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

FIRST IMPORTANT NOTE

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

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

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

SECOND IMPORTANT NOTE

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

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

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

WHAT MAGNETIC THERAPY IS

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

The energy activation of biological enzymes is magnetic therapy

WHAT MAGNETIC THERAPY DOES

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

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

Some of the values of magnetic therapy are:

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

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

William H. Philpott, M.D.

ABOUT WILLIAM H. PHILPOTT, M.D.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ethics of Magnetic Diagnosis and Therapy

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

Depth of Penetration / Gauss Field Strength

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

All measurements are made at the center of the product

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

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

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

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

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

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

Disclaimer

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

How Dr. Philpott Changed His Medical Practice

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

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

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

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

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

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

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

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

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

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

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

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

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

THE THERAPEUTIC SIGNIFICANCE OF NEGATIVE MAGNETIC POLARITY AND NEGATIVE ION POLARITY

HOW NEGATIVE IONS ARE FORMED IN NATURE

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

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

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

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

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

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

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

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

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

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

(See *Polar Power Magnets Catalog*)

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

USES:

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

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

Cost:	$ 49.95
Shipping:	8.50
	$ 58.45

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

USES:

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

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

See my writings for further details.

COST:

Soother One	$ 21.95
Shipping	8.50
Total	30.45

William H. Philpott's
MAGNETIC THERAPY MOTTO:

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

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

THE DEFINITION OF MAGNETIC POLARITY AS USED IN HUMAN PHYSIOLOGY

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

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

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

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

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

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

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

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

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

STATUS OF THERAPEUTIC MAGNETISM

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

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

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

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

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SINGULAR BIOLOGICAL RESPONSE TO SINGULAR MAGNETIC POLE FIELDS

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

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

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

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

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

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

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

MAGNETIC FIELDS BIOLOGICAL RESPONSES UNIVERSAL TRUTHS

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

1. Centrad and centrifugal atomic energy expressions.

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

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

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

2. Centrad and centrifugal weather energy expressions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22. Cancer cells have a positive magnetic field charge.

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

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

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

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

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

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

26. IMMUNOLOGIC RESPONSES TO OPPOSITE MAGNETIC FIELDS

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

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

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

27.ENZYMATIC RESPONSE TO OPPOSITE MAGNETIC FIELDS

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

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

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

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

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

28. HEAVY METAL DETOXIFICATION

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

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

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

29. POSITIVE MAGNETIC FIELD NEUROPATHY

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

30. NEGATIVE MAGNETIC FIELD HEALING OF NEUROPATHY.

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

31. OPTIMIZING THYMUS GLAND DEFENSE

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

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

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

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

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

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

33. MAGNETIC FREE ENERGY.

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

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

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

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

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

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

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

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

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

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

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

The Physiology of Biomagnetics

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

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

Biological Responses to Separate Magnetic Fields:

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

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

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

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

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

pH Biological Response to Separate Magnetic Fields

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

Magnetic Response to Stress Injury

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

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

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

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

Biological Source of Magnetism

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

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

Examples of Biological Produced Magnetism

Four Oxidoreductase enzymes

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

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

Secrets of Negative Magnetic Field Therapy

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

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

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

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

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

Alkaline-medium electrostatic field or negative magnetic field

The Role of Magnetics In Enzyme Function

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

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

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

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

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

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

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

Magnetic Dynamics of The Degenerative Process

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

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

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

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

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

The Significance of Alkalinity and Acidity in Biological Health and Disease

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

dependent.

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

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

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

The Role of Oxidoreductase Enzymes in Addiction Including Food Addictions

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

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

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

THE ROLE OF ADDICTION IN OBSESSIVE-COMPULSIVENESS

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

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

Grandfather Status of Magnet Therapy

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

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

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

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

An Invitation To Do Research In Therapeutic Magnetics

Dear Doctor:

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

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

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

Sincerely,

William H. Philpott, M.D.

Magnetic Therapy

Medical Supervised Research

VS.

Self-Help Treatment

Medical Supervised Research

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

Self-Help Magnetic Therapy

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

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

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

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

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

Address:

Date:

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

405/ 390-1444 Fax 405/ 390-2968

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

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

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

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

Address:
Date:

SELF-HELP TREATMENT RESPONSIBILITY

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

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

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

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

Name_____ Date_____

Mailing address_____

_____
City, State, Zip

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

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

Therapeutic research format available:

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

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

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

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

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

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

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

Research gift to HOLOS INSTITUTES OF HEALTH made by:

Name _____

Address _____

_____

Phone _____

Date _____

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

_____
W.H. Philpott, M.D.

Date _____

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

Viral Encephalitis Syndrome

from the *Magnetic Health Quarterly*
"Viral Encephalitis Syndrome" Vol. X, 3rd Qtr, 2004

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

MAGNETIC PROTOCOL
Chronic Progressive, Insidious, Low-Intensity Epstein-Barr Virus and/or Cytomegalovirus Encephalitis as causes of childhood: Autism, Attention Deficient Disorder, Hyperactive Disorder, Lethargy Disorder, Obsessive-Compulsive Disorder, Tourettes Syndrome Disorder, Mirror Imaging Disorder, Some Seizure Disorders, Some Development Disorders, Progressive to Adult: Schizophrenia Disorders, Bipolar Disorders, Non-Psychotic Depression Disorder, ;with Chronic Fatigue & Fibromyalgia Pain

I HAVE DOCUMENTED A CHRONIC, INSIDIOUS, SLOWLY PROGRESSIVE VIRAL ENCEPHALITIS SYNDROME AS A CENTRAL CAUSE OF CHILDHOOD AUTISM AND LEARNING AND BEHAVIORAL DISORDERS, PROGRESSING TO ADULT SCHIZOPHRENIA AND BI- POLAR DISORDERS.

THE GOOD NEWS IS THAT A NEGATIVE MAGNETIC FIELD WILL KILL VIRUSES, BACTERIA, FUNGI AND PARASITES AND THUS STOP THE PROGRESSION OF BRAIN INJURY FROM THESE INVADING MICROORGANISMS. THE GOOD NEWS IS THAT ONCE THE ORGANISMS ARE KILLED AND THE IMMUNOLOGIC REACTIONS, ADDICTIVE REACTIONS AND TOXICITIES ADEQUATELY TREATED, THE SUBJECT IS THEN TRAINABLE WITH NEW APPROPRIATE SOCIAL, BEHAVIORAL AND LEARNING SKILLS. THIS PROGRAM IS HIGHLY EFFICIENT.

From Autism to Artistic Genius

Larry was diagnosed at the University of Oklahoma in Oklahoma City as autistic when he was age 5. His father and mother are both physicians. Larry had every possible advantage of both medical science and education. He came to me at age 18. He could speak with grunts but not always understood even with these grunts. He had much bizarre arm gesturing as he attempted to speak. He was covered from head to foot with acne. The acne had been treated for years with antibiotics and he was on one antibiotic at the time. The antibiotic had never rid him of his acne. Fasting with water for only five days, his acne dried up. When tested for dairy products, his acne returned. At the end of the five days, he could still not speak except with grunts and gesturing because this was now a learned response.

On his second visit to the office before the fast began, he was saying the word "circle" repeatedly at three second intervals. I placed a 4" x 6" x 1/2" magnet on the back of his head and upper neck and he stopped saying the word, °circle". This demonstrated that I could calm the brain down with the negative magnetic field and have symptoms reduced. During the subsequent food testing with meals of single foods, when he was given wheat, he started his compulsion of repeating the word "circle" at three second intervals. Cow's milk had reproduced his acne. He reacted to a number of foods with production of or an increase in his symptoms.

Laboratory studies demonstrated that he was not processing methionine properly. To bypass this, we had him eat only low amounts of methionine foods and supplemented cystine and taurine since these amino acids are enzymatically made from methionine and he was deficient in these. The evidence was that this homocystinuria was genetic or a metabolic disorder from an infection and not caused by deficiency of B^{12} or folic acid as found in some cases.

His method of speaking with grunts and gesturing did not disappear with the avoidance of foods to which he was reacting. The method we used taught him to relax by a progressive relaxation drill. He was able to respond to this after we had stopped his food reactions. He was found to be trainable when he wasn't reacting to foods. By this method we trained out his grunts and gesturing. He learned to talk very clearly and dropped completely the physical bizarre gesturing of his arms.

The good news here is that an autistic is trainable when they are not reacting to foods, chemicals or inhalants. Therefore the first step in treating autism is to stop the maladaptive reactions and the second step is to proceed with retraining using behavioral methods of retraining. The subject must learn to stay relaxed while learning to proceed with speech or whatever other problems there are without any symptoms being produced. Magnetic therapy can help. Treating the brain with disc magnets that are 1-1/2" across and 1/2" thick placed bitemporally can materially manage symptoms. Obsessions and compulsions are best managed by placing a 4" x 6" x 1/2" magnet on the back of the head and upper neck. While in this symptom-reduced state of relaxation and the negative magnetic field placed on the brain and central nervous system, proceed to practice corrective behavior including speech.

In the 1960's, I had invented an instrument that was in essence a stroboscope with the pulsing frequency at 22 cycles per second. With this, the subject soon learns to project an image onto the screen (eidetic image). I used this instrument on Larry. He learned to look at a picture, written material or typed material. He could look at it and then place it on the screen that is flickering at 22 cycles per second. He has become a wonderful artist. He can project what he wants to draw and then draw in his projection. He can reproduce anything that he looks at by then looking at the screen - it will come on the screen with color, movement, depth and so forth. He developed this ability to the extent that he could look at a typed page of material - not read it but simply photograph it in his mind and then look at the screen and it would come on the screen and he could read it. He attended special art classes at a local university. He sells his art at art fairs.

Larry is independent from his parents. He has an apartment of his own, his own car and prepares his own food. Larry is a successful independent person. He was correctly diagnosed as autistic at age five. His symptoms were reversed at age 18 by sorting out the foods and chemicals that he was reacting to and skirting around a genetic error that we found. Behavioral training was very necessary and a part of that necessity is to stop any reaction to foods, chemicals or inhalants and manage nutritional needs or genetic errors. The brain of an autistic child can return to normal function. Larry's case shows that the brain of an autistic child can function well and that the symptoms can be trained out and new behaviors trained in as long as the subject is not continuing to react maladaptively, either allergically, addictively or toxically to foods, chemicals or inhalants. Behavioral training and educational methods are an integral part of the solution for autism.

What I have found is that there is a spectrum of organic brain disorders from minor such as attention-deficit, hyperkinesis, dyslexia, autism, to major mental symptoms such as schizophrenia and

manic depressive. These are all simply degrees of the same brain disorder. I have found all of these brain disorders to be infected with viruses. The viruses that we have consistently found are the herpes family viruses such as Epstein-Barr, cytomegalo and human herpes virus #6. These viruses do not die spontaneously. There are not any antibiotics that will kill them. These viruses injure the brain and the illness is progressive. All children infected with these viruses are candidates for the development of schizophrenia or bipolar disorder in their 20's. Maladaptive reactions to foods and to a lesser degree, inhalants, is a secondary phenomena in which when a reaction occurs, the brain is the target organ for symptom production because it has a state of injury.

This case demonstrates:

1) The progression from autism from age 5 to schizophrenia by age 18.

2) Evoked symptoms cleared with a five day fast while learned symptoms continued.

3) Symptoms were precipitation by maladaptive reactions (allergies, addictions and toxicities) to foods during deliberate food and chemical testing.

4) Symptom relief by avoidance of symptom-evoking foods.

5) A return of initial symptom-evoking foods without symptoms after three months of avoidance.

6) All foods rotated.

7) Negative magnetic field relief of symptoms.

8) Use of a negative magnetic field brain placement along with relaxation to train out learned responses that have developed out of this symptom-evoking viral infection. This demonstrates the capacity to learn new social and learning new behaviors after the symptoms have been relieved by initial avoidance and later spacing and magnet therapy treatment during the behavioral training sessions.

Viral Encephalitis Syndrome
MY DISCOVERY OF CHRONIC PROGRESSIVE HERPES FAMILY VIRAL ENCEPHALITIS SYNDROME

Starting in 1970 through to 1990, I did a research project on my mental patients which were largely schizophrenics with a few manic-depressives as well as non-psychotic depression and obsessive-compulsiveness. I examined them broadly for their nutritional needs, their toxic state and their infected state. I did cultures on my patients and did antibody studies for systemic infections. I found a wide assortment of candidates for brain injury to my patients. However, the most striking evidence was the presence of antibodies to Epstein-Barr, cytomegalovirus and sometimes also to human herpes virus #6. Consistently, my patients with psychosis and the children with attention deficit disorder, hyperkinetic disorders, obsessive compulsive disorders, autism, Tourette's syndrome, dyslexia and mirror imaging had antibodies to these herpes family viruses. This was consistent no matter what their age. Whereas in the non-psychotic and those without behavioral and learning disordered children the antibodies to Epstein-Barr came in later life, usually in their late teens and early twenties. This alerted me to a consistent presence of these herpes family viruses in these psychiatric conditions, behavioral disordered and learning disordered children. Furthermore, these herpes family viruses don't die. The body is unable to immunologically kill them because they make stealth adaptation and thus establish a latency in the body. They are both lympotropic and neurotropic and have the capacity to produce an encephalitis.

For years, the specialty of psychiatry has had an ego satisfaction out of grouping mental, behavioral and learning symptoms into specific categories of symptoms. The causes of these reactions were only speculative. The separate naming of mental, behavioral and learning disorders is in contrast to usual medicines identification which is to a common cause with multiple symptoms. Based on my research, I concluded that we should look for a common cause even though the symptoms varied. Isolating a common cause. encourages also the examination of a common treatment. The common treatment that my research has indication of is to, first of all, kill the viruses. Secondly, stop the maladaptive reactions by initial avoidance and later spacing of contacts with the symptom evoking substances. These maladaptive reactions are food allergies with antibodies, food addiction without antibodies and toxins without antibodies. The third consideration of treatment is to examine for nutritional needs and optimize nutritional supplementation. The conditions that have been isolated as justifying the conclusion of a viral encephalitis in childhood are; attention deficit, hyperkinetic disorder (ADHD), obsessive-compulsive disorder (OCD), autism, Tourette's syndrome, dyslexia and mirror imaging.

The herpes family virus encephalitis is progressive and all of these childhood conditions are subject to progression to schizophrenia, or bipolar disorder. The histories demonstrate the symptoms' progression of this viral encephalitis. Diagnostic categories of the adult condition are a progression of these symptoms which often then add hallucinations and delusions justifying the conclusion of the diagnosis of schizophrenia and manic-depressive disorder.

I participated with Saul Klotz, Allergist, in a double-blind study on adolescents. The learning disorders, behavioral disorders and schizophrenia in which we used food extracts sublingually placed and compared with pure water. The evidence was overwhelmingly convincing that food reactions did enter into these learning and behavioral and psychotic disorders. From this, I launched a systematic study of reactions to foods, chemicals and inhalants.

Theron G.. Randolph had developed a system of fasting for five days followed by meals of single foods and monitoring for the development of symptoms . I followed his lead under the supervision of Marshall Mandell, M.D., Allergist and Martin Rubin, Ph.D, Biochemist in which we were looking for food symptom reactions nutritional deficiencies, toxic states and infected states.

Five days of a fast was most amazingly revealing. Psychotic patients, no matter what their category, showed either a total or marked clearance of their symptoms. After five days of a fast, they were given meals of single foods and this revealed that there were reactions to foods that evoked symptoms. We also, at the same time, were running food allergies. We found that not all of the reactions had antibodies. They were addictive in quality, that is, when chronically using the foods, the foods relieved the symptoms and the symptoms were a withdrawal phase occurring four hours or more after eating a food and again, would be relieved by eating the symptom-producing foods. There is a smaller number of reactions to toxins from various sources that evoke symptoms also. This was tested by sniffing or sublingual application of the toxic substances. Foods themselves contain toxic substances which, when eaten frequently, overwhelm the enzyme system of the body. There is nothing in my training as a psychiatrist or in text books in psychiatry that told us that a mental patient would markedly improve with a 5 day fast. It simply is not common knowledge in psychiatry. The fact that eating test meals of single foods will reveal which foods or which chemicals evoke these symptoms simply is again, not common knowledge. Understanding this makes it possible to bring the patient quickly into control of their symptoms and will do so without any nutritional supplements, tranquilizers, anti-depressants or shock treatments.

COMMON DIAGNOSIS AND COMMON TREATMENT FOR CHRONIC PROGRESSIVE HERPES FAMILY VIRAL ENCEPHALITIS SYNDROME

The viral encephalitis syndrome is a final conclusion of a central cause of a viral infection of the brain from the herpes family viruses (Epstein-Barr, cytomegalovirus and occasionally, human herpes virus #6) plus the viral injured brain symptoms precipitated by maladaptive reactions (allergies, addictions and toxins) to environmental substances. The components of the diagnosis are:

1) identification of viruses by antibody culture or immunologic identification of the presence of viruses.

2) identification of allergies by the presence of antibodies or other cytotoxic evidences, identification of autoimmune reactions.

3) identification of addictions, especially food addictions.

4) identification of toxins, especially heavy metal toxins such as mercury and lead.

THE ROLE OF A FAST AND
DELIBERATE SYMPTOM TEST EXPOSURE

Five days of avoidance frequently produces a symptom-free, or relatively symptom-free state. This avoidance period can be achieved by a 5 day fast. For adolescents or children over ten years of age a water fast can achieve the goal. Children can develop a state of acidosis with a water fast only. A five day avoidance can be achieved by feeding the subject selective infrequent foods during the fasting period. Ideally, foods for the five day fast are watermelon and a fish or a legume such as lima or butter beans. Use foods infrequently used by the subject. Classically foods that precipitate symptoms are foods that are used twice a week or more. Five days of avoidance changes the symptoms from the chronic state in which the foods cannot be identified to an acute state in which on single exposure to a food or chemical symptoms are precipitated. Thus, the foods or chemicals can be individually identified. It takes about a month to go through this type of test. Before each test meal of a single food or substance, a record is made of any symptoms and these are graded on a 1-10 scale. Between an hour to an hour and one-half of the test meal, the symptoms will emerge. And again a record is made of the development of symptoms or a change in intensity of the symptoms. Thus, from this, you can learn what foods or chemicals can be avoided in order to be symptom-free.

There are two major conditions that can be assessed and give valuable information. The pH of the blood or saliva, but especially the blood can be made before the test meal and an hour after the test meal. Litmus paper can be used for this. Just moisten this litmus paper with blood and wipe off the cellular elements. You need a litmus paper which gives you a reading between 6-8. The name of the litmus paper that we use most commonly is called Phydron. This can be obtainable from a laboratory supply. The other most common test is blood sugar before and one hour after each test meal. For this, use the standard instrumentation that diabetics use for monitoring their blood sugar. Any blood sugar beyond 140 is considered hyperglycemia which is a diabetic reaction. The blood pH below 7.35 is acidic. Characteristically, whenever symptoms develop, also evidence of acidosis is also present. Saliva can be used for this test, however, it is not that reliable. There must be no particles of food in the mouth and it must be the saliva, not testing on the tongue itself. If saliva testing is going to be used, then you would have to rinse the mouth after the test meal and wait one hour before you test the saliva. What I have described above is convincing evidence, both to the subject and the observer of the significance of the reaction to foods, chemicals or inhalants. Chemicals or other volitable substances can be tested by sniff testing or sublingual testing.

HOW TO PROCEED WITHOUT FOOD TESTING

What I have observed and documented is that foods that are reacted to are foods that are used frequently. Therefore, a person can assume that they are reacting to frequently used foods and leave these out of the diet for three months before reintroducing them. In the meantime, go on a 7 day rotation diet. I have also worked out another method since it has been observed that symptoms that are evoked during testing can be relieved with a negative magnetic field. This would involve using two discs placed bitemporally. These discs are 1-1/2" x 1/2" ceramic disc magnets that are held in place with a 2" x 26" band and also place a 4" x 6" x 1/2" magnet directly over where the symptoms are that developed. I have worked out a system that works very well and that is, if you will treat the head, heart and the liver ahead of meals, chances are that there will be no reaction. If there is a reaction, and say you have eaten three foods, then you would need on the next go round, to test those foods singly and see which food it is that overrides the magnetic application ahead of the meal. That food then should be left out for three months before reintroducing it into the rotation diet. In this system, you immediately rotate everything including the foods used frequently but only leave out those that override the magnetic pre-meal exposure. The heart is treated with a 4" x 6" x 1/2" magnet with the 6" placed lengthwise the body. Hold this in place with a 4" x 52" body wrap. The liver is also treated with a 4" x 6" x 1/2" magnet with the 6" lengthwise the body. Hold in place with a 4" x 52" body wrap. The minimum should be 15 minutes, more optimally would be 30 minutes. The magnets can remain in place during the meal also, if desired, and it would be best to do so.

THE COMMON TREATMENT FOR VIRAL
ENCEPHALITIS SYNDROME IS:

1. First of all, kill the viruses. This can be done by sleeping on a 70 magnet bed. These magnets are 4" x 6" x 1". Thirty-five are placed in a wooden carrier 38" square. Two of these wooden carriers are placed end to end making a bed 76" x 38". Over this, place a 2" memory foam pad. Sleep also with the head surrounded by twelve of these 4" x 6" x 1" magnets. These are placed in a wooden carrier. There is space for the head surrounded by these magnets and the person can turn from side to side if desired. It is wise to go back on this bed for one hour, four times during the day for the first three months. After three months, then sleep on the bed and the head unit nightly as a lifestyle.

2. Use one of the methods that has been described to prevent symptoms from developing. Optimize the nutrition. It is wise to be tested broadly for vitamin, mineral, amino acids and essential fats to determine if indeed there are any deficiencies or genetic errors relating to nutrition such as homocystineria. The initial plan is to take vitamin-mineral mixtures that are intended for one-a-day and take it instead, twice a day. If a specific deficiency has been identified, then treat accordingly.

3. Treat appropriately any identified toxins, especially mercury and lead toxins. There are specific chelation treatments for these toxic metals that can be given intravenously or orally. The super magnetic bed is itself a very strong detoxifier of any kind of toxins including heavy metal toxicity. Therefore, sleeping on this super magnetic bed will in itself resolve the problems of toxicity. However, it also works well with other established methods of detoxification.

THE ROLE OF GLUTEN

In my research, I have discovered that gluten is the highest reactive food substance. There were 64% of my mental patients that reacted to gluten. Gluten is easily addictive. In the first stage of digestion, gluten splits in half. It now is a narcotic and unless the second phase of digestion occurring in the small intestine occurs normally, then it can enter the blood stream as a narcotic and thus become addicting. Gluten also has a genetic component in some people. This is 1 in 200 in the Irish and 1 in 2,000 in non-Irish. We should always be aware of this genetic possibility of reaction to gluten. The classic intestinal symptoms are celiac disease which is an irritable inflammatory reaction of the small intestine or Crohn's disease which is in the large intestine or irritable bowel syndrome. If these physical symp-

toms or the mental symptoms continue in spite of rotation and in spite of the use of the magnets, then it can be assumed to be genetic and gluten foods should be left out. Gluten foods are wheat, rye, oats, barley, millet and the gliadin of mature corn. Gluten is a good food if you are not reacting to it and should be a part of the rotation diet but only left out in cases of continued maladaptive reactions. Sprouting the grain removes the gluten. Sprouting the grain makes it possible to use these valuable nutritious grains.

ANTIBIOTIC NEGATIVE MAGNETIC FIELD

The good news is that a negative magnetic field is an antibiotic across the board for all types of human invading microorganisms. It matters not the type of invading microorganism such as viruses, bacteria, fungi or parasites. If and when the human body comes up with a strong enough negative magnetic field, it will itself kill invading microorganisms. Invading microorganisms are a positive magnetic field and when they can come up with a stronger positive magnetic field than the human body's negative magnetic field, then the invading microorganism will win. It is of further interest to observe that microorganism plate cultures are not appreciably influenced by exposure to a negative magnetic field. There is something in the human response to a negative magnetic field that makes it an antibiotic. We know what some of these values are but there must be a number that we do not as of yet, understand. The human organism is an alkaline-hyperoxic negative magnetic field organism, whereas, microorganisms that invade the human body are acid-hypoxia positive magnetic field organisms. They have the ability to tolerate an acid that the humans cells cannot tolerate and also, their cells cannot tolerate the necessary alkaline-hyperoxia that the human body requires. Unfortunately, we cannot use the common culture methods to determine the antibiotic value of a negative magnetic field. We are dependent in this case on the body's response to the separate magnetic fields as a reinforcer of its own antibiotic capacity.

SUCCESS STORY

A physician sent a patient to me with multiple gastrointestinal symptoms. He had run a stool culture on her which contained numerous pathological bacteria and fungi. After three months on the super magnetic bed of 70 magnets, a stool culture was run. The pathological bacteria and fungi had all died out and the good non-invading bacteria were flourishing. The non-invading bacteria are a negative magnetic field, the same as the human cells and they make their ATP by the oxidation reduction method as human cells. Being a negative magnetic field, they cannot invade because the human negative magnetic field would repel the negative magnetic field of the microorganism. They can live in the gastrointestinal tract but they cannot invade the tissues. A negative magnetic field reinforces the already existing negative magnetic field of the human cell and this is why a negative magnetic field is an antibiotic, the details of which are yet to be fully explained.

POLARITY SIGNIFICANCE

The human body is an electromagnetic organism. Magnet polarity decides the direction of biological responses. Both positive and negative magnetic polarities are of equal importance for life, health and happiness. A positive magnetic polarity is a biological stress with a cellular pulsing frequency beyond 12 cycles per second. Brief excursions of a positive magnetic field is responsible for all wakefulness, mental and motor activity. The toxic free radicals and acids of biological stress are quickly processed to water and oxygen by oxidoreductase enzymes. Chronic stress beyond the capacity of the oxidoreductase enzymes to process toxic end products of metabolism leads to disease. The anti-stress negative magnetic field has a pulsing field below 13 cycles per second. The magnetic negative anti-stress biological field prevents and reverses these diseased states. Deep sleep is 2 cycles per second. 8-12 cycles per second is relaxation. The alkaline-hyperoxic anti-stress state rapidly, enzymatically processes toxic end products of metabolism and also is responsible for enzymatically making adenosine triphosphate which is the central driving force in human enzyme catalysis. Any method that helps maintain the base line of alkaline-hyperoxia, cellular pulsing frequency below 13 cycles per second, is anti-stress negative magnetic polarity and helps maintain biological health. Optimal sources of maintaining anti-stress negative magnetic field polarity are such as:

1. External negative magnet field which the body uses as a source of energy beyond that of nutrition.

2. Negative polarity ions. Negative ion air. Negative ion drinking water. Negative silver ion solution. Negative ions in the air and water along with negative magnetic fields is an important ancillary therapy to that of a negative magnetic field provided from static field magnets.

CONCLUSIONS FROM MY RESEARCH

1. Mental patients routinely became clear of their mental symptoms when fasted for five days. This was indeed an unexpected, shocking revelation.

2. Mental symptoms emerged when exposed to single test meals of foods, chemicals or inhalants and the patient remained mentally clear when these were removed.

3. 95% of the time, foods that had originally produced symptoms, either mental or physical, would not be present if you avoided those foods for three months. After three months, they could be reintroduced into the rotation diet as long as the exposure is no more than once in four days. Only occasionally were there genetic reasons, such as genetic reactions to gluten.

4. The cause of diabetes mellitus type II was reactions to foods, chemicals or inhalants and was not caused by glucose as such. In fact, each sugar - corn, beet, cane, sorghum molasses and honey - had to all be tested separately. Among my patients, I never found a diabetic that would react to maple sugar. The reactions are to the substances from which the sugar is made. For example, you may react to beet sugar but not to cane sugar or maple sugar. Even exposure to honey had an interesting phenomena. The honey gathered from the local area where the subject lives may cause a reaction. Honey from an area where the subject does not live characteristically did not cause a reaction.

5. pH dropped below the physiological normal when symptoms and/or high blood sugar occurred.

6. It was determined that the patients - schizophrenics, manic depressives, hyperkinetic, obsessive compulsive, learning disordered and autistic children - showed the same characteristics of being infected with herpes family viruses, either Epstein-Barr, cytomegalovirus or human herpes virus #6 as the adult schizophrenics and manic depressives. Also it was determined that all the behavioral and learning disordered children were candidates to become schizophrenics in their 20's. The history of schizophrenics included these learning disorders, attention deficit disorders and obsessive compulsive disorders quite routinely. Thus, it was determined there is a spectrum of organic brain disorders having the same source and that is a childhood infection with one of the herpes family viruses. Reactions to foods, chemicals and inhalants is a secondary phenomena. These lymphotropic viruses do infect the lymph system including the B-lymphocytes that make antibodies. They also are neurotrophic and invade the neurones of the central nervous system, especially the prefrontal, frontal and temporal areas of the brain. Thus the person is more allergic and becomes addicted more easily to these foods. When a food reaction does occur, the organ selected for reaction is the injured area which in this case is the central nervous system, especially the brain.

Since 1983, I have been involved in research examining the value

of magnetic therapy. I have determined that if you expose the person magnetically before a meal, the reaction does not occur. For this, two ceramic disc magnets that are 1-1/2" x 1/2" are placed bitemporally. A 4" x 6" x 1/2" magnet is placed over the heart and one over the liver. All of these have the negative pole facing the body. With 15-30 minutes exposure pre-meal, symptoms do not develop. Thus a person can go on a rotation diet immediately without an avoidance period of three months of the reactive foods.

A negative magnetic field is an effective antibiotic. Therefore, the infections that are so prone to develop in diabetes can be prevented and reversed with a negative magnetic field. Also, diabetic neuropathy and other toxic neuropathies can be effectively treated with the negative magnetic field.

ECOLOGIC SYMPTOM EXAMINATION PLUS BIOCHEMICAL MONITORING

From 1970 through 1975, I did a research project at the psychiatric hospital, Fuller Memorial Hospital in South Attleboro, MA. Two books were published giving the details of the results of the research. They were *Brain Allergies* and *Victory Over Diabetes*. Five hundred mental patients were examined. Most were schizophrenics, a few were bipolar and thirty were severely depressed neurotics. All of these individuals required hospitalization. Among these patients was an assortment of chronic degenerative diseases. A number were maturity onset diabetics. Many qualified as metabolic syndrome.

The research system included the following:

A psychiatric and physical examination and bio-chem screen before the research was instituted.

Five days of a water only fast.

There was a series of antibody studies which included Epstein-Barr, cytomegalovirus and human herpes virus #6. Starting on the 6th day after the five day fast, single food meal tests began and continued for the next month. Before each meal and one hour after each meal, the following was done.

1. Symptom severity test with symptom present and severity was placed on a 1-10 intensity.
2. Blood sugar test.
3. Blood pressure test.
4. Pulse test.
5. pH of blood and/or saliva.

Theron G. Randolph, M.D., allergist, had observed the fact that acidity was present when symptoms occurred. Blood sugar and blood pH an hour before and after each meal had never been done before. Dr. Randolph's observation of acidity associated with symptom production proved to be correct. Blood sugar had never been tested before. In maturity onset diabetes type II, specific foods which evoked the blood sugar beyond 140 were in evidence. When these foods were withdrawn from the diet, there was no diabetes. This was even in patients who were obese and had not yet had the opportunity to reduce their weight. After three months of avoidance, the foods that were revoking hyperglycemia could be reintroduced and would not produce hyperglycemia as long as they were used only once in four days.

My friend, John Potts, M.D., had many diabetic patients. He systematically examined these patients and published in the abstract issue of the *Journal of Diabetes*, four research projects. This confirmed that diabetes was caused by these food reactions and even in those late stage diabetics where insulin was not in adequate supply, two-thirds of these did not need insulin when their foods were sorted out. Between 1976-1990, I was in private practice with a ten bed environmental controlled unit. I also had a large outpatient department. With this, I had a wide assortment of degenerative diseases and numerous diabetics. It was easy to reverse maturity onset type II diabetes. Most hypertensions also were reversed by honoring the food reactions. In my original research and in later years, I found many patients that would satisfy the criteria of metabolic syndrome in which there was a mild hypertension, a mild disordered glucose metabolism and a mild disordered lipid metabolism. These all reversed when honoring the fact that foods, chemicals and sometimes other environmental substances such as toxins were the precipitating cause of this metabolic syndrome.

THE PATHOLOGY OF HERPES FAMILY VIRUSES

Facts about Herpes Family Viruses

The following are members of the herpes family virus:

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

Herpes simplex II which is characteristically in the genital area.

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

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

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

Cytomegalovirus is particularly neurotrophic affecting the brain and the entire nervous system.

Human herpes virus # 6 has been implicated as being consistently present in multiple sclerosis.

Human herpes virus # 7 is a recently discovered human herpes virus. Little is known of its significance.

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

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

Herpes viruses "establish latency in the body after primary infection despite the presence of antibodies".

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

None of the antiviral agents eradicate latent viruses.

Congenital herpes has been established as a fact. A reasonable theoretical postulation is that Epstein-Barr, cytomegalo or human herpes virus #6 is congenitally passed to the fetus during a recurrent symptom infection from a latent infection. This is most likely to occur during the 2nd half of pregnancy. An acquired infection during gestation, infancy or childhood, while the brain is still in its formative development, injures the brain so that it does not fully develop. Herpes viruses have the ability of stealth adaptation in which they are able to drop out their antigen to which the human immune system is responding. Thus, they skirt around the immune defense of the human system. They can latently dwell in the lymphocytes, particularly the B-lymphocytes and the neurones. They can continue to damage the human physiology without evoking a human immune response. Infections of these viruses are even known to exist when there were no antibodies against the virus.

In my extensive studies of learning and behavioral disorders including autism, attention deficit, obsessive compulsiveness, hyperactive, lethargic and dyslexic children, I discovered that they have one or more of these herpes viruses, usually Epstein-Barr or cytomegalo. They have these early in life which injures the brain.

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

CHRONIC PROGRESSIVE HERPES FAMILY VIRUS

Encephalitis Syndrome of Adulthood

1) Multiple sclerosis

Human herpes virus #6 as cause

2) Fibromyalgia with weakness and depression Epstein-Barr virus and or cytomegalo virus as cause.

WHAT PROOF IS THERE THAT THE NEGATIVE MAGNETIC FIELD KILLS VIRUSES?

With magnet treatment, shingles, herpes simplex 1 and 2 can be completely reversed and never return.

NEGATIVE MAGNETIC THERAPY:

Place the negative field of a plastiform magnet that is 3" or 4" wide and 1/8" thick, the length of the infected nerve clear back to the spine. Place a 4" x 6" x 1/2" negative magnetic field over the spine at the insertion of the affected nerve. Hold these in place for a minimum of two weeks. The viruses will die both in the nerve and in the spinal nerve and never return. The neuralgia so often experienced by the infected person is no longer present and the episodes of acute activity with blisters ceases. The treatment of herpes simplex 1 and 2 responds the same way as shingles to magnet therapy. This has proved that the viruses have been killed.

Epstein-Barr, cytomegalovirus and human herpes virus #6 are hiding in specific tissues of the body and can be cultured from the blood or identified as present by an immunologic response to their presence. The evidence of infection can be determined by antibody studies. However, antibody studies are not completely reliable because of the capacity of these herpes family viruses to stealth adapt in which the human body no longer is making antibodies to these viruses even though they are present and causing disease.

Beyond that of viruses, we have been able to document that the body's biological response to a negative magnetic field kills invading microorganisms, whether these are bacteria, viruses, fungi or parasites. Thus, there is documented evidence that a sufficiently strong negative magnetic field such as our strong 70-magnet bed will clear the body *of* its invading microorganisms no matter what type of organism they are.

Copied from articles:

EPSTEIN-BARR INFECTION

Mental Problems Linked

"In recent years, scientists have tentatively linked several infectious agents to psychiatric symptoms. New research suggest that Epstein-Barr, the common virus that causes mononucleosis, should be added to this list.

"June Caruso and colleagues identified five children who developed cognitive and neurological problems after contracting Epstein-Barr. Their symptoms included seizures, obsessive-compulsive behavior, cognitive deterioration, loss of speech and language skills, impulsiveness, and inappropriate behavior. Magnetic resonance imaging (MRI) scans of the children revealed abnormalities in all cases.

"The researchers say that individuals who develop Epstein-Barr encephalitis may not present with typical symptoms of mononucleosis, and that serum tests may be negative. They recommend that patients who present with sudden symptoms of perseveration, impulsivity, seizures, abnormal emotional changes, and obsessive-compulsive behavior be evaluated for Epstein-Barr infection.

"In earlier research, investigators linked strep infections to a disorder they have named pediatric autoimmune neurological disorders, or PANDAS. In addition to causing hyperactivity, tics and obsessive-compulsive behaviors, PANDAS has been associated with some cases of autism. Boma virus, also being investigated as a possible cause of autism, is associated with depression."

Abstract quoted from *Autism Research Review International*, Vol 15 No. 1, 2001.

METHYLATION: the link between thimerosal and autism?

Autism Research Review Volume 18, No. 1 2004

Rates of autism have climbed dramatically over the past three decades, a trend paralleled by the escalating numbers of thimerosal-laden vaccines given to children since the 1970's. A possible explanation of this link comes from new research by Richard Deth and colleagues, who report that exposure to even low levels of thimerosal, a vaccine preservative that is nearly 50 percent mercury, can drastically alter a critical process called methylation.

Methylation occurs when methyl groups (molecules consisting of one carbon atom and three hydrogen atoms) are added to or subtracted from other molecules. Because this process regulates DNA function and gene expression, proper methylation is critical to normal neurological development.

Deth et al. found that methylation is stimulated by insulin-like growth factor-1 (IGF-1) and the neurotransmitter dopamine. The researchers discovered that thimerosal inhibits these pathways, even at concentrations typically found following vaccination. They also found that ethanol and lead inhibit methylation, but Deth says that thimerosal "was the far the most potent" inhibitor. Thimerosal, he says, disrupted the methylation process at doses 100 times lower than a child would receive after a single dose of a thimerosal-containing vaccine.

"Scientists certainly acknowledge that exposure to neurotoxins like ethanol and heavy metals can cause developmental disorders, but until now, the precise mechanisms underlying their toxicity have not been known," Deth says. "The recent increase in the incidence of autism led us to speculate that environmental exposures, including vaccine additives, might contribute to the triggering of this disorder."

The researchers say thimerosal appears to interfere with methylation by inhibiting the biosynthesis of methyl cobalamin, the active form of vitamin B_{12}, (Editor's note: this finding is of particular interest because doctors using the Defeat Autism Now! (DAN!) approach are reporting dramatic improvements in many autistic children receiving injected methyl cobalamin.)

Deth says thimerosal may also play a role in attention deficit hyperactivity disorder (ADHD), another behavioral problem that is on the rise. "During the first years of life, networks of neurons that represent the matrix for learning are being developed in the brain," he

says. "Methylation and the development of neuronal cells to create these networks are critical during this time. If the process is interrupted, the ability to learn and pay attention would naturally be impaired."

Reports that autism rates have not dropped since drug companies started phasing out thimerosal from some vaccines do not disprove the thimerosal-autism link, Deth says.

"The epidemiological studies are looking at whole populations," he comments, "and we are trying to determine what it is about an individual kid that might make him more susceptible to this exposure."

Deth cautions that his research group's findings are preliminary, but calls for more research into the possible link between autism and thimerosal. "Up to now, people have said the cause or causes of autism are unknown," Deth says. "Our work isn't final in any sense at all, but it seems to point to this biochemistry as a potential, or even primary, cause of autism."

In 1999, the FDA requested that manufacturers eventually reduce or eliminate the mercury in vaccines, but thimerosal-containing vaccines are still being used. *"Activation of methionine synthase by insulin-like growth factor-1 and dopamine: a target for neurodevelopmental toxins and thimerosal,"M.* Waly, H. Olteanu, R. Banerjee, S.W. Choi, J.B. Mason, B.S. Parker, S. Sukamar, S. Shim, A. Sharma, J.M. Benzecry, V.A. Power-Charnitsky, and R.C. Deth, *Molecular Psychiatry,* January 27, 2004 (epub). Address: Richard C. Deth, Dept. Of Pharmaceutical Sciences, Northeastern University, Boston, MA 01225.

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INVOLVEMENT OF DIFFERENT SYSTEMS IN AUTISM

"Genetic and environmental factors are implicated in the pathogenesis of autism. The effects of environmental factors such as infections and toxic chemicals on gene expression result in biochemical, immunological and neurological disorders found in children with autism.

"Similar to many complex diseases, genetic and environmental factors including infections, xenobiotics, dietary proteins and peptides, play a critical role in the development of autism. The effects of environmental factors on genetic makeup result in immune, gastrointestinal, neurological, biochemical and neuroimmunological abnormalities. Based on extensive research, which led to publications of three different manuscripts and two review articles, we postulated that autism is induced by infectious agent antigens, toxic chemicals and dietary proteins. This process begins in the gastrointestinal tract but manifests itself in the brain.

"Edelson and Cantor demonstrated that neurotoxicants play a possible role in more than 90% of autistic children. These authors presented evidence for genetic and environmental aspects of a proposed process involving immune system injury and autoimmune responses secondary to exposure to immunotoxins. They believe that activation of the immune system is caused by toxicants leading to the production of autoantibodies against haptens, i.e., the toxic chemicals attached to brain proteins. The subsequent damage may be considered a component in the etiologic process of neurotoxicity in the autistic spectrum.

"We and other authors were able to present viable evidence in support of the genetic and environmental aspects of a hypothetical process believed to cause immune system toxicant, leading to the production of autoantibodies against haptens - the toxic chemicals attached to brain proteins. The resulting damage may be considered a component in the etiologic process of neurotoxicity in the autistic spectrum.

"Opioid peptides are available from a variety of food sources. These dietary proteins and peptides, including casein, casomorphins, gluten (GLU) and gluteomorphins, can stimulate T-cells, induce peptide-specific T-Cell responses, and abnormal levels of cytokine production, which may result in inflammation, autoimmune reactions and disruption of neuroimmune communications.

"Infectious agents, toxic chemicals, and dietary peptides are triggers for autoimmunity in autism."

DANI, ARISTO, Ph.D.
Laboratory testing for autistic spectrum disorders
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MAGNETIC ANTIBIOTICS

There are numerous evidences that microorganisms capable of infecting humans will die in a negative magnetic field of sufficient gauss strength and sufficient duration. This is true whether the infectious agent is a virus, bacteria, fungus, parasite or other invading microorganism.

A man with a culture identification of a tuberculosis lesion on the back of his hand, having been unsuccessfully treated with various antibiotics, was treated with a plastiform magnet 4" square and 1/8" thick with the negative magnetic field facing the lesion and kept on continuously for six weeks. This negative magnetic field completely killed the tuberculosis skin lesion. Thus, we know there is a magnetic answer for tuberculosis no matter where it is on or in the body.

A man with viral C hepatitis with a positive fetoprotein test was treated with the negative magnetic field of a 4" x 6" x 1/2" magnet 24 hours a day for several weeks. The viral infection died out and the fetoprotein test became zero.

A woman with a stool culture of several pathogenic bacteria along with *Candida albicans* plus the usual normal, harmless colon bacteria slept on a negative magnetic pole bed of 70 magnets. These magnets are 4" x 6" x 1". The total weight of the 70 magnets in two wooden grids 36" square, with two of these placed end to end, is 400 pounds. The therapeutic gauss strength of 25 gauss extends 18" above the bed. Thus, the entire body is engulfed in a therapeutic level negative magnetic field. Three months after sleeping on this 70 magnet bed nightly, a stool culture demonstrated the absence of the bacterial and fungal pathogen. The normal non-invading, non-harmful bacterial flora of the colon was flourishing.

An elderly man with diabetes mellitus type II that was out of control had a large, non-healing ulcer of a mixed bacterial and fungal culture was scheduled for surgical removal of his foot. The negative magnetic field of a 4" x 6" x 1/2" ceramic block magnet was placed over the non-healing infected ulcer. Within a week, the ulcer started healing. The ulcer healed and the foot was not surgically removed. This occurred despite his uncontrolled state of type II diabetes mellitus.

CONCLUSION FROM CURRENT OBSERVATIONS

The death of invading type microorganisms cannot be demonstrated by invitro culture outside of the human body. The death of these invading microorganisms is dependent on invivo infection. The static negative magnetic field strengthens the human cell's response such that the human cells can kill invading microorganisms. All invading microorganisms of viruses, bacteria, fungi, parasites and others have all responded with death of the microorganism from a sufficiently strong static negative magnetic field of sufficient duration. There is no adaptation capacity of these microorganisms to a static negative magnetic field.

The good news is that in addition to the life saving value of currently used antibiotics, we now have a static negative magnetic field with universal antibiotic value to which no human invading microorganisms can adapt. The sad news is that this universal antibiotic

value of a static negative magnetic field is not common knowledge and therefore is not being used by traditional scientific medicine. Surely, it can safely be predicted that the day will come when hospitals will be equipped with negative magnetic field beds of sufficient gauss strength to produce an antibiotic value which will be used with or without currently well-established values of known chemical antibiotics.

Viral Encephalitis Syndrome

VIRAL ENCEPHALITIS SYNDROME

My observations are that a chronic, progressive, insidious, low intensity Epstein-Barr virus and or cytomegalovirus encephalitis produces learning disorders, behavioral disorders and autism in childhood and progresses to schizophrenia and bipolar disorders in adulthood. If the viral infection occurs in adulthood after the brain is fully matured, then psychosis does not develop. The symptoms in adults with Epstein-Barr and or cytomegalovirus is that of fibromyalgia with depression and chronic fatigue. Also, autoimmune reactions such as lupus erythematosus and rheumatoid arthritis can be precipitated by these viruses. The development of lymphoma cancer can result from the herpes family viruses. Commonly, anyone with Epstein-Barr or cytomegalovirus suffers in varying degrees. The majority of adults do have antibodies to the herpes family viruses. Infections of these herpes family viruses sets the stage for opportunist bacteria and fungi (Candida) to flourish. The human immune system cannot kill these viruses. Once infected, they are latent in the human body. There is no antibiotic that effectively kills these viruses. Zyclovir has a suppressive effect on these viruses however no claims are being made that they can effectively kill the virus. Fortunately, there is evidence that a negative magnetic field of sufficient gauss strength and of sufficient duration will kill these viruses and all human invading microorganisms. At the same time a negative magnetic field activates oxidoreductase enzymes to process toxins of these microorganisms.

MAGNETIC DETOXIFICATION OF TOXIC METALS

All atomic weight heavy metals are electromagnetic positive and in the human body, produce free radicals which in turn damage human metabolism. These heavy metals such as mercury and lead in the human body are changed to non-toxic in the presence of a sufficiently strong negative magnetic field. Not only are the metals themselves rendered non-toxic by the attachment of a negative magnetic field to their positive magnetic field, also they are processed out of the body by the negative magnetic field. The free radicals that have been formed by the presence of these atomic weight heavy metals are quickly processed by the negative magnetic field activation of the oxidoreductase enzymes, the non-toxic results being molecular oxygen and water.

THE ROLE OF pH IN HEALTH AND DISEASE

Blood pH provides the biological window to the electromagnetic health and the electromagnetic pathology of metabolic diseases. There are parallel metabolic conditions that are always present at the same time, any one of which will provide you the evidence that the others will be present. These parallels are alkaline pH, hyperoxia, magnetic cellular anti-stress state, cellular pulsing frequency below 13 cycles per second, cellular negative magnetic state. The other set of parallels are acid pH, hypoxia, cellular magnetic stress state, cellular pulsing frequency beyond 12 cycles per second, cellular positive magnetic state. These are so fundamentally interrelated so that when one is present, the others are also present. Thus, the presence of a blood acid pH indicates acid-hypoxia, cellular stress state, cellular pulsing frequency above 12 cycles per second, cellular positive magnetic state. This set of parallels associated with an acid pH is the condition in which symptoms occur. This set of parallels when alkaline-hyperoxia is present is symptom relief. I was fortunate to have done an experiment in which I was monitoring blood pH in relationship to symptom production. A brief blood acidity is present when symptoms are produced. My knowledge of electroencephalography with specific frequency relating to specific behavioral expression established the cellular electromagnetic state of both non-stress pulsing frequencies compared to stress pulsing frequencies of diseased conditions. Theron G. Randolph, M.D., Allergist was the first to observe acidity present during maladaptive reactions (allergies, addictions, toxicity reactions). Based on this evidence, he used sodium bicarbonate plus breathing oxygen as a relieving agent for symptoms. That occurred during deliberate test exposures. Acidity incorporates oxygen into the acid thus the chemistry of the maladaptive reaction is that of acid-hypoxia. I confirmed his observation of acid-hypoxia as being consistently present during maladaptive reactions to foods, chemical compounds and inhalants. Accordingly, I used bicarbonate plus breathing of oxygen as a symptom relieving agent. Albert Roy Davis, Physicist, was the first to observe that the biological response to a static positive magnetic field is acid-hypoxia and that in contrast the biological response to a static negative magnetic field is alkaline-hyperoxia. I confirmed his findings and found that the application of a negative magnetic field to the area of symptom production was more consistently present with a static negative magnetic field than with oral bicarbonate plus breathing oxygen. I was evoking these symptoms by stress testing by the method of five days of avoidance before this stress testing exposure. This initial avoidance plus single substance exposure during this stress testing revealed consistently which substances evoked which symptoms. These acute symptoms were the same symptoms as chronic diseases. Thus a static magnetic field therapy developed with the dimensions of:

1) identification of symptom-evoking substances.

2) demonstration of acid-hypoxia present when maladaptive symptoms occurred.

3) relief of symptoms and normalization of pH with exposure to a negative magnetic field.

4) healing of degenerative diseases with the prolonged use of an alkaline-hyperoxia response to a static negative magnetic field. Robert 0. Becker, M.D. also observed that healing only occurs in the cellular condition of a negative magnetic field and that healing does not occur in a cellular positive magnetic field state. He observed a cellular positive magnetic field to be the signal of injury.

The essence of magnetic therapy is production of negative ion charges at the cellular level which not only provides the alkaline-hyperoxia necessary for oxidoreductase enzymes to function but also energizes these enzymes for catalysis. This goal of negative ion charges at the cellular level can be achieved by:

1) a static negative magnetic field exposure.

2) negative ion charges in the air with absorption of these negative ions through the skin.

3) negative magnetic pulsing field at an anti-stress frequency which are below 13 cycles per second.

4) sensory pulsing fields at anti-stress levels below 13 cycles per second. This can be any sensory input such as sight, sound or tactile.

Acute symptoms produced by stress test exposure are measurably acid-hypoxic. Chronic metabolic diseases are also acid-hypoxic and are simply the time extension of acute maladaptive reactions. Thus, with diabetes mellitus type II, stress testing identifies the hyperglycemic and otherwise symptom-producing foods, chemicals and inhalants. The withdrawal of these symptom reacting substances versus the diabetes mellitus disease process fortunately three months of non-exposure provides a reversal of these responses and these foods can usually be reintroduced and kept on a four or seven day rotation basis without hypoglycemia or symptoms reemerging.

Furthermore, exposing the brain, heart and the liver to a negative magnetic field for 15-30 minutes ahead of an exposure to the offending agents, food or otherwise, consistently prevents the hyperglycemia or symptoms from emerging. Thus, a subject can set up a four or seven day rotation diet without the usual 5 days of avoidance and proceed immediately with a rotation diet with a negative magnetic exposure ahead of each meal. This same principle applies to vascular disorders, rheumatoid disorders, allergy and autoimmune disorders thus exposure to a negative magnetic field becomes a central and fundamental therapy for either acute symptoms or degenerative disease symptoms. Magnetic therapy is the most predictable symptom reliever whether these are acute reactions or symptoms of chronic disease that I have observed in forty years of medical practice.

COMPONENTS OF MAGNETIC FIELD THERAPY:

1) pH. The normal human pH is from 7.35 to 7.45. When the pH drops into the acid range, then the enzymes of the human body are inhibited. This acidity is toxic to human enzymes other than the digestive enzymes in the mouth and the stomach. All the rest of the enzymes in the body, which are many hundreds, are all alkaline-dependent. The oxidoreductase enzymes are alkaline-hyperoxic dependent. These enzymes make human energy (adenosine-triphosphate (ATP) and when this oxidoreduction process making ATP occurs, it also makes a static oxidation remnant negative magnetic field magnetism which the body then uses in activation of other enzymes along with the ATP. The *Encyclopedia Britannica* states that there are two ways to determine if a catalytic reaction occurred. One is to measure the end product of that catabolism, the other is to measure the evidence that a magnetic field was created by the catalytic reaction. The second major use of oxidoreductase enzymes is that of detoxification. An end product of oxidative phosphorylation is the free radical, super oxide. Super oxide is rapidly enzymatically processed by oxidoreductase enzymes, in this case its free radical is processed to hydrogen peroxide by super oxide dismutase. Then hydrogen peroxide is processed to oxygen and water by catalase. If this process does not rapidly occur, then the super oxide produces other free radicals, ties up oxygen into oxyacids and proceeds to produce alcohols and aldehydes all of which are inflammatory. Therefore, in considering inflammation, we first of all consider the oxidoreductase enzymes that have the job of processing enzyme toxins. A catalytic reaction occurs when a substrate joins an enzyme. This occurs because of dipoles on both the enzyme and the substrate. For the catalytic reaction to occur, electrons have to move between the enzyme and the substrate. There are available, static electrons that are all around us and in us. Vitamin C serves as an enzyme co-factor, providing either the giving or receiving of electrons. When electrons move, a magnetic field is produced. There is a natural attraction between the dipoles of the enzyme and the substrate, however that attraction is not sufficient to cause catalysis. It requires the movement of electrons which ultimately are a magnetic field in order to make the catalysis occur. In the case of the oxidoreductase enzymes, which are alkaline-hyperoxia dependent, the magnetic field produced by the catalysis is always a negative magnetic field. The accumulation of this negative magnetic field is part of the energy system along with ATP that drives other enzyme catalysis that is also alkaline-hyperoxic dependent. Thus it can be seen that since the final step of catalysis is magnetic, then supplying an external source of negative magnetism will energy activate oxidoreductase catalysis and other alkaline-hyperoxia dependent catalysis. This is why when these enzymes are inhibited by any substance that supplies this energy activation of a negative magnetic field they can override this enzyme toxicity and the enzymes then can process the toxins.

Thus, supplying an external negative magnetic field is the most important of the detoxifying process of the human body. It has been well established and confirmed by my observations that the biological response to a negative magnetic field is alkaline- hyperoxia. The oxygen in this case doesn't come from the oxygen that we breathe, but comes from the release of oxygen and water from toxic substances. This is easily observable. If you are stung by an insect, placing the area immediately over a negative magnetic field will process the toxins injected into the human body and will do so rapidly within a matter of minutes or at most, hours and there will be no evidence of injury at all. A finger is burned and the area blanches and is acutely painful. Placing this area over a negative magnetic field will reverse this within minutes. The area will turn pink and will not blister. A bruised area that is turning dark-colored will quickly loose its color and become a normal color within a matter of minutes of exposing the area to a negative magnetic field. An area that has been cut and bleeding will stop its bleeding by placing the area on a negative magnetic field. It does this by virtue of the release of oxygen from acids caused by the injury. Oxygen is vasoconstricting and will stop the bleeding. Furthermore, leaving the magnet on the area, it will heal without any infection occurring and there will not be a scar. The biological response to a sustained positive magnetic field is acid-hypoxia and will make the cuts, bruises, insect stings and so forth, worse. This is easy for anyone to observe. Another proof of the separateness of the positive and negative magnetic field can be observed by using a 1" x 1/8" neodymium disc magnet by placing the positive magnetic field on the skin. Within four days it will begin to hurt. Within two weeks, there will be a vasculitis which is now infected with pustules. Using a negative magnetic field, there will be no harmful effect at all to the skin. The essence of magnet therapy is the energy activation of enzymes. The negative magnetic field is the correction for disordered metabolism. The positive magnetic field can be used for a brief period to activate neurones that have been inhibited by the extinction of disuse from an accident or an acute swelling that has caused pressure on neurones after a bout of multiple sclerosis. This would have to be used while associating this energy activation of neurones with a practice of return function. The positive magnetic field must not be used as a chronic exposure due to its harmful disordering of metabolic function. All healing occurs under the influence of the negative magnetic field. A positive magnetic field is always present at the site of injury, infection or cancer.

2) MAGNET POLES. It is observed that a biological response to a negative magnetic field is alkaline-hyperoxia which drives normal physiological functions. The positive magnetic field is the signal of injury.

Both the positive and negative magnetic fields are part and parcel of human physiological function. The positive magnetic field awakens the subject, drives the ability to think and to act, however it cannot be sustained for a long period of time without injury. The basic function of the human body is that of alkaline-hyperoxia with a pH in the alkaline range. Relaxation and particularly sleep maintains the alkaline state.

3) STRESS AND ANTI-STRESS. Life is composed of both stress and anti-stress. Being awake, mental function and biological function area all in the stress range. Relaxation and sleep are in the anti-stress range. This is all easily demonstrated by the EEG. A pulsing field of 13 and more is stress. A pulsing field of 12 or less is anti-stress. Our base line is anti-stress. We make excursions over into stress but do not sustain this for a long period of time. If we do, there is a buildup of harmful metabolic products starting especially with super oxide and all the damage that it can do in the event that it is not processed rapidly. There are many chemicals from the environment that if in sufficient quantity, enzyme toxic. Allergies and other

immunologic reactions are enzyme toxic. The withdrawal phase from addiction is toxic. The combustion by-products of fossil fuels is enzyme toxic. There are many environmental enzyme toxins that we have to be processing and if our quantity is too great, then they overwhelm our enzyme system and disease results. In order to survive, we must relax and we must sleep soundly in order to re-charge our electromagnetic bodies and process all the toxins and maintain alkaline-hyperoxia so that our enzymes that have many functions can function.

HOW I CAME TO ACCEPT THE SIGNIFICANCE OF MALADAPTIVE FOOD REACTIONS AS PRECIPITATING FACTORS IN MENTAL DISORDERS AND DEGENERATIVE DISEASES

Through the years, many maladaptive reactions to foods and chemicals have been written off as psychosomatic. In recent years, the use of C-reactive protein tests have changed the focus from psychosomatic to identifiable reasons for symptoms developing. Inflammation is a central condition which ties together both mental and physical symptoms. It was very hard for me to accept the idea that schizophrenia could be due to food reactions or that diabetes can be due to food reactions. Therefore, I am giving a history of my final acceptance of food allergy-addiction as a prominent precipitator of symptoms, both physical and mental.

As a resident in psychiatry in the early 1950's, I read the book, *The Neuroses* by Walter Alvarez of the Mayo Clinic. He described many mental and physical symptoms, even those considered to be schizophrenia as being capable of being precipitated by maladaptive reactions to foods. As a resident in psychiatry at the time, I simply could not believe this. After all, these patients hated their fathers and their mothers and their brothers and their sisters and their neighbors. There must be some justifiable reason. We tried to manufacture and postulate these justifiable reasons. It was our job as a resident to postulate these and present them to our fellow residents in a conference. I simply could not accept Albert Alvarez's evidence. There was nothing like this being even postulated by my instructors. I thought he was very wrong and that as an internist, he stepped over beyond the boundaries of his specialty into psychiatry and simply made a fool of himself. It would be another 15 years before I re-examined his book and saw how right he was. In the mid-1960's, Joseph Wolpe, the father of behaviorism in the United States, sent me an article by Theron G. Randolph in which he stated that many patients, even mental patients, became symptom-free with a five day fast and symptoms of either their specific physical or mental state reemerged with deliberate meals of single foods. I only read this with curiosity. I could not believe that my mental patients complaining of their hostilities had anything to do with the very foods they were eating. In 1969, I was a consultant at a school where there were 100 adolescents who had failed both educationally and socially. My job was to do a psychiatric examination on these patients. Twenty-five percent of them were psychotic. Saul Klotz, M.D., Internist, Allergist, was examining them concerning his specialty in allergy. He proposed that we do a study to determine how their foods may relate to their behavior and their learning disorders. The results are reported in the book, *Clinical Ecology* published in 1978. Saul Klotz became President of the American College of Allergists. What was discovered was that when extracts were used, comparing water only with extracts of foods, there were large numbers of reactions to the extracts of foods. This was a double-blind study. It convinced me that I had been wrong in ignoring the evidence of Walter Alvarez and of Theron G. Randolph.

In 1970, I entered a five year program under the supervision of Marshal Mandell, M.D., Allergist and of Martin Ruben, Ph.D., Biochemist. This spanned five years and included 500 patients. The majority were schizophrenics. Occasionally, there was a manic depressive. A few had type II diabetes mellitus along with their mental symptoms. We followed the program of Theron G. Randolph. He was in communication with us during the program, came to visit the program and also, he paid for the secretarial work for my book called, *Brain Allergies.* What happened is, we fasted these patients on water only for five days. This had never been done to schizophrenics or manic depressives or diabetics. Within five days, they were sane. Their blood sugar was normal and they were symptom-free. I did two things that also had never been done before and that is, we looked at their blood sugar during the fast and before each test meal, we tested their blood sugar and one hour after the test meal we again tested their blood sugar. We did the same with pH. We tested pH before the meal and one hour after the meal. What emerged was that routinely when symptoms developed, the blood also became acidic. The saliva became acidic. Also, the blood sugar was normal before the food test and in a sizable number of the patients, which is about one-third of them, the blood sugar was hyperglycemic, that is beyond 140. We tested the subjects for one month. With this, we could tell which foods produced which symptoms and which foods produced hyperglycemia. Leaving these symptom-producing foods out of the diet, the patients were sane and the diabetics showed no evidence of diabetes. Thus, I learned how to manage both my mental patients and diabetic patients or early stage, pre-diabetic patients with food management. It was also demonstrated that after three months of avoidance, using a single food did not evoke the emotional or mental symptoms and did not provoke hyperglycemia. Thus, these foods could be returned to the diet as long as they were kept spaced, such as once a week or once every four days. Based on this, a food rotation diet, either a four day rotation diet or a seven day rotation diet was instituted. Following this program, 75% of my patients did not return to the hospital within a three year period, whereas the other psychiatrists in this hospital had 75% of their patients return to the hospital within a three year period. When a patient did return to the hospital, it was always because they did not follow the rules. They were not rotating their foods or they returned to smoking or to drinking alcohol. The patients who follow the rules remain sane, reasonable and non-diabetic. One case illustrates how difficult it is for physicians to even conceptualize the significance of maladaptive food reactions. One of my patients had a delusion that he had killed a person. It occurred when he was driving a mountain road and he was sure that he crowded a car off of the road and it fell over the cliff. He was obsessed with this night and day. He was depressed. He also was a type II diabetic. On the five day fast, by the fifth day, his obsessive delusion was gone. He could reason that there is no reason for him to believe that they fell over the cliff and he could dismiss it. His blood sugar was also normal. Feeding him meals of single foods, we found that when he was given wheat his hyperglycemia was present and his delusion emerged. His blood pH was acidic. I placed him on a four day rotation diet, leaving out the food that evoked both his hyperglycemia and his delusion. I sent him back to his internist who was from the Layhe Clinic in Boston. I sent with him my write up demonstrating exactly what had happened and that wheat had evoked his hyperglycemia and also his delusion. The internist read this and commented, "This doctor found a better diet than I did, but I can tell you that food allergy or food addiction has nothing to do with the production of your diabetes." Even with the objective evidence in front of him, he could not accept the role of food sensitivity as a cause of his diabetes. Out of this five year study, I prepared two books. One was called *Brain Allergies* in which we demonstrated that food reactions were essentially why they were schizophrenics or manic depressives and also a book called, *Victory Over Diabetes,* demonstrating that type II diabetes is indeed caused by the maladaptive sensitivity, allergic or ad-

dictive reactions to foods and that diabetes type II is manageable by isolating the foods and avoiding them. Not only that, the foods that cause the hyperglycemia did not have to be avoided forever. After three months, they could be returned to the diet as long as we kept them rotated.

When I started this program, I had no concept that I would find the cause and treatment for type 11 diabetes mellitus. I had observed in the mid-1960's that some of my patients had symptoms due to hypoglycemia and this was my reason for putting the test of blood sugar in relating to the test meals. I found that with five days of a fast, there no longer was hypoglycemia but the same foods produced hyperglycemia. Hypoglycemia is merely an early stage of the diabetes mellitus disease process. Hypoglycemia exists because these reactions did evoke hyperinsulinism and thus hypoglycemia. However, after five days of fasting, the picture was quite different. Now, we have the specific evidence of which foods evoked hyperglycemia but they did not evoke hyperinsulinism after the 5 days of the fast. Thus I also discovered that insulin resistance is nothing more than food reactions in which cells swell and the insulin cannot do its job of transporting glucose into these swollen cells. Thus insulin resistance completely disappeared by leaving out these foods that evoked hyperglycemia. Fortunately, by testing the pH, I was tapping into one of the chemical disorders of inflammation. It is easy to test the pH. It becomes acidic whenever there is a maladaptive symptom-producing reaction.

Dr. Randolph had discovered that when maladaptive reactions to foods, which he called allergy-addiction, was acidifying, he used sodium and potassium bicarbonate to neutralize these symptoms. This worked fairly well and I used it. During my work at the hospital from 1970-1975, my ward was an environmentally-controlled ward where there were no exposures to chemicals and the patient was fasted from their foods and then fed meals of single foods for the next month. After I went out into private practice by 1975, then I had a ten bed ward in a hospital and a sizable outpatient department where we also fasted patients and tested them with meals of single foods.

NO SIDE EFFECTS FROM NEGATIVE
MAGNETIC FIELD THERAPY

Negative magnetic field therapy is an ordering of disordered physiology. A negative magnetic field therapy is not a narcotic and does not evoke a narcotic biological response. A negative magnetic field is not an analgesic like the array of non-steroidal analgesics all of which have potential side effects which can be serious. A negative magnetic field is not an anesthetic. A negative magnetic field is not a statin drug which can have serious side effects, some of which have been removed from the market because of deaths occurring. A negative magnetic field relieves symptoms because it corrects the disordered physiology of disease processes. The acid-hypoxia and other disordered chemistries of the disease process are changed to alkaline-hyperoxia. A negative magnetic field cures the symptoms by curing the disease. Human health is an ordered electromagnetic state. Human disease is a disordered electromagnetic state. The biological response to a negative magnetic field does not mask the symptoms by analgesics, anesthetics, steroids, narcotics, statin drugs tranquilizers, anti-depressants or anti-seizure medications. A negative magnetic field is a universal ordering of the disordered chemistries of diseases no matter whether this disease is identified as an allergy, an autoimmune disease, a toxicity, an addiction, an infection, cancer, depression, psychosis, behavior disorder, learning disorder and so forth. Magnetic therapy cures the disease. Magnet therapy is the only universal ordering of the disordered metabolism of diseases.

GLYCEMIC INDEX MYTH

Glycemic substances are identified as foods that quickly evoke blood sugar but still do so within the range of normal, that is below 140 mg/dl. These, by and large, have a quantity of free carbohydrates such as sugars. The assumption is made that hyperglycemia, that is a blood sugar beyond 140, will result out of an accumulation of glycemic foods. This is a false assumption but based on this assumption, then it is considered that diabetes mellitus type II can be managed by reducing the glycemic foods. This concept is erroneous because there is no such thing as a generalization as to the production of hyperglycemic foods by the accumulation of glycemic foods. This however, is not published in the peer review literature and it was not known until I did my research starting in 1970. One of the factors of this research, besides examining for symptoms produced, was to examine blood sugar before and after each single food test meal. The subjects were fasted on water only for five days. This changes the reaction timing from delayed, such as 3-4 hours after contact with the food, to that of the symptoms being acute within the first hour. Thus, we were looking at hyperglycemia, that is beyond 140 mg/dl, at one hour after the test meal, not at the fasting blood sugar on a morning specimen. This technique revealed conclusively what foods evoked hyperglycemia. There was no way to make a generalization. These foods were specific for each individual and the reaction was based on the fact that the subject frequently, that is, daily, several times a day or at least several times within a week, used the same food. Thus, the glycemic index which is just a generalization is really a myth whereas when you do a test meal of a single food after a five day fast, you know exactly which foods are hyperglycemic and which foods are not. Interestingly, this individuality bears no relationship as to whether the food is glycemic or not. The foods are often even proteins, such as gluten and it was conclusively demonstrated that clinically significant diabetics had sugars that they never used that they did not react to. For example, I have never found a diabetic type II reacting to maple sugar even though we give them a full meal of maple sugar. They will react only to the sugars that they use and they will also react to the parent substance from which that sugar is made such as beet sugar from beets. They react to beets. Whereas there are lots of diabetics that don't react to sorghum or to cane sugar or to honey. Some will react to honey that is taken from their local neighborhood and not react to honey that is taken from a neighborhood that they do not visit with any frequency. Diabetes mellitus type II is not a reaction to sugars or glycemic foods. Diabetes mellitus type II is due to food allergy and food addiction. When you remove the foods evoking hyperglycemia and they can come from any category of carbohydrates, complex carbohydrates, free carbohydrates, fats or proteins, there is no diabetic reaction. There is no hyperglycemia. Fortunately, if you remove these foods for three months, the body will have desensitized to these foods and 95% of the time, the food can be returned to a diet that rotates the foods either on a four or seven day basis without hyperglycemic reactions occurring. This return to the foods can be achieved at a 95% rate. Therefore, the treatment of diabetes is an initial avoidance of hyperglycemic foods, followed by a reinstatement of these foods into the rotation diet three months later. There is a shortcut to this and that is if you supply a negative magnetic field to the brain, heart and liver for 30 minutes ahead of a meal, most of the time, there will not be any hyperglycemic reaction. If the exposure to this food does override the negative magnetic field, that food needs to be left out for three months before reintroducing it into the rotation diet.

OPTIMIZED NUTRITION

The human organism is an electromagnetic organism functional in an alkaline-hyperoxic medium. The human body is an energy machine with each cell of the body making its own energy from nutrients. An external source of magnetism is necessary for this human metabolic energy machine to function. A reasonable nutritionally intact human organism will respond to an external nega-

tive magnetic field with a biological response of alkaline-hyperoxia capable of preventing and reversing inflammation, governing tissue repair/healing, destroying invading microorganisms, destroying cancer and much, much more. Magnetism provides the energy for turning food into adenotriphosphate energy as well as detoxification of internal metabolic toxic products of metabolism and processing of exogenous toxins from the environment. Magnetism provides the energy of life and thus acts on the framework of the human body. Magnetism does not provide the human body biological frame. Only nutrition can be incorporated into the human body energy machine. When I describe the role of magnetic energy in the human body function, I am telling only half of the necessary story for optimum human function. The necessary other half is nutrition.

SOURCES OF NUTRITIONAL INFORMATION

1. Professional nutritionist.

The guidance of optimal nutrition by a professional nutritionist provides the greatest chance of optimal nutrition being provided. Scientific nutrition information is rapidly advancing and it is hard to keep up with all of this information for self-help alone. Everyone is ultimately responsible for gathering the knowledge from scientific information necessary for good health and reversal of diseases if and when they have developed. Some areas of nutrition require a laboratory assessment to determine if a nutritional disorder is present, particularly, such as B_{12} deficiency or folic acid deficiency.

2. Health food stores and book stores.

There is an abundance of new scientific information occurring and published in book stores and health food stores. It is the responsibility of each person seeking help for the reversal of disease to seek information from these sources. Health food stores have an abundance of supplementations that the health-minded person needs to understand and use. Health food stores have special foods for special problems. The health-minded person should be knowledgeable about the source of information, supplements and specialty foods.

3. Jonathan Wright, M. D. Nutrition and Healing 819 North Charles St Baltimore, MD 21201

Dr. J. Wright provides a valuable update of nutritional information and nutrients.

4. Life Extension Foundation PO Box 229120 Hollywood, Florida 33022-9120

This is a good source of information and supply of nutrients.

6. W. H. Philpott, M.D.

Magnetic Health Quarterlies

Each quarterly is on a single subject. There are many books on diets. Any diet system that does not honor food allergies, food addictions and food toxicities is missing a very essential need for diet considerations. The Magnetic Health Quarterlies emphasize the rotation diet. The quarterly entitled, *The Ultimate Non-Addiction, Non-Stress Diet* outlines a four day rotation diet. The quarterly entitled *Metabolic Syndrome* describes the seven day rotation diet. The quarterly entitled *Addiction and Weight Management* describes the magnetic meltdown in which magnets are used directly over the fatty areas, especially the abdomen for weight loss. It also describes how to reduce the calories using a visual method of training and the acceptance of the reduction of calories.

Optimum nutrition is a must along with magnet therapy. Professional guidance for optimum nutrition is recommended. For those not under professional guidance, then following a minimal nutrition program is recommended.

1. One a day type vitamin-mineral capsule. Take one, 2 x a day.
2. Ascorbate minerals, 1 tsp a day
3. At least 2 or more grams of vitamin C a day in divided doses, 2 x a day.
4. Fish oils. Consider emulsified cod liver oil 1 tsp, 3 x a day.

5. Abraham Hoffer, M.D. 2727 Quadra St #3A Victoria, BC, Canada V8T4E5

Dr. A. Hoffer provides an excellent source of nutritional information.

6. Hugh Riordan, M. D. 3100 North Hillside Wichita, KS 67219 316/ 682-3100

Dr. H. Riodan provides an excellent source of nutrition. He has especially studied the value of vitamin C IV.

7. Bernard Rimland, Ph.D. Autistic Research Institute 4182 Adams Ave

San Diego, CA 92116 619/ 563-6840

TREATMENT PROGRAMS THAT EMERGED FROM MY ORIGINAL RESEARCH

My original program was that of setting up either a 4 day or 7 day diversified rotation diet leaving out foods that evoke symptoms and or hyperglycemia. If these are left out of the rotation diet for a period of three months, a desensitization had occurred in which the allergy-addiction symptoms did not emerge as long as they kept these original symptom-producing foods to that of once every four or seven days. Occasionally, there was a patient who would still react to gluten. There no doubt are patients who have a genetic predisposition to react to gluten, likely as an allergy. These patients were to leave gluten out all the time.

In the mid-80's, I had discovered the observations of Albert Roy Davis, Physicist, which was that of the biological response to a negative magnetic field being that of alkaline-hyperoxia. I confirmed that he was right and used a negative magnetic field as a relieving agent for patients who had symptoms on deliberate food testing. This proved to be more substantial than baking soda and oxygen given when the patient had symptoms during food testing. Not only did I discover that a negative magnetic field was very efficient in relieving symptoms evoked during food testing or chemical testing, but I also discovered that the magnets could be provided ahead of a test meal of a food that had been established as being symptom reactive and that it would prevent the symptom from occurring. With this information, I then found I could start a patient on a rotation diet and have them expose themselves to magnets for 30 minutes ahead of a meal and prevent them from reacting. Therefore, we didn't have to wait for three months before reintroducing these reactive foods. If it was found, which occasionally happened that a person still overrides the magnets, then those foods should be left out for three months before trying it again. This system makes it easier for the subject to enter into the rotation diet right away. We treat the head with the ceramic disc magnets that are 1-1/2" x 1/2". These are placed bitemporally. Treat the heart with a 4" x 6" x 1/2" magnet with the 6" lengthwise the body and held in place with a 4" x 52" body wrap. Then we treat the liver with a 4" x 6" x 1/2" magnet with the 6" lengthwise the body held in place with a 4" x 52" body wrap. This is started 30 minutes or even 15 minutes ahead of a meal and preferably kept in place until the meal was completed. This was found to be very effective in preventing symptoms from occurring. Always use the negative magnetic field, of course. If perhaps symptoms do occur after the magnets are removed, then place the magnets over the area where symptoms occurred and the symptoms will quickly leave. Also, using the magnets placed on the body can help a person ride through their addictive withdrawal phase and be reasonably comfortable. Thus, it is fairly easy to stop tobacco or alcohol and use the magnets to stop the withdrawal phase symptoms. Magnets are also used during the five days of withdrawal. However, it is easy for a lot of people to not go through any five day fast but go directly to the rotation diet using the magnets. In this case, there would not be testing of the foods to which a person reacts to. There would be the assumption that the reactive foods are among the most frequently used foods that they use more than once a week.

However, you do not have to prove it. You can make the assumption and immediately start treating the patient and find relief without going through the food testing.

One aspect of my study was to examine the nutritional needs. We therefore surveyed for vitamins, minerals, amino acids and toxins especially including heavy metals. We added to our ecology program that of nutrition which was justified by our laboratory testing. However, we found that the subject would become symptom-free before we even gave them the nutrients. The symptoms of the illness was precipitated by maladaptive reactions to foods, chemicals and inhalants.

Another aspect of my study was to examine the infected state of the patient. We ran cultures from all the body orifices and the skin. Stool cultures were sometimes run and a series of antibodies to a wide assortment of viruses. I made vaccines from the bacteria and fungi that we grew. We found that vaccination was not an appreciable answer for turning the illness around. Avoidance and spacing was the central way of reversing the illness. We found vitamin C to be very important. We gave it in 50 gram doses intravenously along with appropriate minerals and B complex vitamins. We often used this intravenous vitamin C each day during the five days of withdrawal. We found this to be substantial in relieving the symptoms. We could relieve symptoms with magnets or with this intravenous vitamin C or combine the two. What we found in our antibody survey was that in schizophrenics, manic depressives and the learning and behavioral disordered children, either Epstein-Barr, cytomegalovirus or human herpes virus #6 was consistently present. Epstein-Barr had the highest percentage and it was consistent in these psychotics and these lesser, non-psychotic symptoms of producing learning disorders, attention deficit disorders, obsessive-compulsive disorders and autism of children. Therefore, because of this we centered our focus on the herpes family viruses. They don't die. The human immune system cannot kill them. They have the ability to establish a latency. They have a stealth ability so that they can avoid the immune system. The injury from the infection is progressive through the years. All of these learning and behavior disordered children are candidates for schizophrenia in their 20's. All the schizophrenics describe their learning and behavioral disorders when they were children. The next question is, can we kill these viruses with a negative magnetic field? Herpes zoster which causes chicken pox also develops a latency, most often in the neurones of the thoracic spine and years later, will develop shingles along the rib cage. When this is treated with a negative magnetic field treating both the thoracic spine and the nerves along the rib cage, it completely kills these shingles and they never come back and there is also not that painful neuralgia that the subject experiences even when there are not any blisters. Thus, it was demonstrated that we can effectively kill the herpes family viruses. We also proved this with herpes simplex 1 and 2 as well as herpes zoster. Out of this, we have developed the bed of 70 magnets. The subject sleeps on this bed and with a head unit that has twelve of the 4" x 6" x 1" magnets. We kill the viruses that are the starting point of the development of schizophrenia, manic depressive and these lesser behavioral and learning disorders. With this, it has become remarkably simple and effective to reverse schizophrenia and manic depressive. We do need to continue a system that prevents them from reacting to foods and toxins and occasionally to chemicals. Toxins are quickly processed by the oxidoreductase enzymes which have the job of detoxification as well as making ATP. A negative magnetic field energy-activates oxidoreductase enzymes. Nutrition should be optimized for general health but not depend on nutrition to manage the psychosis, the learning or behavioral disorders of the children.

HEAVY METAL TOXICITY

The common heavy metals producing toxicity are such as mercury, lead, aluminum and there are also rare heavy metals that cause toxicity. Atomic weight heavy metals have a positive magnetic field. When the body is placed in a negative magnetic field, it cancels out the positive magnetic field of the heavy metals. These are then processed out of the body as non-toxic heavy metals charged with a negative magnetic field. Therefore, processing these metals out of the body with magnetics does not injure kidney function. Heavy metal toxicity should always be considered. It can behave similarly to a viral infection. There are special techniques for both intravenous and oral chelation of metals. It is useful to use these but it should also be understood that a negative magnetic field also processes these metals out of the body. To do this, a 70 magnet bed should be used.

AUTOIMMUNITY

Autoimmunity is when the immune system attacks itself. Cells that are infected with viruses are often the cause of autoimmunity in which the immune system cannot react to viruses properly but responds to the cells that are affected because of their abnormal state such as their acidity. Toxins also cause the same abnormal cellular response to which the immune system responds with autoimmunity. The answer to autoimmunity is to use the 70 magnet bed as well as local treatment to stop the autoimmunity and first of all, hunt for precipitating factors, particularly viruses and other cellular toxins. It must be understood that any acid produced even by reactions to foods, chemical or inhalants is a toxin and can set the stage for autoimmunity. An example is children who develop an autoimmunity to the islet cells in the pancreas start out with milk allergy and end up with an autoimmunity of the islet cells of the pancreas.

DYNAMIC FUNCTION OF ENZYMES

What Magnetic Therapy Is

What Magnetic Therapy Does

Magnetic therapy is the energy activation of enzymes. What Are Enzymes?

There are thousands of enzymes in the human body, each with a specific function. We digest our foods with enzymes. Enzymes are used to process the food as nutrition for the production of biological energy. Enzymes are composed of vitamins, minerals, amino acids and fats. When we are deficient in these building blocks of enzymes, diseases result. This is why nutrition is so important and has taken a central role in health maintenance and reversal of degenerative diseases.

What Are the Functions of Enzymes?

Enzymes have the ability to add electrons or subtract electrons without injury to the enzyme. Enzymes are either acid-dependent or alkaline-dependent. Most of the enzymes in the human body are alkaline-dependent. Only those in the mouth and the stomach are acid-dependent. Alkaline-dependent enzymes will not function in an acid medium. The acid is a toxin to alkaline-dependent enzymes. Many of the toxins that inhibit enzyme function in the human body are acids. Examples are insect stings and reptile bites. Free radicals produce acids. Heavy metals produce free radicals. Many of the agricultural and industrial chemicals that we are exposed to form free radicals and thus form acids. Many enzymes in the human body are activated by adenosine triphosphates (ATP). Thus, they are designated as ATP-dependent enzymes. There are other enzymes in the human body that are not ATP-dependent. These are called oxidoreductase enzymes. The oxidoreductase enzymes are categorized according to their specific function. They are 1) dehydrogenases, 2) hydroxylases, 3) oxydases, 4) oxygenases, 5) peroxidases, and 6) reductases. The end result of these oxidoreductase enzymes is molecular oxygen and water. Four of these oxidoreductase enzymes are necessary for the production of ATP from food sources. These oxidoreductase enzymes process free radicals, acids, alcohols, aldehydes and peroxides. They

not only produce energy in terms of ATP, they also handle the metabolic process of the end results of oxidation reduction. Their product is molecular oxygen and water which is not inflammatory.

How Enzymes Are Activated

Many enzymes in the body are activated by ATP which is made by oxidoreductase enzymes which are not ATP-dependent. Thus, oxidoreductase enzymes become the source of the ATP energy activation of many enzymes in the body. This ATP is not the only activator of enzymes but is a main source. A negative magnetic field will activate these enzymes and even these ATP-dependent enzymes are activated by a negative magnetic field associated with the ATP. The substrate is identified as the substance that is being changed by the enzyme. There is an electromagnetic attraction between substrates and enzymes. However, this attraction is at areas termed dipoles. This attraction is not in itself capable of making the enzyme and the substrate join for the catalytic reaction. The mechanism by which oxidoreductase enzyme joins the substrate is though this dipole attraction moving static electrons that are inherently in us and around us. When the movement of electrons occur, a magnetic field is produced. In the case of oxidoreductase enzymes, this is a negative magnetic field. These are alkaline-dependent enzymes and in an alkaline medium it is a negative magnetic field that is formed. Magnetic therapy is that of providing an external source of a negative magnetic field which provides for the movement of electrons between the enzymes and substrate so that a catalytic reaction occurs. This catalytic reaction can be the production of ATP from food sources. It can be the detoxifying value of free radicals and their product of peroxides, oxyacids, alcohols and aldehydes or external source of toxins which can be acids or any other substance that can turn into a free radical or an acid and thus become an enzyme toxin. The oxidoreductase enzymes process all of these enzyme toxins. When the toxic substances are in a heavy amount, they will block the oxidoreductase enzyme detoxifying capacity. By adding an external source of a negative magnetic field, this will activate the oxidoreductase to do their energy production of ATP and also activate their detoxification process. This is essentially what magnet therapy is. That is, it is activation of oxidoreductase enzymes to do their job of making ATP and detoxification. A negative magnetic field can activate an oxidoreductase enzyme that otherwise is overwhelmed, thus inhibited by the toxin.

There are enzymes that are acid-dependent. These acid-dependent enzymes are termed transferases. They are present in cancer, microorganism infections and inflammation. A negative magnetic field not only activates the oxidoreductase enzymes to make ATP and detoxify but also they block the acid-dependent transferase enzymes that are present in cancer, infections and inflammation. This is why a negative magnetic field application is so valuable in such a broad spectrum way which can reduce soreness, inflammation from any source, kill microorganisms that invade the body and kill cancer. The application of a negative magnetic field is a most remarkable therapy. A negative magnetic field is anti-stressful as shown by the electroencephalogram. Placing a negative magnetic field on the head can calm the brain down, stop major mental disorder symptoms, minor emotional symptoms and reverse the brain response to toxins.

Unfortunately, for many years, medicine has ignored the fact that oxidoreductase enzymes need an activator. They considered if the enzymes were in adequate supply through nutrition that they would automatically function. This is not true. They have to have an energy activator. An external source of a negative magnetic field is the energy activator of oxidoreductase enzymes. We do not have to wait for the chance of the use of static electrons in the environment to activate these enzymes. We can do this with a negative magnetic field. Magnetic therapy is so effective in such a broad spectrum of situations that initially it sounds to most people like a cure all. But, the fact is, it works in this broad spectrum of cases.

Magnetic Therapy, Pre-meal

The biological response to a negative magnetic field is that of alkaline-hyperoxia. The oxygen comes from the release of the oxygen that is bound in the many toxic substances. Thus, the application of a negative magnetic field is completely non-toxic and never produces any side effects. For years, I used soda bicarb and the breathing of oxygen to relieve symptoms when I had evoked them by deliberate food testing. Albert Roy Davis, Physicist, had demonstrated that the biological response to a negative magnetic field is alkaline-hyperoxia. This is what I was doing. I was alkalinizing the patient and providing them oxygen to breathe. Oxygen is always deficient in an acid medium. The symptom reactions to foods and chemicals were always associated with a demonstrated acidity in the blood. I found that using a negative magnetic field was even more predictable than the use of alkalinizing agents and the breathing of oxygen. Therefore, I changed from that of providing alkalinization and oxygenation to that of relieving the symptoms of a negative magnetic field. The symptoms of degenerative diseases are the same as the acute symptoms evoked during deliberate food testing. It is simply an extension in time of these same symptoms into a chronic state. I demonstrated that I could relieve the symptoms of acute maladaptive reactions during deliberate exposure testing. I then extended this to the relief of chronic diseases. Furthermore, I not only could relieve the acute symptoms evoked during testing exposure, but I could also put the same magnets on the head or other parts of the body for one-half hour before the exposure test and there would be no symptoms produced. Therefore, I have come up with a technique of exposing the subject to a negative magnetic field using discs for the brain and larger magnets for the heart and the liver. I do this negative magnetic field exposure before the foods are eaten on a rotation basis and thus symptoms are prevented. Originally, I would leave the symptom reactive foods out for a period of three months. 95% of the time, these could be returned to the diet on either a four or seven day basis without symptoms occurring. However, with the magnets, I can provide these magnets ahead of a meal and prevent the symptom from occurring, therefore, we go directly to a rotation diet of either a four or seven day basis with magnets ahead of the meals. By three months, the desensitization has occurred and the foods can continue to be rotated without the magnets ahead of meals. However, if a person is going to eat a meal out and not pay attention to the rotation diet **by** using the magnets ahead of the meal, they can proceed without symptom production. This is really a very remarkable discovery.

THE PATHOLOGICAL ELECTROMAGNETIC MISSING DIAGNOSIS

It is understood that live biological systems are electromagnetic. Magnetic and electric poles cannot be separated. Electric fields produce magnetic fields and magnetic fields produce electricity. They cannot be separated. Live biological cells pulse as an expression of their magnetic state. Live biological cells respond to a static magnetic field by pulsing. The pulsing magnetic state of cells which express their magnetic state can be driven by:

1. A static magnetic field, or
2. A pulsing magnetic field
3. Pulsing sensory (sight, sound, tactal inputs)

Despite the fact that the always present electromagnetic phenomena of living cells is basic knowledge, it is ignored in medical diagnosis and treatment. Medical texts do not have chapters or even paragraphs on the electromagnetic diagnosis of each disease compared to the normal electromagnetic functions of live biological cells. This electromagnetic pathology diagnosis would include magnetic polarity (positive or negative) magnetic gauss strength, pulsing fre-

quency and pH, both local and systemic.

Understanding the electromagnetic diagnosis provides a major clue as to treatment. Immediate treatment for symptom relief would involve a correction of the electromagnetic pathology by appropriate exposure to a static or pulsing magnetic field. Longer term would be providing for appropriate nutrition and detoxification as well as avoidance of the environmental inputs that are evoking the pathology. The environmental inputs are such as allergies, especially to foods, addictions, especially to foods, and the identification of environmental enzyme toxins.

The value of the electromagnetic pathology diagnosis is that there are emerging a new energy medicine both from a diagnostic and a therapeutic standpoint in which there is more immediate symptom relief and an expanded version of what causes disease. Current technology makes it possible to proceed with an electromagnetic diagnosis. We need to focus on current technology capacity to provide us an electromagnetic pathology diagnosis. To achieve this, we need to access with instruments magnetic polarity, gauss strength, pulsing frequencies, pH (both local and systemic) and oxygen content (both local and systemic.) The sciences of electroencephalography and magnetic encephalography are providing valuable clues as to the relationship between electromagnetism and the disease state. It has been objectively observed that a negative magnetic field is anti-stress with pulsing fields below thirteen cycles per second. The higher the gauss strength, the slower the pulsing field. 8-12 is a relaxing, anti-stress state. A pulsing field of 2 cycles per second is deep, energy-restoring sleep. A pulsing brain field can be driven by a pulsing input. Sensory input such as sight and sound and tactiles can be used in driving the specific pulsing frequencies that are desired to be achieved. In any event, either a static field exposure or a pulsing field exposure or a sensory pulsing input can achieve the same results of driving the brain as specific magnetic states that relate to behavioral consequences. A static positive magnetic field will drive the brain beyond 12 cycles per second. The higher the gauss strength, the higher the frequency of the brain response. In pathological states, the pulsing frequencies are in the stress level beyond that of 12 cycles per second. These pathological states can be corrected by either a static or pulsing anti-stress level. Based on our current knowledge of the electromagnetic diagnosis of pathological states, we can deduce an anti-stress level of magnetism whether this be pulsing fields or static fields, to achieve our results of anti-stress reversal of the biological stress pathologies. It would be a considerable boon to therapeutic medicine to note specifically the electromagnetic diagnosis of specific conditions and reverse this with a corrective electromagnetic anti-stress input for immediate relief of symptoms. We need to also be able to repeat this electromagnetic diagnosis as a biofeedback mechanism demonstrating that we have indeed achieved an electromagnetic correction of the pathological state.

THEORETICAL MAGNETIC IMMUNOLOGY

Humans are an electromagnetic organism. Both positive and negative magnetic fields are an inherent aspect of life energy. Biological life does not exist apart from magnetism. Magnetism is always a positive and negative pole. However, these do not have to be at the same gauss strength and obviously in humans they are not at the same gauss strength. The fact that human metabolism functions in an alkaline medium is evidence that the positive and negative magnetic poles are not equal in humans and in fact, a negative pole is higher than the positive pole. This has to be in order to maintain the alkalinity. Movement of a static electric field source of electrons produces magnetic fields. This biological production of magnetic fields develops with each catalytic joining of enzymes and substrates. When electrons move between enzyme and substrate, a magnetic field is produced. Likewise, an external static magnetic field moves electrons, producing a joining of enzyme and substrate (catalysis). The stronger the gauss strength, the stronger the catalytic reaction. Magnetism is two opposite energies that are mirror images. The static negative magnetic field spins electrons counterclockwise. This is a three dimensional spin. The higher the negative magnetic gauss strength, the faster the electrons spin and the higher the biological expressed energy. The positive magnetic field spins electrons clockwise in a three dimensional spin. The higher the positive magnetic field gauss strength, the faster the spin of the electrons.

The EEG provides evidence of the biological response to positive and negative magnetic fields and demonstrates that this is an opposite energy. A brain exposed to a static negative magnetic field reveals that the higher the gauss strength, the slower the pulsing field. This ranges all the way from 8 cycles per second for relaxation to 12 cycles per second for relaxation and 2 cycles per second for sleep to 1 cycle every two seconds for anesthesia.

The brain exposed to a static positive magnetic field pulses beyond 12 cycles per second. The higher the gauss strength, the faster the pulsing field. This positive magnetic field exposure to the brain is beyond 12 cycles per second and ranges to 22 cycles per second during mental activity to 35 cycles per second during a grand mal seizure.

Thus the EEG response establishes conclusively the separate biological energy systems produced by separate positive and negative magnetic fields. It can also be understood that pulsing sensory inputs can evoke specific magnetic field energy expression of the brain. The EEG tells us that the pulsing frequency is such as the non-stress (stress-controlling), 8-12 cycles per second for relaxation, the 2 cycles per second for sleep and 1 cycle very two seconds for anesthesia. Thus we have two ways to drive the magnetic field of the brain, such as positive and negative magnetic fields and sensory and low gauss pulsing magnetic fields.

The natural pulsing of the brain, and thus also all cells of the body is dependent on cellular conductance. Cellular conductance is dependent on cellular mineral content. The higher the cellular mineral content, the greater the conductance. Conductance produces a vibrational pulsing frequency. The higher the mineral content, the higher the inherent vibrational pulsing frequencies. Microorganisms (viruses, bacteria, fungi and parasites) and cancer cells have a higher mineral content and thus a higher pulsing frequency than human cells which have a lower mineral content and thus a lower vibrational pulsing frequency.

There is a battle of electromagnetic energies between human cells, microorganisms and cancer cells. The one with the highest energy will win the battle between electromagnetic positives and electromagnetic negatives. Human cells are electromagnetic negative. Supplying exposure to a negative magnetic field supports the human negative electromagnetic field energy and blocks the microorganisms and cancer cells that are electromagnetic positive.

Human cell function is alkaline-dependent. Most human enzymes are alkaline-dependent and some, such as those producing ATP, are alkaline-hyperoxia-dependent. Oxidoreductase enzymes have the assignment of producing ATP and catalytic remnant magnetism (negative magnetic field) as well as processing inflammatory end-products of metabolism (free radicals, peroxides, oxyacids, alcohols and aldehydes) and all endotoxins and exotoxins. It is very important to understand enzyme dependence on pH and cellular energy as an expression of conductance since the understanding of the minutia of immunology has ignored both pH and conductance. This seems very strange because there is an enormous amount of detailed understanding about immunologic reactions. Understanding these two factors gives immunology a new therapeutic life-energy dimension. The understanding of the two diametrically opposed magnetic fields

of negative and positive is precisely where magnetic therapy makes its contribution to immunology and the therapeutic use of the25 immunologic mechanisms.

Some serious questions need to be asked and answered about pH and immunologic reactions:

Are both hormonal and cellular immunologic defense reactions acidic-dependent? Does the acidity precede the immunologic response or is the acidity the product of the immune defense response? It is possible that either can be true. It is certain that all immune responses are inflammatory and acidic and that all immune inflammatory responses are favorably influenced by alkalinization.

Is it possible that a strong and evenly maintained alkaline pH can defeat microorganism invasion? Many patients report that while sleeping on a negative magnetic field bed that they no longer have colds, flu or other evidences of infection.

Can we optimize systemic exposure to an external negative magnetic field and thus prevent infectious invasions? We can successfully treat microorganism infections with a strong and sustained negative magnetic field and kill the microorganisms and kill cancer cells.

Is it possible that understanding the separate roles of conductance between the human cells and microorganisms can lead to understanding why a negative magnetic field is an antibiotic?

A static negative magnetic field biological response is alkaline-hyperoxia. A negative magnetic field attaches to bicarbonates, supporting their alkalinity. A negative magnetic field enzymatically processes inflammatory byproducts of oxidation reduction metabolism (free radicals, peroxides, oxyacids, alcohols and aldehydes) to molecular oxygen and water. Also, endogenous and exogenous toxins are likewise processed to molecular oxygen and water. Thus, alkaline-hyperoxia is a product of a negative magnetic field exposure to human metabolism.

A negative magnetic field biological response is anti-stress and thus controlling of all normal human cellular functions including the control over cellular replication, tissue growth and healing. On the contrary a positive magnetic biological response is stress and if sustained for any period of time, interferes with human cellular functions including cellular replication, tissue growth and healing. Robert O. Becker, M.D. has determined that healing only occurs in the presence of a negative magnetic field and is equally blocked by the presence of a positive magnetic field.

Microorganism cultures and blood cell cultures (virus and cancer) ignores pH as maintained by human metabolism and especially ignores conductance deficiencies between human cells and microorganisms. Even though there is some value in these cultures, the results can never be equated to an intact biological organism with these two defenses (pH and conductance) intact. All immune responses are biological stress responses and thus are measurably acid-hypoxic. A negative magnetic field biological response of the alkaline-hyperoxia can initially block and if present already, replace acid-hypoxia with alkaline-hyperoxia.

Infections invading microorganisms are acid-producing and thus the constitutive defenses against invasion are inflammatory acid-producing as well as the immune defense against the invading microorganism is acidifying. Cancer fermentation process is acid-dependent and also produces lactic acid.

MAGNETIC IMMUNOLOGIC PROJECT

Principle of Functions

A negative magnetic field, by virtue of a biological response of alkaline-hyperoxia, is anti-inflammatory and can be used to train out an immunological inflammatory allergic reaction to an antigen.

A positive magnetic field is inflammatory by virtue of a biological response of acid-hypoxia and can be used to train in an inflammatory (vaccination) response to an antigen.

Desensitization Methodology

Use a patch skin test or intradermal skin test that is positive to an antigen. Place over this positive skin test, a 1" x 1/8" neodymium disc magnet. Leave in place for one week. Repeat the exposure to the antigen and immediately place on this the negative magnetic field for another week. On the third time, test to determine if the test is still positive. Keep repeating this procedure unit the test is negative at which time desensitization has developed and is demonstrated.

Sensitization (Vaccination) Methodology

Do an intradermal skin test to determine a negative response. Place the antigen between two glass slides. Secure these glass slides so that they cannot move. Place the glass slides on the skin. Place over this a 1" x 1/8" neodymium disc magnet. Tape this to the skin. Hold this in place for four days. Four days are required to maximize the cellular immune response. Do not exceed four days since the positive magnetic field is inflammatory. A mild degree of vasodilation, producing soreness, will be present by four days. If it is extended to as much as two weeks, there will be a florid infection on top of this inflammatory vasculitis. Therefore, do not exceed four days. Move the antigen to another area of the skin every four days. A positive vaccine response will be manifest when an inflammatory reaction with soreness is present within the first day of exposure.

This method of vaccination would not expose the person to an infection. Therefore, it would be a protection against the damage that does occasionally occur from vaccination. A magnetic representation of a substance is known to be capable of producing a biological response. This is the principle of homeopathy. It would be a great blessing to be able to vaccinate and not run the risk of an infection, a massive immune response to some component of the vaccine, contamination of viruses in the vaccine material or of toxic heavy metal contamination. The magnetic method of vaccination using a magnetic representation of the antigen rather than the antigen substance itself is urgently needed and should be vigorously pursued.

AMAS TEST

(Anti-malignien, antibody screen)

The AMAS immune assay is the most reliable test for early cancer detection of all types of cancer except leukemia. This is a blood test approved by the FDA. The AMAS test can also be used after magnetic therapy to determine if cancer has been successfully eradicated.

My observations justify the evidence of a progressive, insidious herpes family viral encephalitis as a central cause of autism. Attention-deficit hyperactive disorder, obsessive-compulsive syndrome, dyslexia, mirror-imaging and some developmental delay and seizure disorders in childhood that in some will progress into adulthood with the development of schizophrenia and bipolar disorder. Furthermore, there are numerous other candidates for brain disorder concerning the childhood and adult central nervous system injuries. Some of them are such as measles from the attenuated measles vaccine, several other viruses, bacteria such as streptovirus and Lyme's disease, mercury toxicity from vaccines containing thimerosal lead toxicity and so forth.

I have isolated a single central treatment to chronic progressive herpes family viral encephalitis syndrome. This central treatment system is equally applicable to other possible and or probable causes and that is a strong negative magnet gauss strength of sufficient duration to kill viruses and all invading microorganisms as well as processing heavy metal toxicities out of the body.

Specific supplemental nutrition should be optimized, preferably after a survey of the nutritional needs. B-complex, especially B6, minerals especially magnesium, calcium, zinc, potassium, selenium, as well as cysteine and taurine to bypass a metabolic disorder.

The viral injured brain has set the stage for maladaptive reactions to allergies, addictions and toxic food reactions. Avoidance and spacing by food rotation is needed for symptom management. Gluten-containing foods have the highest frequency of symptom reactions. There are usually six or more food reactions. When gluten foods continue to produce symptoms, despite rotation and or treatment with magnets ahead of each meal, then the gluten reaction is considered to be genetic. In this case, gluten grains should be sprouted. Gluten-containing foods are such a central source of nutrition that these foods should be used by sprouting the grains.

Viral encephalitis of herpes family viruses has been confirmed with MRI evidence of brain damage (CARUSO and colleagues). This report by June Caruso and Colleagues describes viral encephalitis caused by Epstein-Barr virus. Also, strep infection encephalitis is referenced. My findings, based on antibody evidence, are consistent with viral encephalitis of the mononucleosis viruses, Epstein-Barr virus or cytomegalovirus. Children with this viral encephalitis have learning disorders, behavioral disorders and autism.

This viral encephalitis interferes with brain development. The history of schizophrenics reveal characteristically, the behavioral disorders, learning disabilities and or features of autism occurring in their childhood.

My observation is that children with chronic progressive viral encephalitis are candidates for the development of schizophrenia or bipolar disorder. Furthermore, my observations are that adults who get these mononucleosis viruses after their brain development, do not go psychotic but develop fibromyalgia with weakness and depression.

Bernard Remland, Ph.D., Autistic Research Institute, 4182 Adams Avenue, San Diego, CA 92116.

Bernard Remland keeps research on autism updated in his Autism Research Review International Journal. He has, in conjunction with physicians, developed the DAN program which emphasizes the nutritional value of improved brain function stability especially using B complex vitamins and B_{12}. The frequent maladaptive reaction to gluten is emphasized. The toxic effects of mercury in vaccines is emphasized and considered in the treatment.

William H. Philpott, M.D. Viral Research Project

All with a chronic progressive herpes viral encephalitis are invited to be a party **to a** statistical study and treatment. The viruses in the blood are identified by the polymerase chain reaction (PCR) before magnetic treatment begins and after three months of magnetic treatment. This, first of all, identifies the live viruses and the fact that three months later, they are not present. It is very important this study be done and published in peer review scientific journals.

The laboratory that does the PCR identification of the virus and proof of their absence after treatment is:

Immunoscience Lab, Inc
8693 Wilshire Blvd #200
Beverly Hills, CA 90211
310/ 657-1077

MAKING VACCINATIONS SAFE RESEARCH PROJECT

Vaccination has two major problems:

1. The fact that measles vaccine is a live attenuated virus.
2. The fact that mercury is used in some vaccines.

Measles has been a devastating disease. Serious side effects are including encephalo myelitis, subacute sclerosing panencephalitis, pneumonia, seizures and death. The production of a vaccine that would prevent these serious complications is well justified and has achieved a very high degree of success, however, occasionally and in small amounts, there still are the complications of measles even with the attenuated virus used as a vaccine. A dead virus was tried but did not achieve the goal. Any time when the immune system is suppressed, this virus can start flourishing and damaging the central nervous system. The human immune system cannot kill the measles virus, not even the attenuated type used for vaccination. The goal is to kill the virus after it has had a sufficient opportunity to mount the immunologic reaction, building antibodies. A negative magnetic field is known to be capable of killing viruses. It is a matter of using a sufficiently strong gauss of sufficient duration of exposure. A strong negative magnetic bed and head unit make this possible. We need also to gather data for publication in scientific peer review literature that the viruses are killed and that the mercury has been processed out of the body. After three months of magnetic treatment on the super magnetic bed and super magnetic head unit, then test the blood to determine if the presence of the measles virus can be detected. This is done by a immune identification process. Spillage in the urine of mercury during the special process of chelation should be done after three months of treatment. Treatment is complete when the evidence of the viruses have died and the mercury is no longer spilled in the urine. However, this magnetic bed and magnetic head unit are continued nightly as a lifestyle.

SUCCESS STORIES

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 the 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 four day 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.

SCHIZOPHRENIA

This is a 23-year-old man diagnosed with schizophrenia having symptoms of depression and auditory hallucinations. At age 11, he was diagnosed as having attention-deficit disorder. This has now progressed to the point of major mental symptoms. He has been under treatment for better than one year. He sleeps on a bed of 70 magnets that are 4" x 6" x 1" . He sleeps with his head in a magnetic head unit composed of 12 magnets that are 4" x 6" x 1". He uses ceramic disc magnets that are 1-1/2" x 1/2" placed bitemporally for any symptoms. He has an apartment separate from the family which is near the university he attends. He is making excellent grades.

This case illustrates the progression from attention-deficit as a child to schizophrenia as an adult.

SLEEP APNEA
INSOMNIA
MIGRAINE HEADACHES
PAIN, ACHES AND CRAMPS

Dear Dr. Philpott,

I am writing to let you know the results from the use of the magnets you prescribed. I have also rotated my diet for 8 years. I use alkaline micro negative ionized water with an alkaline pH which I get from an electrolysis machine I purchased about 2 years ago. I do not use drugs, alcohol, tobacco, caffeine or carbonated soft drinks.

My husband had a bad case of sleep apnea and insomnia for years. After sleeping on the magnet mattress pad and headboard system for a week, almost all of his symptoms are gone. He rarely wakes

up until morning and his breathing is much more normal with little snoring or other noises he used to make. He is so happy about it!

My results are also exciting. I followed your instruction to wear the 4" x 6" x 1/2" magnets over my liver and heart as well as the disc magnets over my temples 15 minutes before mealtimes and during the meals. As long as I do this, I am able to eat anything and suffer no horrendous migraine headache. There were at least 39 foods containing tyramine which caused my headaches. I forgot to wear the magnets several times and got migraines as a result. Your magnet prescription is a Blessing of God and a Miracle to me to be able to keep the migraines away.

The result of wearing the magnets before mealtimes is that I am now able to take vitamin E that I was allergic to before. I was having awful hot flashes multiple times a day for 8 years and felt bad when one took me down for 5 minutes each time. I am rarely having the hot flashes now. It is wonderful!

Another nice benefit is the pain relief from minor pains such as cramps, stomach aches, ear aches, etc. We have found that pain is often relieved by placing a magnet over the pain for a short while.

With Gratefulness,

******

A 5-year-old girl suddenly was not talking. Her development was normal up to her loss of speech. She otherwise had no markers of autism. A nutritional survey demonstrated B_{12} deficiency. Two hours after a B_{12} injection, she resumed talking.

MAGNET THERAPY

DELAYED SPEECH CORRECTION

A 7-year-old boy was not talking.

He slept with his head in a super magnetic unit which is composed of twelve 4" x 6" x 1" magnets in a wooden frame which surrounds his head. He as instructed to rotate his foods on a four day basis. Within three months of sleeping with his head surrounded by these twelve magnets and following the rotation diet, his speech was normal. He now speaks freely and distinctly.

Possible causes:

A viral infection of the brain from herpes family viruses such as Epstein-Barr, cytomegalovirus or human herpes virus #6. A negative magnetic field kills viruses.

Heavy metal toxicity such as mercury from vaccinations. A negative magnetic field processes heavy metal toxins.

******

Dr. Mark S., Ph.D., Sociologist, as department head of the Sociology Department of a university. He developed a depression so severe that he refused to drink water or eat food. No antidepressant or tranquilizer changed his determination to die. He was hospitalized at the University hospital and kept alive by intravenous hydration. After six weeks, electric shock was proposed as the only solution. His wife objected to electric shock treatment because of its potential of interfering with mental function.

His wife called me about taking him as a patient. She was going to sign him out of the hospital against medical advice and bring him to me. His psychiatrist called me with much concern and described his depression in which he would not eat or drink water. He was not acting wild and did not have to be in a seclusion room. I told the psychiatrist that I had treated quite a number of patients with this type of disorder and shock treatment would work but it was not the only method that would work. I described to him that my proposed treatment was magnetic therapy. His wife drove him from the university hospital to Oklahoma City.

After my initial interview concerning his condition, I told him I wanted him to lay down on a wooden massage table. There were magnets that were 4" x 6" x 1" all over the surface of this table with the negative magnetic pole facing his body. There were eight of these magnets that would be on the back of the head. I had extended his head beyond the end of the table and placed these on a stool. His head would be over these strong magnets with the negative pole facing his head.

I then proceeded to give him an intravenous feeding for both nutrition and hydration. He fell asleep within 5 minutes and slept for an hour at which time I then removed the IV. I asked him to go downtown and eat a meal with his wife. His reply was, “OK”. His psychotic depression had actually been reversed in one hour of magnetic therapy. I proceeded to treat him for one month. There were foods that gave him some minor symptoms but he did not go into a state of psychotic depression.

I sent him home on a rotation diet and appropriate nutritional supplements. He used the 4 day diversified rotation diet leaving out the foods that demonstrated to give him symptoms. He was also receiving appropriate nutrients based on a laboratory assessment. He went back to work at his role of department head of the Sociology Department at the university. He wrote me a letter stating that some were assuming that I must have had a personal influence over him and he must have had confidence in me. He stated, “I did not know what you were going to do and I had no confidence in anybody. You simply did the right thing.”

CHRONIC PROGRESSIVE HERPES FAMILY VIRAL ENCEPHALITIS SYNDROME

ORIENTATION:

Viral encephalitis syndrome includes a spectrum of organic brain syndrome disorders which occurred because of the development of a viral infection in childhood. Some of these develop during gestation or are passed on by the mother who had these viruses. There are any number of candidates that can produce an encephalitis. However, in my large study, I isolated that consistently the herpes family viruses are present which are Epstein-Barr, cytomegalovirus and occasionally human herpes virus #6. Heavy metal toxicity such as mercury or lead can also cause an encephalitis. This needs to always be considered as a possibility. If present, these can be appropriately treated with the super magnetic bed as provided by this magnetic protocol. It is capable of processing these heavy metals out of the body. There are other useful chelating methods of getting the heavy metals out of the body. The encephalitis syndrome, which is basically a viral encephalitis, are schizophrenia and its numerous symptom manifestations, manic depressive disorder, a spectrum of childhood organic brain disorders secondary to the encephalitis which are obsessive-compulsive disorder, attention-deficit disorder, hyperactive disorder, dyslexia, mirror-imaging, Tourette’s syndrome and autism. The magnetic protocol as outlined will kill the viruses and will process toxins including heavy metals. After reversing the basic infection or toxic disorder, the subject then is capable of being retrained with behavior therapy. Symptoms that are evoked by such as an allergy, addiction or toxicity to foods also, because of their repetition, become learned behaviors and after stopping the driving force behind these reactions, then the subject is capable of being retrained for social and learning achievements. Maladaptive reactions to foods, chemicals and inhalants, especially foods, is an important secondary aspect of this encephalitis syndrome. When a maladaptive reaction occurs, whether it is an allergy, addiction or toxicity, the brain is the reacting organ because of its state of injury. Therefore, it is highly important to stop these maladaptive reactions even though they are not the initiating cause of the illness. This can be achieved by spacing the contact with the substances that cause maladaptive reactions. A rotation diet of either a four or seven day is very much in order. The subject should not settle on a single food such as gluten, even though it has a high frequency, because on an average, these subjects react to a half a

dozen or more foods. When treating the head, heart and the liver with magnets ahead of a meal, this simplifies the food rotation diet. Symptoms can effectively be managed with disc magnets placed bitemporally. These should always be available so that if the subjects meet up with a food or substance that they react to, they could place the magnets bitemporally and within minutes, relieve their symptoms. No tranquilizers or antidepressants are used in this magnetic treatment system. Nutrition is optimized especially by laboratory assessments of vitamin, mineral and amino acid needs. Genetic states should be considered, especially homocystinemia.

MAGNETS USED:

Super magnetic bed composed of seventy 4" x 6" x 1" magnets. Thirty-five of these are placed an inch apart in a wooden carrier 36" square. Two of these wooden carriers are placed end to end providing a bed 36" x 72". This is the size of a single bed.

A 2" thick memory foam pad for a single sized bed.

Super magnetic head unit composed of twelve 4" x 6" x 1" magnets.

Two 4" x 6" x 1/2" ceramic block magnets with Velcro on the positive pole side. Two 4" x 52" body wraps.

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

INFORMATION NEEDED:

Magnet Therapy book
Major Mental Disorder quarterly
Addiction Disorder quarterly
Emotional Disorder quarterly
pH Factor quarterly
Metabolic Syndrome quarterly
The Ultimate Non-Addiction, Non-Stress Diet quarterly

PLACEMENT AND DURATION:

Sleep all night on the super magnetic bed and the super magnetic head unit. Go back on the bed and the head unit one hour, four times during the day for the first three months. This is for the purpose of killing any virus, bacteria or fungi. After three months, sleep on the bed and the head unit nightly as a lifestyle. This is energizing but also protective against the development of infections.

Pre-meal, treat the head, heart and the liver for 30 minutes ahead of meals. Follow the instructions in the *Metabolic Syndrome* quarterly. It is highly important to rotate the foods in all of these cases. There usually are a half dozen foods reacted to with symptoms. The most frequent food reacted to was foods that contain gluten such as wheat, rye, oats and barley. Corn does contain a gliadin which is a special type of gluten to which some also react. Millet has been considered a question mark by some. Rice and buckwheat do no contain gluten. Grains that have been sprouted do not contain gluten. Since the subjects react to several foods, it is not wise to select just gluten to leave out of the diet and in fact, there should always be a return to the gluten containing foods after a period of avoidance or treating the body ahead of each meal. There are only a few who will continue to react to gluten on a genetic basis. This is 1 in 200 of Irish and 1 in 2000 in the non-Irish. Foods containing gluten are very nourishing foods and should be used if at all possible or even in those who have a genetic disorder, sprout the grains before using them.

It is very useful to use other factors that provide a negative polarity such as keeping the air in the house cleaned by a negative ion generator. This will keep the infections down. Also the breathing of these ions are healthful. The negative ions, whether this is in the air, the water or in colloidal silver, have the same effect as the negative magnetic field and should be used as supplementation to the negative magnetic field.

It is wise for the first three months to have a course of colloidal silver. Colloidal silver is a negative ion and its treatment is a part of this negative magnetic field treatment. Negative ions have an antibiotic effect on viruses, bacteria, fungi and parasites. Negative silver ions do not remain in the body and do not produce any kind of symptoms or injury.

HOW TO USE THE FOUR DAY OR
SEVEN DAY DIVERSIFIED ROTATION DIET

The essence of the Diversified Rotation Diet is that foods are rotated on a four or seven 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.

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 or seven days. This method is outlined in my quarterlies, *Ultimate Diet* and *Metabolic Syndrome* 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 subjects will treat themselves to magnets for 15-30 minutes ahead of the meal. To achieve this, place the ceramic disc magnets bitemporally, that is in the front of the ears at the level of the top of the ears. These are held in place with a 2" x 26" band. The discs are ceramic discs that are 1-1/2" x 1/2". The negative magnetic field is always placed toward the body. On the positive magnetic field side, there is hook Velcro that will hook to the band around the head and hold these in place. At the same time, place a 4" x 6" x 1/2" magnet on the 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.

The 4-day diversified rotation diet is in the quarterly, *The Ultimate Non-Addiction, Non-Stress Diet.* The 7-day rotation diet is in the quarterly, *Metabolic Syndrome.*

NEGATIVE ION HOUSEHOLD AIR TREATMENT

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

AIR NEGATIVE ION GENERATORS

LIVING AIR CLASSIC

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

ECOHELP

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

LIVING BREEZE

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

rooms.

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

ALKALINE MICRO NEGATIVE ION WATER:

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

NARIWA WATER:

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

Any water that is from a volcanic source is negative ion charged alkaline micro water. There is also a water made from Alaskan glacier water. There are minerals obtained from coral buds which are live coral and charged by electrolysis. This is the ideal optimum alkaline negative ion micro water.

COLLOIDAL SILVER THERAPY:

Colloidal silver is made by an electrolysis method that produces a particle size of 0.0001 micron. These small silver particles are charged to a negative electromagnetic field by the electrolysis method. This solution of colloidal silver is placed in the mouth, especially under the tongue for absorption. This provides quick absorption into the blood stream. These fine silver particles go throughout the entire body. The negative electromagnetic field magnetically attaches to microorganisms, parasites and cancer cells which are positive electromagnetic poled. Silver, in its own right beyond that of the negative ion field, inhibits the replication of these cells. The small silver particles do not interfere in any way with human cell function. It is recommended to use 40 parts per million for the next three months with 1 teaspoon, four times a day. In the case of acute infections, two weeks of treatment of 1 teaspoon four times a day usually suffices.

POLARITY:

Always use a negative magnetic field facing the body.

RESEARCH CONSIDERATIONS:

I request a report from the research subject and from the monitoring physician a minimum of three times a year.

BEYOND MAGNETISM:

Acute maladaptive reactions to foods, chemicals, inhalants or stress frequency pulsing fields has been documented as producing a brief state of acid-hypoxia. In this state, there is a production of acid and a failure to process properly the end-products of oxidation phosphorylation metabolism. In this state of acidosis, oxygen content is reduced. Maladaptive reactions to foods are the most frequent cause of bouts of acidosis. Degenerative diseases are noted for their acid-hypoxic state. Therefore, every effort should be made to maintain a normal alkaline and normal oxygen state.

A majority of people are maladaptively reacting in one or more ways to foods, thus producing bouts of acidosis and reduced oxygen. It is the better part of wisdom to follow a 4-Day or 7-Day Diversified Rotation Diet. This program leaves out foods that are used as frequently as twice a week or more for a period of three months. This is based on the assumption that these foods are being reacted to in some maladaptive way. It is the frequency of the use that produces the maladaptive reactions. A 4-Day or 7-Day Diversified Rotation Diet is set up to leave out these frequently used foods. After three months, these frequently used foods can be returned to the diet, usually without any symptoms being produced.

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

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

There is a valuable method of electrolysis which provides an alkaline micro negative ionized water that has an alkaline pH. There is a home electrolysis unit (AKAI instrument) that provides this alkaline micro water. It is recommended that five glasses of this alkaline micro water be used a day.

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

FINAL WORD

The discovery of a common viral encephalitis in children with behavioral disorders, learning disabilities and autism and adults with major mental illness has also lead to a common denominator treatment. The human immune system cannot kill these herpes family viruses. The herpes family viral encephalitis is a progressive brain injury. Minor brain injury in childhood causing behavioral, learning disorders and autism can and frequently does progress to more brain injury resulting in adult psychosis in the 20's. Adults with these herpes family viruses are diagnosed as infectious mononucleosis. This does not result in psychosis but can and often does result in a chronic illness diagnosed as fibromyalgia with weakness and depression. The observation is that adult psychotics had these viral infections during the brain's developmental period which prevented the full maturity of the brain. Human herpes virus #6 has been consistently indicated in multiple sclerosis, which is a progressive viral encephalitis.

The common treatment for children with behavioral disorders, learning disabilities and autism and adults with psychosis and also adults who have developed fibromyalgia with weakness and depression and multiple sclerosis is as follows:

1. Kill the viruses.
2. Stop the maladaptive (allergies, addictions and toxicities) symptoms including chemicals and inhalants.
3. The negative magnetic field can kill the herpes family viruses and invading bacteria, fungi and parasites.
4. A negative magnetic field can reverse the allergies, toxicities and addictions.
5. Stabilize brain function by optimum nutrition, especially B complex vitamins, vitamin C, essential minerals and essential fats.
6. After managing the symptoms and killing the viruses, then proceed with behavioral therapy, training out learned inappropriate social and disordered learning symptoms and train in useful social and learning skills.

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Postscript

Magnet Therapy:

Psychiatry and Psychologies

Bright New Horizon,

Energy Medicine Vs. Horse and Buggy Energy Medicine

MAGNETIC THERAPY: PSYCHIATRY AND PSYCHOLOGIES' BRIGHT NEW HORIZON

Magnet therapy has set the stage for a new highly efficient, predictable promising future. Imagine no tranquilizers, no antidepressants or electric shock or their deleterious side effects. Imagine symptom relief of minor and major emotional or organic mental symptoms relieved within minutes of exposing the brain to a negative magnetic field. Imagine all invading microorganisms killed. Imagine no more allergies, addictions or toxic reactions to foods, chemicals or inhalants. Imagine trainableness by behavioral therapy **once the** organic factors are appropriately handled.

The day of these values is already here!

The sad news is that the values of magnetic therapy is not common knowledge and that psychiatrists and psychologists are not being oriented to use it.

The good news is that the values of magnetic therapy are predictable and reproducible. The good news is that magnet therapy does not require a medical prescription and is thus available for self-help application. Application of magnet fields to humans is classified by the FDA as not being harmful. The efficiency of magnet therapy is such as to predict that it will be a substantial part of tomorrows clinical psychiatry and clinical psychology.

HORSE AND BUGGY ENERGY MEDICINE VERSUS ELECTROMAGNETIC FREE ENERGY MEDICINE

The invention of the wheel was a great invention in its day. Mankind now had wheel barrels and scooters. Harnessing the energy of a horse to a wagon was another great invention which served mankind well for thousands of years. It is true that our grandparents moved west by horse and buggy. Two generations later, we fly all over the world. Transportation has advanced from an original wonderful achievement to a new marvelous achievement.

This marvelous achievement of the electromagnetic industrial age has occurred because of the achievement of harnessing the movement of electrons. We no longer just wonder at the electromagnetic energy of lightening, tornados, cyclones and anti-cyclones which, in the northern hemisphere spin counter-clockwise and in the southern hemisphere spin clock-wise. Mankind has learned to harness the energy of movement of electrons. We make magnets with the flow of electrons and we give direction to the flow of electrons with magnets. We have learned to trust the predictableness of the movement of electrons with magnetic fields. We live in a virtual sea of electrons in the space around us as well as the space within us. Mankind is an electromagnetic organism. The magnetic movement of free energy electrons within us is an integral aspect of biological life energy. Human life does not exist apart from magnetism. Have we missed something in medicine that the electromagnetic industry has captured? Yes, we have! We have failed to capture the free magnetic energy available to us. The same degree of predictableness exists in biological systems exposed to magnetic fields as it does in electric non-biological systems.

Therapeutic medicine is barely entering the threshold of free magnetic energy use. We nourish our bodies but we still wait for some mysterious life energy to spontaneously heal us. Magnetic therapy can change the speed of healing from the horse and buggy level to an equivalent level of flying. The movement of electrons between enzymes and substrates produces a magnetic field which attaches the enzyme and the substrate. With the magnetic energy medicine, electrons are magnetically harnessed to move between enzymes and substrates. The secret of magnetic therapy is that this free magnetic energy can be supplied from a static field magnet providing the energy activation of the enzymes so that a catalytic reaction occurs. A static negative magnetic field alkalinizes and energizes, such as the alkaline-dependent oxidoreductase enzymes family of enzymes. These oxidoreductase enzymes are responsible for producing some of life's energy (ATP and catalytic remnant magnetism) as well as processing inflammatory toxic substances that threaten life energy. A positive magnetic field energy blocks these enzymes from functioning. The essence of magnetic therapy is the predictable movement of free energy field static electrons by a free energy static magnetic field in a biological system producing predictable biological responses.

Magnetic therapy is at this threshold of moving therapeutic medicine from the horse and buggy low level efficiency, slow speed energy function into a high efficiency speed energy function equivalent to flying and computer efficiency functions.