeking) magnetic field attaches to the bicarbonates in the blood, making them more active and thus, alkalinizing the area. The extra oxygen is supplied by an enzymatic action of oxidoreductase enzymes on free radicals, peroxides, acids, alcohols and aldehydes thus releasing oxygen from its bound state in these products. Thus, alkaline-hyperoxia is produced. This is necessary for any healing to occur.

Further value can be achieved by proceeding with the general magnetic health measures as has been outlined such as sleeping on a magnetic bed pad.

Cancer

All inflammatory areas, no matter how produced, such as food symptom reaction areas, chemical reaction areas and microorganism infected areas are predisposed to cancer development. The reason for this is the common denominator of acid-hypoxia. Acid-hypoxia is the medium in which cancer can thrive by producing ATP by transferase enzyme catalysis during fermentation.

The principle of treating cancer is to stop the acidifying maladaptive reaction to foods, chemicals and infections. The most optimum part of the treatment is to maintain alkaline-hyperoxia, replacing acid-hypoxia locally, involving the entire cancer and adjacent tissues. A magnet of sufficient size, depth and gauss strength needs to be used. The magnetic field should be a minimum of 25 gauss. The higher the gauss strength, the more effective the treatment. The magnetic field must be all negative (south-seeking) . The duration needs to be as near to 24 hours a day as possible and extended for a minimum period of three months. Peristalsis is relatively silent when exposed to a negative (south-seeking) magnetic field sufficiently strong enough to treat cancer. For this reason of reduced peristalsis, the magnet should be removed for an hour and one-half, post-meal, when the stomach, duodenum, small intestine, upper large intestine, gall bladder, liver or pancreatic area is being treated.

For further information on the magnetic treatment of cancer, refer to the book, *Cancer. The Magnetic Oxygen Answer by* William H. Philpott, M.D.

Mouth Cancer will encompass the entire mouth. This needs to be held up against either side of the face that will include the mouth in the field. It needs to be kept in place as near to 24 hours a day as possible. It could be removed while eating. A suitable way to hold this in place is to use a sports cap fastening this to the bill of the cap and letting it drape over the side of the face. It would be well to hold it snug up against the side of the face with a band around the head and under the chin.

Esophagus Cancer

A 4" x 6" x 1/2" magnet held on either side of the neck so as to involve the esophageal lesion if it is high in the neck, would be suitable. Again, this can be held on the visor of a sports cap or a soft-brimmed sports hat. Hold this firmly up against the side of the neck. If the esophageal lesion is lower than the neck, then treat from the front of the sternum. This can be held in place with a 4" x 52" body wrap or a pocket in a garment that supports the weight from the shoulders. A 4" x 6" x 1/2" magnet is most suitable for this.

Stomach Cancer

A 4" x 6" x 1/2" magnet is placed directly over the lesion and held in place with a pocket in a garment that is supported from the shoulders or a 4" x 52" body wrap. It should be removed during meals since this will allow the stomach to make its normal acid. Also remove the magnet for one hour, post-meal, for emptying of the stomach into the duodenum.

Duodenal Cancer

Place a 4" x 6" x 1/2" magnet directly over the duodenal area which is just to the right side of the stomach. It would be best to remove this for an hour and one-half after meals. It can be held in place with a 4" x 52" body wrap or a pocket in a garment that supports the weight from the shoulders.

Gallbladder Cancer

The gallbladder can be treated which is slightly below the duodenum on the right side of the abdomen using the 4" x 6" x 1/2" magnet held in place with a 4" x 52" body wrap that has shoulder straps on it or a pocket in a garment that holds it in place.

Pancreatic Cancer

Use a 4" x 6" x 1/2" magnet directly over the pancreas. It is wise to use a 5" x 12" double magnet, multi-magnet flexible mat across the pancreatic/gallbladder area and then place a 4" x 6" x 1/2" magnet on top of this.

Liver Cancer

Place a 5" x 12" double magnet, multi-magnet flexible mat across the front and right side, directly over the liver. Place a 4" x 6" x 1/2" magnet either on the front of the abdomen over the liver or on the side of the abdomen. It would be well to rotate these. This can, again, be held in place with a 4" x 52" body wrap or a garment that has a pocket in it that supports the weight from the shoulders.

Small Intestine Cancer

Place a 5" x 12" double magnet, multi-magnet flexible mat lengthwise the body on the right side of the abdomen, directly over the small intestine. Place a 4" x 6" x 1/2" magnet directly over the area of the small intestine that is affected. Hold this in place with two of the 4" x 52" body wraps with shoulder straps or a garment that has a pocket in it that supports the weight from the shoulders.

Colon Cancer

The magnetic field must be directly over the colon. It may

require two 4" x 6" x 1/2" magnets placed adjacent to each other. To do this, it would be preferred to use a 5" x 12" double magnet, multi-magnet flexible mat first, directly over the lesion with one or two of the 4" x 6" x 1/2" magnets directly over the area on top of this mat. It would be well to have a garment with pockets in it that would support the weight from the shoulders. Otherwise, two of the 4" x 52" body wraps can be used. Suspenders or otherwise, shoulder straps need to be attached to these wraps to hold them in place.

Colorectal Cancer

This would require a 5" x 12" double magnet, multi-magnet flexible mat directly over the area with a 4" x 6" x 1/2" magnet on top of this. When sitting down, sit on a special wooden carrier that holds three of the 4" x 6" x 1" magnets 3/4" of an inch apart. Sit on this to radiate directly into the rectal and low colon areas. The more hours of sitting down on this. the better.

Rectal Cancer

When sitting down, sit on the special wooden carrier that has three of the 4" x 6" x 1" magnets an inch apart. When standing, have a 4" x 6" x 1" magnet draped over the rectal area. This can be held in place with a 4" x 52" body wrap with a pocket containing the magnet attached to this body wrap. A terry-cloth pot holder is the ideal size to hold this 4" x 6" x 1/2" magnet.

Magnetic Protocol for Gastrointestinal Diseases

Orientation

This program presumes that the person has already been through the assessment of food testing under medical supervision and has set up a selective four day rotation diet or a four day diversified rotation diet under medical supervision. The alternative is self-help rotation diet using either the selective four day rotation diet or the strict four day diversified rotation diet. The irritable bowel syndrome, celiac disease, Crohn's disease and ulcerative colitis are all viewed as a systemic acid-hypoxia reaction with multiple system symptoms evoked by maladaptive reactions to foods in which the gastrointestinal symptoms are the most prominent. The orientation is that the systemic acid-hypoxia central to the generalized degenerative disease process is being treated. Food addiction is accepted as the cause with either the compensated or decompensated stages of diabetes mellitus disease process being present. The only exception to this is that celiac disease is a genetic disorder evoking inflammatory symptoms in the small intestine. Even in celiac disease, other symptoms are also present in other systems in response to this genetic disorder to gluten.

It is necessary to understand the gastrointestinal reactions are only one manifestation of the systemic, reactive condition. The intestinal tract is selected for some reason that has altered the metabolic function of that area. Other areas of the body will also be involved and should be assessed. The skin is often involved and the treatment needs to be systemic but also local. Wherever there is a lesion, the local lesion should be treated whether it is the gastrointestinal tract, the skin, or an organ of the body and at the same time, the treatment should be systemic such as sleeping on a magnetic bed pad being a good idea and sleeping with magnets over the eyes with these magnets attached to a light shield and sleeping with magnets in a carrier up against the headboard. The more magnetic treatment, the better. It should be understood that treating at right angles is quite acceptable. Treating with a negative (south-seeking) magnetic field of the same strength on each side of the body is not preferred because there will be a blank, area where the magnetic fields join. However, if the field on one side of the body is much stronger than the field on the other side of the body, it will push against the weaker magnetic field and treat the body successfully. This is true such as when sleeping on a magnetic bed that will have a low gauss strength compared to the strong gauss strength of a 4" x 6" x 1/2" magnet placed on the body. So, sleeping on a magnetic bed pad with magnets on the abdomen on the opposite side of the body is not a concern because the stronger magnetic field will still reach into the body adequately. It is very important to treat the eyes and the brain, since the retina of the eyes and the pineal gland in the brain make melatonin. It is also true that the wall of the intestinal tract makes melatonin. The higher the melatonin is, the greater defense against inflammation, infection and cancer.

In terms of treating viruses, it would take several weeks to adequately treat for these viral, bacterial, fungal and parasitic infections. A negative (south-seeking) magnetic field will kill viruses, bacteria, fungi and all types of parasites. It is recommended that this treatment proceed continuously, nightly for one to two months. It is well to have a lifestyle of treating the low abdomen-pubic area regularly at night. Treating the abdomen as has been described above, has these established values:

1) Processing exogenous and endogenous toxins,

2) Magnetic killing of infecting agents such as viruses, bacteria, fungi and parasites,

3) Healing of diabetic neuropathy of the enteric nerves. The treatment of diabetes must also include the systemic treatment of diabetes described elsewhere in this treaties,

4) Reversal and healing of atheromatous plaques in the blood vessels supplying enteric nerves. A negative (south-seeking) magnetic field is known to resolve atheromatous plaques,

5) Reversal of free radicals and free radical end-product damage. A negative (south-seeking) magnetic field is a free radical scavenger and also, will through enzymatic actions, resolve the damaging end-products of free radicals.

Magnetic Therapy

Magnets used:

- Two 5" x 12" double magnet, multi-magnet flexible mats
- One 5" x 6" double magnet, multi-magnet flexible mat
- Two 4" x 12" x 1/8" plastiform magnets
- Two 1-1/2" x 1/2" ceramic disc magnets
- One eye unit consisting of a light shield with two 1" x 1/8" ceramic disc magnets over each eye
- Two 4" x 6" x 1/2" ceramic block magnets with Velcro on the positive pole sides
- Two 4" x 52" body wraps
- One 2" x 26" band
- One 4" x 31" band
- A magnetic mattress pad composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8"

placed an inch and one-half apart throughout the bed pad

- Headboard type sleep enhancer (composed of four 4" x 6" x 1" magnets in a row, 3/4" apart in a wooden carrier that holds them up against the headboard)
- One magnetic chair pad (composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8". These are placed an inch and one-half apart throughout the seat and back of this magnetic chair pad)

Non-Magnetic Products:

Alkaline micro water. The Singer Electrolysis Instrument for the production of alkaline micro water.

Colloidal silver: Four 16 oz bottles of 40 parts per million colloidal silver.

For Additional Value: Infrared sauna home unit.

Placement and Duration

During the five day withdrawal phase before food testing begins or before the rotation diet is instituted, magnets can be used to reduce symptoms. The ceramic disc magnets can be placed bitemporally, that is in front of and at the level of the top of the ears. These are held in place with a 2" x 26" band. An alternative is to use two neodymium discs on both temporal areas with one disc inside the band and one on the outside of the band directly over the disc inside the band. This will magnetically hold the disc in place. These can relieve head symptoms and also can be used without head symptoms when there are other areas of the body with symptoms. Any area of the body can produce symptoms. Treating the brain will help relieve the local symptom. The local symptoms should be treated with a 4" x 6" x 1/2" magnet with the negative (south-seeking) pole held directly over this area until the symptoms leave. The symptoms will usually be relieved within ten minutes but occasionally require thirty minutes.

Specific Magnetic Treatment For Inflammatory Bowel Diseases

Inflammatory bowel diseases include celiac disease, Crohn's disease and ulcerative colitis. Celiac disease is specific for the small intestine and is known to be a genetic inflammatory reaction to gluten. Wheat, rye, oats, barley and mature corn contain gluten. The treatment involves avoidance of gluten foods. A negative (south-seeking) magnetic field reverses the inflammatory reaction and heals the mucous membrane of the small intestine. The magnetic treatment for celiac disease is the same as for Crohn's disease and ulcerative colitis. Crohn's disease and ulcerative colitis are also due to maladaptive reactions to foods but not to a genetically determined food such as in celiac disease. These inflammatory reactions occasionally are immunologic (IgG) with the majority being non-immunologic addictions to frequently used foods. The foods involved in the inflammatory bowel disease needs to be determined by single food test meals after a five day fast on water only or from any food used two times a week or more. A food fast on watermelon only is ideal. Magnetic therapy is involved from the beginning of the treatment including the fasting period.

At the beginning of the fast, use the following placement of magnets:

Place a 5" x 12" double magnet, multi-magnet flexible mat across the low abdomen-pubic area with a 4" x 6" x 1/2" magnet placed crosswise the mat over the sore area. Place another 5" x 12" flexible mat higher up on the abdomen but adjacent to the mat on the lower abdomen. Place another 4" x 6" x 1/2" magnet crosswise over the flexible mat over the sore area. Remove these magnets for one and one-half hours, three times a day. If watermelon or other infrequently used foods are used during this fast, then leave the magnets off the abdomen for one and one-half hours after eating. The reason for leaving the magnets off the abdomen for a period of time is to allow for peristaltic movement to occur since peristalsis is virtually silent while the abdomen is covered with the negative (south-seeking) magnetic field. If severe pain occurs during the period while the magnets are off of the abdomen, then replace the magnets over the painful area to relieve the pain.

The pain is usually relieved within 5-10 minutes. Hold these in place with 4" x 52" body wraps. It would be necessary to have shoulder straps or suspenders to hold these in place. Even better is to have a non-stretchable garment that is supported from the shoulders with pockets in it so the weight is supported from the shoulders. The magnets are held firmly up against the abdomen, but not held in place by pressure. Also, during this withdrawal phase, place ceramic disc magnets that are 1-1/2" x 1/2" or use the neodymium disc magnets that are 1" x 1/8" on each temporal area (bitemporally) with one on the inside and one on the outside of the band. Hold these in place with a 2" x 26" band. The pain of food addictive withdrawal can further be relieved by a 4" x 6" x 1/2" magnets placed on the sternum and epigastric area. This 4" x 6" x 1/2" magnet is placed lengthwise on the sternum and on the epigastric area, it is placed crosswise. Hold these in place with a 4" x 52" body wrap or preferably a garment that has pockets in it that holds the weight from the shoulders. Treat any painful areas occurring during the withdrawal phase with a 4" x 6" x 1/2" magnet. The duration of exposing the magnets to the head, sternum, epigastric or painful areas can be for the duration needed to relieve the discomfort. The longer, the better.

The five day food addictive withdrawal phase is acidifying. Acidification produces an oxygen deficit state. Thus, acid-hypoxia is present during the first three to four days of the withdrawal phase and characteristically clears by the fifth day. A negative (south-seeking) magnetic field produces a biological response of alkaline-hyperoxia and thus relieves the acid-hypoxia. One teaspoon of sodium bicarbonate, three times a day, can aid in relieving the food addictive withdrawal symptoms.

After the five days of avoiding food, testing can proceed using meals of single foods or proceed with a 4-Day Diversified Rotation Diet leaving out the person's frequently used foods for three months before returning these foods to the 4-Day Diversified Rotation Diet. The details of the 4-Day Diversified Rotation Diet and also how to do food testing is described in more detail else-where in this quarterly.

Essential magnetic treatment after the withdrawal phase or after the food testing is to treat at night during sleep and also periodically as needed to relieve pain.

However, since infections are imposed on the inflammatory bowel disease food reactions, it is best to eat infrequent foods for a period of two weeks after the five day fast period while continuing to treat the abdomen. Treat the upper and lower areas of the abdomen continuously except for the hour and one-half post-meal. If treating for infection, then postpone food testing until after the two weeks of infectious period treatment is completed. Start the food rotation diet after the five day rotation using only single, infrequently used foods. Food testing cannot proceed as long as the magnets are being used nearly continuously to treat the infections.

The Role of Infection in Inflammatory Bowel Diseases

There are known infections that cause an irritable bowel disease reaction. It is anticipated that these known colon infections will be treated with antibiotics known to be specific for these infections. However, it should be understood that a negative (south-seeking) magnetic field is an antibiotic and can replace the established antibiotic treatment for these known microorganisms. Two weeks minimum magnetic therapy, as near continuous treatment as possible, is necessary for the magnetic antibiotic value. Longer than two weeks is valuable and necessary for healing-repair.

Inflammatory bowel diseases have superimposed bacterial and fungal infections due to the impaired intestinal mu-

cous membrane. Magnetic treatment for two or more weeks, as near continuous as possible can clear the colon of these infections. It is best to clear these colon infections before starting food testing.

My research indicates that there are classically chronic viral infections in inflammatory bowel diseases. There is also chronic viral infections in major mental disorders. Frequently both the mental disorders and the inflammatory bowel disease of minor to major degree is also involved at the same time. The viruses that my research has isolated as being consistently present are Epstein-Barr, cytomegalovirus and human herpes virus #6. These are lymphotropic viruses of the herpes family. Once infected, these viruses do not die, but hide from oxygen in neurons and lymph tissues. Major mental disorders have a smoldering encephalitis of the brain as well as infected neurons in the spine. The spinal infection can flair when the oxygen is low and the immune system defense is low at which time the spinal neurons supplying the gastrointestinal tract are infected and produce symptoms. This is comparable to shingles from the herpes zoster virus residual from an initial chicken pox infection. The viruses survive through the years and flourish when the immune system and the low oxygen supply allow this to happen. Measles viruses have been observed to be able to behave the same way as lymphotropic viruses. Furthermore, the lymph tissue lining the gut can be infected by the lymphotropic viruses. The gut is lined with lymph tissue where these viruses reside which can chronically and or episodically produce gastrointestinal symptoms. Maladaptive food reactions with their acidity encourage the viral infection episodes. It is important to stop the food reactions in order to stop the viral infection episodes.

When sitting down, sit on the chair pad. Place a 4" x 6" x 1/2" ceramic block magnet under the chair seat sufficiently far enough back to radiate a magnetic field into the rectal area.

It is well to have a routine of having the 5" x 12" double magnet, multi-magnet flexible mat across the low abdomen-pubic area. On top of this and centered on this pad place a 4" x 6" x 1/2" magnet which is placed lengthwise the body and crosswise the mat. Hold this in place with a 4" x 52" body wrap. This will treat the low colon. It will treat for fungal infections such as candidiasis or any infection in the pelvic area. It will pull the fecal matter and fluid associated with the fecal matter into the low colon so there will be an urge for a bowel movement the first thing in the morning on awakening. If there is still a need for healing of the gastrointestinal tract, place another 5" x 12" double magnet, multi-magnet flexible mat crosswise the abdomen, adjacent to the one that is on the lower abdomen. There may be a need to place one or two of the 4" x 12" x 1/8" plastiform magnets on top of this to provide a sufficient depth of penetration to the abdomen. If there is any particularly painful area above this, a 4" x 6" x 1/2" magnet could be placed on this area. It is well to remove the magnets in the middle to upper abdomen at least three hours before A.M. arriving, while leaving the magnets on the lower abdomen for the sake of pulling the fluid and fecal matter down into the low colon. It is well for one or two months, or even longer, to wear these magnets on both the lower, middle or even upper section of the abdomen in order to provide for proper healing in the gastrointestinal reactions. There is no limitation as to how long these magnets could be used on the abdomen.

There should be an initial three month course of colloidal silver. Colloidal silver are small particle that carry a negative (south-seeking) magnetic field. Because bacteria, viruses, fungi and parasites have a positive (north-seeking) magnetic field, the colloidal silver will attach to them. Colloidal silver is known to kill bacteria, fungi, viruses, parasites and cancer cells.

Five to eight glasses of alkaline micro water should be ingested per day. The alkaline water will have a pH of 8 or more.

General Information About Magnets

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

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

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

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

better.

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

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

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

Therapeutic Sleep

After the program has been setup, the most important thing to address is sleep. It is optimal to sleep on the 70-magnet bed grid or a magnetic slumber pad.

In maintaining health and reversing degenerative diseases, it is very important that there be deep, energy restoring sleep. It is necessary to sleep a full eight or nine hours in every 24-hour period. Energy is used up during the day and is restored during sleep. The hormone, Melatonin, which is made during sleep, controls the depth of energy-restoring sleep. The principle area in which Melatonin is made is the pineal gland, which is at the center of the head. This gland makes Melatonin in response to a negative (south-seeking) magnetic field. This is why it is so important to treat the head to a negative (south-seeking) magnetic field during sleep. The retina of the eyes and the intestinal walls also make Melatonin. Treating these areas can also raise levels of Melatonin. The hormone Melatonin has the control of the entire energy system of the body including such as the immune system, endocrine system, and respiration. Melatonin is neuronal calming and encourages energy restoring sleep. Melatonin is a powerful antioxidant and thus is anti-inflammatory. Melatonin also has antibiotic and anti-cancer values.

In order to achieve appropriate production of the hormones Melatonin and growth hormone it is necessary to sleep in a completely light-free environment and without any 60 cycles per second electrical pulsing frequencies. Therefore there should not be any night-light, and electric clock, an electric heated blanket, or a heated waterbed. If light cannot be completely excluded from the bed-room, then place over the eyes and the forehead a light shield/mask of some sort. The magnetic eye & sinus mask is a light shield with 1/16" plastiform magnet in it and additional 1" x 1/8" neodymium disc can be added for extra benefit.

The magnetic slumber pad will encourage the production of Melatonin by the gastrointestinal tract. Any magnetic treatment of the abdomen will encourage the production of Melatonin by the walls of the gastrointestinal tract.

Treating the eyes with the eye & sinus mask will also encourage the production of Melatonin by the retina of the eyes. The magnetic headboard type sleep enhancer up against the headboard will have a magnetic filed that penetrates into the head and stimulates the pineal gland to produce Melatonin and the hypothalamus to produce growth hormone. Some sleep very well with a 4" x 6" x magnet up against the side of the head. It is best to cushion this by placing a double strength flexible mat (5" x 6") up against the side of the head first with the 4" x 6" x 1/2" ceramic magnet over the flexible mat. When lying on the back, this can be leaned up against either side of the head. When lying on the side it can be on the side of the head that is not on the pillow or be placed on the back of the head. Some find it valuable to place a double strength flexible mat under the pillowcase so their head is resting on the flexible mat. If they are on their back it is on the back of their head; if they are on their side, it is on the side of their head. Six mini block ceramic magnets placed on the positive (north-seeking) pole side will further reinforce this flexible mat. Place these mini block magnets crosswise the flexible mat 1-1/2" apart. They will magnetically adhere to the flexible mat.

Magnetic Eye & Sinus Mask

One eye & sinus mask

Two neodymium dot discs (1/2" x 1/16") Two neodymium discs (1" x 1/8")

Placement of Magnets for Eye & Sinus Mask

The eye & sinus mask is magnetic which has special value for producing healthy skin under the magnetic shield and also for the eyes. Placing neodymium disc magnets over the eyes increases this magnetic value. Place the 1/2" neodymium dot discs on the inside as a holder for the 1" neodymium disc on the outside, both of which are directly over the eyes. It works equally well to place the discs to the sides of the eyes. This side of the eyes placement of the discs can be used in glaucoma to release the pressure in the eyes. Once the correct placement of the discs is over the eyes, then firmly tape down the magnets on the outside of the magnetic eye & sinus mask.

Uses for the Eye & Sinus Mask

This magnetic eye treatment is arranged for the treatment of cataracts, glaucoma, infection, floaters, macular degeneration and degeneration of other areas of the eye. Magnetic treatment of the eye is not harmful and has the potential of being beneficial to most all eye conditions.

Cataract Treatment - Place the magnets directly over the eyes. Use nightly. Treat nightly for several months and, preferably, it is best to use it nightly as a lifestyle.

Glaucoma Treatment - Glaucoma is due to an abnormally high pressure in the eye. Treating with the magnetic field directly over the eyes is anti-inflammatory and is likely to solve the glaucoma problem. If and when treating directly over the eye and within a month to six weeks, the pressure in the eye has not resolved, then treat from the side of the eye. If glaucoma is present, the eye pressure should be monitored and the magnets moved to the side of the eye if the pressure is not being resolved by treating directly over the eye.

Macular Degeneration Treatment - Wear the magnetic eye unit over the eye every night as a life-style. It may require a year or more to achieve measurable value. Some people are reporting success when treated less than a year.

Eye Infection Treatment - Place the magnetic eye unit over the eyes as near to 24 hours a day as possible. To achieve a 24-hour a day treatment, a set of glasses could be used; place two of the 1" x 1/8" neodymium disc magnets on opposite sides of the earpiece adjacent to the eye. Tape the inner disc to the earpiece of the glasses. Ideal for this treatment are safety glasses or sunglasses that have a flange on the earpiece adjacent to the side of the eye. In treating infection it is important to extend the treatment to 24 hours a day for a minimum of two weeks. In some cases it would be best to draw this out to a month. The duration needs to be long enough to completely kill the infection. Extend the time to whatever is necessary to handle the infection and heal the tissues.

Cancer of the Eye Treatment - Cancer requires a 24-hour a day treatment for a minimum of three months. If necessary, extend it as long as is necessary to handle the cancer.

Diabetic Retinopathy Treatment - The first consideration

should be given to the general treatment of diabetes mellitus as outlined in the Magnetic Health Quarterlies, *Diabetes Mellitus. The Secret of Prevention and Reversal.* (Vol. III, Second Quarter, 1997. 1998 Revision), *The Ultimate Non-Stress Diet (Vol. VI,* First Quarter 2000) and *Vascular Disorders. The Magnetic Answer.* (Vol. III, Fourth Quarter, 1997). Diabetes will lead to vascular disorders of the heart, the brain and the eyes. These all should be treated at the same time and a 4-day Diversified Rotation Diet is mandatory for the reversal of the diabetes disease process. This is true whether this is Type I or Type II diabetes mellitus. The eyes should be treated at night, and preferably, during the daytime also.

4-Day Diversified Rotation Diet General Information

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

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

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

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

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

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

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

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

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.

Alkaline Micro Water

Alkaline micro water helps materially 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. The Singer Electrolysis Instrument is used for producing the alkaline micro water. At least five glasses of the water should be ingested each day.

Polarity

Always use a negative magnetic field.

Beyond Magnetism

An acute maladaptive reaction to foods, chemicals, or inhalants has been documented as producing a brief state of acid-hypoxia. In this state there is a production of acid and a failure to process properly the end products of oxidation phosphorylation metabolism. In this state of acidosis, oxygen content is reduced. Maladaptive reactions to foods are the most frequent

cause of bouts of acidosis. Degenerative diseases are noted for their acid-hypoxic state. Therefore every effort should be made to maintain a normal alkalinity and normal oxygen state.

Majorities of people are maladaptively reacting to foods in one or more ways, thus producing bouts of acidosis and reduced oxygen. It is the better part of wisdom to follow a 4-Day Diversified Rotation Diet. This program leaves out foods that are used as frequently as twice a week or more for a period of three months. This is based on the assumption that these foods are being reacted to in some way. It is the frequency of the use that produces the maladaptive reactions. A 4-Day Diversified Rotation Diet is set up to leave out these frequently used foods. After three months, these frequently used foods can be returned to the diet, usually without any symptoms being produced. For further details and the rotation diet, see *The Ultimate Diet* (Vol. VI, First Quarter, 2000) and *Gastrointestinal Disorders* quarterly (Vol. V, Third Quarter, 1999) by William H. Philpott.

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

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

In order to maintain an adequate alkaline state, it is necessary that the minerals that are used in the bicarbonate buffer system be in adequate supply. These are the minerals calcium, magnesium, potassium, and zinc. There are several proprietary preparations that contain these minerals associated with vitamin C as ascorbates. The preferred source of alkali minerals is multi-element mineral ascorbates by Klaire Lab. Use 1/2 teaspoon to 1 teaspoon of one of these powders in one-half glass of water, two times a day. The preferred time to take the alkaline minerals is in the morning on arising and again before going to bed at night. When using this mineral alkaline water, place it on the negative magnetic pole of a 4" x 6" x 1/2" magnet for a minimum of five minutes. This will charge up the water and the oxygen in the water with a negative magnetic field, which will help the body maintain its normal alkaline state.

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

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 de pendant 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 sup-ply 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.

The 4-Day Diversified Rotation Diet

The following are observed facts about maladaptive reactions to foods:

1) IgE immune food reactions are acute inflammatory reactions in which spacing of contact has no significance. Therefore, a four day rotation diet has no significance in IgE mediated immune reactions. Fortunately, IgE food reactions are scarce.

2) IgG immune food reactions quiet down after three months of avoidance. After three months of avoidance an IgG immune reaction is calmed and suitable for a contact spacing of a 4-Day Diversified Rotation Diet. Food IgG reactions have the same relief phase on contact and withdrawal phase 3-4 hours later which is characteristic of addiction.

3) Food addiction with relief on contact of the food and a withdrawal phase 3-4 hours later is characteristic of the majority of maladaptive symptom-producing food reactions.

4) A five day avoidance breaks the addiction cycle following which, for 4-6 weeks, there is an acute symptom reaction within the first hour of exposure to the addictive food. This is the basis of single food testing meals after five days of avoidance.

5) There are toxic reactions without an addictive withdrawal phase. These toxic reactions are infrequent.

6) The biological response to the addictive withdrawal phase of symptom production is acid-hypoxia.

7) The acute symptom phase after a five day avoidance period is acid-hypoxia. Acid-hypoxia produces cellular edema.

8) Acid-hypoxia produces the symptoms of the addictive withdrawal phase.

9) A carbohydrate disorder is produced by addiction. This has the characteristics of hyperinsulinism after exposure to the addictive food followed by hypoglycemia 3-4 hours later during the withdrawal phase.

10) After five days of avoidance there is no hyperinsulinism and no hypoglycemia. These are replaced by a hyperglycemia within one hour of eating the addictive food.

11) Food addiction is a state of metabolic compensation response to the stress leading to the addiction.

12) After five days or avoidance there is no metabolic compensation and in fact, there is a metabolic decompensation.

13) Diabetes type II is the decompensated state of food addiction with its acid-hypoxia and hyperglycemia.

14) Acute symptom-producing maladaptive food reactions when extended in time are identified as chronic diseases with the same symptoms.

15) Diabetes mellitus type II is the final decompensated state of the earlier compensated state of food addiction. The

metabolic disordered chemistry of food addiction is the same as clinically significant diabetes mellitus type II. The common denominator of disordered metabolism of food addiction and maturity-onset diabetes mellitus type II is acid-hypoxia and hyperglycemia.

16) The only way to prevent, and or reverse, maturity-onset type II diabetes mellitus is to reverse food addiction by initial avoidance and later spacing of the formerly addictive food.

17) Addiction to non-food items also advances the diabetes mellitus disease process. Examples are such as the use of narcotics, tobacco, alcohol and so forth.

18) Toxic, non-food, chemical stressors also advance the diabetes mellitus disease process.

19) Definitive food testing to determine maladaptive reactions to foods can only effectively proceed when all foods reacted to are avoided for five days preceding test meals of single foods. Remaining addicted to even one food will interfere with test results. Characteristically, physicians are taught to test food immunologic or non-immunologic sensitivity reactions as a secondary rather than a primary cause of illness and to test foods while leaving the subject addictively or otherwise maladaptively responding to multiple other foods. Even when there is a five day avoidance of that single suspected food, the re-testing of that food is unreliable since they are in the process of reacting to so many other foods. Characteristically, no attempt is made to clear all food reactions by a five day fast before testing begins. This method of not clearing the subject of all food reactions before testing begins gives spurious results. This leads to conflicting data as to the significance of food reactions. This conflict in data is used by some physicians to justify discarding food reactions as causes of diseases in general or specifically with the disease they are dealing with at the time. Good food testing also requires examination of blood pH and blood sugar before and after the food test meal.

20) Ignoring the food maladaptive reaction as critical to the cause of degenerative diseases whether brain, gut or other biological systems, advances the central primary degenerative disease of type II diabetes mellitus.

21) Ignoring the food maladaptive inflammatory reactions and resorting to steroids, non-steroidal anti-inflammatory agents, tranquilizers and antidepressants to handle the symptoms of inflammation further accelerates the diabetes mellitus disease process with the end result being clinically significant type II diabetes mellitus. The above observations provide the significance of maladaptive food reactions and the relationship of the 4-Day Diversified Rotation Diet to food reactions

How to Food Test

Five days of avoidance of all foods using a water fast only or another system of using a single infrequent food such as watermelon during the five days of avoiding foods.

During the five days avoidance, use one-half to one teaspoon of soda bicarbonate, three times a day to help offset the acid-hypoxia that develops during the food addiction withdrawal phase.

A negative (south-seeking) magnetic field therapy can materially aid in reducing the food addiction withdrawal symptoms during the five days of avoidance. Placing magnetic disc magnets bitemporally, that is in front of the ears, near the top of the front of the ears, under a band can reduce head symptoms such as headache or depression. It will also help to reduce the local symptoms otherwise by stopping the message to the brain from the local area of symptoms elsewhere in the body. Treating the brain should be accompanied at the same time by treating any other area of the body that has discomfort. The best magnet for treating local areas of the body that have pain or other discomfort is the 4" x 6" x 1/2" magnet. This can be placed directly over the area of discomfort. The magnets bitemporally placed on the head are disc magnets that are 1-1/2" x 1/2". These are ceramic magnets. An alternative to this that provides lighter magnets that are just as effective are 1" x 1/8" neodymium disc magnets. Place one on the inside of the band around the head and another one on the outside. This will magnetically hold these in place. That would be two on each side of the head, placed temporally. Anxiety is best handled by mid-forehead and left temporal placement. Obsessive-compulsiveness is best handled by left temporal and low occipital. Use either the ceramic discs or the neodymium disc magnets. The best band for this is a 2" x 26" band. During the withdrawal phase of addiction whether this be to food or to other addictants, there is an uncomfortable tightness in the chest and in the epigastric areas. This discomfort can be handled by placing a 4" x 6" x 1/2" magnet lengthwise on the sternum and or the epigastric area, crosswise the epigastric area. These can be held in place with a 4" x 52" body wrap. In terms of duration, these magnets can be held in place until symptoms are relieved which is usually within five, ten to fifteen minutes or they can be continuously held in place during the withdrawal phase to maximize comfort. It should be understood that a negative (south-seeking) magnetic field alkalinizes and oxygenates the body area that is within that negative (south-seeking) magnetic field.

Record blood pH before the five days of avoidance begins and immediately before and one hour after each test meal. A normal blood pH is 7.4. This test is achieved by blood plasma on litmus paper. It is best to use one with a pH of 6 to 8. I have characteristically used pHydron litmus paper.

Test blood sugar before the fasting begins and before and one hour after each test meal of a single food. There are home blood test units for diabetics which are adequate for this purpose. This requires a drop of blood from a lance prick of a finger. Normal fasting blood sugar ranges from 80-120. One hour after a test meal, the normal blood sugar can range up to 140. From 140-160 is suspect. From 160 on, is definitely an abnormal hyperglycemia.

Symptom-survey the entire body for symptoms before and one hour after each test meal.

Test the pulse before and one hour after each test meal. The heart is very sensitive to stress. Skipped beats in response to maladaptive food reactions are common. Some people have a vulnerability to set off a tachycardia. Tachycardia could be handled by placing a 4" x 6" x 1/2" magnet with a negative (south-seeking) magnetic pole over the heart. Hypertension is frequently a manifestation of food maladaptive reactions.

When food testing Crohn's disease or ulcerative colitis cases, it is best to have the suspected foods tested the last meal of the day. This provides for an overnight period of recovery from the reaction. The most suspected foods are the frequently used foods. They are often in the area of cereal grains, such as wheat, rye, oats, barley, corn or dairy products. However, it can be any food that is eaten with a frequency of two times a week or more including even salads. I have known some people who ate the same salad every day who maladaptively react to all the foods in their salads that they use daily. It is wise not to use caffeine or alcohol in any form. However, it should be understood that it is possible that infrequently used caffeine such as a cup of coffee or chocolate candy or an occasional

beer or alcohol otherwise will not necessarily set off the addiction. Addiction requires more than twice a week exposure. Even though it is not recommended that these items be used, it can be understood that an infrequent use on a single occasion will not reinstate addiction. It should however, be understood that subjects with mental symptoms should not really toy with the use of caffeine because it is a central nervous system excitant or with alcohol in any form. Those who have seizures should follow the same rules.

Those who choose a very limited diet such as strict vegetarians who are not using meat or any animal products, even fish, do find it more difficult to follow the 4-Day Diversified Rotation Diet. One way to get around this is to sprout the cereal grains such as wheat, rye, oats and barley and also sprout the beans. Sprouts of grains and beans are really a different food than the mature product and can be used on a different day than the mature product such as eating the cereal grains on rotation, two days later eating the cereal grains that have been sprouted. The same thing can occur with beans. Fresh corn such as corn on the cob is not the same food as mature corn and can be used on a different day than mature corn. When sprouting the grains or beans be sure that there is about 1/4" sprout and only use those beans or grains that have sprouted. These sprouts can be prepared in many different ways such as ground for bread or used as a cooked cereal. Sprouted beans or grains can be used as a fresh vegetable and in salads.

Four-Day Rotation Diet

Day I

Meat
Bovidae: Lamb, Beef, Goat, Deer, Cheese, Milk and Yogurt
Fish Fish and/or shellfish can be on any or all days by keeping the type of fish or shellfish different for each day.
Vegetables
Potatoes: Potato, Tomato, Eggplant, Red/Green Peppers and Pimento
Goosefoot: Beet, Spinach, Swiss chard and Lamb's quarters
Composites: Lettuce, Chicory, Endive, Escarole, Artichoke, Dandelion and Safflower
Corn: Fresh Corn as a fresh vegetable
Fruits
Mulberry: Mulberry, Figs and Breadfruit
Rose: Strawberry, Raspberry, Blackberry, Dewberry, Loganberry, Young-berry, Boysenberry and Rose Hip
Grape: Grapes and Raisins
Cashew: Mango
Nuts:
Sunflower: Sunflower Seeds
Cashew: Cashew and Pistachio
Protea: Macadamia Nut
Thickening
Tapioca
Seasonings
Grape: Cream of Tarter
Potato: Chili Pepper, Paprika and Cayenne
Composites: Tarragon
Nutmeg: Nutmeg and Mace
Sweetener Beet Sugar
Tea Rose Hips, Chicory and Dandelion
Sprouts Legumes, Bean Sprouts, Alfalfa Sprouts and Sunflower Sprouts
Fresh Vegetable Green Bean Sprouts, Alfalfa Sprouts and Sunflower Sprouts

Day II

Meat
Bird: *All fowl – Chicken, Turkey, Duck, Goose, Guinea, Pigeon, Quail and Pheasant
Eggs Eggs
Fish Fish and/or Shellfish can be on any or all days by keeping the type of fish or shellfish different for each day.
Vegetables
Myrtle: Pimento
Grass: Millet
Parsley: Carrot, Parsnip and Celery
Mushroom: Mushroom and Yeast (Brewer's or Baker's)
Mallow: Okra
Fruits
Plum: Plum, Cherry, Peach, Apricot, Nectarine and Wild Cherry
Pineapple: Pineapple
Pawpaw: Pawpaw, papaya and papain
Grains:
Gluten: Wheat, Oats, Barley, Rye and mature Corn
Non-gluten: Millet, Sorghum, Bamboo shoot and Malt
Nuts:
Plum: Almond
Beech: Chestnut
Brazil nut: Brazil nut
Flaxseed: Flaxseed
Thickening Wheat flour, Agar-agar (vegetable gelatin from sea algae)
Seasonings
Myrtle: Guava, Clover, Allspice and Clove
Parsley: Celery seed, Celeriac, Anise, Dill, Fennel, Cumin, Coriander and Caraway
Pedalium: Sesame
Orchid: Vanilla
Oil Cottonseed, Flaxseed and Sesame
Sweetener Corn sugar, Clover honey and Molasses
Tea
Sterculia: Papaya tea

Day III

Meat
Suidae: Pork
Fish Fish and or Shellfish can be on any or all days by keeping the type of fish or shellfish different for each day.
Vegetable
Mature Legumes: Pea, Black-eyed Pea, Soybean, Lentil, Peanut, Lima Bean, Navy Bean, Garbanzo Bean, Great Northern Bean, Pinto Bean and Kidney Bean
Laurel: Avocado
Lily: Onion, Garlic, Asparagus, Chive and Leek
Fruits
Apple: Apple, Pear and Quince
Banana: Banana and Plantain
Heath: Blueberry, Huckleberry and Cranberry
Gooseberry: Currant and Gooseberry
Ebony: Persimmon
Buckwheat: Rhubarb
Grains
Buckwheat: Buckwheat and Rice
Nuts
Legume: Peanuts
Birch: Filbert (Hazelnut)
Conifer: Pine Nut (Pinon)
Thickening
Arrowroot: Arrowroot Flour
Seasonings

Arrowroot: Arrowroot
Heath: Wintergreen
Legume: Licorice
Laurel: Cinnamon, Bay leaf, Sassafras and Cassia bud/bark
Pepper: Black & Whit Pepper
Oil Soybean, Peanut and Avocado
Sweetener Fructose, Carob syrup, Maple sugar, Tupelo honey and Cane sugar
Tea Alfalfa, Sassafras, Garlic and Apple cider/tea

Day IV

Meat
Meat: Rabbit, Fowl not used on Day II (Chicken, Turkey, Duck)
Fish Fish and/or Shellfish can be on any or all days by keeping the type of fish or shellfish different for each day.
Vegetables
Morning Glory: Sweet Potato
Gourd: Cucumber, Pumpkin, Squash, Acorn and Squash seeds
Mustard: Mustard, Turnip, Radish, Horseradish, Watercress, Cabbage, Kraut, Chinese Cabbage, Broccoli, Cauliflower, Brussel Sprouts, Collard, Kale, Kohlrabi and Rutabaga
Olive: Black/Green Olives
Fresh Grain Vegetables Sprouts: Wheat, Rye, Barley and Oat
Fruits
Gourd: Watermelon, Cantaloupe and Honeydew
Citrus: Lemon, Orange, Grapefruit, Lime, Tangerine, Kumquat and Citron
Honeysuckle: Elderberry
Palm: Coconut and Date
Nuts
Seeds: Pumpkin seeds, Squash seeds and Coconut
Walnut: English walnut, Black walnut, Pecan, Hickory and Butternut
Thickening Cornstarch
Seasonings
Mustard: Mustard
Mint: Basil, Sage, Oregano, Savory, Horehound, Catnip, Spearmint, Peppermint, Thyme, Marjoram and Lemon Balm
Oil: Coconut, Olive, Pecan and Corn
Sweetner: Date sugar, Honey (other than Tupelo or Clover)
Tea: Kaffer

How to Use Four-Day diversified rotation diet without food testing.

Many people find it practical to go directly to a four day diversified rotation diet without food testing. First, the person assumes that he or she is reacting to any food eaten as frequently as twice a week, or to any members of that food family. The person leaves these frequently used foods out of the diet for three months. At the initiation of the rotation diet, stop all use of caffeine (coffee, teas with caffeine, cola drinks, chocolate), tobacco and all alcoholic drinks. **Do Not Reintroduce These Into The Diet.**

For the next three to four days, there will be withdrawal symptoms. Handle these symptoms as described in the section, How To Initiate This Program.

Three months later, these foods are reintroduced back into the diet. Nearly always (95% of the time), these foods will no longer be reactive as long as they are kept on a once-in-four-day basis in this diet. When reintroducing foods into the diet, simply add the food to the established rotation and observe whether or not symptoms occur. If no symptoms occur, then this food can be rotated. If symptoms occur, wait another three months before trying this food again.

One way to expand the use of foods is to sprout cereal grains and legumes. A person should be certain that the grain or bean is sprouted with approximately 1/4" or more of a sprout. The foods that have been sprouted will no longer carry the same reactive capacity that the non-sprouted foods do. Thus, once sprouted, grains and legumes can be introduced into the diet immediately.

Selective 4-Day Rotation Diet

This diet selectively rotates on a four-day basis, the foods that have been demonstrated by deliberate food testing to evoke symptoms. Foods not demonstrated to produce symptoms or hypoglycemia reactions are used freely at any time desired. There is a particular problem with this diet in which the person may become addicted to some of the foods that they are eating with frequency. This can easily escape them unless they test out these foods periodically.

This diet starts either with a full month of testing of foods in which only the foods that gave symptoms, acid reaction or hypoglycemic reactions are initially left out for two more months beyond the month of testing food reactions and then placed into the rotation diet. Foods not producing these symptoms are eaten freely. This makes it easier to prepare combinations of foods.

The other system, which would relate itself largely to self-help without a physician monitoring, would be to leave out all the foods that are eaten twice a week or more. This also includes all the family members of those foods. Set up a rotation diet of other foods, however, there would be no need to pay strict attention to rotation on these foods that have not been eaten frequently. After five days on this program, then start testing foods. This would start testing the foods and the family members of the foods that have been left out the diet. These can be placed back in the diet if no symptoms, acid reactions or high blood sugar is demonstrated. After having gone through all these foods that were left out of the diet originally, then start on the other foods, testing one meal once a month. It is suggested that in the case of gastrointestinal reactions, especially Crohn's disease and ulcerative colitis, have the test meal in the evening so that if there is a reaction, there is time for recovery from the reaction before the next meal in the morning.

Systematically, the food should be tested as outlined in the section on food testing. This involves that a food or a family member of this food should not be used for five days prior to the test meal. The test meal should be a single food test meal. There should be a symptom survey recorded before the test meal begins and again repeated one hour after the test meal. The blood pH should be taken before the meal and one hour after the meal. The blood sugar should be taken before the meal and one hour after the meal.

Final Word

Maladaptive inflammatory symptom-producing reactions of the gastrointestinal tract, whether diagnosed as a low level irritable bowel syndrome or more severe inflammatory tissue injury reaction diagnosed as inflammatory bowel disease are systemic diseases with numerous other organ tissues involved in the reactions. It is characteristic of medical literature to state the cause of these gastrointestinal inflammatory reactions as unknown. My findings are that the cause is known. It is due to maladaptive reactions to foods. Addiction to the individual person's frequently eaten foods is the central cause. Each subject's reactions relate to their personally, frequently eaten foods. Addiction with a characteristic symptom producing with-

drawal phase is present whether this is isolated as an immunologic (IgG or complement disorder) or non-immunologic reaction. IgG antibodies to foods does relate to a few of the reactions, but even with this, there is the addiction phenomenon present. Oxidoreductase enzyme deficiency and or enzyme inhibition has been isolated as frequent in these symptom-reacting foods but again, the addictive phenomenon with its withdrawal phase is always present. Acid-hypoxia is always present during the addictive withdrawal phase occurring 3-4 hours after contact with the addictive substance. This is true whether this is a drug or a food.

Celiac disease, affecting the small intestine, is known to be due to a reaction to gluten. This is a genetic disorder affecting 1 in 200 of Irish descent and 1 in 2,000 of non-Irish descent. Most gastrointestinal inflammatory reactions are not due to gluten, but rather due to maladaptive addiction to foods eaten with a frequency of two times a week or more. It can be any food eaten by an individual at a frequency of two times a week or more.

The essence of gastrointestinal Treatment of these inflammatory gut reactions is to initially avoid the frequently eaten, symptom-producing foods for three months while rotating on a four day basis, the non-symptom producing foods. After three months, it is safe 95% of the time, to return to these initially, symptom-producing foods as long as they are kept on a four day rotation basis.

Some find it safe to follow a selective four day rotation diet in which only the initial symptom-producing foods are rotated on a four day basis. To safely achieve this selective food rotation, these frequently eaten foods need to be periodically tested after five days of avoidance to make sure that addiction has not developed to these frequently eaten foods.

It is also true that after a non-symptom stability has been achieved, it is safe to eat a single meal without concern of rotation. This can usually be done a minimum of once a month and sometimes even more frequently, such as twice a month. It is safest to not use any caffeine beverages or alcohol beverages as a lifestyle. However, it is also true that if these are rotated on an infrequent basis, no known harm would result.

Maturity onset diabetes mellitus Type II is the end result of addiction to foods or addiction to any other substance. Handling the inflammation from food maladaptive reactions by steroids, non-steroidal anti-inflammatory agents, tranquilizers or antidepressants, further enhances the diabetes mellitus disease process. Stopping the food addiction by a 4-Day Diversified Rotation Diet is the only way to prevent and or reverse maturity-onset diabetes mellitus Type II. Type I diabetes mellitus characteristically has two reasons for the diabetic state; 1) an injured pancreas by viral infections or an autoimmune reaction secondary to an immunologic reaction to foods and, 2) food addiction. A rotation diet characteristically reduces the insulin requirement.

Psychiatrists and their patients are caught up in a serious medical dilemma in which the tranquilizer-antidepressants used have serious chronic, disease-producing complications. The complications of phenothiazines are a disaster. The SSRI serotonin-endorphin complex's chronic raising of stress response chemistry beyond a physiological normal is simply riding the crest of disordered addictive chemistry in which the consequences are serious, damaging side effects. Prozac, as a prototype of the SSRI tranquillizer- antidepressants, has over 100 side effects including such as producing psychosis and so forth.

There is a remarkably effective answer to this medical dilemma in which the psychiatrist and his patients are caught up in. The answer is a four day rotation diet, optimized nutrition and a negative (south-seeking) magnetic field to cancel out acute and chronic symptoms, establish sound, energy-restoring sleep, kill viral infections and heat-repair injured tissues.

Gastroenterologists and their patients are caught up in a serious medical dilemma in which the steroid and non-steroid, anti-inflammatory agents produce serious chronic disease-producing complications.

There is a remarkably effective answer to this medical dilemma in which the gastroenterologist and his patients are caught up in . The answer is a four day rotation diet, optimized nutrition and a negative (south-seeking) magnetic field to cancel out acute and chronic symptoms, establish sound, energy-restoring sleep, kill microorganism infections and heal-repair injured tissues.

My observation that maturity-onset, non-insulin dependent diabetes mellitus type II is caused by maladaptive reactions to foods (essentially, addiction) and is reversible by a four day rotation diet was confirmed by John Potts, M.D. This confirmation was published in abstract supplement issues *of The Journal of Diabetes*..

Don'ts

Don't disregard foods as a primary cause of minor gastrointestinal reactions to major inflammatory bowel diseases.

Don't use steroids to suppress inflammation in inflammatory bowel disease.

Don't use non-steroidal, anti-inflammatory chemicals to suppress inflammation in inflammatory bowel diseases.

Don't' use tranquilizers or antidepressants to suppress mental and emotional symptoms in the brain/gut syndrome.

Do's

Do systematically examine for maladaptive food reactions.

Do use food avoidance plus a negative magnetic field to reduce inflammation in inflammatory bowel disease.

Do use food avoidance plus a negative magnetic field to reduce inflammation in inflammatory bowel disease.

Do use food avoidance and food rotation plus a negative magnetic field to reduce mental, emotional and intestinal symptoms in the brain/gut syndrome.

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