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***Introduction and Orientation for All
Magnetic Health Quarterly Publications***

Published by:
William H. Philpott, M.D.
17171 SE 29th St.
Choctaw, OK 73020
(405) 390-3009/ Fax: (405) 390-2968
Email: polarp@flash.net



William H. Philpott, M.D.

FIRST IMPORTANT NOTE

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

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

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

SECOND IMPORTANT NOTE

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

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

Dr. Philpott says that he will be pleased to answer questions by telephone. Information

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 alkalization.
- 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.

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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 acclimation 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 tranquilizer.

"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 tranquilizers. 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 pur-

pose 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 re-emerging 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-

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“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 provide 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 alkalizes 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 alkalizing 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 alkalization 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 gallbladder 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 foreword 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

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

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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

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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 sides.

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

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior 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. Becker² 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 neuronal 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-

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

ward 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) substances. 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.

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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, edematous 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

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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

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 catalytic remnant field with movement of electrons between magnetism substrate and enzyme producing a negative (Negative magnetic field) magnetic field (magnetic free energy)

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"

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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:

<i>Positive Magnetic Field</i>	<i>Negative Magnetic Field</i>
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

<i>Positive Magnetic Field</i>	<i>Negative Magnetic Field</i>
--------------------------------	--------------------------------

Acid-hypoxia	Alkaline-hyperoxia
Magnetic Response to Stress Injury	
<i>Positive Magnetic Field</i>	<i>Negative Magnetic Field</i>

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-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior 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
 transferase magnetic field
 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 dismutase
 enzyme in an
 alkaline medium

Superoxide Free Radical _____>Hydrogen Peroxide
 (H₂O₂)

Catalase enzyme in an alkaline medium
 H₂O₂ _____>water + molecular oxygen

Superoxide free radical, Oxidoreductase enzymes
 peroxides, Dehydrogenases, Hydroxylases,
 oxyacids, Oxidases Oxygenases,
 alcohols Peroxidases, Reductases
 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-

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

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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

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

serves 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

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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 _____

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Deductible 501C-3 Organization

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The Ultimate Non-Stress Non-Addiction Diet
from the *Magnetic Health Quarterly*
"The Ultimate Non-Stress Non-Addiction Diet," Vol. VI, 1st
Qtr, 2000 (2001Revision)
by William H. Philpott, M.D.
17171 S.E. 29TH Street
Choctaw, OK 73020
405/390-3009 Fax: 405/390-2968
polarp@flash.net

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

MEDICAL SUPERVISION IS RECOMMENDED

MAGNETIC PROTOCOL
Stress Chemistry Diseases
Metabolic Homeostasis

**TWO METHODS OF USING A 4-DAY DIVERSIFIED
ROTATION DIET**

The essence of the 4-Day Diversified Rotation Diet is that foods are rotated on a four day basis, thus preventing their maladaptive reactions, be these allergies or addictions. Also, this rotation diet will correct hypoglycemia and non-insulin dependent diabetes mellitus. The food families for rotation are arranged in this article.

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

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

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

ABDOMINAL FAT MAGNETIC MELTDOWN

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

The Non-Addiction Ultimate Diet
The Biochemistry of Addiction

A physician uses narcotics such as Demerol, morphine and so forth to relieve pain. When non-narcotic pain substances do not relieve pain, then a physician can legally use his professional judgment as to the necessity of using a narcotic to relieve pain or even to perpetuate an addictive state in such as a terminally ill patient. This ability of a narcotic to relieve pain is a great blessing but can be equally a serious curse if self-administered.

Narcotics do more than relieve pain. They act on the brain, relieving depressions, anxieties and producing euphoria, which in turn, disorders judgment. This euphoria and altered judgment produces a state of risk-taking, which seriously and adversely handicaps behavior. Thus, due to the altered judgment, addicts will risk socially disruptive behavior, which they would not do unless addicted.

Addiction has two phases, which are:

- 1) Pain relief and euphoria from contact with the narcotic.
- 2) Withdrawal symptoms emerging 3-4 hours after taking the narcotic. By this time, the narcotic has been processed and the level of normal narcotic (self-made endorphins) drops below normal. This addictive withdrawal state is acid producing and thus also oxygen reducing (acid-hypoxia). This acid-hypoxia is inflammatory producing (cellular edema). Inflammation is pain producing. Thus, pain emerges, the brain responds to this addictive withdrawal state with depression and again, altered judgment with the emergence of fears. The addict keeps taking frequently (on a 3-4 hours schedule) his narcotic so as to avoid the pain and depression of the addictive withdrawal phase. He seeks the pain relief and euphoria of taking the narcotic.

This addictive seesaw, euphoria/pain-free state on exposure to the narcotic with its swing to pain/ depression on withdrawal, results in an obsessive-compulsive personality or neurosis with intolerance for discomfort along with pleasure seeking to relieve discomfort.

The human body makes self-made polypeptide narcotics called endorphins. There is a non-addictive, normal physiological level for these endorphins. They serve a valuable function in human physiology even beyond that of handling pain or stress. Acute stress evokes these endorphins beyond physiological level. If stressors on a frequent 3-4 hour nature evoke the above physiological normal levels of endorphins, then addiction to the self-made narcotic develops. The exposure to narcotics, whether externally supplied such as illicit narcotics, ethical narcotics supplied by physicians or internally-made (endorphins) has to be more frequent than twice in four days in order for the addictive withdrawal phase to develop.

Frequently eaten foods can become biological stressors. Adequate nutrition is necessary but adequate nutrition cannot be depended on to prevent food addiction from developing. Thus, daily use of a food carries the potential of becoming a stressor evoking endorphins beyond the physiological level. It is a common practice to eat wheat bread at each meal and use dairy products at each meal. Thus, these foods have a high percentage chance of developing food addiction. Food addiction is a narcotic addiction in which the frequently eaten food is a stressor evoking self-made narcotics beyond physiological levels. Alcohol addiction is more than addiction to the alcohol itself but is also an addiction to the food that the alcohol is made of. I proved this many times by deliberate food testing of a meal from which the alcohol is made. A vodka drinker reacts to potatoes. The cereal grains from which the alcohol is made such as wheat, barley, corn and rice on a single food test meal

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior evokes symptoms in the alcohol addict who uses alcohol made from these foods. Deliberate exposure to these foods without any alcohol present, characteristically can produce a “dry drunk”.

Tobacco addiction occurs because tobacco serves as a stressor evoking self-made narcotics. Caffeine addiction exists because frequent use can evoke self-made narcotics producing caffeine addiction. Amphetamine addiction can develop because of a frequent use of amphetamines as a stressor evoking self-made narcotics. A positive (north-seeking) magnetic field is a stressor and magnetic addiction can develop because of frequent use of a positive (north-seeking) magnetic field as a stressor evoking self-made narcotics.

Alkaline Diet

George Watson invented the alkaline diet in which alkaline-forming foods are eaten with frequency and in a percentage greater than acid-forming foods. It is true that reactions to foods are acid forming. What this diet fails to perceive is that a maladaptive addictive type reaction to foods is acidifying whether this is an alkaline-forming food or an acid-forming food. All maladaptive reactions to foods are acidifying. This system fails to recognize that food addiction occurs and therefore, there is a continuation of frequently eating the same foods and maintaining food addiction. This is why this system has a measurable value but a low level efficiency. The person following this diet proceeds down the road to developing maturity-onset type diabetes mellitus.

Frequently Eaten Protein Between Meals Diet

John Tinterra, M.D., was an internist who had observed that protein would buffer against hypoglycemia. This system has the subject eat a protein snack between meals to buffer against hypoglycemia. This diet has a measurable value. It uses the same foods frequently, and therefore does not honor food addiction and can produce food addiction to these frequently eaten foods. The person following this diet proceeds down the road to developing maturity-onset type diabetes mellitus.

Protein-Carbohydrate Frequent Feeding Diet

Judith Wurtman improved on John Tinterra’s protein between meal feedings by having a combination of complex carbohydrate with proteins. This again provides a degree of relief of symptom production of both the hyper-insulinism phase and hypoglycemia phase. This diet does not recognize food addiction as a symptom-producing agent. Therefore, it has a limited value in symptom amelioration. The person following this diet proceeds down the road to develop maturity onset type diabetes mellitus.

Zone Diet

Barry Spear’s Zone diet does not recognize food addiction. The person following this diet proceeds down the road to developing maturity-onset type diabetes mellitus.

Food Addiction: Primrose Path to Diabetes Mellitus Type II

The primrose path to diabetes mellitus is paved by food addiction. The path has numerous pot-holes composed of food addiction, acid-hypoxia, inflammation and degenerative diseases. The disordered chemistry of acute symptom maladaptive reactions observed during deliberate single meal food testing after an initial five days of food avoidance has been demonstrated to be the same as degenerative diseases manifesting chronically the same symptoms. The chronic diseases are named according to the tissues involved in the reaction such as muscles, fascia, joints, liver, spleen, intestines, pelvic organs, lungs, nasopharynx, skin, specific areas of the brain and so forth.

Maladaptive, symptom producing food reactions can affect any tissues of the body. The target tissue selected for the symptoms are in some way metabolically compromised. There are many different ways of compromising selective tissues such as trauma, current infection or injury from infection, examples are my observations concerning tendonitis such as carpal tunnel syndrome in which the stress of the hand and wrist causes this wrist tendon sheath to produce tendonitis. I have routinely been able to demonstrate a maladaptive reaction to a food as a basic cause of the tendonitis, which is evoked during deliberate food testing. This is also true of fibromyalgia and often of inflamed joints in rheumatoid arthritis. Another example is schizophrenia in which the selective areas of the brain have been injured by a viral infection causing the brain to be the selective tissues for maladaptive food reactions. All major mental disorders are precipitated by addictive food reactions. Non-addictive reactions to other substances such as petrochemicals, molds and other inhalants can also selectively produce mental symptoms.

The pre-clinical diabetes mellitus state, sometimes called chemical diabetes and identified by me as a compensated stage of the diabetes mellitus disease process is caused by maladaptive reactions to foods. This is the state of hyper-insulinism followed by hypoglycemia.

Any and all complications known to occur during clinical diabetes can and do occur during this compensated diabetes mellitus disease process, pre-clinical diabetes mellitus. They are identified as separate diseases simply because the person has not yet progressed to the chronic high blood sugar stage of clinically significant diabetes mellitus. Examples of naming degenerative diseases occurring during this compensated stage of the diabetes mellitus disease process separate from clinical diabetes are:

- 1) Toxic neuritis identified during the pre-diabetic stage which is called diabetic neuropathy when the subject is known to have clinically significant diabetes,
- 2) Hypertension
- 3) Amyotrophic lateral sclerosis named separately from amyotrophy, which is identical to the amyotrophy of the known clinically significant diabetes mellitus.

PRIMROSES

The primroses on the food addiction path to diabetes mellitus type II are the methods of temporary reduction of addiction symptoms, which include all the diets that provide frequent meals of the same foods without rotation. These include George Watson’s Alkaline Food Diet, John Tinterra’s High Protein Between-Meal Snacks, Judith Wurtman’s Carbohydrate-Protein Between-Meal Snacks and Barry Spear’s Zone Diet providing a 40% carbohydrate-30% protein-30% fat on a four-hour schedule feedings. These methods of symptoms relief perpetuate the diabetes mellitus compensated stage of degenerative diseases and clinical diabetes mellitus as the end-stage of food addiction. Other methods of relieving the symptom of food addiction such as non-steroid anti-inflammatory chemicals, steroid anti-inflammatory chemicals, food neutralization, homeopathy, acupuncture or other reflexologies do not reverse food addiction but only perpetuate the progression of food addiction to the end-stage diabetes mellitus type II. There is no combination of any of the non-rotation proposed diets that will reverse food addiction.

With the 4-Day Diversified Rotation Diet, there is no hyper-insulinism to buffer against and there is no hypoglycemia for which symptoms need to be relieved. There is no symptom-producing acid-hypoxia resulting from a withdrawal addiction stage. A 4-Day Diversified Rotation Diet is the only, and therefore, ultimate diet

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The Broad Spectrum Values of a 4-Day Diversified Rotation Diet

Maladaptive symptom-producing food reactions are acidifying. In an acid medium, oxygen is processed and becomes a party to acids. This symptom-producing state is characterized as acid-hypoxia. Acid-hypoxia is inflammatory-producing and thus, symptom-producing. The target tissues for symptom production are target tissues due to some reason for compromised metabolism. Physical traumas, past injury or present infections are such predisposing causes of symptom production from the acid-hypoxia produced by food reactions. The heart and brain are frequent symptom target tissues due to their inherent need to maintain an optimum alkaline pH and an optimum amount of oxygen.

Acid-hypoxia from food maladaptive reactions occurs no matter why the reaction occurs. Maladaptive reactions can occur for the following reasons:

- 1) An immunologic reaction in which antibodies are made and or complement is disordered
- 2) Oxidoreductase enzyme deficiencies due to nutritional deficiencies
- 3) Oxidoreductase enzyme inhibition due to evoked states of acidity. Oxidoreductase enzymes are alkaline-dependent and therefore can only function in a normal physiological alkaline state
- 4) Addiction. Addiction has the quality of first evoking a rise in serotonin and endorphins on contact with the food which is, at that time, symptom-relieving, and later a symptom-producing withdrawal phase when a drop below physiological normal of endorphins and serotonin occurs
- 5) Toxicity. There are toxicities that are either inherent in or contaminants in the food supply. These can become addictions but can function also by inhibiting enzymes without addiction having developed.

The following disease states need the spacing of foods so that symptoms do not develop. A 4-Day Diversified Rotation Diet is the ideal way to maintain a spacing of the foods below the level of addiction and also in IgG immunologic reactions, the spacing of the foods also prevents the immunological reaction from occurring. Also, in toxicities, the body has time to process the toxins before it receives more toxins in the next meal.

Diabetes mellitus - I have observed diabetes mellitus, non-insulin-dependent, type II, to be the direct result of food addiction. The process of diabetes mellitus is present for many years before the final stage of clinically significant diabetes mellitus. The development of diabetes mellitus can be prevented and also reversed by a 4-Day Diversified Rotation Diet. For further information, see the Magnetic Health Quarterly, *Diabetes Mellitus: Prevention and Reversal*. (Vol. III,)

Rheumatoid conditions - This involves not only rheumatoid arthritis, but also fibromyalgia and many other inflammatory rheumatoid conditions. Characteristically, these inflammatory conditions are more often caused by maladaptive reactions to foods than to any other cause. For further information, see the Magnetic Health Quarterly, *Rheumatoid Disease: The Magnetic Answer* (Vol. I,) and *Anti-inflammatory Magnetic Enzyme System* (Vol. I.)

Pain - Pains are most frequency caused by a state of acid-

hypoxia evoked by food reactions. For further information, see the Magnetic Health Quarterly, *The Magnetics of Pain* (Vol. I)

Mental disorders - This refers to major mental disorders such as schizophrenia, and manic-depressive. This is also involved in most learning disorders and attention deficit disorders. Mal-adaptive food reactions are nearly always associated with these disorders. Originally, the brain has been disordered by a viral infection such as Epstein-Barr, cytomegalo or human herpes virus #6. For further information, see the Magnetic Health Quarterly, *Major Mental Disorders: The Magnetic Answer* (Vol. III.)

Emotional disorders - It is frequently true that emotional disorders are also evoked by the acid-hypoxia of food reactions. For further information, see the Magnetic Health Quarterly, *Emotional Disorders: The Magnetic Answer* (Vol. V)

Movement disorders - Movement disorders can be caused sometimes solely by the maladaptive food reactions. An example of this is Tourette's syndrome, which is managed by avoiding the foods that are evoking the symptoms. Classically, the symptom-evoking foods are gluten-bearing cereal grains; wheat, rye, oats, barley and corn. For further information on movement disorders, see the Magnetic Health Quarterly, *Movement Disorders: The Magnetic Answer* (Vol. IV)

Sleep disorders - Sleep disorders are often produced by maladaptive food reactions. For further information, see the Magnetic Health Quarterly, *The Magnetics of Sleep*. (Vol. I, 1st qtr.)

Addiction - Food addiction is the most common of all types of addiction. For further information on food addiction and other addictions, see the Magnetic Health Quarterly, *Addiction: The Magnetic Answer* (Vol. IV, 1st qtr.)

Seizures - Seizures are frequently precipitated by maladaptive food reactions acting on an injured brain. For further information on seizures, see the Magnetic Health Quarterly, *Emotional Disorders* (Vol. V), *Detoxification* (Vol VII, 2nd qtr.), *Allergy, Immunology, Microbiology* (Vol. VII, 3rd qtr.) and others.

Multiple sclerosis - Maladaptive food reactions can precipitate symptoms in multiple sclerosis. For further information on multiple sclerosis, see the Magnetic Health Quarterly, *Multiple Sclerosis*. (Vol. IV, 4th qtr.)

Gastrointestinal Disorders - Maladaptive food reactions are frequently a party to gastrointestinal symptoms. For further information on gastrointestinal disorders, see the Magnetic Health Quarterly, *Gastrointestinal Disorders*. (Vol. V, 3rd qtr.)

Sleep

The addictive withdrawal phase of food addiction is a frequent cause of sleep disorders.

How to have energy-restoring sleep:

1. Do not be addicted to anything, including foods.
2. Sleep in a totally light-free environment. Any light inhibits the production of melatonin by the pineal gland.
3. Eliminate all electrical instruments from the room. The 60-cycle per second frequency of the electric current prohibits the production of melatonin by the pineal gland.
4. Sleep on a negative (south-seeking) magnetic field mattress pad. This is provided by a magnetic mattress pad composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8" placed an inch and one-half apart and padded so that only a negative (south-seeking) magnetic field is received.
5. Sleep with a negative (south-seeking) magnetic field facing the top of the head. This is provided by a carrier holding four 4" x 6" x 1" ceramic block magnets placed 3/4" apart.

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6. Sleep with a magnetic light shield over the eyes. This magnetic light shield has magnetic neodymium disc magnets placed over the eyes. The retina of the eyes makes melatonin.

Magnetic Fat Dissolution

A negative (south-seeking) magnetic field placed over a fat area will cause the fat cells to release their fat into the blood circulation. Some have lost as much as a pound a day by placing a negative (south-seeking) magnetic field over a body fat area. Also, fatty tumors have been demonstrated to dissolve when treated with a negative (south-seeking) magnetic field. The fat deposits in arteries will dissolve in the presence of a negative (south-seeking) magnetic field. Fatty deposits, whether in fat cells or not in fat cells, such as in arteries or organs like the heart or liver are a positive (north-seeking) magnetic field, which maintains an acid medium.

Fat, amino acids, calcium and other minerals are soluble in an alkaline medium such as the normal alkaline pH of 7.4 and insoluble in an acid medium. The biological response to a negative (south-seeking) magnetic field is alkalinity. The insoluble deposits of fat, both outside of fat cells such as in arteries, liver and heart and other organs as well as inside of fat cells goes back into solution by a negative (south-seeking) magnetic field turning the area alkaline. A second mechanism is also functional in which growth hormone has the assignment of causing fat cells to release their fat. Growth hormone is an anabolic hormone made during sleep. A negative (south-seeking) magnetic field produces growth hormone by the hypothalamus which aids in fat cells dropping their fat which then enters the blood as soluble fat. Growth hormone requires a hormonal activator made by the pancreas. A negative (south-seeking) magnetic field serves the function of an activator of growth hormone either directly or indirectly by raising the pancreatic growth hormone activator. Placing a negative (south-seeking) magnetic field over the epigastric area at night during sleep is calculated to raise the growth hormone activator.

Suitable magnets for fat dissolution are such as a 14" x 25" multi-purpose magnetic pad or an 11" x 17" multi-purpose magnetic pad. These pads are composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8" placed an inch and one-half apart in this pad. Their magnetic field can be further reinforced for a deeper penetrating magnetic field by placing a 4" x 6" x 1/2" magnet over the pad. These 4" x 6" x 1/2" ceramic block magnets can be placed 2" apart on the pad. Place the pad and the ceramic blocks over the area needed to have fat dissolution such as the abdomen, thighs, buttocks, breasts and so forth. The treatment need be only during sleep when growth hormone and its hormone activator are present.

Although this method of magnetic fat dissolution has been demonstrated to function without calorie reduction, I can only recommend it as an aspect of weight reduction associated with calorie reduction and food addiction management by a rotation diet.

The Stress of Sleep Deprivation The Circadian Rhythm

Adequate sleep is necessary for energy restoration with its numerous homeostatic functions. Inadequate sleep, along with addiction, infection and other stressors is one of the stress building blocks leading to degenerative diseases including obesity itself. Nine or more hours of sleep in total darkness is necessary to maintain anti-stress metabolic homeostasis. In the book, *Lights Out*, T.S. Wiley and Bent Formby, PhD, have provided the evidence of the stress consequences of not having adequate energy restoring sleep.

A rhythmic exposure to light is also necessary for metabolic homeostasis. In the far northern and far southern hemispheres of the earth, where there are months of continuous light alternating with months of continuous darkness, a development of the disordering of the sleep-wake cycle results in stress symptoms, especially depression. I used to provide a morning exposure to light to maintain the circadian rhythm in order to prevent depression. What I observed when using an exposure of the body, including the head during sleep, to a negative (south-seeking) magnetic field is that it adequately drives a circadian rhythm without the need for light exposure during the long, sustained dark periods. Thus, I have observed that the negative (south-seeking) magnetic field during sleep is adequate without light for driving the circadian rhythm.

The Non-Stress, Non-Addiction Food Rotation Diet

Orientation

This non-stress, non-addiction rotation diet is for food addicts whether overweight or not over-weight. This is the optimum degenerative disease reversal and disease prevention diet.

Overweight exists because the subject is eating too many calories. The answer for being overweight is to reduce the calories. The desire to overeat is a learned compulsion secondary to the initial food addiction. The compulsive urge to eat a specific food, to eat between meals or to overeat is stopped by magnetic treatment to the head. The subject carries magnetic discs with him at all times so that he can stop his compulsive urge with magnetic discs placed on his head when need be.

The subject can decide to immediately start the 4-Day Diversified Rotation Diet leaving out the foods and the other members of the family of the foods that are eaten twice a week or more with all other foods rotated on a four day basis. Three months later, the foods that are left out of the diet initially can be reintroduced back into the diet.

Another method is to prove which foods the person is addicted to or otherwise maladaptively reacting to. This requires a five day fast either of water only or of a single food such as watermelon, following which the subject eats meals of single foods to determine if symptoms emerge. After having tested out all the foods, then set up the rotation diet initially leaving out the foods that gave symptoms. These foods would be left out of the diet for a period of three months before reintroducing them into the diet.

After initiating the rotation diet, then assess the calories being eaten with comfort which still maintains overweight. Reduce the calorie intake by one-third. Re-assess every three months and continue to reduce calories by one-third until optimum weight is maintained.

Minimum Program of Magnets

- Two 1" x 1/2" ceramic disc magnets
- Four 1" x 1/8" neodymium disc magnets
- Two 2" x 26" body wrap
- Two 4" x 6" x 1/2" ceramic block magnets

Maximum Program of Magnets

For more optimal general health, add the following:

- One 14" x 25" multi-purpose pad (composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8"). These are placed an inch and one-half apart throughout the pad)
- One 11" x 17" multi-purpose pad (composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8"). These are placed an inch and one-half apart throughout the pad)
- Two 4" x 52" body wraps.

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- One magnetic chair pad (composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8". These are placed an inch and one-half apart throughout the back and seat of this chair pad)
- A magnetic mattress pad (composed of mini-block magnets that are 1-7/8" x 7/8" x 3/8". These are placed an inch and one-half apart throughout the mattress pad)
- A Vitality sleeper (composed of four 4" x 6" x 1" magnets placed in a carrier that holds them up against the headboard. These are 3/4" apart. They come shipped at the top of the carrier and need to be lowered so that the wooden dowel they are resting on is level with the back of the head when the head is on the pillow)
- A magnetic eye unit (composed of a magnetic light shield with a 1/2" x 1/16" neodymium disc placed over each eye on the inside of the light shield and on the outside, directly over this magnet and over each eye, place a 1" x 1/8" neodymium disc magnet)

Placement and Duration

For addictive withdrawal during the five days avoidance or whenever symptoms emerge after the initial withdrawal phase, use the following:

- A 4" x 6" x 1/2" magnet placed on the mid-sternum
- A 4" x 6" x 1/2" magnet placed on the epigastric area
- On the sternum place the magnet lengthwise and on the epigastric area crosswise the body. These can be held in place with 4" x 52" body wraps. Place disc magnets on the head, either the ceramic disc magnets or the neodymium disc magnets.

The ceramic disc magnet is placed on the inside of the band next to the head. There is Velcro on the positive pole side that will attach to the 2" x 26" wrap placed around the head. When using the neodymium disc magnets, place one 1" x 1/8" neodymium disc on the inside of the band and one on the outside of the band. These are placed directly over the area of the head that is being treated. Depression is characteristically best reduced by bitemporal placement that is at the level of the ears and in front of the ears. These are placed over the amygdala, which is a walnut-sized area in the temporal lobes. This can calm the entire brain down. Anxiety and tension is best handled by placing a disc on the mid-forehead and one on the left temporal area. Obsessions and compulsions are sometimes best handled by placement on the left temporal and low occipital area. The duration should be whatever is needed. Often five minutes will stop the urge. It may take up to 30 minutes. There is no limit in how long the magnets can be left on. This system will be very useful during the five days of withdrawal. However, obsessive-compulsiveness is a learned response and will require training. Whenever an obsessional idea of eating a particular food or eating between meals or over-eating occurs, then place the magnet on the head that most appropriately relieves the symptoms. Five, ten, fifteen, sometimes thirty minutes are required to handle the obsession. The subject needs to agree with himself so that when these obsessive-compulsive urges occur, he will use the magnets instead of acting on the compulsion. Use the magnets for the relief of the obsession-compulsion and its associated feelings of tension and depression rather than by relieving the symptoms by acting out the compulsion. This method of training out the obsessive-compulsiveness relates to more than just foods. It relates to the personality behavior, so whenever these urges occur, cancel them with the magnetic fields. The system also stops all addictions including tobacco, alcohol and caffeine. Tobacco particularly is fat soluble and therefore the urge to return to the tobacco lasts longer than the water soluble foods. It takes approximately one month to get over the urges to smoke. The answer is to always cancel this urge with the placement of the magnetic fields, particularly over the head,

but if need be, also over the sternum and epigastric area. Also, the 4" x 6" x 1/2" magnet can be used anywhere on the body where it is needed to relieve any pain or other discomfort.

For optimum health, the subject should sleep on a magnetic bed pad and with magnets in the carrier up against the headboard. It is also wise to sleep at night with an eye unit across the face and eyes. The retina of the eyes makes melatonin and also the eyes through a nerve pathway will encourage the pineal gland to make melatonin. Sound sleep is necessary for energy restoration and for all the homeostatic functions between serotonin and endorphins to be optimally functional. When sleeping at night, it would be best to put the 11" x 17" multi-purpose pad across the abdomen. This is especially useful when the omentum has fat. The omentum is over the intestines. This fills up with fat. By placing the 11" x 17" multi-purpose pad across the abdomen will help to cause the fat to leave the cells of the omentum as well as the fat in the layer of skin. It is important that the areas where magnets are placed for processing the fat be done at night. Only at night is when growth hormone is high enough to perform the function of helping fat cells release their fat. The magnets can be placed on any area that needs to have fat reduction. The 4" x 6" x 1/2" magnets are ideal because they penetrate deep enough. The multi-purpose pads can be reinforced by placing the 4" x 6" x 1/2" magnets on top of these pads.

When sitting down, sit on the chair pad. It is useful to place a 4" x 6" x magnet under the seat of the chair pad. This particularly is useful where there is Candida either in the colon of a man or in the vagina or colon of a woman. The smaller multi-purpose pad can be used anywhere around the body and the larger 14" x 25" multi-purpose pad can be used on the thoracic area, cervical area and back of the head. It is especially useful to have these magnets in place while resting in a reclining chair.

General Information About Magnets

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

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

Ceramic discs measure 1-1/2" x 1/2", and have numerous valuable purposes. They can be used around the head to treat headaches

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

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

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

Therapeutic Sleep

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

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

In order to achieve appropriate production of the hormones Melatonin and growth hormone it is necessary to sleep in a completely light-free environment and without any 60 cycles per second electrical pulsing frequencies. Therefore there should not be any night-light, and electric clock, an electric heated blanket, or a heated waterbed. If light cannot be completely excluded from the bedroom, then place over the eyes and the forehead a light shield/mask of some sort. The magnetic eye & sinus mask is a light shield

with 1/16" plastiform magnet in it and additional 1" x 1/8" neodymium disc can be added for extra benefit.

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

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

Magnetic Eye & Sinus Mask

One eye & sinus mask

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

Two neodymium discs (1" x 1/8")

Placement of Magnets for Eye & Sinus Mask

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

Uses for the Eye & Sinus Mask

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

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

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

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

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

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

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

Alkaline Micro Water

Alkaline micro water helps materially the body's normal alkaline state. Also, being micro water, it enters into the cells of the body more readily than the usual water. This also carries negative (south-seeking) magnetic field as well as being alkaline. The Singer Electrolysis Instrument is used for producing the alkaline micro water. At least five glasses of the water should be ingested each day.

Nutrients Recommended

- Vital Life Multi-Element Buffered Vitamin C Powder. This powder contains vitamin C, calcium, magnesium, zinc, manganese, copper, quercetin, potassium and reduced L-glutathione. A minimum of one-half teaspoon, or a maximum of one teaspoon twice a day is quite useful.

- Vital Life Multi-Vitamin with Chelated Minerals. This provides a broad-spectrum supply of vitamins and chelated minerals. Take one tablet, twice daily.

- Vital Life Chromium Picolinate Plus. One daily is the recommended dosage.

Polarity Always use a negative (south-seeking) magnetic field.

Beyond Magnesium

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

Majorities of people are maladaptively reacting to foods in one or more ways, thus producing bouts of acidosis and reduced oxygen. It is the better part of wisdom to follow a 4-Day

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

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

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

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

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

Four-Day Rotation Diet

Day I

Meat

Bovidae: Lamb, Beef, Goat, Deer, Cheese, Milk and Yogurt

Fish Fish and/or shellfish can be on any or all days by keeping the type of fish or shellfish different for each day.

Vegetables

Potatoes: Potato, Tomato, Eggplant, Red/Green Peppers and Pimento

Goosefoot: Beet, Spinach, Swiss chard and Lamb's quarters
Composites: Lettuce, Chicory, Endive, Escarole, Artichoke, Dandelion and Safflower

Corn: Fresh Corn as a fresh vegetable

Fruits

Mulberry: Mulberry, Figs and Breadfruit

Rose: Strawberry, Raspberry, Blackberry, Dewberry, Loganberry,

Young-berry, Boysenberry and Rose Hip

Grape: Grapes and Raisins

Cashew: Mango

Nuts:

Sunflower: Sunflower Seeds

Cashew: Cashew and Pistachio

Protea: Macadamia Nut

Thickening

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Tapioca

Seasonings

Grape: Cream of Tarter

Potato: Chili Pepper, Paprika and Cayenne

Composites: Tarragon

Nutmeg: Nutmeg and Mace

Sweetener Beet Sugar

Tea Rose Hips, Chicory and Dandelion

Sprouts Legumes, Bean Sprouts, Alfalfa Sprouts and Sunflower Sprouts

Fresh Vegetable Green Bean Sprouts, Alfalfa Sprouts and Sunflower Sprouts

Day II

Meat

Bird: *All fowl – Chicken, Turkey, Duck, Goose, Guinea, Pigeon, Quail and Pheasant

Eggs Eggs

Fish Fish and/or Shellfish can be on any or all days by keeping the type of fish or shellfish different for each day.

Vegetables

Myrtle: Pimento

Grass: Millet

Parsley: Carrot, Parsnip and Celery

Mushroom: Mushroom and Yeast (Brewer's or Baker's)

Mallow: Okra

Fruits

Plum: Plum, Cherry, Peach, Apricot, Nectarine and Wild Cherry

Pineapple: Pineapple

Pawpaw: Pawpaw, papaya and papain

Grains:

Gluten: Wheat, Oats, Barley, Rye and mature Corn

Non-gluten: Millet, Sorghum, Bamboo shoot and Malt

Nuts:

Plum: Almond

Beech: Chestnut

Brazil nut: Brazil nut

Flaxseed: Flaxseed

Thickening Wheat flour, Agar-agar (vegetable gelatin from sea algae)

Seasonings

Myrtle: Guava, Clover, Allspice and Clove

Parsley: Celery seed, Celeric, Anise, Dill, Fennel, Cumin, Coriander and Caraway

Pedanium: Sesame

Orchid: Vanilla

Oil Cottonseed, Flaxseed and Sesame

Sweetener Corn sugar, Clover honey and Molasses

Tea

Sterculia: Papaya tea

Day III

Meat

Suidae: Pork

Fish Fish and or Shellfish can be on any or all days by keeping the type of fish or shellfish different for each day.

Vegetable

Mature Legumes: Pea, Black-eyed Pea, Soybean, Lentil, Peanut, Lima Bean, Navy Bean, Garbanzo Bean, Great Northern Bean, Pinto Bean and Kidney Bean

Laurel: Avocado

Lily: Onion, Garlic, Asparagus, Chive and Leek

Fruits

Apple: Apple, Pear and Quince

Banana: Banana and Plantain

Heath: Blueberry, Huckleberry and Cranberry

Gooseberry: Currant and Gooseberry

Ebony: Persimmon

Buckwheat: Rhubarb

Grains

Buckwheat: Buckwheat and Rice

Nuts

Legume: Peanuts

Birch: Filbert (Hazelnut)

Conifer: Pine Nut (Pinon)

Thickening

Arrowroot: Arrowroot Flour

Seasonings

Arrowroot: Arrowroot

Heath: Wintergreen

Legume: Licorice

Laurel: Cinnamon, Bay leaf, Sassafras and Cassia bud/bark

Pepper: Black & Whit Pepper

Oil Soybean, Peanut and Avocado

Sweetener Fructose, Carob syrup, Maple sugar, Tupelo honey and Cane sugar

Tea Alfalfa, Sassafras, Garlic and Apple cider/tea

Day IV

Meat

Meat: Rabbit, Fowl not used on Day II (Chicken, Turkey, Duck)

Fish Fish and/or Shellfish can be on any or all days by keeping the type of fish or shellfish different for each day.

Vegetables

Morning Glory: Sweet Potato

Gourd: Cucumber, Pumpkin, Squash, Acorn and Squash seeds

Mustard: Mustard, Turnip, Radish, Horseradish, Watercress, Cabbage, Kraut, Chinese Cabbage, Broccoli, Cauliflower, Brussel Sprouts, Collard, Kale, Kohlrabi and Rutabaga

Olive: Black/Green Olives

Fresh Grain Vegetables Sprouts: Wheat, Rye, Barley and Oat

Fruits

Gourd: Watermelon, Cantaloupe and Honeydew

Citrus: Lemon, Orange, Grapefruit, Lime, Tangerine, Kumquat and Citron

Honeysuckle: Elderberry

Palm: Coconut and Date

Nuts

Seeds: Pumpkin seeds, Squash seeds and Coconut

Walnut: English walnut, Black walnut, Pecan, Hickory and Butternut

Thickening Cornstarch

Seasonings

Mustard: Mustard

Mint: Basil, Sage, Oregano, Savory, Horehound, Catnip,

Spearmint, Peppermint, Thyme, Marjoram and Lemon Balm

Oil: Coconut, Olive, Pecan and Corn

Sweetner: Date sugar, Honey (other than Tupelo or Clover)

Tea: Kaffer

The following are observed facts about maladaptive reactions to foods:

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

2) IgG immune food reactions quiet down after three months of avoidance. After three months of avoidance an IgG immune reaction is calmed and suitable for a contact spacing

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

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

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

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

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

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

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

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

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

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

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

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

15) Diabetes mellitus type II is the final decompensated state of the earlier compensated state of food addiction. The metabolic disordered chemistry of food addiction is the same as clinically significant diabetes mellitus type II. The common denominator of disordered metabolism of food addiction and maturity-onset diabetes mellitus type II is acid-hypoxia and hyperglycemia.

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

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

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

19) Definitive food testing to determine maladaptive reactions to foods can only effectively proceed when all foods reacted to are avoided for five days preceding test meals of single foods. Remaining addicted to even one food will interfere with test results.

Characteristically, physicians are taught to test food immunologic or non-immunologic sensitivity reactions as a secondary rather than a primary cause of illness and to test foods while leaving the subject addictively or otherwise maladaptively responding to multiple other foods. Even when there is a five day avoidance of that single suspected food, the re-testing of

that food is unreliable since they are in the process of reacting to so many other foods. Characteristically, no attempt is made to clear all food reactions by a five day fast before testing begins. This method of not clearing the subject of all food reactions before testing begins gives spurious results. This leads to conflicting data as to the significance of food reactions. This conflict in data is used by some physicians to justify discarding food reactions as causes of diseases in general or specifically with the disease they are dealing with at the time. Good food testing also requires examination of blood pH and blood sugar before and after the food test meal.

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

21) Ignoring the food maladaptive inflammatory reactions and resorting to steroids, non-steroidal anti-inflammatory agents, tranquilizers and antidepressants to handle the symptoms of inflammation further accelerates the diabetes mellitus disease process with the end result being clinically significant type II diabetes mellitus.

The above observations provide the significance of maladaptive food reactions and the relationship of the 4-Day Diversified Rotation Diet to food reactions.

HOW TO FOOD TEST

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

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

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

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

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

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

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

When food testing Crohn's disease or ulcerative colitis cases, it is best to have the suspected foods tested the last meal of the day. This provides for an overnight period of recovery from the reaction. The most suspected foods are the frequently used foods. They are often in the area of cereal grains, such as wheat, rye, oats, barley, corn or dairy products. However, it can be any food that is eaten with a frequency of two times a week or more including even salads. I have known some people who ate the same salad every day who maladaptively react to all the foods in their salads that they use daily.

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

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

only use those beans or grains that have sprouted. These sprouts can be prepared in many different ways such as ground for bread or used as a cooked cereal. Sprouted beans or grains can be used as a fresh vegetable and in salads.

HOW TO USE A FOUR DAY DIVERSIFIED ROTATION DIET

WITHOUT DELIBERATE FOOD TESTING

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

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

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

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

SELECTIVE 4-DAY ROTATION DIET

This diet selectively rotates on a four-day basis, the foods that have been demonstrated by deliberate food testing to evoke symptoms. Foods not demonstrated to produce symptoms or hypoglycemia reactions are used freely at any time desired. There is a particular problem with this diet in which the person may become addicted to some of the food that they are eating with frequency. This can easily escape them unless they test out. This diet starts either with a full month of testing of foods in which only the foods that gave symptoms, acid reaction or hypoglycemic reactions are initially left out for two more months beyond the month of testing food reactions and then placed into the rotation diet. Foods not producing these symptoms are eaten freely. This makes it easier to prepare combinations of foods.

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

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

Chronic Stress Chemistry Degenerative Diseases the Magnetic Anti-Stress Answer

The chemistry of acute stress, whether physical, chemical or psychic is an acute rise in serotonin needed for action as well as control over excessive response and at the same time, an acute rise in self-made polypeptide opiates (endorphins) for the relief of the pain of physical injury or psychic stress. Thus, a serotonin-endorphin complex is the chemistry of acute stress. Furthermore, the serotonin-endorphin complex is also the chemistry of chronic stress with alternating swings above and below physiological homeostasis levels for serotonin and endorphins. After the acute stress is over, the serotonin-endorphin complex returns to a normal physiological level in a few hours.

There are methods of chronically raising the serotonin-endorphin complex in which the subject has a sense of well-being and readiness for action. These methods are:

1. Providing chemicals that block the normal breakdown of serotonin, thus maintaining a chronic state of high serotonin, and
2. Frequently eaten, between meal snacks of carbohydrate-protein.

Chemicals classified as selective serotonin re-uptake inhibitors (SSRI) that raise serotonin to the stress level by the process of preventing serotonin's normal re-uptake are floxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), metazodone (Serzone), Luvox, venlafaxine (Effexor) and remoron. These are used as antidepressants, anti-obsessive-compulsive disorder and anti-anxiety. Dexfenfluramine (Redox) has been used as an appetite suppressant for weight control. Redox has now been removed from the market due to the severity of its side effects. Carbohydrate is known for its ability to raise serotonin. Protein is known for its ability to buffer against the food addictive withdrawal symptom of hypoglycemia. It has been recommended that between meals snacks of carbohydrate-protein be used for appetite suppression, weight reduction and a sense of maintaining well-being by sustaining a chronic state of serotonin-endorphins. All of these methods that raise serotonin and thus raise to a chronic stress level the serotonin-endorphin complex has serious side effects, sometimes life-threatening. Prozac, as an example, has many symptoms, some of which are dangerous to the health of the subject. Redox has so many serious side effects that it has been removed from the market. Primary pulmonary hypertension, which is life threatening and kidney function deterioration are among the injuries that can develop from maintaining a high level of serotonin-endorphins. The serotonin syndrome consists of a complex of symptoms produced by a chronic state of serotonin levels beyond physiological homeostatic levels. The symptom side effects of the method of chronically raising serotonin-endorphins are such that it is a mystery that they are still maintained on the market. It is an injustice to both the physician and his patients for these chemicals, leading to degenerative diseases, to still be on the market. St. John's Wort is known to raise serotonin and the frequent use of St. John's Wort carries the same chronic

disease potential as SSRI stress chemicals. I cannot recommend St. John's Wort due to this chronic stress disease potential.

Instead of St. John's Wort as a chemical stressor, use a negative (south-seeking) magnetic field for symptom relief.

My studies in environmental medicine and toxicology have demonstrated that chronic diseases are the extension in time of acute maladaptive reactions, whether to foods, chemicals or inhalants.

Thus, the acute maladaptive symptom producing reactions produced by these medications that raise serotonin beyond homeostatic levels or between meal feedings to sustain a high level of serotonin-endorphins, is not to be treated lightly. To sustain these reactions by chronic administration of these methods of raising serotonin/endorphins is to produce chronic diseases. My monitoring of chemistry of both acute reactions and chronic diseases that have the same symptom is that the disordered chemistry is the same for the chronic disease as it is for the acute symptom-producing reaction.

The Role of Food Addiction

There is a normal, necessary physiological homeostatic level for both serotonin and endorphins. Homeostatic normal level of serotonin and endorphins does not lead to any degenerative disease. Sleep is a great normalizer of this homeostatic level of serotonin and endorphins.

Addiction is a state of too much with a feedback mechanism of too little. Addiction is a stress response adaptation. The initial response to the stressor is over production beyond a base need of serotonin, endorphins (self-made narcotics), cortisol, insulin (hyper-insulinism) and other factors. The biofeedback response to the initial stress response is too little (below homeostasis) of the same serotonin, endorphins, cortisol, and other functions including acidity (acid-hypoxia) and hypoglycemia secondary to the initial hyper-insulinism. Addiction adaptation develops only after repeated and frequent stress responses to the same stressor. In the case of food addiction, the frequency must be more frequent than once in four days. My studies have demonstrated conclusively that maturity onset type diabetes mellitus is an end product of addiction and its numerous symptomatic complications. Therefore, it has been observed that diabetes mellitus Type II is the degenerative disease end product of addiction.

Any person who has symptoms because they missed a meal is a food addict -- any person eating food to relieve symptoms is a food addict. Any person who has withdrawal symptoms while withdrawing from a chemical is addicted to that chemical. Addiction is an adaptation to a frequently contacted stressor. Therefore, this is proof that serotonin and endorphins are being raised beyond the normal needed homeostatic levels. All of these serotonin-raising chemicals are stressful and make a physiological addiction adaptation. The immediate maladaptive symptoms are a demonstration of that stress. The long-term (not immediately evident) development of diabetes mellitus Type II and its associated complications of degenerative disease is the most serious of all even though it is largely ignored because it is not immediate.

Addiction is the cause of diabetes mellitus Type II (*Victory Over Diabetes: A Bio-Electric Triumph*, W. H. Philpott and Dwight Kalita. Keats Publishing Company, Inc. New Canaan, CT. 1983). Food addiction is the major source of addiction producing non-insulin diabetes mellitus.

The pH Factor in the Serotonin-Endorphin Complex and Acute Maladaptive Reactions and Degenerative Diseases

The human physiology functions as an alkaline-dependent

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior state. Normal pH of the blood and cells is 7.4, and can be higher. It cannot be lower than 7.4 without inhibiting enzyme functions. All enzymes in the human body are alkaline-dependent. Also, the production of enzymes by the mitochondria in the cells is alkaline-dependent. The production of ATP by oxidative phosphorylation and the resulting enzyme catalysis spin-off of negative (south-seeking) magnetic field (oxidative remnant magnetism) are all alkaline-dependent and oxygen-dependent (alkaline-hyperoxia dependent). The only exception to the general rule that all enzymes in the body are alkaline-dependent is that of digestive enzymes in the stomach. The normal biological homeostatic functions of the human body are alkaline-hyperoxia dependent. An acid state, due to the free hydrogen ions, ties up oxygen and produces more acids. Any acid state is automatically acid-hypoxic. This is true of acute symptoms produced by exposure to symptom-producing foods, chemicals and inhalants. It is equally true of the chronic degenerative diseases that are the end result of the accumulation extended in time from these acute symptom-producing reactions. The serotonin-narcotic complex, when raised beyond normal, is the chemistry of stress. Whichever one you raise, the other one rises also. The behavioral consequences justify this conclusion. Taking into the body an exogenous narcotic also raises serotonin. The narcotic has the biological consequences of making the subject pain-free and also feeling euphoric and distorting judgment so that risks are taken that would not otherwise be taken if not on the narcotic. Stimulating drugs that serve as a stress evoke the body's self-made narcotics (endorphins) and produce the same situation of euphoria and distorted judgment and a lessening of pain. Foods that are frequently eaten can become stressors and produce food addiction with this excessive rise beyond a homeostatic normal of both serotonin and endorphins. All addictions, whether occurring from exogenous narcotics, stimulants or foods that have developed into stressors due to the frequency of use, function on the same basis. When the food or chemical is contacted, there is a higher than normal production of serotonin and self-made opiates. At the time of this rise in serotonin-endorphin complex, there is a rise in body pH. All narcotics, whether exogenous or self-made, are alkaloids. Alkaloids alkalinize the body. Thus, it is understood that endorphins are a component of the body's capacity to remain alkaline. In this state of higher than normal endorphins, the body enzymes function at an optimum level. This includes the production of ATP and of oxidative remnant negative pole (south-seeking) magnetism and also the processing of the free radical superoxide spin-off from the oxidation phosphorylation process. There are a set of oxidoreductase enzymes that process all these end products of oxidation-reduction. The varied substances produced by this superoxide are peroxides, oxyacids, aldehydes and alcohols. In this state, it needs to be understood that addictive reactions to foods and chemicals is aspect of this disordered stress chemistry. At the exposure level to the addictive substance, the subject is comfortable, even more than comfortable, even euphoric. The withdrawal phase, after this initial exposure, occurs three to four hours later in which there is a drop in serotonin and endorphins below the homeostatic normal. In this situation, acidity develops below the body's homeostatic alkaline level. Pain develops. Depression develops. Again, judgment is altered but this time, in a negative way of depression, obsessive thoughts and compulsive acts. Food addiction or the maladaptive response to frequently used foods or chemicals behaves the same way with this see-saw effect of feeling extra good,

pain free and with a distorted judgment in which risks are taken only to be followed by the symptoms of the withdrawal phase in which pains and depression develop. Judgment is altered, but in this case, a depressive obsession develops in which there is a fear of any normal risk taking. Providing a situation of chemical exposure or between meal feedings that raises the serotonin level to the chronic state of stress equivalent to an acute state of stress has a symptom relieving value. However, it also is stress. Also, this chemistry of stress (serotonin-endorphin complex above homeostatic levels) is, itself, a biological stress and eventually leads to disordered biological function and degenerative diseases.

The answer is not to handle the drop in serotonin and opiates by an added stress at sufficient intervals to again raise the serotonin and endorphins, but rather, to cancel out the stress factor by anti-stress. This can be achieved by providing exposure to a negative (south-seeking) magnetic field, which is anti-stress. It does not raise endorphins and opiates, but rather, normalizes the homeostatic level of serotonin and self-made opiates. Not only does exposure to the area of discomfort and the brain relieve the withdrawal symptoms, but also sound, energy-restoring sleep produced by a negative (south-seeking) magnetic field will normalize the homeostasis of serotonin and endorphins.

The question is logically asked, "What evidence is there from peer reviewed or non-peer reviewed publications that a negative (south-seeking) magnetic field is capable of achieving this anti-stress goal?" The following chapter has evidence from the peer reviewed and non-peer reviewed writings on this subject of separateness of the magnetic poles and the significance of the biological response to each separate pole.

Scientific Peer Reviewed Literature Evidence of Separate and Opposite Biological Responses to Separate and Opposite Magnetic Fields

Instrument evidence of separate magnetic fields:

A magnetometer is an accepted scientific instrument that identifies magnetic poles of static field magnets as positive and negative. Furthermore, a magnetometer identifies the magnetic poles produced at the opposite electromagnetic poles of a DC circuit as being positive and negative. The magnetometer identifies the north pole of the earth as negative and the south pole of the earth as positive. The gauss meter agrees with the magnetometer. The gauss meter also identifies magnetic polarity as positive and negative. Thus, it is seen that to understand these accepted scientific instruments used to identify magnetic poles there is a need to understand magnetic poles in terms of electromagnetic positive and negative.

It is universally accepted that a negative (south-seeking) static magnetic field spins electrons counterclockwise and the positive (north-seeking) static magnetic field spins electrons clockwise. Thus, again there is the identification of opposite response to separate and opposite magnetic fields.

What Evidence is There That Biological Responses to Opposite Magnetic Fields are Opposite?

The following is from peer review scientific literature giving evidence of opposite biological responses to opposite magnetic pole fields.

1) A positive (north-seeking) magnetic fields encourages cancer growth while a static negative (south-seeking) magnetic field discourages cancer growth.

2) The negative electromagnetic field of a DC circuit evokes a biological alkaline pH response of 10 while the positive electromagnetic field of a DC circuit evokes a biological

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The biological response of a pH of 2 at the positive electromagnetic pole of a DC circuit and a pH of 10 at the electromagnetic negative pole of a DC circuit has been confirmed by G. O. O'Clock, Ph.D.

3) A positive (north-seeking) static magnetic field blocks melatonin production by the pineal gland and a negative (south-seeking) static magnetic field stimulates production of melatonin by the pineal gland.

Privately Published, Non-Peer Reviewed Publications That Have

Been Confirmed by the Above Peer Review Publications

1) The physicist, Albert Roy Davis spent 60+ years detailing in animals the opposite biological response to opposite static magnetic fields. He found the biological response to a static positive (north-seeking) magnetic field is acidification while the biological response to a static negative (south-seeking) magnetic field is alkalization. This agrees with the peer reviewed literature.

2) Robert O. Becker, M.D., demonstrated the opposite biological response to opposite static magnetic fields. The static positive (north-seeking) magnetic field is stressful and signals biological injury and neuronal excitation. The static negative (south-seeking) magnetic field is anti-stressful and necessary for biological healing and neuronal control of excitation. Mental patients subject to psychosis are excited by the positive (north-seeking) magnetic field sun flares frequently producing hospitalization and also confirmed by the "bad" days in mental institutions. On the other hand, neuronal excitement can be controlled by the negative (south-seeking) magnetic field and was used by him to produce general anesthesia in his salamanders.

The privately published non-peer reviewed research records of Albert Roy Davis and Robert O. Becker have been confirmed by peer reviewed published data. Thus, there is confirmed evidence of the separate and opposite biological response to the separate and opposite static magnetic fields.

The physicist, Albert Roy Davis spent sixty years documenting the separate and oppositeness of magnetic fields. He first observed this separateness and oppositeness in relationship to the behavior of earthworms. He documented the evidence that the biological response to a static negative (south-seeking) magnetic field is that of alkalization and oxygenation. It is this evidence that attracted me to examine the biological response to magnetic fields. I found Albert Roy Davis' work to be reliable. I reproduced exactly what he said about alkalization plus oxygenation with a negative (south-seeking) magnetic field and acidification plus lack of oxygen with a positive (north-seeking) magnetic field. It is on the basis of a negative (south-seeking) magnetic field producing alkaline-hyperoxia that maladaptive symptoms can be relieved. I have demonstrated that symptoms such as responses to food reactions, chemicals or inhalants was acidifying and reducing in oxygen and could simply be relieved by alkalization and oxygenation. I originally used baking soda and the breathing of oxygen to relieve the symptoms. I found that a negative (south-seeking) magnetic field provided even more reliable value than baking soda and the breathing of oxygen.

Now that we have documented peer review journal articles that have documented the separateness of the biological responses to the separate magnetic poles, we can understand and accept the evidence that both Albert Roy Davis and Robert O. Becker have provided us in their documented evidence of the biological response separateness of the opposite magnetic poles.

You cannot treat degenerative diseases such as cancer with a static positive (north-seeking) magnetic pole field of a static field magnet. It only makes it worse. Treating with a static negative (south-seeking) magnetic pole field and the alkaline-hyperoxia that is produced by this biological response to a negative (south-seeking) magnetic pole can and does reverse cancer and a lot of other symptoms that relate to chronic degenerative diseases.

The only way a positive (north-seeking) magnetic field can be used to kill cancer is with a DC current electrolysis in which a cellular destructive pH of 2.0 is produced. A positive (north-seeking) static magnetic field from a static field magnet produces an acid medium below the normal 7.4 and into a pH of below 7.0, but not a pH of 2.0. The acidic medium biological response produced by a positive (north-seeking) static magnetic field is in the pH range that supports cancer cellular replication, microorganism replication and fermentation. Fermentation is acid-hypoxic dependent.

Otto Warburg was given a Nobel Prize for demonstrating the evidence that fermentation is the process by which cancer makes its adenosine-triphosphate. Fermentation is an acid-hypoxic-dependent functional state. Alkaline-hyperoxia produced by a negative (south-seeking) magnetic field defeats the acid-hypoxia necessary for the fermentation process. This principle of alkaline-hyperoxia replacing acid-hypoxia is also present when acute symptoms are relieved or degenerative diseases reversed. This principle of acid-hypoxia is present when acute symptoms are evoked and also when chronic diseases develop.

FINAL WORD

Both the withdrawal symptoms and symptom relief phases of addiction are biologically stressful. When the serotonin-endorphin complex is below biological homeostasis levels for serotonin and endorphins such as occurs during the addictive withdrawal phase of addiction or as a fatigued manifestation of chronic stress is, itself, a deteriorating biological stress leading to degenerative diseases. When the serotonin-endorphin complex is above biological homeostasis levels for serotonin and endorphins such as the symptom relief phase of addiction, or as raised by chemicals including those that raise serotonin by preventing its normal degradation is, itself, a deteriorating biological stress leading to degenerative diseases.

The primary method of handling stress is by avoiding the stressors. This includes avoidance of food addiction, alcohol addiction, tobacco addiction, caffeine addiction or any chemicals frequently used that raise serotonin and endorphins. This need for avoidance includes substances that chronically raise the serotonin-endorphin complex beyond normal homeostatic levels (SSRI chemicals such as Prozac, Zoloft, Paxil, Serzone, Luvox, Effexor, Remeron and MAGI chemicals such as Nardil and Parnate). Food addiction can be handled by spacing the same specific food contacts by a four day rotation diet. Non-food addictions need to be prevented or reversed by complete avoidance.

When it was demonstrated that serotonin was low in states of chronic physical and emotional disorders this was heralded as a marvelous discovery. There was a spin-off of this evidence in the development of antidepressants, anti-obsessive-compulsive medication and also the use of frequently used carbohydrate-protein between meal feedings to raise serotonin. What was originally heralded as a wonderful discovery, has now resulted in the evidence that raising serotonin, which is the chemistry of stress, is itself a stress and therefore, symptom-produc-

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ing and degenerative disease producing. One of these substances (Redox), used for appetite reduction and weight management, has been withdrawn from the market due to the severity of its potential life-threatening symptoms. Those that are still on the market (Prozac, Zoloft, Paxil, Serzone, Luvox, Effexor, Remaren, Nardil and Parnate) all have serious side-effects that, if chronically used, can lead to degenerative diseases. It is an injustice to the physician and his patients that these still remain on the market. The answer now resulted in the evidence that raising serotonin, which is the chemistry of stress, is itself a stress and therefore, symptom-producing and degenerative disease producing. The answer to stress is not to raise chronically the chemistry of stress (serotonin-endorphin complex) but rather to magnetically, through the use of a negative (south-seeking) magnetic field, produce the necessary homeostatic level of anti-stress. The answer for the correction of the disordered chemistry of stress (chronically raising serotonin-endorphins above the homeostatic normal) is to provide a negative (south-seeking) anti-stress magnetic field providing a homeostatic normalization of serotonin-endorphins and alkaline-hyperoxia.

THE ANSWERS FOR PREVENTING AND REVERSING STRESS CHEMISTRY DISEASES ARE:

1) AVOIDANCE OF STRESSORS

2) PROVIDE METABOLIC HOMEOSTASIS BY MAGNETIC ANTI-STRESS

LUVOX AND THE COLORADO SCHOOL HOMICIDE-SUICIDE DISASTER

Eric Harris, the leader of this murder-suicide disaster was under treatment with LUVOX. LUVOX is one of the stress chemistry medications that raises serotonin and endorphins. LUVOX has serious side effects including a suicidal compulsion. LUVOX can turn a suicidal or homicidal obsession into a homicide-suicidal compulsion. There is a fair chance that LUVOX played a role in the Colorado school murder-suicide disaster.

**Disordered Biochemical Homeostasis Illness
VS**

Biochemical Homeostasis Wellness

The Magnetic Energy Enzyme Activation Answer

Functions and Nature of Oxidoreductase Enzymes

The family of oxidoreductase enzymes comprise the following enzymes identified according to their biological functions; oxidases, reductases, dehydrogenases, hydroxylases, oxygenases, and peroxidases; 1) oxidoreductase enzymes are alkaline dependent, 2) oxidoreductase enzymes are dependent on an energy activator, 3) oxidoreductase enzymes are activated by a negative ion static electric field or a negative (south-seeking) magnetic field independent of a negative ion static electric field.

Alkaline Dependent Enzymes

All oxidoreductase enzymes are alkaline dependent. Nutritionally, this requires the alkaline minerals such as calcium, magnesium, potassium, and sodium. Bicarbonates that are formed from these alkaline minerals do not have a complete valence, therefore, there is an open valence area to which a magnetic field will attach. Placed in other terms, it is stated that these bicarbonates are paramagnetic. That is, they will hold a magnetic field for a brief period of time. This is true whether this is a positive (north-seeking) or a negative (south-seeking) magnetic field. When a negative (south-seeking) magnetic field is attached to a bicarbonate, it activates the alkalinity of the bicarbonate. When a positive (north-seeking) magnetic field is attached to a bicarbonate, it blocks its alkalinity and produces an acid.

Energy Activation of Enzymes

Enzymes are composed of amino acids, minerals and vitamins, especially B-complex vitamins. In order for these enzymes to be present, nutrition must contain an adequate supply of precursors to these enzymes. However, no matter how good the nutrition, and no matter how abundant the enzymes are, they do not function based on the presence of a quantity amount. Enzymes require an energy activator. Many of the enzymes in the body are activated by adenosine-triphosphates (ATP). However, the family of oxidoreductase enzymes are not activated by ATP. Oxidoreductase enzymes are energy activated by negative electrostatic ions and "blocked" by positive electrostatic ions. This is why the providing of a negative electrostatic ion environment is so useful. It provides an energy activator for oxidoreductase enzymes. This has to, of course, also be occurring in an alkaline medium. When an enzyme and a substrate join by the passage of electrons between the di-poles of the enzyme and the substrate, a magnetic field is produced. In the case of oxidoreductase enzymes, the negative (south-seeking) magnetic field is produced by this movement of electrons between the enzyme and substrate. The capacity of the enzyme and substrate to join is due to the presence of the negative (south-seeking) magnetic field. This is why the presence of a static negative (south-seeking) magnetic field can bypass the otherwise necessity of a negative static ion electric field as the energy activator. It is noted that oxidoreductase enzymes that oxidize and oxidoreductase enzymes that reduce are energy activated by the same energy, that is, a negative (south-seeking) magnetic field, and that either oxidation or reduction requires alkalinity for these enzymes to function. Both oxidation and reduction must proceed in a balanced homeostasis in order for biological life to exist. When there is not a homeostatic function between oxidation or reduction, acute symptoms develop and in the chronic state with the biological deterioration that occurs from the chronic stress state, diseases develop. Diseases are named according to the damage they have produced in the body.

Biological Functions of Oxidoreductase Enzymes

Oxidoreductase enzymes are not ATP dependent. Instead, they are negative (south-seeking) magnetic field dependent while also in an alkaline medium. Oxidoreductase enzymes have many functions in the body. For the purpose of the present discussion, three functions of oxidoreductase enzymes will be stated:

1) The production of ATP. Four enzymes from the oxidoreductase family of enzymes are required to produce ATP. This has to occur in the presence of alkaline-hyperoxia. The spin-off from oxidation phosphorylation is that of oxygen free radical (superoxide) in which oxygen has accepted an extra electron. In a healthy person, the oxygen free radical is quickly enzymatically processed by oxidoreductase enzymes to become water and molecular oxygen. If the oxidation free radical is not promptly enzymatically processed, then there develops organic peroxides, oxyacids, alcohols and aldehydes. There are specific oxidoreductase enzymes that process each one of these by-products of oxygen free radical. They must function in an alkaline medium and they must be activated by a negative (south-seeking) magnetic field. This negative (south-seeking) magnetic field can be produced by a negative static electric field or be provided by the negative (south-seeking) magnetic field of a static field magnet.

2) The oxidative phosphorylation process that produces ATP, also at the same time, produces a negative (south-seeking)

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior ing) static magnetic field which has been termed oxidative remnant magnetism. This negative (south-seeking) static magnetic field is also a source of energy that can drive oxidoreductase enzymes and also maintain alkalinity. The alkaline bicarbonates maintain their alkalinity by virtue of a negative (south-seeking) static magnetic field being attached to the bicarbonates. An external source of a negative (south-seeking) static magnetic field has the same biological response values as an internal source of a negative (south-seeking) magnetic field.

3) Activation of oxidoreductase enzymes by a) internal static negative (south-seeking) magnetic field (oxygen remnant magnetism) or, b) external negative (south-seeking) static magnetic field from a negative (south-seeking) static field magnet.

4) Methylation. The enzymatic process of methylation requires oxidoreductase enzymes. An example of this is the methylation of folic acid which requires a reductase enzyme entitled methyltetrahydrofolate reductase. Thus, it is understood that the biological health-producing value of methylation requires an oxidoreductase function.

Methylation and Sulfur

S-adenosylmethine (SAM) which is methylated methionine and due to its many biological values is being heralded as "methyl magic". Sulfur is the necessary mineral for the methylation of methionine.

Dimethyl sulfone (MSM) is a metabolite of dimethyl sulfide (DMSO) which contains sulfur which is necessary for methylation is being heralded for its marvelous inflammatory symptom-reducing values. Supplementing SAM can have the unfortunate symptom side-effect of changing a depression into a mania. SAM used as a nutritional supplement is sold as Tosylate or Butane Disulfanate (SAM sulfate). SAM is the biological methylated end-product which can disorder biological homeostasis, whereas MSM is a sulfur containing product which is a precursor to the enzymatic catalytic methylation and does not force methylation into a disordered homeostasis. SAM is a biological stress chemical that raises serotonin the same as SSRI chemicals and for this reason has the same disadvantages as SSRI tranquilizers-antidepressants.

The Necessity of Biological Homeostasis

There are many products that are necessary for biological life, which if chronically sustained either by a chronic stress on the organism that produces an excessive amount of the product or the product being supplied from an external source, produce diseases. Such products are such as adrenocortical hormones, serotonin, endorphins, and methylated anti-inflammatory products. When these are extended by any internal or external means to be chronically present then disease results. Homeostasis is the order of health. Disordered homeostasis is the order of disease.

Chemical stressors that chronically raise the serotonin-endorphin complex produce mental and physical symptoms which in time become diseases because they disorder homeostasis. A chronically raised serotonin-endorphin complex is equivalent to chronically riding the high crest (higher than homeostatic normal serotonin-endorphin) of addiction which is itself a state of biological disordering stress. Depression is biochemically equivalent to the down side withdrawal phase of addiction in which serotonin-endorphin complex is lower than homeostatic normal. Chronically raising the serotonin-endorphin complex higher than homeostatic normal is equivalent to the high side of addiction and can produce mania.

The Role of a Negative Magnetic Field in Maintaining Homeostasis

A negative (south-seeking) magnetic field is the great oxidoreductase enzyme energy activator which maintains biological homeostasis. The enzyme energy driving force of a negative (south-seeking) magnetic field normalizes biological functions and never disorders biological homeostasis. A negative (south-seeking) magnetic field relieves symptoms without producing stress chemical disordered diseases. A negative (south-seeking) magnetic field is equally valuable in treating depression or mania precisely because a negative (south-seeking) magnetic field produces biological homeostasis.

Summary

The bad news is that when chronic physical or psychological stress disordered stress chemistry, such as serotonin, endorphins, adrenocortical hormone or methylation drive these chemistries to chronic levels beyond biological homeostasis, it is itself a stress-producing disease state. Any system that chronically raises the stress chemistries beyond homeostasis is disease-producing. Equally, providing external sources of these stress chemistries will also lead to disease. Diabetes mellitus Type II and its many complications is a logical and predictable consequence of a chronically high stress chemistry. As useful as these stress chemistries are for reducing symptoms, with chronic use, they end up producing disordered biological homeostasis and thus, degenerative diseases.

The good news is that the biological response to a static negative (south-seeking) magnetic field orders biological homeostasis and is thus symptom relieving and chronic disease reversing. Adequate nutrition for the building blocks of tissues, hormones, enzymes and so forth, plus a static negative (south-seeking) magnetic field ordering biological function is the road to health and longevity. The road to health is paved with adequate nutrition. The energy for driving life's vehicle down this road is a static negative (south-seeking) magnetic field with the balance between a positive (north-seeking) magnetic stress field and a negative (south-seeking) magnetic anti-stress field being on the negative (south-seeking) magnetic anti-stress field side. A positive (north-seeking) magnetic field is the biological stress field (physical and mental energy expressions). A static negative (south-seeking) magnetic field is the anti-stress energy field that controls the production of biological energy (ATP and oxidation remnant magnetism) and the control over the static stress positive (north-seeking) magnetic field energy expressions.

All enzyme catalysis has a measurable magnetic field produced when electrons move between enzyme and substrate. It is the presence of the magnetic fields that bind enzymes to substrate. A negative (south-seeking) magnetic field as an enzyme energy activator is also present in ATP energy activated enzymes. Therefore, a negative (south-seeking) magnetic field also aids in energy activation of ATP energy activated enzymes. This fact of energy catalysis dependence on a magnetic field is the secret why a negative (south-seeking) magnetic field is so universal in relieving so many types of symptoms and also reversing degenerative diseases.

The human body functions in an alkaline medium and its enzyme systems are alkaline-negative (south-seeking) magnetic field dependent other than the acid-dependent gastric enzymes. On the other hand, cancer cells, microorganisms and parasites make ATP by acid-positive magnetic field-dependent transferase enzyme catalysis. A negative (south-seeking) magnetic field maintains a positive-negative magnetic field homeostasis on the negative (south-seeking) magnetic field side, acid base homeostasis on the alkaline side and also is anti-carcinogenic,

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DON'T

Don't resort to addictive biological homeostatic disordering stress chemistries to relieve symptoms.

Don't use SSRI tranquilizers-antidepressants to chronically raise serotonin-endorphin.

Don't use SAM to relieve symptoms. SAM is a stress chemistry and can produce mania.

Don't use between meal feedings to raise serotonin-endorphin. The frequent use of foods on a twice a week frequency or more basis can produce food addiction.

Don't use a positive (north-seeking) static magnetic field or combined positive-negative static magnetic field to relieve symptoms. A positive (north-seeking) static magnetic field is a stressor and raises serotonin-endorphins. Like SSRI chemicals, a low gauss strength positive (north-seeking) static magnetic field or combined positive-negative magnetic field can relieve symptoms but can also become an addictant.

Don't use an alkali diet to reduce symptoms of food addiction. This does not prevent the development of diabetes mellitus.

Don't use between meal feedings of protein or a combination of carbohydrate/ protein or carbohydrate/protein/fat feedings to reduce symptoms of food addiction. These diets do not prevent the development of diabetes mellitus.

DO

Do use nutrition plus a static negative (south-seeking) magnetic field to order biological homeostasis.

Do provide adequate nutrition for enzyme production and other biological function and tissue building.

Do use MSM as a supplement to a negative (south-seeking) magnetic field to relieve symptoms.

Do use a static negative magnetic field for optimum energy-restoring sleep, detoxification, maintenance of alkaline-hyperoxia and symptom relief.

Do use a 4-day food family rotation diet. Food addiction does not occur on a 4 day rotation diet.

Do use a negative (south-seeking) static magnetic field as an anti-stress field to relieve symptoms by producing alkaline-hyperoxia. A negative (south-seeking) static magnetic field is an anti-stressor and never addicting.

Do use a four day food rotation to reverse food addiction with its numerous symptoms during the compensated diabetes mellitus disease process and the end-stage of diabetes mellitus type II with its numerous complications. A 4-Day Diversified Rotation Diet is the only, and therefore, ultimate diet that can reverse the symptoms of food addiction and therefore prevent and reverse the many degenerative disease symptoms developing during the compensated diabetes mellitus stage and the final clinically significant diabetes mellitus type II.

DON'T

Don't treat pain with a positive magnetic field or combined positive/negative magnetic field due to 1) an acid-hypoxia biological response producing vasculitis. 2) stress response evoked endorphins which, with frequent repetition, produces addiction.

Don't treat the heart with a positive or combined positive/negative magnetic field due to 1) a stress response can precipitate irregular cardiac rhythm including tachy-cardia in predisposed subjects, 2) a vasculitis response predisposing to a coronary occlusion.

Don't treat an acute injury with edema and bleeding with a positive magnetic field or combined positive and negative magnetic field due to a) an inflammatory vasodilatation from acid-hypoxia response, b) an increase in bleeding, c) increase in microorganism replication response to acid-hypoxia.

Don't treat the head with a positive magnetic field or combined positive/ negative magnetic fields due to 1) stress evoked endorphins producing euphoria, altered judgement, sleep deprivation and when used frequently, the development of addiction, 2) a stress-evoked seizure in subjects predisposed to seizures, 3) an increase of replication of microorganisms when present, 4) stress-evoked acid-hypoxia increasing atherosclerosis and amyloidosis.

Don't use a positive magnetic field or a combined positive-negative magnetic field to relieve pain or other symptoms. If used at all, use

briefly and not frequently due to the limitations of activation of cancer cells, microorganisms and parasites as well as the potential of producing magnetic addiction and vasodilatation producing local edema.

DO

Do treat pain with a negative magnetic field due to a biological response of alkaline-hyperoxia normalization of metabolic function. A negative magnetic field is anti-stress, does not evoke endorphins and is not addicting.

Do treat the heart to a negative magnetic field to resolve atherosclerotic plaques, oxygenate the heart with alkaline-hyperoxia and stop pain and cardiac irregularities and resolve vasculitis.

Do use a nightly exposure of the heart to a negative (south-seeking) magnetic field to resolve cardiac atherosclerosis.

Do treat an acute injury with edema to a negative magnetic field to:

- a) reduce edema and reduce inflammation.
- b) decrease bleeding. antibiotic effect.

Do treat the brain to a negative magnetic field due to 1) a magnetic control over anxiety, depression, psychosis and seizures, 2) an antibiotic effect, 3) alkaline-hyperoxia response resolving atherosclerotic plaques and amyloidosis.

DON'T

Don't use a positive (north-seeking) magnetic field or a combined positive-negative magnetic field on the head to treat pain, neurotic symptoms, psychotic symptoms or seizure disorders. All these can be made worse with the positive (north-seeking) magnetic field. The stress field of a positive (north-seeking) magnetic field can evoke the production of endorphins producing euphoria and altered judgement. Chronic, frequent application of a positive (north-seeking) magnetic field will produce positive magnetic field addiction. Due to the euphoria and altered judgement, the person will be fooled, thinking he is getting better when he is getting worse.

Don't use food neutralization to manage the symptoms of food maladaptive reactions. This does not prevent the development of diabetes mellitus.

Don't use non-steroid anti-inflammatory agents to relieve the symptoms of food addiction. This does not prevent the development of diabetes mellitus and there are serious deteriorating consequences to frequent use of non-steroid anti-inflammatory agents.

Don't use steroids to handle the symptoms of food addiction. This does not prevent the development of diabetes mellitus and can even hasten the development of diabetes.

Don't use tranquilizers and anti-depressants to handle the symptoms of food addiction. This does not prevent the development of diabetes and even hastens the development of diabetes.

Don't use food neutralization. This does not prevent the development of diabetes mellitus.

DO

Do use a negative (south-seeking) magnetic field to relieve pain and other symptoms, relieve edema and for its antibiotic, anticancer and anti-parasitic values. The longer the application of a negative (south-seeking) magnetic field, the better.

Do use a positive (north-seeking) magnetic field for brief (3-5 minute) periods to reestablish neuronal function after "neuronal extinction of disuse" following an accident or a bout of multiple sclerosis.

Do use a negative (south-seeking) magnetic field on the head to reverse pain, neurotic symptoms, psychotic symptoms and seizure disorders. The more frequent and more prolonged the exposure of the head to a negative (south-seeking) magnetic field, the better.

Use food rotation to reverse the symptoms of food addiction.

DON'T

Don't use non-steroid anti-inflammatory agents to relieve the symptoms of food addiction. This does not prevent the development of diabetes mellitus and there are serious deteriorating consequences to frequent use of non-steroid anti-inflammatory agents.

Don't use steroids to handle the symptoms of food addiction.

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This does not prevent the development of diabetes mellitus and can even hasten the development of diabetes.

Don't use tranquilizers and anti-depressants to handle the symptoms of food addiction. This does not prevent the development of diabetes and even hastens the development of diabetes.

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