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

Liver Disorders

from the *Magnetic Health Quarterly*
"Liver Disorderx" Vol. VIII, 4th Qtr, 2002
(2002 Revision)

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

MAGNETIC PROTOCOL
Viral Hepatitis
Chemical Hepatitis
Addictive Hepatitis

LIVER DETOXIFICATION

The liver has many vital functions such as nutritional food substances processed into biological life-needs values. All blood passes through the liver for processing such as transformation and detoxification as needed. Thus also, the liver can become the target organ for having its detoxification ability become overwhelmed by the quantity of toxins and itself become intoxicated with the overwhelming load of toxins (hepatitis). The liver can also become the focal organ for infections, especially viral infections and their toxins (viral hepatitis).

Human biological cells use hundreds of enzymes for specific specialized functions of biological life. There are acid-dependent enzymes and there are alkaline-dependent enzymes. There are hypoxic-dependent enzymes and hyperoxic-dependent enzymes. Negative magnetic field dependent enzymes and positive magnetic field dependent enzymes. ATP dependent enzymes and non-ATP dependent enzymes. The enzymes we are especially interested in in this consideration of liver functions are the family of oxidoreductase enzymes. As enzymes were in the process of being discovered, they were named by their discoverers. This contained confusion and therefore there has developed an international classification based on function. The oxidoreductase enzymes based on function are; dehydrogenase, reductase, oxidase, oxygenase, peroxidase, catalase and hydroxylase.

The oxidoreductase enzymes are alkaline-dependent, non-ATP dependent, hyperoxic-dependent and negative magnetic field-dependent.

The oxidoreductase enzymes have two principle functions which are processing of foods, producing immediate enzyme energy activators of ATP and the enzyme activator oxidation remnant magnetism (negative magnetic field). It requires four oxidoreductase enzymes to produce ATP and a negative magnetic field catalytic remnant magnetism. This initial process of processing foods to ATP and a negative magnetic field catalytic oxidation remnant magnetic field magnetism, there is produced super oxygen which is oxide that has taken on an extra electron. This is a free radical which is inflammatory and damages tissues. If not processed rapidly by enzyme action to water and oxygen, it becomes other inflammatory substances which are peroxides, oxyacids, alcohols and formaldyhydes. There are a set of oxidoreductase enzymes for the processing of any of these inflammatory substances. These oxidoreductase enzymes also have not only a process by which endogenous toxins which are a product of metabolism but also exogenous toxins which come from sources external to the human metabolism. Every cell in the body has these oxidoreductase enzymes and is itself a manufacturer not only of ATP and a negative magnetic field but also a processor of both endogenous and exogenous toxins. The liver is a special organ with a super amount of these enzymes for processing toxins. The liver is a great guardian against enzyme toxification. When we refer to being toxic, we really are referring to toxins that tie up enzyme functions.

The oxidoreductase enzymes are great detoxifiers and can also become overwhelmed by the quantity of toxins and can themselves become non-functional because they are overwhelmed by the quantity of toxins which they could process. This is where an external negative magnetic field beyond that of the internal negative magnetic field can activate these inhibited enzymes to process these toxins. Therefore, a negative magnetic field through the catalytic reaction of oxidoreductase enzymes becomes the great fundamental detoxifier of toxins. This is true of each cell in the body but especially true of the oxidoreductase enzymes in the liver. By placing the liver in a negative magnetic field such as from a 4" x 6" x 1/2 " ceramic magnet, the liver is aided in its detoxifying process. This local treatment is highly significant however, even beyond the local treatment, when the subject is exposed to a super magnetic bed such as composed of seventy 4" x 6" x 1" magnets and the super magnetic head unit composed of twelve 4" x 6" x 1" magnets, all cells of the body are in this negative magnetic field and now are energy activated to process toxins anywhere they are in the body. Furthermore, this same process of enzyme energy activation maintains a strong negative magnetic field for each biological cell which has the capacity to energy out-maneuver the positive magnetic field of invading microorganisms. Therefore, the same process of exposure to a negative magnetic field not only is energy activating of enzymes but it is also an antibiotic to viruses, fungi, bacteria and invading parasitic organisms.

VIRAL HEPATITIS

Ninety-five percent of viral hepatitis is encompassed in the viral type A, B, C, D and E. Other viruses that are documented as producing hepatitis are herpes family viruses (Epstein-Barr, cytomegalovirus, herpes simples and herpes zoster), yellow fever virus, rubella virus, Coxsackie virus and adeno virus. Other uncommon viruses may infect the liver such as Marburg, Ebola and Lassa. Thus, the liver is frequently subjected to virtually any virus infecting the subject. The hepatitis evoked by viruses ranges from minor infections which are quickly managed by the autoimmune system to that of dangerous chronicity and even death.

HEPATITIS A

Hepatitis A is the most common, world-wide hepatitis viral infection. It is most prevalent in areas of the world with poor hygiene in which areas have up to 95% of the population with hepatitis A antibodies. However, in the United States with the best hygiene of the world, up to 6% of the population has antibodies to hepatitis A virus by age 50. In poor sanitation areas of the world, children by the age of 10 have hepatitis A antibodies. In areas where sanitation is improved, the age of infection does not occur until adulthood. Unfortunately, an adult who gets hepatitis A has a more serious illness than children.

Hepatitis A virus belongs to the enteric virus genus to which polio virus, Coxsackie virus and ECAO virus. Infections occur by the intestinal tract. Liver damage occurs by cell-mediated destruction of infected hepatocytes. The diagnosis is made by IgM/IgE

antibodies to the hepatic A virus. Most cases do not develop jaundice. Rarely, there is a fatal case (1 in 1000).

HEPATITIS B

Hepatitis B is a major public health problem with three hundred million chronic cases worldwide. It is responsible for much of the liver cancer cases and is implicated in up to 90% of primary hepato cellular liver carcinomas such as in epidemic areas with only 25% in the United States. It is the most common visceral malignancy worldwide causing up to one million deaths a year.

Hepatitis B virus belongs to the atpadna genus which is known to affect small rodents, ducks and herons which can be carriers of the virus. It is diagnosed by serological tests. It is spread by close contact with an infected individual caused also by parenteral exposure.

Twenty to twenty-five percent of hepatitis B virus cases recover completely, one-percent die and ten-percent become chronic carriers. Some cases are asymptomatic carriers while an appreciable number progress to chronic liver disease including liver cirrhosis. All chronic carriers are at risk for developing liver cancer.

The transmission is usually by blood from needles, the splashing of blood on the skin where there is a break or the mucous membrane of the mouth where there may be a break in the mucous membrane. It can be sexually transmitted.

HEPATITIS E

Hepatitis E virus is a RNA virus relating to the calici viruses. The diagnosis is by specific serological test with epidemics occurring throughout the world. Mortality is about 2% in the general population but about 20% in pregnant women. It is transmitted by gastrointestinal exposure.

NON A - NON B HEPATITIS

This is a class of improperly identified viruses producing hepatitis. They are especially noted as having resulted from transfusion.

HEPATITIS C

This virus is a RNA virus. It's usual transmission is by transfusion or accidental needle prick from a carrier. It can be sexually transmitted. Liver failure necessitating liver transplantation is common.

HEPATITIS D

This is caused by an incomplete RNA virus which requires an associated virus for replication. Hepatitis B virus is usually the "helper" associated virus. Infection of hepatitis D virus associated with hepatits B virus can be a serious fulminant hepatitis. It is diagnosed by an antibody assay.

ACUTE VIRAL INFECTIONS

Most acute viral hepatitis are of short duration with no jaundice, slight malaise and gastrointestinal flu-like symptoms. Transaminate liver enzymes are elevated but due to minor symptoms the liver is not likely to have been damaged.

A less likely, more severe, acute viral liver hepatitis will have jaundice for several days or weeks, anorexia, nausea and sometimes vomiting. Characteristically there is loss of appetite, general ill feelings, fatigue, low grade fever and aching in the right upper abdominal quadrant. Painful swollen joints may develop. The liver and sometimes also the spleen are enlarged. Elevated liver enzyme transaminases are present. Multiple remissions and exacerbations is characteristic of acute viral hepatitis. These episodes can usually be managed at home with the traditional treatment being bed rest and a low fat, high carbohydrate diet. There is no effective antibiotic, corticoid steroids or interferon therapy. A negative magnetic field of sufficient gauss strength and of sufficient duration kills viruses. The minimum gauss strength to kill viruses is 25 gauss. The duration should be continuous or as near to continuous as possible. The minimal duration is two weeks to kill viruses. The more optimum treatment extends to even three or four months.

For liver magnetic therapy:

The negative magnetic field of a 4" x 6" x 1/2 " ceramic magnet is ideal. Place one on the front of the body over the liver and for even more optimum therapy, place another 4" x 6" x 1/2 " over the right side of the body over the liver.

Acute viral hepatitis is often mistreated since it may not cause jaundice and has only flu-like symptoms and gastrointestinal symptoms such as nausea with or without vomiting.

A twelve-year-old girl was brought to me with the symptoms of nausea and vomiting. The mother had taken her to several physicians without finding a cause for her nausea and vomiting. She finally took her to a psychiatrist who decided that the mother wanted her child to be sick and was causing the nausea and vomiting based on a dependency relationship. She decided the only way for the child to become symptom-free was to separate the child from her mother. She obtained a court order to remove the child from her mother. The mother was under court order to deliver the child to the hospital and not to see the child during psychiatric therapy. She escaped from the state of New York with her child and brought the child to me in Oklahoma. I knew nothing of this court order.

My laboratory survey revealed an elevated blood transaminase. I saw no evidence of a psychiatric disorder. Since a mild hepatitis may produce nausea and vomiting and an elevated transaminase, I decided she likely had a mild hepatitis. I proceeded to give her intravenous vitamin C which is known to kill viruses. After six intravenous vitamin C infusions, she was symptom-free. At this time, I received an order from the Oklahoma juvenile authorities to deliver the child to them for transport to New York State. I provided my write-up indicating a viral hepatitis and the results of the IV infusion relieving her symptoms. Two weeks after being taken into custody, her nausea and vomiting returned. For one year, she was hospitalized under psychiatric care, during which time there was no communication between her and her mother. Her symptoms continued and due to this she was referred to numerous specialists trying to find out why her nausea and vomiting continued. All these specialty examinations and treatment did not change her symptoms of nausea and vomiting. At the end of this year, she was returned to the court. The judge returned her to her mother saying to the psychiatrist who had said it was the mother's fault, "she has seen more specialists during the last year than her mother had taken her to during her entire lifetime. I am returning her to her mother." The mother took her to a physician friend of mine who proceeded to give her intravenous vitamin C. She promptly became symptom-free and the family made a trip to Europe.

I tell this case to illustrate how easy it is to miss a mild case of viral hepatitis. All these specialists ignored my diagnosis of viral hepatitis. My report was in her chart all this time. With my present knowledge of a negative magnetic field killing viruses, I would have treated her with a negative magnetic field as being optimum treatment for hepatitis.

FULMINATE HEPATITIS

Fulminate hepatitis is a state of rapid liver failure. Viral hepatitis is the primary cause in the United States. Within four to eight weeks of infection, rapid liver failure develops. Symptoms develop including disordered coagulation, resulting in bleeding. Hepatitis viruses A, B, C, D and non-A and non-B can all cause acute life-threatening hepatitis. Other viruses that less frequently cause an acute life-threatening hepatitis are herpes simplex, Epstein-Barr, cytomegalovirus and occasionally other viruses. Drugs cause 5% of hepatitis in the United States. In Great Britain, drugs ingested for suicide such as massive doses of non-steroidal analgesics, especially acetaminophen, are a frequent cause of life-threatening

hepatitis. A major cause of life-threatening hepatitis in Europe is mushroom poisoning from amanita phalloid mushroom.

The clinical course of fulminate hepatitis is rapid deterioration with the development of ascites, pulmonary complications, renal failure, brain swelling, systemic infection and bleeding. With supportive measures, 30-40% survive. The supportive measures are intravenous nutrients, fluids, steroids and blood transfusions. There is no specific medication that will reverse life-threatening hepatitis. There is no specific treatment that will reverse life-threatening hepatitis.

A 2" x 4" x 1/2 " magnet should be placed on the front of the abdomen over the liver and on the side of the abdomen over the liver. Besides this local treatment, the 70-magnet bed and a super magnetic head unit composed of twelve 4" x 6" x 1" magnets should be used.

Magnet therapy is a new treatment that justifies statistical evaluation for life-threatening hepatitis.

SUBACUTE HEPATIC NECROSIS

Subacute hepatic necrosis is between fulminate hepatitis and chronic active hepatitis in which 20% is fatal and 30% proceed to develop chronic active hepatitis. Liver transplantation is the necessary answer for survival for some.

BENIGN VARIANTS OF ACUTE VIRAL HEPATITIS

Cholestatic hepatitis has an unusually high bilirubin and is hard to differentiate from gall bladder disease.

Prolonged viral hepatitis is a slowly resolving case lasting a year or so. Relapsing hepatitis has relapsing episodes. This is usually due to hepatitis C.

There is chronic persistent and chronic active hepatitis forms. Liver cirrhosis can result from chronic viral hepatitis. There is a chronic active hepatitis of undetermined origin which most likely is an aspect of an autoimmune disease that can also widely affect varied tissues. Symptoms often are progressive jaundice, severe anorexia, malaise and fatigue. The liver and the spleen may both be enlarged and there often is abdominal pain. Occasionally, there are symptoms of nose bleeds, acne, persistent fever or a tender liver.

Antiviral therapy has been disappointing due to limited benefits and unacceptable side effects.

CHEMICAL TOXIC PRODUCED LIVER DISEASE

There are numerous liver toxic substances used in traditional medicine. There are numerous industrial chemicals that are liver toxic. There are plant and food toxins. Exposure to toxic substances can occur in the home, the workplace as well as in clinical medicine.

There are over 300 drugs used in traditional medicine treatment and diagnosis that are known to be toxic to which sensitivities and allergic reactions are known to occur. These reactions may relate to dosage, frequency and duration of use or to idiosyncratic, unpredictable individual responses that are toxic. These liver toxic reactions of substances occur in commonly used chemical substances such as tranquilizers, antidepressants, anti-seizure medications, steroids used for anti-inflammation, contraceptive hormones, non-steroid anti-inflammatory agents, antibiotics used for infection, contrast media used in x-ray diagnosis and so forth. Virtually all areas of therapeutic medicine and diagnosis have the potential of the development of toxic liver reactions.

There are numerous household cleaning agents, chemical products and chemical by-products in industry that are toxic. Numerous disinfectants used in homes have the potential for liver toxicity. Insecticides used in agriculture have liver toxicity potential.

The liver is the principle detoxifying agent of the body. All chemicals entering the body by any route are processed through the liver. The liver detoxifies but can itself become the organ that is intoxicated because it is overwhelmed by the amount of toxin beyond which it can process.

Enzymes used by the body in general and the liver in particular for detoxification are members of the family of oxidoreductase enzymes. These enzymes can add or subtract electrons as required for detoxification process. Cytochrome P450 and their isozymes belong to the oxidoreductase enzyme family. They have special ability to process enzyme toxins such as belonging to the petrochemical hydrocarbon class of toxins which are so prevalent in our industrialized world environment. Chemical hepatitis can range from mild to life-threatening. Chronic states can develop such as fatty acid liver, cell death (necrosis), benign tumors and primary liver carcinoma tumors. The mushroom Phalloides and related species are common causes of liver toxicity in Europe. Fungi can grow in the food producing liver toxins. Methotrexate used as a chemotherapy agent against cancer and against the inflammation of rheumatoid disease conditions and cirrhosis can produce fatty acid liver and liver sclerosis.

The diagnosis of chemical-produced hepatitis requires a thorough examination of toxins and environmental factors. Improved liver function when avoiding specific environmental toxins confirms the diagnosis.

The treatment of chemical hepatitis centers around the values of avoidance of the offending agents. There are no specific values other than nutritional support.

The non-nutritional treatment of chemical toxic hepatitis would be appropriate chelation agents if a heavy metal is involved and vitamin C has great detoxifying value and can be used even up to bowel tolerated doses. Intravenous sodium ascorbate is quite valuable. Most important of all is that of magnetic therapy. The liver must be specifically treated with 4" x 6" x 1/2 " magnets placed on the front of the body and on the right side of the body. Most important of all is a systemic treatment. The toxins are influencing all areas of the body. Although the liver is the main detoxifying organ, every cell in the body has the capacity to use oxidoreductase enzymes and a detoxifying agent of toxins. Therefore, this treatment should also be systemic with the use of the 70-magnet bed and the twelve magnets treating the head. These magnets are 4" x 6" x 1" magnets. The magnets treating the liver locally are 4" x 6" x 1/2 " magnets. The negative magnetic field energizes the oxidoreductase enzymes to process toxins.

It is so unnecessary to use toxic mediums when they can be avoided by the use of a negative magnetic field. For example, a negative magnetic field is anti-inflammatory no matter why that inflammation may be there. A negative magnetic field should be used as an anti-inflammatory agent instead of steroids or non-steroidal anti-inflammatory agents. It seems such a shame and really saddening that women are being injured by hormonal contraceptives. Certainly there are other effective non-injurious, contraceptive measures and it is so sad that there is such a broad advertising of the injurious hormonal contraceptives. A negative magnetic field is an antibiotic and therefore with this we could avoid the injury from chemical antibiotics. A negative magnetic field can control emotions, depression, delusions and hallucinations. We should optimally learn how to use magnets rather than tranquilizers and antidepressants. Seizures can be controlled by a negative magnetic field. We should be learning the optimum use of controlling seizures with a negative magnetic field. Many of the injurious chemicals would not need to be used when we learn to optimally use a negative magnetic field.

Success Story

CHEMICAL HEPATITIS REVERSAL WITH A NEGATIVE MAGNETIC FIELD

A young man was given a medication by his doctor to which he reacted with an acute, life-threatening hepatitis. It was so severe that a liver transplant was the only answer. While waiting for the liver transplant, he wore a 4" x 6" x 1/2 " magnet over his liver, 24 hours a day, with the negative magnetic field facing his body. Soon he began to feel well. One year later, a liver was available for transplantation. In preparation for the liver transplant, his liver function tests were done and were all found to be normal. He gave evidence of being physically and emotionally well. He decided he was well and abandoned the use of the magnet over his liver. In a few weeks, he developed acute liver failure and died.

As long as he had the liver under the negative magnetic field, his liver functioned normally without evidence of chemical hepatitis. Withdrawal of the negative magnetic field over the liver produced such a severe liver failure from chemical hepatitis that he died.

ALCOHOLIC LIVER DISEASE ADDICTION HEPATITIS

ALCOHOLIC LIVER DISEASE

In countries where alcoholic beverages are extensively consumed, alcoholism is the most common cause of chronic liver disease. Alcohol is a liver toxin. This is true of all sources of alcohol such as beer, wine, whiskey and so forth. Alcohol is directly hepatotoxic even in the presence of adequate nutrition.

Stages of alcohol liver disease are:

1. Alcoholic fatty liver. There is interference with fat metabolism causing a deposit of fat in the liver, particularly around the arteries.
2. Acute alcoholic hepatitis with its complications of portal hypertension, ascites, spontaneous bacterial peritonitis, or hepatic encephalopathy which is a serious mental reaction.
3. Hepatic renal syndrome.
4. Liver cirrhosis often develops.

Severe alcoholic hepatitis has a high death rate. Progression to chronic liver disease is common.

Abstinence from alcohol is essential for any reasonable achievement in the treatment of alcohol liver disease. Alcoholism is an addiction to which the alcoholic is highly motivated to maintain even if the alcoholism kills him.

Magnetic therapy can be used as an effective deterrent to addiction by using a negative magnetic field to block the compulsive urge to act out the addiction. Furthermore, the negative magnetic field treating the liver directly provides the optimum physiological state for healing. It should be understood and has been abundantly confirmed that alcoholism is addiction to the foods from which the alcohol is made. Therefore it is not just the avoidance of alcohol, it is the avoidance of the food such as wheat, rye, oats, barley, corn or rice from which the alcohol is made. Avoiding all foods and alcohol for a period of five days prepares the subject for testing of single foods. When the alcoholic eats a food from which his favorite alcohol is made, he experiences a “dry drunk,” yet he had no alcohol at all. Alcohol itself is toxic. However, to make a correction of alcoholism we need to understand that there is addiction to the foods from which the alcohol is made and that this addiction is also physiologically damaging as well as psychologically damaging. Both aspects need to be appropriately handled. Stopping the urge to drink alcohol is an essential aspect of the treatment of the alcoholic. The use of a negative magnetic field applied to the bitemporal areas of the brain has a remarkable value in blocking the compulsive urge to drink the alcohol.

THE ROLE OF ADDICTION IN LIVER DISORDERS

The subject of alcohol addiction is very important. Alcohol is a toxin and must be rapidly processed as a toxin. It is easy to exceed the liver’s detoxifying capacity for alcohol. Several liver functions are interfered with. The final end stage can be cirrhosis of the liver.

Alcohol addiction is, in essence, a food addiction. Addiction itself with its acidic withdrawal phase is toxic even separate from the alcohol. Since oxidoreductase enzymes are alkaline dependent, acidity itself below the physiological level is enzyme toxic. Blood pH ranges from 7.35 - 7.45 or even beyond. The lowest functional tissue pH is 6.9. Any pH below the physiological functional level has the consequences of insoluble calcium deposits, amino acids and fat deposits. One significant fact is that addiction to anything, whether it is a hard drug, a food or alcohol, is itself acidifying. It is the withdrawal phase that occurs 3-4 hours after the initial exposure producing a withdrawal phase which is acidifying. I have abundantly demonstrated with deliberate food testing that after a five day fast, the alcoholic will react with a “dry drunk” to the foods from which the alcohol is made such as, wheat, rye, barley, yeast, corn or rice. The subject will selectively react symptomatically to the foods from which the alcohol is made. Therefore, alcohol addiction is not just the toxicity of the alcohol, but the toxicity of the acidic state occurring during the withdrawal phase. This is important because you don’t have to drink any alcohol at all to have the consequences of the acidity of the withdrawal phase. Therefore, liver disorders can develop out of the acidity of the withdrawal phase of addiction. This is why it is so important to rotate the foods on a four day basis and thus stop all addictions. It is the frequency to which a food is used that produces the state of addiction. The rotation diet reverses addiction and thus prevents development of the degenerative diseases resulting from addiction. The addict, during the withdrawal phase particularly, is weak because ATP cannot be made during the acid state. The oxidoreductase enzymes that make ATP and for also processing the end products of metabolism will not function during the acidic withdrawal phase. The oxidoreductase enzymes are alkaline-dependent enzymes.

Oxidoreductase enzymes are also negative magnetic field dependent. The human body is an electromagnetic organism. It maintains a higher negative magnetic field than it does a positive magnetic field. It requires at least eight hours sleep out of twenty-four to maintain the negative magnetic field and the alkaline-pH associated with the negative magnetic field. The function of the oxidoreductase enzymes demand a negative magnetic field. They are indeed negative magnetic field dependent. The body is making and maintaining a negative magnetic field as a by-product of oxidoreductase catalysis. Thus, it is understood that externally, the body’s own negative magnetic field will activate oxidoreductase enzymes. There is no oxidoreductase enzyme catalysis without a negative magnetic field being present. A significant method by which the negative magnetic field is formed is the movement of electrons from a static magnetic field with the movement of electrons between the enzyme and the substrate. Whenever electrons move, a negative magnetic field is permitted. Therefore, it can be said that a negative magnetic field is necessary for the catalysis of oxidoreductase enzymes.

Each human cell is a manufacturing plant for ATP and a negative magnetic field. Therefore, the more cells of the body involved in that negative magnetic field, more efficient the production of life-energy. Treating the liver with a negative magnetic field from such as the 4" x 6" x 1/2 " magnet is highly significant but even more significant is sleeping on the super magnetic bed of 4” x 6" x 1" magnets with the super head unit of twelve 4" x 6" x 1" magnets. Thus, every cell in the body is being energized to produce ATP and its associated negative magnetic fields of catalysis. It has been objectively observed that sleeping on the 70-magnet bed and with the super magnetic head unit with twelve magnets, is markedly superior to local treatment in terms of the energy threshold the person

feels and the reduction in any symptoms. The heart is a very sensitive organ and thus reflects the energy state of the subject. When fatigue sets in, the heart will begin skipping beats. Placing the negative magnetic field of a 4" x 6" x 1/2 " magnet over the heart will routinely correct the beats of normal of heart pulsations. However, there are some subjects who, in spite of the local treatment of the negative magnetic field over the heart, will still have some skipped beats. It has been observed that those same subjects, placed on the super magnetic bed of 70 magnets and the head unit, will develop a normal cardiac rhythm. Therefore, the systemic treatment is observed to be superior to the local treatment whether we are observing the behavior of the heart or the liver. Therefore, the systemic magnetic treatment becomes the optimal treatment under any and all conditions. This super magnetic bed was invented to treat cancer which it successfully does but it has been found to be the answer for systemic infections, weakness, cardiac arrhythmias, liver detoxification and control over allergies and autoimmunity. The super magnetic head unit of twelve magnets was invented to treat brain tumors or brain cancer which it can do. It is found to be the optimal treatment for mental and emotional disorders, infections, Alzheimer's, cerebral arteriosclerosis and so forth.

MAGNETIC MANAGEMENT OF ADDICTIVE WITHDRAWAL SYMPTOMS

The addiction, whether it be to alcohol, tobacco or a food, without associating it with alcohol, is an uncomfortable situation. Acidity sets in during the withdrawal phase for 3-4 hours after the contact with the addictant. This shuts down the oxidoreductase enzyme process. Weakness results. Pains and other discomforts begin to develop. There is a magnetic way to handle these withdrawal symptoms. The symptoms are based on the development of acidity. A negative magnetic field counters the acidity that is alkaline-hyperoxia biological response-producing. The local treatment for the symptoms is the two ceramic discs that are 1-1 /2 " x 1/2" placed bitemporally. Place a 4" x 6" x 1/2" magnet over the heart. Another 4" x 6" x 1/2" magnet is over the epigastric area and it is wise to place another 4" x 6" x 1/2" magnet over the liver. Hold these in place with 4" x 6" x 1/2" body wraps. It is characteristic that from 5 minutes to 15 minutes to 30 minutes, the withdrawal symptoms will have disappeared and anytime withdrawal symptoms develop again these magnets can be placed and the symptoms will leave. Of course, more optimum than ever would be that of adding to these local areas of treatment that of a 70-magnet bed and twelve magnet head unit. With this method, the addiction can be stopped immediately and the subject can maintain comfort by this negative magnetic field treatment. The alcoholic, tobacco addict and food addict should stop immediately the addictive substances. Food addiction, not associated with alcoholism can be managed differently than alcohol and cigarette addiction. Alcohol and cigarette addiction must be stopped immediately, whereas food addiction can be managed differently in that with exposure to the negative magnetic field of these magnets for fifteen to thirty minutes ahead of the meal, the addictive foods need not be avoided but can be placed in a rotation diet preventing the symptoms from developing. The rotation diet is a 4 day diversified rotation diet. Initially, we always use avoidance of the symptom-producing food for a period of three months before returning it to the diet, however negative magnetic field treatment ahead of each meal can prevent this reaction from occurring. By the end of three months, desensitization will have developed whether it is by avoidance initially for three months or magnetic treatment during that three months. Therefore, after three months, the rotation diet can proceed without the magnet treatment ahead of a meal. However, it should always be kept in mind that if the subject is going to be eating out in a restaurant or eating a special holiday meal, treating with the negative magnetic field ahead of the meal can prevent a symptom reaction from occurring.

MAGNETIC COMFORT METHOD FOR ADDICTION CORRECTIONS

ORIENTATION:

The secret of stopping an addiction to tobacco or other addiction corrections is that of remaining comfortable while stopping the use of the addictive substance. This comfort during addictive withdrawal can be achieved by the use of magnetic disc magnets placed on the head and magnets placed on the heart and liver area. This magnetic application is capable of stopping the urges. An added value can be achieved by placing in mind the urge to use the product and holding the breath until the mind goes blank.

Minimum program of magnets:

Two ceramic disc magnets that are a 1-1 /2 " x 1 /2 ".

One 2" x 26" body wrap.

Two 4" x 6" x 1 /2 " ceramic magnets.

Two 4" x 52" body wraps.

PLACEMENT AND DURATION:

A minimal program would use only the disc magnets on the head and the breath-holding aversive treatment. A more maximum program will add the ceramic block magnets for the heart and liver area.

The most optimal of all is to stop all addictions at the same time - tobacco, alcohol, caffeine, dextro-amphetamine or any other frequently used, potentially addictive substance. The same system is used for treating narcotic addiction. The secret of correction of addiction is to be comfortable while stopping the use of substances to which the person is addicted. It also is more comfortable if food addiction is handled at the same time. To achieve this, follow the instructions on weight management.

WEIGHT MANAGEMENT

MAGNETIC PROTOCOL FOR WEIGHT MANAGEMENT

ORIENTATION:

Body weight beyond physiological normal is often caused by the urge to overeat due to food addiction. Overeating is a compulsive habit no matter what it's psychological or biological driving force. In any event, magnetic therapy plus calorie reduction can materially help in weight management. The negative (south-seeking) magnetic field of magnetic discs placed bitemporally reduces the electrical excitement of the brain and can handle habit urges whether psychological or physiological thus making it easier for the person to adhere to an assigned calorie reduction.

A 4-Day Diversified Rotation Diet is a must in weight management. This will stop food addiction and make it materially easier to follow a calorie reduction program.

A negative (south-seeking) magnetic field placed over a fat area will gradually reduce the fat. This magnet reduction occurs only at night while asleep. A negative (south-seeking) magnetic field activates growth hormone's ability for fat cells to release their fat. Growth hormone rises only at night during sleep. However, this magnetic fat reduction has little value in maintaining weight reduction without also associating this with calorie reduction.

COMPONENTS:

a) Magnetic Fat Meltdown.

A negative magnetic pole placed over a fat area at night during sleep will have the biological effect of the fat cells dropping their fat. This happens because a negative magnetic field activates growth hormone. Growth hormone has the assignment of fat cells dropping their fat. This occurs only at night at which time growth hormone is present. There is not enough growth hormone during

the waking hours to be significant. Weight reduction of the fat cells dropping their fat occurs only at night when growth hormone is high. This fat area is usually the abdomen. The optimum magnets for treating the fat areas are ceramic block magnets that are 4" x 6" x 1/2 ". Two are usually used. Place each block magnet over the fat areas. Hold in place with a 4" x 52" Cool Max band. Some significantly obese subjects may need two of these body wraps. The magnets are placed over the abdomen or other fat areas every night during sleep.

b) Magnet Comfort System of Managing Urges to Overeat, Eat Between Meals or Use Addictant.

The magnets used for this are two ceramic discs that are 1-1 / 2" across and 1/2" thick with Velcro on the positive pole sides. These are held in place on the head with a 2" x 26" Cool Max band. There are three possible placements of these discs. When these discs are placed bitemporally, that is at the level of the top of the ears and about two inches in front of each ear is the first placement to consider. This is particularly noted to handle depression and reduce urges to overeat or eat between meals. The second placement to consider, which is more for tension and anxiety, is a disc on the mid-forehead and left temporal held in place with the band. The third placement to consider, which is maximal for obsessive ideas and compulsive urges, is the left temporal and low occipital (back of the head). When using these discs on the head, the symptoms will usually subside within five minutes. The duration of having magnets on the head can be either just long enough to relieve the symptoms or be continuous. There is no limitation in the time the magnets can be left in place on the head.

A 4" x 6" x 1/2 " ceramic block magnet is placed on the heart and or also over the liver area for the purpose of reducing tension that is often present in these areas based on the discomfort of food addiction withdrawal. This can be placed there at the time there are these urges. It is well to use this to accompany the magnetic placement on the head.

OPTIMUM SYSTEM OF WEIGHT MANAGEMENT

ORIENTATION:

This system uses the magnetic fat meltdown, magnetic comfort system of managing urges to overeat or eat between meals, aversive behavioral training for urges to overeat and eat between meals, the visualization system of food quantity reduction and the 4 day diversified rotation diet.

MINIMUM PROGRAM OF MAGNETS:

Two ceramic discs that are 1-1/2 " x 1/2 ". One 2" x 26" body wrap.

Two 4" x 6" x 1/2 " ceramic magnets. Two 4" x 52" body wraps.

Pictures of food quantity initially used for each meal plus pictures of the desired reduction of meal quantity using fixed stages of reduction at six week intervals.

PLACEMENT AND DURATION:

For 15-30 minutes pre-meal, place the ceramic discs bitemporally, frontal and left temporal or left temporal and occipital based on which of these placements works best for the individual subject. At the same time, pre-meal, place a 4" x 6" x 1/2 " magnet on the heart with the 6" lengthwise the body and a 4" x 6" x 1/2 " magnet crosswise over the liver. Hold these in place with a 4" x 52" body wrap.

When any urges to overeat or eat between meals occur, place the disc magnets on the head and the ceramic block magnets on the heart and liver area. Usually these urges will subside within 5-10 minutes.

When these urges occur and the magnets have been placed as described above, place in mind, with the eyes closed, the urge. While focusing on this in your mind, take a deep breath and hold the breath until the mind goes blank. This can be repeated as many times as is necessary to block the urges.

Prepare photographs of the usual meal sizes that the subject uses. Then make a photograph reducing the quantity by one-third. Place this in front of the plate of food at each meal. At six week intervals, keep reducing the food intake by one-third until the desired weight has been achieved.

It is important that the food be rotated to stop food addictions.

SYMPTOMATIC FOOD REACTIONS

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 symptoms reactions are immunologic or non-immunologic in origin. Most food symptom reactions are not immunologic. Immunologic and non-immunologic food symptom reactions have a classic addictive see-saw biological response of symptom relief on exposure with the emergence of symptoms 3-4 hours after the exposure (addictive withdrawal phase). The optimum method of reversing addiction is avoidance. In food addiction, the optimum method of avoidance of the addiction is for there to be a 3-month avoidance followed by an exposure no more often than every fourth day. This is the reason for the 4 day diversified rotation diet. The optimum long term management of food addiction is the food avoidance period produced by the 4 day diversified rotation diet. The short term management of symptoms can be managed by alkalinization by exposure to a negative magnetic field which alkalinizes and oxygenates (alkaline-hyperoxia). These alkalinization methods can relieve symptoms after they have occurred from the exposure and can also prevent symptoms from developing when the alkalinization methods are used prior to an exposure to symptom producing foods, chemicals and inhalants.

Following is the optimum method of preventing symptoms from 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 *The Ultimate Non-Addiction, Non-Stress Diet* quarterly 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, magnetic discs that are 1-1/2 " x 1/2" or neodymium discs that are 1" x 1/8" are placed bitemporally. These can be held in place with a 2" x 26" band. Place on the heart, a 4" x 6" x 1/2" magnet. Hold in place with a 4" x 52" body wrap. An added value can result from placing a 4" x 6" x 1/2 " ceramic magnet on the liver area. Hold in place with a 4" x 52" body wrap. These can be removed at the beginning of the meal or they can be continued through the meal until it is completed. 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 facing the body.

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

- Those with a serious state of symptom 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 the

method instead of waiting three months for the introduction of their foods.

3. Post-meal. If any symptoms develop, post-meal, then use suitable magnets placed locally for relieving these symptoms. It could be helpful again, to place the disc magnets bitemporally.

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.

Placing the disc on the head and ceramic block magnets on the heart and liver area for 15-30 minutes before meals will reduce the urge to overeat.

AVERSIVE BEHAVIORAL TRAINING FOR URGES TO OVEREAT OR EAT BETWEEN MEALS

This behavioral training should be accompanied by the placement of the magnets on the head. This consists of, with the eyes closed, placing in mind the urge to overeat, eat between meals or use addictive substances. Take a big breath and hold the breath until the mind goes blank. This aversive method says, "NO" to the urges. This can be repeated as many times as necessary to stop the urges.

VISUAL SYSTEM OF FOOD QUANTITY REDUCTION

Take a picture of the usual breakfast, noon and evening meals that the subject eats. Take another picture of the same food quantity, reduced by one-third. Have these pictures in front of the plate of food that the subject is going to eat. Have them reduce their quantity intake by one-third. Every six weeks, review this food quantity and keep reducing the quantity by one-third until the desired weight is achieved and being maintained.

MINIMAL SYSTEM OF WEIGHT MANAGEMENT

This system does not consider the calorie intake but relies on the magnetic fat meltdown and the magnetic comfort system of managing urges to overeat and eat between meals using the magnets placed bitemporally and the 4" x 6" x 1/2 " magnet placed over the heart.

Magnetic Protocol for Hepatitis

LIVER DISORDERS

ORIENTATION:

This protocol applies to viral infections of the liver, alcohol addiction and in fact, all addictions whether to hard drugs or food addictions. It applies to chemical toxicity hepatitis.

MINIMAL TREATMENT:

A 4" x 6" x 1/2 " magnet is placed over the liver either on the front of the body or on the right side of the body. This magnet should have the 6" lengthwise the body. It can be held in place with a 4" x 52" (or longer, if need be) COOL MAX band. It is even preferred that there be one of these magnets over the front of the liver and one over the side of the liver. These magnets should be worn 24 hours a day until reversal of the condition has developed and then after that, wear one of these magnets over the liver at night during sleep as a lifestyle.

OPTIMAL TREATMENT:

The optimal treatment is to add to the local treatment that of the 70-magnet bed composed of magnets that are 4" x 6" x 1". This bed is composed of two wooden grids with 35 magnets each which is a 36" square grid. Two of these are placed end to end producing a bed 36" x 72". This is essentially the size of a single bed. It can be placed on top of the bed or on top of the box springs by removing the mattress. It is recommended that a 2 or 3 inch foam pad be placed over this bed. The most comfortable foam pad is a memory type foam pad. It is possible to use a 4" thick mattress pad however, it is best for at least the first three months to be as close to the magnets as possible, therefore a 2" foam pad is recommended for at least the first three months.

The super head unit composed of twelve 4" x 6" x 1" magnets is also associated with the bed. In acute cases of viral hepatitis or of alcohol hepatitis, it would be wise to return to the bed for one hour, four times during the day for the first three months.

There are other additional values that can be obtained such as:

- Drinking negative ionized water.

ALKALINE MICRO NEGATIVE ION WATER:

Alkaline micro negative ion water helps materially to maintain the body's normal alkaline state. Also, being micro water, it enters into the cells of the body more readily than the usual water. This also carries a negative magnetic field as well as being alkaline. The AKAI Electrolysis Instrument is used for producing the alkaline micro water. At least five glasses of this water should be used each day.

NARIWA WATER:

Nariwa water is a negative ionized water from Japan's magnetic mountain. This comes in a bottle containing 500 cc. A minimum of one of these bottles should be used a day and preferably, two. The total amount of water used during a day should be a minimum of eight glasses of water and preferably as much as a total of ten glasses of fluid intake.

- Cleaning the air in the home with a negative ionizer.

NEGATIVE ION HOUSEHOLD AIR TREATMENT

The biological response to negative ions and negative magnetic fields are the same. The biological response to negative ions and a negative magnetic field is alkaline-hyperoxia. Alkaline-hyperoxia is anti-inflammatory, anti-stress, antibiotic, energizing and aids in healing. Negative air ions plus a small amount of ozone in the air cleans the air from dust, microorganisms, pollen, smoke, chemicals, odors and so forth. Negative ions in the air clean up the environment whereas a negative magnetic field is used on the body to achieve the same values inside the body. Thus, negative air ions, negative water ions and a negative magnetic field are complementary and should be used together to achieve optimum results.

AIR ION GENERATORS

LIVING AIR CLASSIC

Covers up to 3,000 square feet. Useful for living room size areas.

ECOHELP

LIVING AIR CLASSIC with air filter. Especially useful for respiratory disorders.

LIVING BREEZE

Covers 1,200 square feet. Useful for small rooms such as bedrooms.

Air negative ions are absorbed through the mucus membrane of the nasopharynx and lungs as well as the skin. Water negative ions from electronic produced negative ion - micro water and naturally occurring negative ion water such as Nariwa water are absorbed through the mucus membrane of the gastrointestinal tract. Colloidal silver antibiotic negative ions are absorbed through the mucus membrane of the mouth and gastrointestinal tract.

Air negative ions are absorbed through the mucus membrane of the nasopharynx and lungs as well as the skin. Water negative ions from electronic produced negative ion - micro water and naturally occurring negative ion water such as Nariwa water are absorbed through the mucus membrane of the gastrointestinal tract. Colloidal silver antibiotic negative ions are absorbed through the mucus membrane of the mouth and gastrointestinal tract.

- A 4 day diversified rotation diet.

GENERAL INFORMATION ABOUT THE 4-DAY

DIVERSIFIED ROTATION DIET

The essence of the 4-Day Diversified Rotation Diet is that foods are rotated on a four day basis, thus preventing their maladaptive reactions, be these allergies or addictions.

One method is to avoid food eaten twice a week or more for a period of three months, rotating all other foods. At the end of three months, then place these frequently used foods back into the diet, rotated once in four days.

Another method that is preferred by some is to start rotating all foods, even those that are eaten frequently. This can be achieved if the subject will treat themselves to magnets for 15-30 minutes ahead of the meal. To achieve this, place the ceramic disc magnets bitemporally, that is in the front of the ears at the level of the top of the ears. These are held in place with a 2" x 26" band. The discs are ceramic discs that are 1-1 /2 " x 1 /2 ". The negative magnetic field is always placed toward the body. On the positive magnetic field side, there is hook Velcro that will hook to the band around the head and hold these in place. At the same time, place a 4" x 6" x 1/ 2 " magnet on the sternum with the 6" lengthwise the body. Hold this in place with a 4" x 52" body wrap. Also, place a 4" x 6" x 1/2 " magnet with the 6" lengthwise the body over the liver area which is on the right side of the body with half of the magnet over the rib cage and half below the rib cage. Hold this in place with a 4" x 52" body wrap. The minimum time of exposure should be 15 to 30 minutes or more before each meal. With this method, there is no avoidance period of the commonly used foods.

OPTIMIZED NUTRITION:

It is best for this to be under medical supervision under which a test has been made as to the possible deficiencies of vitamins, minerals, amino acids and the supplementation based on this information. Some would choose to proceed empirically. They should be using a vitamin, mineral, amino acid daily dose with preferably twice the daily dose.

POLARITY:

Always use a negative magnetic field.

RESEARCH CONSIDERATIONS:

It is requested that a progress report be made to William H. Philpott, M.D. at three month intervals. It is encouraged that a physician be monitoring and also reporting the progress.

BEYOND MAGNETISM:

Acute maladaptive reactions 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 alkaline and normal oxygen state.

A majority of people are maladaptively reacting in one or more ways to foods, 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 maladaptive 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.

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

There is a valuable method of electrolysis which provides an alkaline micro negative ionized water that has an alkaline pH, negative charged ions and negatively magnetically charged oxygen and water. There is a home electrolysis unit (The AKAI Electrolysis Instrument) that provides this alkaline micro water. It is recommended that five glasses of this alkaline micro water be used a day.

Nariwa water is a naturally negative ionized water from Japan's magnetic mountain and is the optimum alkaline micro water available. This comes in a bottle containing 500 cc. A minimum of one of these bottles should be used a day and preferably, two. The total amount of water used during a day should be a minimum of eight glasses of water and preferably as much as a total of ten glasses of fluid intake.

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. Use 1/2 teaspoon to 1 teaspoon of one of these powders in one-half glass of water, two times a day. The preferred time to take the alkaline minerals is in the morning on arising and before going to bed. Before using this mineral alkaline water, place it on the negative magnetic field of a 4" x 6" x 1/2 " magnet for a minimum of five minutes or more. This will charge up the water and the oxygen in the water with a negative magnetic field which will help the body maintain its normal alkaline state. When using micro alkaline water, the mineral water need not be placed on a magnet since it is already magnetically charged.

FINAL WORD

Success Story

REVERSAL OF HEPATITIS C VIRUS INFECTION AND CANCER OF THE LIVER WITH METASTASIS TO THE SPLEEN

A physician anesthesiologist with hepatitis C had received his viral infection by an accidental needle prick. This was a chronic state of hepatitis C for several years.

His liver and spleen began to enlarge and he was weak. His abdomen was very large. An oncologist who examined him determined that he had cancer of the liver with metastatic spread to the spleen. Both the liver and the spleen were so large as to be meeting in the middle of his abdomen. Lab tests revealed a high titer for fetoprotein. This high fetoprotein is known to be possible both from hepatitis C and or liver cancer. The oncologist judged him to be so advanced with cancer that there was no traditional treatment for him.

In casting about for a possible answer, he came across the book, *A Definitive Guide to Alternative Medicine* in which he read of my treatment of cancer with a negative magnetic field. He purchased and used a 4" x 6" x 1/2 " magnet over both the liver and the spleen. The negative magnetic field was facing the body. He applied the negative magnetic field 24 hours a day. He proceeded to treat himself with the magnets without any medical supervision other than his own. He called me six months later to thank me for his recovery from viral hepatitis C and cancer of the liver with metastasis to the spleen. Both the liver and the spleen had returned to normal size and the fetoprotein had completely disappeared. This was ten years ago. He remains well and hasn't missed a days work as an anesthesiologist.

The liver is the detoxifying organ. A negative magnetic field

can activate oxidoreductase enzymes to optimally process toxins specifically by the liver and in general by all cells of the body.

The biological response to a negative magnetic field which is alkalinity, hyperoxia, ATP production and catalytic remnant magnetism (negative magnetic field), reinforce cellular negative magnetic field and renders the cellular response to be an effective antibiotic against invading microorganisms (bacteria, viruses, fungi and parasites).

THE GOOD NEWS IS THAT SYMPTOMS WILL DISAPPEAR WITH AVOIDANCE OF THE SYMPTOM-EVOKING SUBSTANCES. THE GOOD NEWS IS THAT A NEGATIVE MAGNETIC FIELD IS A

VALUABLE HARMLESS, ANTI-INFLAMMATORY AGENT AND A BIOLOGICAL HEALER.

A NEGATIVE MAGNETIC FIELD IS HUMAN NATURE'S OWN HIGHLY EFFICIENT, HARMLESS, ANTI-INFLAMMATORY AGENT, DETOXIFIER, ANTIBIOTIC, BIOLOGICAL ENERGIZER

AND BIOLOGICAL REGULATOR OVER HARMFUL, PROLONGED STRESS STATES.

The good news is that a negative magnetic field therapy can therapeutically replace most of the therapeutic drugs used which produce liver toxicity and can along with avoidance of the toxic substances, effectively treat chemical toxicity and with proper use can prevent chemical liver toxicity.

The sad news is that there are numerous sources used in therapeutic traditional medicine to which there are direct liver toxic effects, allergic toxic effects and non-predictable individualized sensitivity toxic effects.

The fact is the liver is the central detoxifying organ that bears the brunt of endogenous and exogenous toxins. The liver is the detoxifying agent but can also be overwhelmed by the quantity of the toxins.

The oxidoreductase enzyme family of enzymes are the detoxifying enzymes used by the body in general and the liver in particular for detoxification.

The good news is that a negative magnetic field is an oxidoreductase enzyme activator of alkaline dependent hyper-oxygenation-negative magnetic field dependent oxidoreductase enzymes. The oxidoreductase enzymes can be energized by a negative magnetic field from a static field magnet and from negative ions in air and water.

The good news is that the cellular biological response to a negative magnetic field renders it to be an effective antibiotic to all invading microorganisms (viruses, fungi, bacteria and parasites).

The sad news is that traditional medicine does not know of the life energy (ATP and magnetic fields) producing detoxification and antibiotic values of a negative magnetic field. This vital knowledge of magnetics is dependent on acceptable statistical validated publication in peer reviewed medical literature.

References

Books by William H. Philpott, M.D.

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

Magnet Therapy. PHILPOTT, W.H., M.D. and KALITA, Dwight, Ph.D.,(Tiburon, CA: Alternative Medicine. cam, 2000)

REFERENCES

SZENT-GYORGYA, ALBERT. *Electronic Biology and Cancer. A New Theory of Cancer.* 1976. Marcel Dekker, Inc. NY, NY 10016

BELANEY, B. New Encyclopedia Britannica. 1986. Vol VIII. pg. 274-275.

LIVINGSTON, JAMES D. "Driving Force. The Natural Magic of Magnetics". Harvard University Press. Cambridge, MA. 1996.

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

NORDENSTROM, BEW, Biologically Closed Electric Circuits. Stockholm, Sweden: Nordic Medical Publications, 1983.

NORDENSTROM, BEW, "Electrochemical treatment of cancer; variable response to anodic and cathodic fields". Am J. Clin Oncol, 1989: 12:530-536.

NORDENSTROM, BEW, "Survey of mechanisms in electrochemical treatment (ECT) of cancer". Europ J. Surg. Suppl. 1994: 574:93-109.

NORDENSTROM, BEW, "Biokinetic impacts on structure and imaging of the lung: the concept of biologically closed electric circuits". Am J Roentgenol, 1985; 145:447-467.

O'CLOCK, G.D., "Studies of the effects of in vitro electrical stimulation on eukaryotic cell proliferation". MA Thesis (Biological Sciences), Mankato State University, Mankato, MN, 1991

O'CLOCK Jr G.D., & Lyte, M., "Potential uses of low-level direct current electrotherapy for the treatment of cancer". Proceedings of the 15th Annual International Conference of the IEEE Engineering in Medicine and Biolociy Society, San Diego, CA, Part 3: 1993; 1515-1516.

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

DAVIS, A.R. and RAWLS, W. The Magnetic Blueprint of Life. Acres USA, Kansas City, MO, 1979.

DAVIS, A.R. and RAWLS, W. The Magnetic Effect. Acres USA, Kansas City, MO 1975 DAVIS, A.R. and RAWLS, W. Magnetism and Its Effect on the Living System. Acres USA, Kansas City, MO 1976.

BECKER, ROBERT 0. Cross Currents. Jeremy P. Tarcher, Inc. Los Angeles, CA, 1990. BECKER, ROBERT 0. and SELDON, G. The Body Electric. Electromagnetism and the Foundation of Life. William Marrow and Company. NY. 1986.

WARBURG, O., The Metabolism of Tumors. F. Dickens (Trans) London: Arnold Constable: 1930.

WARBURG, O., On the Origin of Cancer Cells. Science 123 (1956) 309-315. WARBURG, O. " The Prime Cause and Prevention of Cancer". Revised lecture at the meeting of the Nobel laureates on June 30, 1966. National Cancer Institute Bethesda, MD.1967

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

BERRY, R. Stephen. New Encyclopedia Britannica. Vol 15, pg 1060. Encyclopedia Britannica, Inc. Chicago. 1986. (There is a measurable magnetic field produced during enzyme catalysis).

FYFE, William S. New Encyclopedia Britannica. Vol 24, pp 200. Encyclopedia Britannica, Inc Chicago. 1986. (Oxidative Remnant Magnetism).

KLONOWSKI, W and KLONOWSKI, M. Journal of BioElectricity. Aging Process and Enzymatic Proteins. 4(1), 93-102 (1985).

BAREFOOT, R.R. and REICH, C.J. The Calcium Factor. 1991 Bokar Consultants, P.O. Box 201270, Wickenburg, AZ 85358.

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

LEE, RICHARD, page 17 in Hamilton and Hardy's Industrial

Toxicology 5th Edition, 1998. Mosby, publisher.

Magnetic Fields in Enzyme Catalysis. Encyclopedia Britannica. Vol 15. Pg 1068. Chicago, IL 1986.

BRAUNWALD, Eugene. Harrison's Principles of Internal Medicine. 11th edition 1987. McGraw-Hill Book Company, NY.

STEIN, Jay H. *Internal Medicine.* 4th Edition. 1994. P. 340-524. Mosby Publishers. St. Louis.