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

William H. Philpott, M.D.

FIRST IMPORTANT NOTE

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

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

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

SECOND IMPORTANT NOTE

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

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

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

WHAT MAGNETIC THERAPY IS

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

The energy activation of biological enzymes is magnetic therapy

WHAT MAGNETIC THERAPY DOES

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

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

Some of the values of magnetic therapy are:

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

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

William H. Philpott, M.D.

ABOUT WILLIAM H. PHILPOTT, M.D.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ethics of Magnetic Diagnosis and Therapy

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

Depth of Penetration / Gauss Field Strength

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

All measurements are made at the center of the product

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

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

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

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

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

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

Disclaimer

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

How Dr. Philpott Changed His Medical Practice

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

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

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

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

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

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

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

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

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

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

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

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

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

THE THERAPEUTIC SIGNIFICANCE OF NEGATIVE MAGNETIC POLARITY AND NEGATIVE ION POLARITY

HOW NEGATIVE IONS ARE FORMED IN NATURE

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

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

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

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

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

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

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

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

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

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

(See *Polar Power Magnets Catalog*)

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

USES:

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

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

Cost:	$ 49.95
Shipping:	8.50
	$ 58.45

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

USES:

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

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

See my writings for further details.

COST:

Soother One	$ 21.95
Shipping	8.50
Total	30.45

William H. Philpott's
MAGNETIC THERAPY MOTTO:

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

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

THE DEFINITION OF MAGNETIC POLARITY AS USED IN HUMAN PHYSIOLOGY

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

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

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

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

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

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

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

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

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

STATUS OF THERAPEUTIC MAGNETISM

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

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

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

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

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SINGULAR BIOLOGICAL RESPONSE TO SINGULAR MAGNETIC POLE FIELDS

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

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

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

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

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

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

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

MAGNETIC FIELDS BIOLOGICAL RESPONSES UNIVERSAL TRUTHS

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

1. Centrad and centrifugal atomic energy expressions.

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

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

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

2. Centrad and centrifugal weather energy expressions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22. Cancer cells have a positive magnetic field charge.

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

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

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

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

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

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

26. IMMUNOLOGIC RESPONSES TO OPPOSITE MAGNETIC FIELDS

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

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

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

27.ENZYMATIC RESPONSE TO OPPOSITE MAGNETIC FIELDS

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

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

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

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

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

28. HEAVY METAL DETOXIFICATION

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

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

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

29. POSITIVE MAGNETIC FIELD NEUROPATHY

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

30. NEGATIVE MAGNETIC FIELD HEALING OF NEUROPATHY.

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

31. OPTIMIZING THYMUS GLAND DEFENSE

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

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

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

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

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

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

33. MAGNETIC FREE ENERGY.

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

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

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

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

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

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

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

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

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

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

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

The Physiology of Biomagnetics

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

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

Biological Responses to Separate Magnetic Fields:

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

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

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

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

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

pH Biological Response to Separate Magnetic Fields

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

Magnetic Response to Stress Injury

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

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

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

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

Biological Source of Magnetism

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

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

Examples of Biological Produced Magnetism

Four Oxidoreductase enzymes

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

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

Secrets of Negative Magnetic Field Therapy

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

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

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

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

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

Alkaline-medium electrostatic field or negative magnetic field

The Role of Magnetics In Enzyme Function

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

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

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

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

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

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

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

Magnetic Dynamics of The Degenerative Process

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

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

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

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

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

The Significance of Alkalinity and Acidity in Biological Health and Disease

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

dependent.

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

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

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

The Role of Oxidoreductase Enzymes in Addiction Including Food Addictions

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

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

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

THE ROLE OF ADDICTION IN OBSESSIVE-COMPULSIVENESS

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

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

Grandfather Status of Magnet Therapy

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

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

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

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

An Invitation To Do Research In Therapeutic Magnetics

Dear Doctor:

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

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

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

Sincerely,

William H. Philpott, M.D.

Magnetic Therapy

Medical Supervised Research

VS.

Self-Help Treatment

Medical Supervised Research

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

Self-Help Magnetic Therapy

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

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

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

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

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

Address:

Date:

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

405/ 390-1444 Fax 405/ 390-2968

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

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

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

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

Address:
Date:

SELF-HELP TREATMENT RESPONSIBILITY

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

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

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

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

Name_____ Date_____

Mailing address_____

_____
City, State, Zip

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

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

Therapeutic research format available:

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

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

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

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

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

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

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

Research gift to HOLOS INSTITUTES OF HEALTH made by:

Name _____

Address _____

_____

Phone _____

Date _____

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

_____
W.H. Philpott, M.D.

Date _____

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

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

Multiple Sclerosis

from the *Magnetic Health Quarterly*
"Multiple Sclerosis," Vol. IV, 4th Qtr, 1998
(2002 Revision)

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

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

MAGNETIC PROTOCOL

MULTIPLE SCLEROSIS

Multiple sclerosis classically occurs as repeated episodes with progressive central nervous system function deterioration. In a lesser number, the illness is steadily progressive from the start. In it's early stage, the diagnosis of multiple sclerosis is uncertain in most cases and only after several flare-ups and with multiple locations of central nervous system myelin destruction is the diagnosis confirmed. Classic features are impaired vision, impaired speech, unsteadiness on the feet, intention tremor, weakness and paralysis (either local or general), spasticity and loss of control of urine. Specific local symptoms reflect the area of the brain or spinal area involved in the inflammatory and demyelin rating lesions. This varies considerably from person to person.

PATHOLOGY

There are numerous scattered discreet areas of demyelination consisting of microscopically gray-pink areas in the normal myelin white matter. Classically, the neurones are preserved. However, there is some degree of axonal damage but demyelination predominates. These demyelin plaques are scattered throughout the brain and spinal cord areas. Myelin is the fatty material that surrounds neurones and their extensions (axons). In multiple sclerosis, the myelin is inflamed and swells putting pressure on the neurones and their axons. This pressure blocks the function of neurones resulting in a functional loss even without destruction of neurones or their axons. This loss of neuronal function is termed the "functional extinction of disuse".

EPIDEMIOLOGY

Classically, multiple sclerosis occurs in the age group of 30-40 years and only occasionally occurs in children. Sixty percent of cases are female. Northern Europe, Northern United States and Canada has the largest incidence. Multiple sclerosis is rare in Japan and the Orient. Whites are more likely than blacks, living in the same area, to have multiple sclerosis. Identical twins are more likely to have multiple sclerosis than non-identical twins. The data is consistent with a viral infection. The data is consistent with a genetic predisposition to succumb to the same viral infection.

AUTOIMMUNITY

The inflammatory attacks on myelin as a specific tissue is consistent with autoimmunity. Viral infections are known to be capable of setting the stage for a selective tissue autoimmune disease. A viral infection can set off a specific tissue sensitivity. The virus may or may not be present in the affected autoimmune reactive tissue. The observation of excessive antibodies in multiple sclerosis is an important fact. Immunologic reactions to foods are usually IgG mediated.

PRECIPITATING FACTORS

Various stressors, such as infections of various types, injuries and even mental upset have been claimed to precipitate the first attack of multiple sclerosis. It seems evident that these precipitating factors are only stressors in an already existing viral disease. The most important immediate symptom evoking fact has been observed to be maladaptive reactions to foods and environmental chemicals. Food maladaptive reactions are not the initiating cause of multiple sclerosis but can precipitate the symptoms of an already injured tissue.

THE ROLE OF MALADAPTIVE FOOD REACTIONS

The viral infection (especially human herpes virus #6) sensitizes to myelin and thus produces an autoimmune disease in which the immune system produces an autoimmune destructive inflammatory attack of myelin. This injured myelin tissue sets the stage for any process that produces cellular edema to select this injured tissue area with it's compromised metabolic function to react to cellular edema first, and more than normal cells and normal tissues.

The observed causes of maladaptive symptom producing, acid-hypoxic producing, cellular edema producing reactions are observed to be:

1) Immunologic IgG reactions to foods are observed to be the most frequent immunologic cause of reactions with IgE mediated reactions to be infrequent. IgG antibodies are observed to be high in multiple sclerosis. Antibodies are produced by B-lymphocytes. The lymphotropic viruses are Epstein-Barr, cytomegalo and human herpes virus #6. Thus, the lymphotropic viral infection with the infected lymphocytes include the B-lymphocytes to make antibodies. This viral infection immune disorder produces IgG antibodies to the stress of frequently used foods and commonly contacted environmental chemicals. This IgG immune response to foods and chemicals is a reason for an initial avoidance period of commonly eaten foods which are demonstrated to be symptom producing, and later, spacing the contact on a four day basis after the immunological response has calmed down. The symptom reactive IgG foods and chemicals evoke cellular edema and thus aggravate the already damaged myelin tissues. Exposure to the symptom producing foods evoke the multiple sclerosis symptoms into the already damaged myelin.

2) Non-immunologic reactions are (a) addiction, (b) oxidoreductase enzyme deficiency, (c) oxidoreductase enzyme inhibition, (d) enzyme toxins.

The common denominator of both the immunologic and non-immunologic reactions is acid-hypoxia. Thus, it can be understood that eating a food or exposure to a chemical to which the subject has a maladaptive reaction can aggravate the symptoms of multiple sclerosis. Initial avoidance of these symptom producing foods or chemicals and a later spacing the contact below symptom production can materially aid in the management of multiple sclerosis and appears to help prevent further episodes.

The best way to demonstrate this relationship to maladaptive reactions to foods and multiple sclerosis is to fast for a period of five days and at the same time avoid common environmental chemicals. Under this circumstance, the subject is observed to have a lessening of their multiple sclerosis symptoms. After this five days, feeding foods of single test meals or exposure by sniffing common chemicals can demonstrate which foods and which chemicals are exacerbating the symptoms of multiple sclerosis. Cumulatively, those physicians who have been using this procedure have demonstrated large numbers of multiple sclerotic patients in which this procedure does precipitate symptoms in multiple sclerosis and the management of those symptoms are materially aided by a four day

diversified rotation diet after initial avoidance of environmental chemicals demonstrated to precipitate symptoms of multiple sclerosis.

The role of enzyme toxins in multiple sclerosis is significant. Viruses produce toxins. Fungi, such as *Candida albicans* produces toxins. Bacterial infection produces toxins. There are numerous common environmental chemicals such as petrochemicals and formaldehyde that are enzymatic toxic. Lead is enzymatic toxic. Mercury is enzymatic toxic. Acidity is enzymatic inhibiting for the numerous alkaline dependent enzymes necessary for human biological function. Maladaptive reactions to foods, chemicals and inhalants produces acidity, thus, inhibiting necessary biological enzyme function.

Silver-mercury amalgams are a common source of mercury toxicity. Amalgams should be removed [by a Biological Dentist]. Immediately after the removal of the amalgams, the subject should receive EDTA chelation intravenously. 12,000 mcg of B_{12} should be given intravenously. Continue 12,000 mcg of B_{12} intramuscularly or intravenously weekly for two or three months and then reduce to 4,000 mcg of B_{12} intravenously or intramuscularly weekly as a protection and healing factor. B_{12} is necessary as a protection against neuronal damage from toxins (1,2,3). Cerebral spinal fluid of multiple sclerotic subjects has a lower B_{12} level than a control group.

HOW MAGNETIC THERAPY HELPS MULTIPLE SCLEROTIC SUBJECTS

A negative magnetic field is an antibiotic.

I repeatedly, objectively observed that a negative (south-seeking) magnetic field kills bacteria, viruses, fungi and parasites. This is not common knowledge and needs statistical validation and therefore, is subject to doubts by those not experienced in this fact. Consistently, I have observed the general antibiotic effect of a negative (south-seeking) magnetic field. A negative (south-seeking) magnetic field alkalinizes by magnetic activation of the bicarbonate buffer system and oxygenates by magnetic activation of the oxidoreductase enzyme system thus, relieving oxygen from it's bound state in free radicals, peroxides, oxyacids, alcohols and aldehydes. This alkaline-hyperoxia blocks the acidhypoxia necessary for the replication of most human invading microorganisms. Most microorganisms make their ATP by fermentation. Fermentation is acidhypoxic dependent. Alkaline-hyperoxia inhibits fermentation and thus blocks microorganism replication. This mechanism can explain the antibiotic effect for most microorganisms, however, even the aerobic organisms are killed by a negative (south-seeking) magnetic field. The mechanism of a negative (south-seeking) magnetic field antibiotic effect against aerobic organisms is not known.

A NEGATIVE (SOUTH-SEEKING) MAGNETIC FIELD ALKALINIZES

Bicarbonates are slightly imbalanced in their valence and thus are paramagnetic. When a negative (south-seeking) magnetic field attaches to a bicarbonate, it activates the alkalinity of the bicarbonate. When a positive (north-seeking) magnetic field attaches to a bicarbonate, it inactivates the alkalinity.

A NEGATIVE (SOUTH-SEEKING) MAGNETIC FIELD OXYGENATES

Oxidoreductase enzymes that process free radicals, peroxides, oxyacids, alcohols and aldehydes are activated by a negative (south-seeking) magnetic field and inactivated by a positive (north-seeking) magnetic field. A negative (south-seeking) magnetic field energy activation of oxidoreductase enzymes frees oxygen from it's bound state in free radicals, peroxides, oxyacids, alcohols and aldehydes and thus provides for an abundance of oxygen.

A negative (south-seeking) magnetic field governs healing. Alkaline-hyperoxia is necessary for the production of ATP by human cells. This also governs the entire healing process. Thus, a negative (south-seeking) magnetic field is calculated to heal myelin. It is known that myelin attempts to heal, but only does so partially because of the ongoing inflammatory autoimmune process. Once the autoimmune process is stopped, then theoretically, myelin can heal. There is an urgent need to prove that myelin will repair once the autoimmune reaction is stopped and there is an exposure to the negative (south-seeking) magnetic field. Theoretically, this is what would happen and therefore, deserves verification. The application of magnetic fields should not be just to stop the inflammatory autoimmune reaction, but to also proceed as a lifestyle so the repair of the myelin occurs.

Therefore, it is recommended that a person with multiple sclerosis continue the use of the magnets, which does not need to be quite as intense as initially, but can be easily achieved by sleeping with magnets on the back, on a magnetic bed pad and with magnets up against the head at night. During sleep is also the time when growth hormone rises and therefore, the healing process occurs at night during sleep.

A POSITIVE (NORTH-SEEKING) MAGNETIC FIELD STIMULATES NEURONAL FUNCTION

A negative (south-seeking) magnetic field alkalinizes and heals. A positive (north-seeking) magnetic field is energy activating to neurones but does not heal. A positive (north-seeking) magnetic field expresses the use of biological energy but does not produce biological energy. Therefore, a positive (north-seeking) magnetic field for brief periods, such as 3-5 minutes, can be used during practice sessions to stimulate a return of function. This neuronal stimulation needs to be associated with the person's voluntary effort for the return of function. Even if the subject is paralyzed in a limb, the limb could be passively moved by another person and at the same time the multiple sclerotic subject would be signaling by thought for the limb to move. Sometimes, this combination of a static positive (north-seeking) magnetic field with the effort of moving the paralyzed part of the body works so well that it looks like a miracle has occurred. Through the years, an electrical stimulus has been used to energy activate neurones for the return of function. A positive (north-seeking) magnetic field works the same way that an electric current works in energy activating neurones.

DIETARY FACTORS

Viral infections of the lymphotropic type (Epstein-Barr, cytomegalo, human herpes virus #6) have been observed to reduce the body's level of essential fatty acids (4,5,6,7). Thus, it is in order to use primrose oil, cod liver oil or other sources of unsaturated fatty acids in multiple sclerosis.

The stress of a viral infection makes great demand for vitamins, minerals and amino acids. Folic acid and B_{12}, especially, can become deficient and need replacing. B_{12} should be provided in large doses for the reinstatement of neuronal function. Magnesium is especially important because of the spasticity that accompanies multiple sclerosis. Adequate magnesium helps to some degree to ally the spasticity. It is well for multiple sclerosis subject to take two or three times the usual daily requirement of necessary vitamins which also includes the antioxidant vitamins.

Pancreatic bicarbonates of sodium and potassium and the production of pancreatic enzymes are observed to be low in chronic, degenerative diseases. These should be replaced in ample amounts.

IDENTIFICATION OF CAUSES

The need to identify the cause of multiple sclerosis and the difficulty in identifying the cause of multiple sclerosis has spawned numerous studies and even more numerous theoretical discussions. Summaries of these studies and theoretical discussions are in nu-

merous scientific journals and textbooks (8,9,10). The consensus is that viral infections are involved. Some viral infections are known to produce massive generalized demyelination. However, in multiple sclerosis the demyelination is scattered spottily through the central nervous system. The most convincing observations contain the following:

1.Human herpes virus #6 is present throughout the brain tissue of multiple sclerotic subjects.

2.Oligodendroglia cells surround the multiple sclerosis plaques. Antibodies to human herpes virus #6 are in these oligodendrogliacytes. Oligodendroglia have the assignment of making myelin.The plaques are composed of dead myelin cells incidental to the initial inflammatory process. Is this inflammatory process secondary to an autoimmune disorder? No one knows for sure.

3.There is evidence of abortive attempts at re-myelination but in the face of the continued infection, this cannot be completed.

4.Most neurones and their axons are not destroyed by the inflammatory process.

5.Neurones undergo a functional "extinction of disuse" due to the pressure from the edema of the acute inflammatory attacks.

6.Neurones and axons, robbed of their myelin insulation, cross-circuit the messages.

THE GOAL OF TREATMENT FOR MULTIPLE SCLEROSIS

1) Kill the viral infection.

2) Repair the myelin.

3) Stop the reactions to environmental substances (foods, chemicals and inhalants).

4) Optimize nutrition.

5) Reinstate function through magnetic or electrical neuronal excitation paired with functional movement and sensory practice.

A negative (south-seeking) magnetic field kills viruses. The ability of a negative (south-seeking) magnetic field to kill viruses has been objectively observed in relationship to shingles, herpes simplex I and II and influenza. These are objective observations that I have made. A negative (south-seeking) magnetic field governs healing. Robert O. Becker established this fact. I have objectively confirmed the fact that a negative (south-seeking) magnetic field governs healing. The positive (north-seeking) magnetic field stimulates neurones to function and when paired with a functional practice, can often seemingly, miraculously reinstate function in a multiple sclerotic.

MULTIPLE SCLEROSIS PROTOCOL
OPTIMUM SYSTEMIC MAGNETIC THERAPY

ORIENTATION:

This magnetic protocol features systemic therapy which is applicable for any person with a systemic disease such as viral infections, metastatic cancer, lupus, Lyme's disease, chronic fatigue, fibromyalgia, multiple sclerosis and major mental or emotional disorders. This systemic magnetic therapy is the optimal therapy for anyone. This is superior to the usual sleep magnetic beds using mini-blocks. The therapy is composed of two features. One is 70 magnets that are 4" x 6" x 1". These are placed in two wooden grids with 35 magnets each. These two grids are placed end to end making a bed 36" wide and 72" long. This bed radiates a magnetic field of 25 gauss at 18". 25 gauss is the level at which infections and cancer will die out. The second feature is twelve of these 4" x 6" x 1" magnets surrounding the head. This produces deep sleep and is suitable for treating brain cancer, cerebral arteriosclerosis and Alzheimer's. It is the maximum treatment for producing deep sleep for anyone.

Multiple sclerosis is initially caused by a systemic viral infection. The most, recent information implicates human herpes virus #6 to be the virus consistently found in multiple sclerotics (11). There also appears to be an immunologic autoimmune reaction specific against myelin initiated by and also, superimposed on the viral infection. The viral infection and superimposed myelin immunologic reaction is chronic and thus has exacerbations. The therapeutic need is to 1) isolate and stop the exacerbation precipitating factors, 2) kill the viruses, 3) reverse the immunologic autoimmune reaction, 4) repair the injured and destroyed myelin, 5) practice a return of function of neurones inhibited by, but not killed by, the acute inflammatory autoimmune disorder.

Maladaptive reactions to foods, chemicals and inhalants needs to be appropriately handled since the maladaptive reactions have been demonstrated to evoke acute multiple sclerosis symptoms and thus, also precipitate exacerbation episodes(3). A negative (south-seeking) magnetic field can kill the viruses. A negative (south-seeking) magnetic field can reverse the autoimmune reaction. A negative (south-seeking) magnetic field theoretically can repair the myelin. A positive (north-seeking) magnetic field activates the neurones and can be used during functional return practice sessions to stimulate neurones to reverse the neuronal functional extinction of disuse.

MAGNETS USED:

Two wooden grids containing 35 magnets that are 4" x 6" x 1" placed 1" apart. These grids are 36" square. Two grids are placed end to end producing a bed 36" x 72".

A super magnetic head unit composed of twelve 4" x 6" x 1" magnets. These magnets surround the head.

Super magnetic hat composed of thirty-four 1" x 1/8" neodymium discs.

PLACEMENT AND DURATION:

For initial treatment of three months or more, sleep as close to the magnets in the bed as possible. This can be achieved by using an eggcrate-type foam pad that is 2" thick or other suitable futon that is about 2" thick. After the initial treatment of three months or more, if desired, it can be placed under a 4" thick mattress.

The super magnetic head unit is composed of twelve 4" x 6" x 1" magnets. This is placed on the pillow. There may need to be a small child's pillow to raise the head a couple of inches beyond the pillow that this unit is sitting on. This is provided, if necessary, for comfort. The magnets are 6" long and are standing upright. The head needs to be within that 6". This is used nightly for sleep.

For infections in the head, multiple sclerosis or for Alzheimer's or cerebral arteriosclerosis, it is wise to go back on the bed and this head unit for one hour, four times during the day. There also can be a hat provided that is composed of neodymium disc magnets that can be used when not on this bed for such cases as brain tumor, cerebral arteriosclerosis, cerebral spasm, Alzheimer's and so forth.

This bed, super magnetic hat and magnetic head unit needs to be used daily as a lifestyle. It is the optimum magnetic therapy provided for multiple sclerosis, many other conditions and is essential for certain systemic and chronic conditions.

It is wise for this therapeutic bed to be accompanied with optimization of nutrition by use of supplemental nutrients. Optimization of hydration should be considered with 8 or more glasses of pure water each day.

A rotation diet is necessary for multiple sclerosis. Follow the instructions in the Magnetic Health Quarterly, *The Ultimate Non-Stress, Non-Addicted Rotation Diet.*

FUNCTIONAL RETURN PRACTICE SESSIONS

After the acute symptoms of inflammation are over, which would require more than a month and more likely up to three months, then start a functional practice for return of function. During this practice, place the 4" x 24" plastiform magnet on the spine with the

positive (north-seeking) magnetic field facing the spine. An alternative would be to use the 5" x 12" multi-magnet flexible mats, one on the lumbar spine and one on the thoracic spine. Also, place a 4" x 6" x 1/2" magnet with the positive (north-seeking) pole facing the head (either the top, side or back of the head or the forehead). The positive (north-seeking) pole is to be facing the body for a minimum of three minutes and a maximum of five minutes. During this time, a practice for functional return is being performed. This can be motor movement or speech. Whatever the deficits are, an effort is made to practice a return of function. There is no need to do this more than five minutes since a maximum neuronal excitation is achieved in three minutes. It would especially be wise not to extend this beyond five minutes. After removing the magnets, then the practice can be continued for another five minutes then put the magnets back on with the positive (north-seeking) pole facing the body. This can be repeated over and over for a period of twenty minutes. It needs to be understood that if a seizure has occurred due to the multiple sclerosis, the 4" x 6" x 1/2" magnet on the head may not be able to be used. Instead, it may have to be replaced with a 4" x 6" x 1/8" plastiform magnet. A positive (north-seeking) magnetic field on the head can precipitate a seizure in any subjects that are seizure-prone. Multiple sclerosis can sometimes lead to seizures. This needs to be understood. There should be one to three practice sessions daily, lasting from 20-30 minutes for return of function. Neurones become inhibited in function without being killed. This is termed the "extinction of disuse". Stimulating the neurones with a positive (north-seeking) magnetic field while at the same time practicing the effort of a return function can help the function to return. The negative (south-seeking) magnetic field calms down the neurones, calms down the acute inflammatory reaction, calms down the autoimmune reaction, kills the viruses but it does not stimulate neuronal functional return. Only the positive (north-seeking) magnetic field can do this. There is no need, however, to take this practice to the extent of exhaustion. Exhaustion will not achieve any particular value.

POLARITY

Use the negative (south-seeking) magnetic field for inflammation and viral infection. Use a positive (north-seeking) magnetic field for functional return practice sessions.

MULTIPLE SCLEROSIS

ORIENTATION:

Multiple sclerosis is a demyelinating disease of the myelin around the brain and the spinal cord. This is caused by a viral infection. Consistently, human herpes virus # 6 has been isolated from multiple sclerotic cases. Therefore, it is assumed that this is the virus involved in the demyelinating process. The first goal is to kill the viruses. The process for doing this is to sleep on a strong magnetic bed composed of seventy 4" x 6" x 1" magnets and sleep with the head in a strong negative magnetic field composed of twelve of the 4" x 6" x 1" magnets. There needs to be a practice of return function. Nutrition needs to be optimized under medical supervision.

MAGNETS USED:

Two wooden grids contain 35 magnets each that are 4" x 6" x 1", placed 1" apart and firmly held in the wooden grid. Two of these are placed end to end producing a bed 36" x 72". Over this bed, an eggcrate-type foam pad that is about 2" thick or other suitable thin futon is used.

Two 5" x 12" double-magnet flexible mats.

Three 4" x 52" body wraps.

One 4" x 6" x 1/2" ceramic block magnet.

Two 1-1/2" x 1/2" ceramic disc magnets with Velcro on the positive pole side. One 2" x 26" band.

Super magnetic head unit composed of twelve 4" x 6" x 1" magnets with a space for the head to be surrounded by these magnets.

PLACEMENT AND DURATION:

Sleep all night on the magnetic bed with a thin pad over this bed and the head in the magnetic head unit. This super magnetic head unit is placed on a pillow. For the first three months, the subject should return to the bed and the head unit for an hour, four times during the day. The bed and the head unit is used nightly as a lifestyle after the three months, and it is preferred that there be an hour or so during the day when the bed and the head unit is returned to as a lifestyle as treatment after three months.

A practice session for return function is entered into. This consists of placing the flexible 5" x 12" mats on the spine. One on the lower spine and one on the upper spine and neck. Place the positive magnetic field that has the Velcro on it next to the body for about five minutes while practicing motor functional return of the arms and legs and walking. These can be held in place with a 4" x 52" body wrap. After five minutes, turn it over and still continue to practice for another five minutes. Use the positive magnetic field for five minutes, the negative magnetic field for five minutes, back and forth for about twenty minutes. The minimum should be once a day - twice a day would be better.

Another practice at another time would be to practice return function of the brain. This uses a 4" x 6" x 1/2" magnet. First of all, wrap a 4" x 52" body wrap around the back of the head and forehead. Place this 4" x 6" x 1/2" in the folds of this wrap at various positions during the practice time - that is, the back of the head, the sides of the head and the forehead. Again, this should be only five minutes at a time on the positive pole. The practice should consist of all mental functions such as reading, listening, visual, pictures of objects and of people should be seen and have the subject name these people in the pictures and historical information. All mental functions need to be practiced - visual, auditory, memory, historical events and so forth. There is a remote danger that a grand mal seizure could occur while practicing with this positive magnetic field on the head. It is very important that exposure to the brain be no more than five minutes at a time on the positive pole and then turn the magnet over to the negative pole for another five minutes. There is not likely to be a seizure unless the person is seizure-prone. If they have had seizures and are therefore known to be seizure-prone, practice could be no more than 2-3 minutes which is likely then to prevent the development of a seizure. The positive magnetic field is an excitement field to the neurones of the brain. We need this to activate the neurones to a return function.

Discs that are 1-1/2" x 1/2" are provided. These are placed under the 2" x 26" band and placed about one inch in front of each ear. This can relieve many symptoms and can be used in two ways. One is just to relieve symptoms when they occur such as depression or memory problems or it can be used quite continuously. There are no limits of the application of the negative magnetic field to the brain with these discs. The nature of multiple sclerosis is such that the magnets can improve the injury and improve the energy and the function, however it has to be kept up as a daily practice. After reinstating function, there will be a lapse back to reduced function after a few hours and the function needs to be reinstated again. This is simply the nature of multiple sclerosis.

NUTRITION:

Nutrition should be optimized, preferably under the direction of a physician. 4-DAY DIVERSIFIED ROTATION DIET:

It is imperative to use a 4-Day Diversified Rotation Diet. The instructions should be followed in *The Ultimate Diet* quarterly. Essentially, foods that are eaten twice a week or more are left out for

three months while starting the 4-Day Diversified Rotation Diet. After three months, the foods that had been used frequently can be returned to the diet. It is important to use the 4-Day Diversified Rotation Diet as a lifestyle.

HYDRATION:

It is important to drink pure water with a minimum of eight glasses and preferably even ten glasses of water daily. We need this water for hydration and also for detoxification.

ALKALINE MICRO NEGATIVE-POLED WATER:

There are two systems that can be used. There are electrolysis instruments that will alkaline micro negative magnetic pole the water. The more of this that is used in the course of the day, the better. A minimum should be five glasses a day.

The most studied, and thus documented value, is from NARIWA water. This is from a natural spring from Japan's magnetic mountain. 500cc of this a day should be used as a minimum. 1000cc would be even better.

Alkaline micro water negative magnetic poled water is optional but is preferred.

POLARITY:

The basic treatment is that of a negative magnetic field that will calm neurones, kill viruses and repair myelin. The exception to the use of the negative magnetic field is that of the practice sessions for return function as have been described which uses the positive magnetic field for brief periods of 3-5 minutes.

RESEARCH CONSIDERATIONS:

It is requested that reports 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.

FINAL WORD

There is convincing evidence that multiple sclerosis is caused by a general brain infection of herpes virus #6. The focal white matter myelin areas of infection result in cellular injury producing plaque formation. This is caused by an infection of herpes virus #6 and immune response of oligodendrogliacytes to the viral infection. Oligodendrogliacytes are the cells that make myelin. In this immune response to the viral infection, the oligodendrogliacytes cannot effectively repair myelin although there are evidences of abortive attempts at myelin repair. The therapeutic goal for the reversal of multiple sclerosis is:

1) Kill the viral infection.
2) Repair the myelin.
3) Reinstate function while exciting neuronal function.

The bad news is that the initial cause of multiple sclerosis is a viral infection of human herpes virus #6. The good news is that a negative (south-seeking) magnetic field can kill viruses.

The bad news is that the myelin is destroyed by the immune response to the viral infection. The good news is that a negative (south-seeking) magnetic field can repair the myelin after the infection has been killed.

The bad news is that in multiple sclerosis, the viral infection and the immunologic reaction resulting from the viral infection and the edema caused by the inflammatory reaction block neuronal function resulting in symptoms reflecting the functional "extinction of disuse" of neurones. This interference with axon function is due to the destruction of the myelin insulation. The good news is that after the acute edematous phase is over and myelin is repaired or being repaired, the positive (north-seeking) magnetic field can reinstate function by the excitement of neurones while paired with a functional return practice.

GLOSSARY

AUTOIMMUNE DISORDER: When the immune mechanism attacks specific, selective cells or tissues. This is secondary to a viral infection or other immunologic reactions.

KININS: Polypeptides produced by tissue damage. Kinins produce tissue inflammation.

MALADAPTIVE REACTIONS: Any symptom producing response when exposed to a food, chemical or inhalant. These can be immunologic such as antibody formation, complement disorders, etc. Non-immunologic maladaptive disorders can result from addictions, enzyme deficiencies, enzyme inhibition or from enzyme toxins. Non-immunologic maladaptive symptom reactions make up the majority of maladaptive reactions.

MYELIN: The fatty, insulating, cushioning material around the neurons and their axon and extensions.

OLIGODENDROGLIACYTES: These make myelin.

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Volume IV-Addiction. The Magnetic Answer.

Movement Disorders. The Magnetic Answer. Seizure Disorders. The Magnetic Answer. Vascular Disorders. The Magnetic Answer

Volume V-Eye Disorders. The Magnetic Answer Pelvic Disorders. The Magnetic Answer Intestinal Disorders. The Magnetic Answer Emotional Disorders. The Magnetic Answer

Volume VI-The Ultimate Non-Stress, Non-Addiction Diet . The Four Day Rotation Diet Answer Skin Disorders. The Magnetic Answer

Respiratory Disorders. The Magnetic Answer

Menopause. The Magnetic Answer

Volume VII-Alzheimer's Disease and Amyloidosis. The Magnetic Answer Detoxification. The Magnetic Answer

Immune Disorders. The Magnetic Answer

Chronic Fatigue and Fibromyalgia. The Magnetic Answer

Volume VIII-Spinal Disorders. The Magnetic Answer.

Sources and Functions of Biological Energy. The Magnetic Answer. Ear Disorders. The Magnetic Answer.

Liver Disorders. The Magnetic Answer. SUCCESS STORY

SCHIZOPHRENIA

A schizophrenic in his 20's was depressed and anxious with visual and auditory hallucinations and delusions which were not managed by tranquilizers and antidepressants. He slept on a super magnetic bed composed of 70 magnets 4" x 6" x 1" with a negative pole facing his body. He also slept with his head in the super magnetic head unit composed of twelve magnets, 4" x 6" x 1". He managed his foods by using disc magnets on his head and a 4" x 6" x 1/2" magnet on his chest and epigastric area for 30 minutes before each meal. He sat up a 4 day diversified rotation diet. In this, he also used no caffeine, no tobacco and no alcohol and was not on tranquilizers or antidepressants. He used the 1-1/2" x 1/2" disc magnets placed bitemporally for any immediate symptoms.

Three months later, his mother reported to me that he was symptom-free. She proceeded to order the super magnetic bed for other members of the family.

MAGNETIC REVERSAL OF ADDICTION
Updated 2002

ORIENTATION:

Addiction has a symptom relief phase when the addictive substance is taken into the body and also has a symptom production withdrawal phase some 3-4 hours after the initial relief phase. Addiction can be to a narcotic substance or to frequently used non-narcotic substances. The biological stress of the frequent use of non-addictive substances can evoke self-made narcotics (endorphins). In non-narcotic addiction, these endorphins are raised above the needed normal physiological level and the biological response to these endogenous narcotics is the same as to exogenous narcotics. These endorphin addictions from non-narcotic substances can be due to frequently contacted substances such as tobacco, alcohol, caffeine, foods and other chemicals. Acidity and lack of oxygen (acid-hypoxia) develops as a part of the disordered chemistry of addiction withdrawal.

The secret of reversal of addiction consists of avoidance of the addictive substance. The biological response to a negative (south-seeking) magnetic field is the production of alkaline-hyperoxia, which relieves the acid-hypoxia that produces the symptoms. The first four days of withdrawal from water-soluble substances is the critical symptom withdrawal period. For fat-soluble substances, such as nicotine from tobacco, the symptom withdrawal phase is 21 days.

Magnetic treatment consists of relieving the withdrawal symptoms by exposure to a negative (south-seeking) magnetic field. The most important areas for magnetic field exposure are:

1) The temporal areas of the head, which is in front of the ears and near the top of the ears. For depression, place the ceramic disc magnets that are 1-1/2" x 3/8" in front of the ears. Hold these in place with a 2" x 26" band. Always place the negative magnetic field facing the body. For anxiety, place a ceramic disc on the mid-forehead and left temporal area (in a right-handed person), and on the mid-forehead and right temporal area On a left-handed person). For obsessive thoughts and compulsive acts, place a disc on the left temporal area and low occipital area.

2) To relieve the tension in the chest, which is common as a withdrawal symptom, place a 4" x 6" x 1/2" ceramic magnet on the front of the chest on the mid-sternum area. Place this magnet with the 6" lengthwise the body.

3) To relieve the tension that is classic of withdrawal symptoms in the epigastric area, place a 4" x 6" x 1/2" magnet directly over the stomach which is just below the rib cage (sternum area). Place this magnet with the 6" crosswise the body.

4) To relieve the tension in the spine that occurs during withdrawal, place a 5" x 12" multi-magnet flexible mat on the thoracic spine. This is on the back between the shoulder blades. If the neck has more tension, then place it on the neck. If the low back has more tension, place on the low back. Hold these magnets on the epigastric area of the chest and on the back with 4" x 52" body wraps.

5) On any area that has symptoms during the withdrawal phase, place a 4" x 6" x 1/2" magnet or a 5" x 12" multi-magnet flexible mat over the area until the symptoms are relieved.

DURATION OF MAGNETIC EXPOSURE:

There is no limitation to the duration of exposure to the negative magnetic field. The magnetic field facing the body should always be a negative magnetic field. Usually the symptoms are relieved within 10 minutes and rarely, 30 minutes may be needed.

Minimum Program Treatment:

Two 1-1/2" x 3/8" ceramic disc magnets with one 2" x 26" wrap (Cost $21.95)

One 4" x 6" x 1/2" ceramic magnet (Cost $48.95)

One 4" x 52" body wrap (Cost $12.50)

Shipping for minimal treatment (Cost $7.70)

Maximum Program Treatment, add the following:

One 4" x 6" x 1/2" ceramic magnet (Cost $49.95)

One 5" x 12" deep-penetrating flexible mat (Cost $95.97)

One 4" x 52" body wrap (Cost $12.50)

Shipping (minimum treatment plus maximum treatment) (Cost $$12.50)

SUCCESS STORY

SCHIZOPHRENIA

A schizophrenic in his 20's was depressed and anxious with visual and auditory hallucinations and delusions which were not managed by. tranquilizers and antidepressants. He slept on a super magnetic bed composed of 70 magnets 4" x 6" x 1" with a negative pole facing his body. He also slept with his head in the super magnetic head unit composed of twelve magnets, 4" x 6" x 1". He managed his foods by using disc magnets on his head and a 4" x 6" x 1/2" magnet on his chest and epigastric area for 30 minutes before each meal. He sat up a 4 day diversified rotation diet. In this, he

also used no caffeine, no tobacco and no alcohol and was not on tranquilizers or antidepressants. He used the 1-1/2" x 1/2" disc magnets placed bitemporally for any immediate symptoms.

Three months later, his mother reported to me that he was symptom-free. She proceeded to order the super magnetic bed for other members of the family.

COST

70 magnet bed	$ 2,895.00
Super magnetic head unit	629.95
Soother One, consisting of:	
Two 1 1 /2" x 1/2" ceramic discs and one 2" x 26" band	21.95
Two 4" x 6" x 1/2" ceramic magnets	98.90
Two 4" x 52" body wraps	25.00
Information needed:	
Magnet Therapy book	14.95
Major Mental Disorders quarterly	12.00
The Ultimate Non-Addiction, Non-Stress Diet quarterly	12.00
Total	$ 3,709.75

Shipping to be arranged

BRAIN TUMOR REMISSION

An 88-year-old woman lost much of the function of her left arm. She staggered when she walked. She is a musician and could no longer play the piano. CT scan revealed a tumor on the right side of her head. She was treated with a super magnetic head unit composed of twelve 4" x 6" x 1" ceramic magnets in a wooden frame surrounding her head. She slept all night with her head in this super magnetic head unit and returned for one hour, four times a day during her waking period. At three months, all her functions had returned to normal. With enthusiasm, she played the piano while I listened on the phone. At six months, a CT scan documented that there was no longer a tumor in her brain. No surgery was done and thus there was no pathological cellular report of the tumor.

Cost: Super magnetic head unit $ 629.95

(Shipping to be determined)

NORTH OAKLAND MEDICAL
CENTERS RADIOLOGY SERVICES
461 WEST HURON
PONTIAC, MI 48341

CT OF BRAIN WITHOUT AND WITH CONTRAST

EXAM DATE: 06/11/02 CLINICAL INFORMATION: Memory loss, confusion, headaches.

IMPRESSION: VAGUE AREA OF VASOGENIC EDEMA WITHIN THE RIGHT POSTERIOR TEMPORAL PARIETAL LOBE WITH FAINT PATHOLOGIC ENHANCEMENT REPRESENTS AN INTRA-AXIAL MALIGNANT NEOPLASM. MRI EXAMINATION IS RECOMMENDED FOR ADDITIONAL EVALUATION. THESE RESULTS WERE RELAYED DIRECTLY VIA TELEPHONE CONVERSATION TO DR. IMAD MANSOOR AT THE TIME OF THIS DICTATION.

PROVIDENCE HOSPITAL
AND MEDICAL CENTERS

(12-19-02): **MrS.——** returns in follow up. She underwent a CT scan of the head on 12-13-02 that revealed no evidence of enhancing mass or extra-axial fluid collection. There is an old infarct versus an area of volume averaging involving the superior left cerebellum that appears to be new from prior exam. There is also a right posterior parietal encephalomalasia. She has been on magnetic therapy since diagnosis. Per her daughter, who is present with her, the patient's mental status has improved. She has no difficulty communicating thoughts or ideas. Her short-term and long-term memory has improved. She denies any balance problems or weakness.

Patrick W. McLaughIin, M.D.
Department of Radiation Oncology

CANCER REMISSION

Henry Thompson (phone number 409/ 625-3183) is a 78-year-old man with cancer of the prostate with multiple metastasis to bones. He slept on a 70-magnet bed composed of magnets that are 4" x 6" x 1". The AMAS blood test was originally positive for cancer. After sleeping on a 70-magnet bed for several months, the AMAS tests have all been normal, showing no evidence of cancer. Cost:Super magnetic bed of 70 magnets with wood grid holders $ 2,895.00

Super magnetic head unit 629.95

Two 4" x 6" x 1/2 " ceramic block magnets 99.95

Two 4" x 52" body wraps 25.00

Soother One composed of two 1 1/2 " x 1/2 " ceramic block magnets with one 2" x 26" band. 21.95

Information needed:

Cancer. The Magnetic Oxygen Answer 18.00

The Ultimate Non-Addiction, Non-Stress Diet quarterly 12.00

Shipping costs to be arranged. The super magnetic bed and a super magnetic head unit are shipped by van line. The cost varies depending on distance. The usual cost is between $200-300.

NEGATIVE MAGNETIC FIELD ANTIBIOTIC EFFECT

A woman with severe gastrointestinal symptoms was stool cultured for pathological bacteria and fungi as well as normal bacteria flora. Three months after sleeping on a bed composed of seventy 4" x 6" x 1" magnets, the gastrointestinal flora was again cultured. The bacteria and fungi flora were absent and a normal friendly bacteria flora was flourishing.

CONCLUSIONS

A negative magnetic field strengthens the human body's antibiotic value against invading pathological microorganisms.

MAGNETS USED:

Two 1 1/2" x 1/2" ceramic disc magnets with a 2" x 26" band	$21.95
Shipping	7.70
	$ 29.65

PLACEMENT AND DURATION:

The ceramic disc is useful for local infections that are no more than 1-1/2" across.

FOR SYSTEMIC INFECTIONS such as the herpes family of viruses such as Epstein-Barr, cytomegalo, human herpes virus #6 or other diseases of either virus origin, bacterial or fungal origin which are systemic in nature, use the following:

A 70-magnet bed composed of magnets that are 4" x 6" x 1". Thirty-five of these are placed in a wooden grid, 36" square which weighs 200 pounds. Two of these grids are placed end to end producing a bed 36" x 72".....$ 2,895.00

A super magnetic head unit composed of twelve 4" x 6" x 1" magnets..... $ 629.95

*These items are over 400 pounds of weight. Shipping is determined by the distance that it is shipped. The usual cost of freight shipping is around $250.00.

PLACEMENT AND DURATION:

Sleep on this 70-magnet bed all night and preferably return to the bed one hour, four times during the day for the first three months of treatment. Place a 2" eggcrate type foam pad over the magnetic bed. After the three months are completed, continue to sleep on this bed. At this time it could be placed under a 4" mattress pad if de-

sired. Sleeping nightly on this bed should be a continued lifestyle.

RESOLUTION OF CARDIAC ATHEROSCLEROSIS

A 71-year-old physician had cardiac surgery of seven bypassed arteries. One artery not bypassed was 50% occluded. For nine months, he wore a 4" x 6" x 1/2" ceramic block magnet over his heart 24 hours a day with the negative magnetic field facing his body. Nine months later, a study of his heart revealed that the artery that was 50% occluded is now 100% open. He was also sleeping on a bed of 4" x 6" x 1" magnets with the negative pole facing his body. A leg that had lost all feeling has now regained normal feeling.

MAGNETS USED FOR CARDIAC TREATMENT:

A 4" x 6" x 1/2" ceramic block magnet	$ 49.95
One 4" x 52" body wrap	12.50
One 2" x 26" shoulder strap	7.00
Magnetic Health Quarterly on Vascular Disorders	12.00
shipping	7.70
	$ 89.15

PLACEMENT AND DURATION:

Place the negative magnetic field of the 4" x 6" x 1/2" magnet over the heart with its 6" lengthwise the body. Hold in place with a 4" x 52" wrap. Place a 2" x 26" band across the left shoulder with Velcro fastened to the body wrap. Mild cases will treat only at night during sleep. Severe cases should treat 24 hours a day.

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 alkalinehyperoxia.
- 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.

THE MAGNETIC HEALTH QUARTERLIES

By WILLIAM H. PHILPOTT, M.D.

The Magnetic Health Quarterly is Dr. W.H. Philpott's most advanced and documented information.

Volume I (1995) The Magnetics of Sleep

The Magnetics of Pain

Anti-Inflammatory Magnetic Enzyme System Antibiotic Effect

Volume II (1996)

Magnetic Production of Melatonin

Magnetic Healing of Soft Tissue, Cartilage and Bone Rheumatoid Diseases. The Magnetic Answer

Cancer. The Magnetic Answer

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pH Factor in Health and Disease
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The most appropriate treatment for diseased states is to proceed under diagnosis and treatment with medical supervision. To be a party to an FDA qualified magnetic research program, contact W.H. Philpott M.D. Dr. Philpott serves as a consultant to your focal physician, in which he prepares a Magnetic Research Protocol appropriate for your condition.

Magnetic Health Quarterlies are general information useful for medical supervised therapy or for self-help therapy.

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William H. Philpott, **M.D.**
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Magnetic Health Quarterlies are general information useful for medical supervised therapy or for self-help therapy.

WILLIAM H. PHILPOTT M. D.
17171 S.E. 29TH Street
Choctaw Ok 73020
405/390-3009
Fax: 405/390-2968
405/ **390-144**

CELL PHONE SPEAKER INJURY
TELEPHONE SPEAKER INJURY
HEAD PHONE SPEAKER INJURY
BY
William H. Philpott, M.D.

All cell phone speakers are magnetic positive static field poled facing the ear. With rare exceptions, telephone speakers and head

phone speakers are magnetic positive static field poled facing the ear. Thus, users of these personalized specific speaker systems are receiving a positive static magnetic field with its stressful injury.

The biological response to a positive magnetic field is acid-hypoxia which is stressful with the consequences of encouraging pathological growth of microorganisms and encouragement of the development of cancer including brain tumors. The biological response to a negative magnetic field is alkaline-hyperoxia which is non-stressful and also anti-stressful with the consequences of being relaxing, antidepressive, antibacterial and anti-cancer. Correction of this magnetic positive exposure can be achieved by taping a 1" x 1/8" neodymium disc magnet over the earphone speaker in which the negative magnetic field is facing the ear.

Cell phones have a double problem - not only the damage of the positive magnetic field facing the ear, but also a pulsing frequency of 900 MHz. Any frequency beyond twelve cycles per second is stressful to the human body. Fastening the neodymium disc magnet over the speaker will, with the static negative magnetic field facing the ear, counter the static positive magnetic field of the instrument and also counter the high frequency pulsing field of a cell phone.

Cost	
Single 1" x 1/8" neodymium disc magnet	$12.95
Shipping	8.50
	$ 21.45
Two neodymium disc magnets$	25.90
Shipping	8.50
	$ 34.40

MAGNET THERAPY

Grandfather Status

by

William H. Philpott, M.D.

LAST WORD

Magnetic therapeutic application to humans, be it medical-ordered or self-help, holds a grandfather status worldwide. Beyond this grandfather status, there now exists a growing research application of magnetic therapy which is establishing the values and limitations of static magnetic field therapy and pulsing magnetic therapy.

It is recommended that multiple institutional review boards be established by medical practitioners. This status should be gathered under the institutional review board as out-lined by the FDA. Accumulative values and confirmations from these numerous institutional review boards will have a great value in maintaining and further establishing magnetics as a substantial part of traditional medicine as well as its self-help role in maintaining health and aiding in reversing degenerative disease.

ECOLOGY OF DIABETES MELLITUS TYPE II

Non-insulin dependent type II diabetes mellitus is caused by maladaptive reactions to foods. These maladaptive reactions to foods are IgG allergies and addictions. To a less extent, there are toxic reactions to environmental substances. These maladaptive reactions to foods are determined by deliberate test meal exposures to single foods. Food allergy and food addictions are central to the cause of diabetes mellitus type II. The allergic or addictive reactions to foods cause cellular swelling in which insulin cannot do its job of transporting the sugar into the cells. The deliberate single test meal exposures to foods is preceded by five days of avoidance. The hyperglycemic reaction occurs within an hour of test exposure to a single food. When these hyperglycemic foods are removed, the diabetes no longer exists. After avoiding these foods for a period of three months, they can be placed in a four or seven day rotation diet. Ninety-five percent of the time, there will be no hyperglycemic or other symptom reactions occurring as long as the rotation diet is maintained. It is surprisingly easy and highly effective to manage type II diabetes mellitus with a four or seven day rotation diet. Diabetes mellitus is a systemic disease and therefore needs to be treated systemically with a strong negative magnetic field. To this systemic treatment, a local magnetic treatment is used for symptom management and local disease injury areas.

There is a magnetic method of treating the heart, liver and head for 30 minutes before a meal which prevents the maladaptive food reactions. With this pre-meal and during the meal magnetic exposure, the subject starts the rotation diet without a three month period of avoidance of hyperglycemic reactions to foods.

Cost of seventy magnet bed	$ 2,895.00
Cost of super magnetic head unit	629.95
Two 4" x 6" x 1/2 " ceramic block magnets	99.90
Two 4" x 52" body wraps	25.00
Two ceramic discs, 1-1 /2 " x 1/2 " and a 2" x 26" band	21.95
The usual shipping cost	300.00
	$3,971.80

INFORMATION NEEDED:

Diabetes Mellitus quarterly

The Ultimate Non-Addiction, Non-Stress Diet quarterly *Metabolic Syndrome* quarterly

Each of these are $12.00. Shipping is $5.00.

Total cost is $ 41.00

MAGNETIC CARDIAC RHYTHM PACER

Case History

An 83-year-old man with an irregular heart rhythm. There were two or more skipped beats per minute and runs of skipping every other beat. It required three months of 24 hour a day treatment of a negative magnetic field from a 4" x 6" x 1/2" magnet to permanently reverse the irregular pulse.

After reversing the irregular pulse, he wore a 4" x 6" x 1/2" magnet over his heart at night only. Occasionally, by the end of the day, his heart rhythm became irregular. Replacing the magnet over his heart would usually normalize the heart rhythm within 30 minutes. However, on occasion, it required up to three hours of continuous negative magnetic field treatment of the heart before it would normalize its rhythm.

FUNCTIONS:

The biological response to a negative magnetic field is alkaline-hyperoxia. A negative magnetic field attached to bicarbonates activates their alkalinity response. A negative magnetic field activation of oxidoreductase enzymes releases oxygen from free radicals, peroxides, acids, alcohols, aldehydes and other enzyme toxins. Calcium and amino acids are soluble at the physiological alkalinity of the blood in body tissues and becomes insoluble deposits in an acid medium (Klonowski, W. and Klonowski, M. *Aging Process and Enzymatic Proteins*, Journal of Bio-Electricity, Vol IV, Issue 1, 1985, pages 93-102). Atherosclerosis and arteriosclerosis are composed, among other things, as deposits of insoluble amino acid gels and insoluble calcium deposits. A negative magnetic field treatment of the heart achieves two goals, 1) the immediate response of replacing the symptom-producing acid-hypoxia with symptom-relieving alkaline-hyperoxia and, 2) with prolonged exposure of the heart to a negative magnetic field, resolving the acid-hypoxia produced insoluble residues of calcium, amino acids and other compounds. The sustained negative magnetic field with its alkaline-hyperoxia biological response, slowly reverses the insoluble deposits in arteries so that they are clear of obstructive deposits. Mecha-

nisms of a negative magnetic field biological response of alkaline-hyperoxia reversing acid-produced insoluble deposits is an observed objective fact. The negative magnetic field reversal of calcium insoluble deposits also apply to spinal stenosis, deposits of calcium around arthritic and injured joints, calcium deposits in infected tissues and so forth. The negative magnetic field reversal of amino acids and insoluble deposits also apply to amyloid deposits of organs and body tissues including amyloid deposits in the brain (Alzheimer's disease).

THE COST FACTOR FOR CARDIAC ARRHYTHMIA REVERSAL:

One 4" x 6" x 1/2" ceramic block magnet	$ 49.95
One 4" x 52" body wrap	12.50
One 2" x 26" band	7.00
Information needed:	
Magnetic Health Quarterly, *Vascular Diseases*	12.00
Magnet Therapy book	14.95
Shipping	7.70
	$ 104.10

TWO METHODS OF USING A 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. Also, this rotation diet will correct hypoglycemia and non-insulin dependent diabetes mellitus. The food families for rotation are arranged in *The Ultimate Non-Addiction, Non-Stress Diet* quarterly.

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. This method is outlined in my quarterly, *The Ultimate Non-Addiction, Non-Stress Diet* and also in my book, *Magnet Therapy.*

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 the negative magnetic field of a 4" x 6" x 1/2" magnet over the heart 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.

After three months of rotation, there is little likelihood of a maladaptive reaction to a food without the magnets before the meal. Whenever purposely violating the rotation diet such as eating out , then use the magnets ahead of a meal.

Cost:

Two 4" x 6" x 1/2" ceramic magnets	$99.90
Magnet Therapy book	14.95
The Ultimate Non-Addiction, Non-Stress Diet quarterly	12.00
Addiction quarterly	12.00
Two 4" x 52" body wraps	25.00
shipping	12.50
total	$176.35

ABDOMINAL FAT MAGNETIC MELTDOWN

Nightly, place two 4" x 6" x 1/2" ceramic block magnets, 2" apart on the fatty abdomen. Use the negative magnetic field. Hold in place with a 4" x 52" body wrap. Some may need two of these body wraps. Some report losing one pound a day.

Cost:

Two 4" x 6" x 1/2" ceramic magnets	$99.90
One 4" x 52" body wrap	12.50
Addiction quarterly	12.00
The Ultimate Non-Addiction, Non-Stress Diet quarterly	12.00
shipping	12.50
Total	$148.90

Ann's Success Story

Ann has a chronic severe multiple chemical sensitivity. Marked weakness is a major symptom. She has faithfully pursued the systems of several expert environmental and toxicological specialists. She has found Far Infrared Sauna therapy to be of appreciable value. When she added magnetic therapy there was marked improvement in symptom reduction. A more optimal value is increased strength and reduced symptoms even when exposed to an assortment of chemicals when she sleeps on the negative field of a 70-magnet bed.

When on vacation away from her 70-magnet bed her weakness and symptoms returned. Upon returning to the magnet bed her strength promptly returned and the symptoms faded. Her health requires the nightly use of the 70-magnet bed.

Ann's story is a case of chronic oxidoreductase enzyme toxin inhibition that cannot be managed by mere avoidance of the initiating chemical enzyme toxins but can be managed by a nightly negative magnetic field activation of her oxidoreductase enzymes.

The following is a letter that Ann wrote to me.

Re: The 70-Magnet Bed To Whom it may concern,

My chemical sensitivities began back in 1983 and by the time I located Dr. Philpott for help in 1985 I had become 'a universal reactor'. After one year, eighty ozone IV's, a strict rotation diet, along with removal of my silicon breast implants, I still was very chemically reactive. The ozone had brought down my pesticide level considerably, as had EDTA chelation which removed much of the lead poisoning in my body, but still I could not function at all in 'the real world'.

This is when Dr. Philpott realized a new approach was needed and he began to investigate the possible use of magnets. I had instant success wearing them in the head band of my hat. From then on I was at all times wearing magnets on various parts of my body as well as sleeping on twenty 4" x 6" x 1/2" magnets at night— not too comfortable but definitely symptom relieving.

For many years I managed to survive in this manner until Dr. Philpott invented the 70-magnet bed which changed my while life, as now my entire body is captured nightly in a strong, healing magnetic field.

After three months I was almost symptom free of chemical and electromagnetic field sensitivities. However, I am still cautious about my diet— an all organic rotation diet, and walk three miles on the beach everyday.

There is only one drawback to this treatment. When I leave the 70-magnet bed to stay at my house in the Bahamas, I do not do so well after a few weeks and must return early to rejuvenate myself again with strong, negative magnetic therapy. It works!

Ann Lloyd Deerfield Beach, Fr.