Introduction and Clinic Background

Well, this is Doctor Pollack, and this session is with Doctor Kennedy, the famous Doctor Kennedy. And I'm not going to introduce her because she does a much better job than I can.

So this particular session is about emfs and the use in cancer. And, doctor, if anybody has a significant experience with an absolute cancer. So Doctor Connolly, please tell us about yourself.

Oh well nice to have have been part of this journey together today. So yeah. So my name is doctor Lee Aaron Connolly and I am a medical doctor in Irvine, California.

And I'm the medical director for cancer center for Healing and Center for New Medicine and we are a medical clinic clinic that combines the best of conventional Western medicine with all kind of complementary therapies that might be nutrition, that might be, you know, specific I. V.

treatments. It might be therapy, it might be ozone, it might be hyperbaric oxygen. So we design a roadmap and a treatment protocol depending on what the patient has, we treat everything from human optimization to stage four cancer at our clinic.

And I've been practicing for about 35 years now. And we have an amazing group of, individuals that are very passionate about our mission in Irvine, California.

And so I got into this, a long time ago. I was, born in Houston, Texas, and I'm number three of six children, and I, my mother was bleeding when she was pregnant with me, and so she went to her doctor, and this was in the 50s, and she said, oh, well, I'm bleeding.

And the doctor said, okay, we have this medication that can stop the bleeding and prevent the loss of your baby. So of course, you know, but you don't want to lose your baby.

So my mother took the medication. So 16 years later, my parents, received a letter that I had been that my mother had been given a medication that she I also received, and that medicine was called dose diethyl.

So best rule for people out there that don't know what that is because that's not a medication that they use today. It's a very potent estrogen. And so they found out in the offspring of the women who took to us that both male and female offspring got cancer, hormone problems and infertility problems, anatomical problems and a whole just all different things.

So I started going to a cancer hospital, when I was 16. So I was a living in Houston. And MD Anderson is one of the largest or the largest cancer institute in the probably in the world.

People go there from all over the world and so I started getting exams and biopsies and all kind of things starting at 16. Anyway, I was really good in biology and I said, what could I do that I could be scientific and talk to people.

So I thought, oh, I can be a doctor. So I went to, college and got my degree in biology, and then I went to medical school in Chicago. And then after Chicago, I went to Harvard general and Torrance and UCLA.

And then I realized through all this that, you know, the treatment of patients with medicines and surgeries are, you know, are great. But what are we doing to really prevent and be proactive and be precise about patients help?

So I grew up pretty natural, meaning eating natural foods. And my mother was pretty natural and didn't believe in using medication. So fortunately I already had that.

And then I met a pathologist, from Houston, Texas, and he was an internist pathologist. So he started mentoring me about disease. And outside the box treatments.

And then my patients were very interested in doing different things. And so they would bring in information to me and they'd go like, what do you think about this?

What do you think about that? What are you doing? And I'm like, well, I don't know. Let me go check it out. Right. So I go check it out. I'm like, oh my God, I really need to know about this.

This sounds very fascinating. And from that point on, I have been learning about new cutting edge treatments to help patients as opposed to harm and hurt patients and a lot of the medical profession.

Yes, we are phenomenal in emergency medicine. I mean, we are top rated if we have an emergency situation. But for chronic illnesses, which is, most of the population has chronic illness, is that we don't have good treatments available.

Most of it's medications, some of it's more treatments, more injurious things to the patients. So I'm always trying to think outside the box is how can we salvage the patient and do the very best for the patient without Hermie hurting them and harming them.

And they have quality, great quality of life.

Early Life and Medical Motivation

And then if I get a patient who's really healthy and they just want to be really healthy, then I'll say, okay, here's what you need to do these things.

And I see those patients once a year and they know how to take care of themselves. And self-care is going to be the new health care, because we cannot take care of more and more and more sick patients.

60% of the population is suffering from a chronic illness. There's ten prescriptions written per man, woman and child. US ranks 43rd in health care in the world, and we spend twice as much.

So obviously the paradigm that we're practicing is not working. And so we must all cooperate, collaborate. How do we take best care of the patient? Okay.

Why aren't we preventive, proactive, precise and personalized with each person? So that's my mission, is to transform the landscape of medicine that people learn how to take care of themselves and take, you know, personal responsibility.

I know everybody's not going to, but at least the ones that we can and will, we can change the way people are taking care of the way their outcomes are, and we can improve.

And that's what our job is. All of us is how do we show up the best for ourselves every day? And how do we take the best care of someone else? I couldn't possibly repeat that, but I do have to say that I agree, and I might resonate with what you're saying.

I used to tell my patients I'm an unhappy doctor, and the reason I'm unhappy, I'm not happy till I solve your problem. I'm not. I'm not happy until I find solutions for you to be able to help yourself.

I don't want to be the one that solves yoga. I'm not your doctor. You're your doctor, right? I'm going to consult for you. I'm going to be your consultant.

You can tell you how to be your own doctor to the best you possibly can. And we can't solve the world, right? And cannot possibly solve the problems of the world.

One of my colleagues, told me some time ago a mind forced to change its will and solve the same opinion. Still. Yeah, that's very true. Right. So if they come to us, they're already motivated.

They're already already turned that corner. So if I went downtown into a major city and in the US and stood on a corner and tried to convince people to take care of themselves, what kind of reception am I going to get?

Very, very little, if any, truly so, really, people have to come to that point themselves. I say they look at, they look at their problems. And cancer is a perfect example.

They look at their problems and say, okay, this is an important message to me, right? I can't do what I did before because that's how I got here in the first place.

I got to get off that horse, or out of that car or off that bus or whatever. Right. I have to do something different. And so our patients are motivated.

Yeah. They're motivated. That's right. And I always say when the student is ready, the teacher will arrive. The teachers already, they're the student.

It's going to arrived to this day as a student. Exactly. Yeah, right. We're not traveling around. We're here. So here I am, here to build it, and they will come.

That's right, that's right. So wonderful. So how did you get into the cancer area? Well, that's an interesting story. So I had had abnormalities, myself and my whole goal since my information, I said, okay, I've got to prevent cancer.

So I would go to conferences and I met this gentleman who had a sarcoma at the age of 22 years of age. And he I'm meeting him at 50 something years of age.

So I went over there to talk to him because he had a booth at one of the anti-aging conferences, which you're probably familiar with. And so, he told me his whole life story, and I go, okay, I need to know what this guy knows because here he is, sarcoma, which is a tumor of muscle and bone, and he survived this long.

They don't survive this long. This guy knows what I need to know. So sure enough, he took me under his wing. And to that, this was 24 years ago, and I learned all about his journey.

What you need to do in a cancer patient, from everything from infrared sauna to coffee enemas to electricity to, you know, herbs to, you know, everything, you know?

And then I learned, you have acupuncture points on your fingers and toes that correspond to every organ in your body. And if you detect energy imbalances, there's a problem, because energy precedes action and people don't understand that.

And when you talk about energy, people think, oh, you're woo woo. And I'm like, no, everything is energy. Einstein's been saying that forever and everything is energy.

We are a bio energetic machine, and people just don't quite understand that because they just look at you and you're this 3D person, but your energy, you know.

And so anyway, he taught me how to, look at the ten years of a patient's, life because cancer is ten years and you can detect if cancer or imbalances in your body are occurring.

So I learned that, like I said, 24 years ago, and that's part of my work up with the patient, is bio energetic testing using acupuncture points. We call it we have.

Yeah, I have you know, all about it. Yep. Okay. And so I, you know, I that's part of the protocol. And so that is so then about 12 years ago, 13 years ago I saw cancer rates going up.

So I referred to an oncologist locally and he and I had a really good relationship. And he said, and then I met Doctor Contreras from Oasis of Hope, and he goes, I've never met anyone that I want to partner with.

Doctor Contreras said to he says, look, I want to set up a clinic in the USA. So sure enough, I got the oncologist to go to Mexico with me. We all meet.

He sees it, he understands it, but he's going to be the oncology part. I'm going to be the, you know, the the integrative medicine. Yeah, exactly. And so anyway we start we started this, you know, with 1 or 2 patients and to where we are today.

And and now I'm not with Oasis of Hope because, you know, patients knew about the USA presence and they're not going to want to go to Mexico. So anyway, I still maintained great relationship, Doctor Contreras and everything.

So now and we set up the clinic where we are now, the cancer center for healing. We changed our name and created our own name. And so, I, my whole goal, my mentors goal was to set up, like many, many clinics.

And they would be quick check to see if patients have cancer. And so but you know, like you said, nobody's interested in prevention. They are only interested when they're on their deathbed, unfortunately.

And, you know, we've got to we've, you know, we've got to change that narrative because we're getting patients already in their pathway of chronic diseases.

When they don't need to go there. Okay. And this starts from in utero, which, you know, you know, all of this starts in utero. So you know, we're doing our best, you know, to awaken humanity.

I, I used to teach family physicians. So I've been on the faculty of a number of universities, and I would teach family physicians. And I used to say, what's the definition of a family physician?

So it was the practice of medicine from, basically cradle to grave I could get into trouble for, I'm going to say next. And then I said, well, no, my view expanded.

I said, no, no, it's from eruption to resurrection. And I said, no, no, no. It's way beyond that. It's from spark on the eye to the twinkle in the sky. So.

So it expands way beyond even in utero, right. Because it's what you're bringing to the table in the first place as a mother. Right? Correct. Never mind your ovaries and never mind your eggs.

That's what. That's your body. And even people are talking about the psyche. The psyche of the mother is so important to the baby, has nothing to do with, you know, the genetics anymore.

That is true. You're right. And that's what I always tell any young couple that comes to see me. And I go, no, you and your partner need to sit down and set your intention.

You are about to create a miracle. So you need to get healthy from head to toe and you need to get healthy. You're absolutely right. And people don't know that, Doctor Pollack.

And we need to let people sort of six months get their body physically and mentally emotionally healthy because how this person thinks is the information you're sending to your bank.

Integrative Cancer Care Philosophy

And then, you know, the mother is downloading all her toxins, mental and physical. So it's you're absolutely right. So I, I'm glad that you are in alignment with me about that, because sometimes I feel alone, that I'm the only person saying this.

But it's true. Well, I say there are three types of doctors. There's the doctor who could be a doctor of physics or Doctor of philosophy, right? Or a doctor of engineering or a medical doctor.

That's a doctor. So basically they come out of medical school and residency training knowing stuff. That's basically a technician level. It takes a while of being at practice to finally say it's not working.

Or I found this miracle. I found this working better than what I was taught in medical school. That works better. So eventually what happens is many doctors become physicians.

Now they start looking at the person. And eventually what happens is that some of those physicians actually become healers. Right? And that's my higher hierarchy doctor, physician, healer, and the shaman right of a, ancient tribes that that's what they were.

They were the healers. Now they use techniques and methods that, you know, are like that. But Woowoo right. But and it doesn't always work because the person still has responsible responsibility for their health.

And their mindset, as you say, is the key is the really critical factor. But let's go back to physical, right? Right. We still have to do all that. And and I also say that people you can't build a house without bricks and mortar.

That's right. Right. You have to have an idea first. Right? You have to be motivated to build a house. Then you have to have the supplies, the equipment to build the house.

You have to have to have the bricks and mortar. You have to have a plan that's putting in place plans, and then you have to organize the workers to put in those plans.

And you need energy and you can do it by manual. You can do it manually, or you could do it with electrical. Basically, you can do it with power. And so we have power.

You could do it much faster. That's when you add all those things that you're saying the nutrition, the psychic, the energy, the lifestyle. You can't cure cancer.

Watch the word cure, but you can't cure cancer, right? Without all of that being in place, there's no simple solution. Well, that's why I always tell patients that cancer just didn't appear today.

Okay? This started approximately ten years ago, and we must change the UN. Well, to rain or garden that this cancer came in. All right. So it involves all the things you're thinking, thinking and talking about because people always think a little surgery, chemo and radiation.

And this is the sad part of conventional medicine is they think that popping a pill, doing a little surgery, doing radiation is going to solve the puzzle.

And we know, you know, that Nixon declare war in 1970. The cancer rates are the highest they've ever been, one out of two men and about 41% of female.

And we aren't making any inroads really in cancer because one, the cure for can't we know the cure for cancer is prevention, but that doesn't sell. So now we've got to just really educate, educate, educate people on self-care.

And part of the self-care is the biological, the electrical and the emotional. Those three things really okay, now we're simplifying. It's not as simple. Okay.

Because it's got to be day in and day out. Your body's a 24 hour machine miracle and you've got to give it. And then we're living in this unkind world full of environmental pollutants, unwanted electrical fields, loss of the magnetic field of the Earth.

And, you know, we have, you know, decreased oxygen. Okay. So we have a lot of, you know, desirable

environmental features that we need to take into consideration when we take care of a patient.

That's why we need all these other accessory things to help us all get better. Well, and as a primer, as a, functional medicine doctor, as a holistic doctor as well, I haven't been doing it for as long as you have.

You're my hero. So you, you were earlier to the game than I. Than I was, but all of that's important. And pmfs I added and later in the game, not because of cancer, but because of all the other things that we're doing.

And I was mentioning to you that I started my journey with acupuncture, and I discovered when I was doing acupuncture that Pmfs did more than acupuncture.

And you mentioned you have somebody in your office who does acupuncture, but like gizmos as well. Yes. And that's what my gizmos. What is acupuncture?

The acupuncture system is a DC current system. It's energy. It's a it's an electrical current system in the body, not the way we normally recognize it, but it's one great big circuit, right, that runs 24 hour cycles and turns out to stimulate that electrical circuit because it's electro magnetic.

And that's the second force in the universe, electromagnetic or couple. You cannot separate the two at every atom in our body. Every atom in our body is electromagnetic.

That's right. Electromagnetic field. And I don't know, Doctor Pollack, if you ever read the book The Secret of Life by Doctor Le Koski, yes, I have, yeah, it's amazing.

And he talks about that. That's exactly where all electromagnetic fields. And that's why we're all capable of receiving and transmitting energy. We transmit. We are transmitters.

That's why we have something called magnetite in our bodies. Have you ever heard of magnetite? Yes, yes. Right. So we have billions and billions of molecules of magnetite in our brains.

Billions. It's amazing how much magnetite we have. So it's magnetic oxide crystals. And those crystals are like a tuner. Like a radio tuner, a crystal tuner set.

Right. So what do they do? They receive and they transmit transmit. Right. Right. So they're both and mass effect magnetite because it's magnetic right.

To pass magnetic fields effect that. Yeah we're amazing organisms and we we tend to say we're tissue lives. Yeah. Unbelievable. But I tell people every day I'm in awe of the new thing.

I get to learn every day. And so it's beautiful. And the more tools you can apply, it gives you more flexibility. And, you ultimately are much more efficient.

Right. And, and I get patients that are very ill. So, my patient a lot of my patients, unfortunately, are stage four cancers. And they need lots of lots of preparation, okay.

On many, many levels, and especially if they've done lots of injurious immunosuppressive treatments and, you know, a biopsy, surgery, chemo and radiation and medications are very immuno suppressive and injurious.

Okay. So anytime a physician gives a treatment, they need to be doing the contra lateral support for everything they do if they do something. So if you give a medicine what nutrient deficiencies, what mitochondria problems does it have, etc..

And every procedure is very significantly affecting the human organism. And so and medicine is not designed like that is you know, we're not we are all designed to do this blood work, give this medicine, do this procedure, say later, goodbye.

It's not about restoration of the human organism. So what I try to do is restore them to the optimal function. And. And at my stage for cancer patients, it's amazing what I can do just by giving them all the supportive, energetic IV treatment.

They come in here like they don't have cancer because you teach them how to coexist with their illness, okay? And because, you know, chemo doesn't shrink all cancers, unfortunately, because cancer is very smart, they learn how to outsmart everything that you're doing.

And so but if we went from the very get go, you know, we need to be teaching people one how to take care of themselves. Then number two, when they get into a situation and a label of a chronic disease, because medicine is very much what is your diagnosis? Okay.

What's your diagnosis code? You know, all doctors work like that. But you know, the diagnosis code is just a description. It's not the answer to the problem.

All right. But we need to say okay, if you didn't have this five years ago, what brought you to this perfect storm to create this? All right. And it's never one thing I always tell people.

Disease starts because one, if you're not sleeping, you can't heal. If your hormones aren't right, hormones or the natural drugs in your body. If the terrain isn't right, you're going to have bugs, viruses, bacteria, fungi, or parasites.

If your nutrition is it right.

How She Entered Cancer Treatment

And if your body isn't able to receive nutrition because if the cell is electrically poor, you won't be able to receive that nutrition. Right. And then toxicity.

So and that's not just environmental emotional toxicity. So if you don't get rid of all those and get all that in order, you cannot achieve healing. What are the if?

That reminds me, I don't like I really don't like the term survivor. I really dislike that term. It's a disservice to people to be calling themselves a survivor.

How are you a chemo? You go through your radiation. You go through your surgery, and now you're a survivor. Yeah. You happened to have survived the treatment, right?

You haven't survived the condition. And actually, the survival of the condition is surviving. Being a human right? That's right. You have to survive being a human right.

Well, I just before I came up here, one of my patients who's seen me for 30 years and he's 84 years old and I haven't seen him for probably I took care of his wife and I haven't hadn't seen him for a while, because before Covid, I didn't see him.

And then during Covid, I didn't see him. Well, anyway, all of a sudden he develops, a cancer. Okay. In his, and his nasal pharyngeal cavity. Okay. Anyway, so the girl said, you got to go see him, Doctor Kelly.

So I went over there to see him, and I hadn't seen him for a short while because we were doing low dose chemo on him. And then his doctors added radiation, so. Oh dear.

He went and got I, I didn't even recognize him how horrible he was because the radiation really, really, really damaged him. And so I told him, okay, here's all the things that we need to do.

He's done with the radiation. And he, we, we wanted him to probably cut it off a little bit because we saw him go downhill. And like you said, he might have survived the radiation, but now look at him, okay?

And he's 84. So, you know, chemo and radiation is very hard on an 84 year old. Okay. Anybody. Anybody. Right. Anybody. But when you're 84 it's even. Yeah. You're right. Anybody. Correct.

So anyway I just was like oh my God. This is this is not the way to exit the universe, right? That we are harming him. But I let my patients make their own decisions.

Okay. He wanted to do it. So I said, okay, I'll support you and your decision. I did tell him we should do low dose chemo because I told him, I don't think you could handle the conventional dose of chemo.

So he agreed to that. And then he was kind of hell bent on doing the radiation. So hopefully I can resurrect him more, as starting next week as he's done with the radiation.

And he was hesitant about taking the medications for pain and said no, do it right now. This is just going to be a bridge for you to get to the other side, because I got to get you drinking and that's all I can do.

He can't even barely drink because it fried, you know, all of his, you know, gastroenteritis. Yes, exactly. So anyway, you're right, it's it's this. You know, we need to look at the patients as being, you know, heroic in their in their journey as opposed to, you know, a survivor that's just existing.

Because, you know, if you look at the population right now, a lot of the population is alive but disabled, high percentage, 66% people over 50, I think.

Exactly. And that is like you said, that is not that's that's just not okay. When we can send people to the moon and when we can transmit across the world, you mean that's the best we can do for a human miracle?

Well, that there's a lot of corruption and we can we can dwell on corruption. But let's dwell on what we could do. Right? Exactly. But individual person can do.

I want to go back a little bit to your Eve. I did, you know, retesting and a bunch of people and several people did before and after. And I had all the readings, they have readings and they were like two thirds were read of the readings or read that we did magnetic field therapy and then retested.

It was like 80% were gone. So we were left like 5 or 10 readings that were still read and the rest were gone. Wow, wow. When did you do this? This is years ago, probably ten, 15 years ago.

And how much time? So you did the right away. Right away. Right away. Well, that's a good test to do, though, to show people right away. So my concept was that I learned this in acupuncture as well, that you have the embers and then what you do is you have you have to shake off the embers to get at the heart, to shake off.

I'm sorry, the ash you have to shake off the ash to get at the embers. So what we did then, basically with the Eevee testing is we shook off the ash, and then we discovered that the really more deep problem because electromagnetically, you can build a lot of static into your body, whether it's your thoughts or the food or the neighbors, or walking down the street and getting Wi-Fi right, all of that.

So all that builds static. So why don't you do the trick? But you're clear. The terrain, as you said, terrain. You clear off the static and now you discover where you really need to focus your time and energy.

So that was very, very illustrative for me about the level of, value of not just on an energetic level. Right. That is beautiful, I love it. Well, I tell patients, you know, because in our clinic, because the patients come to us very broken and ill, you know, I have to utilize a lot of different modalities.

Every single one of our patients does PMF because I tell patients, you know, you're the, the, the electrical volt of your cell is so low that everything that we need to do, it's not going to work until we raise the energy vibration of every cell in our body.

Because cancer, you know, is a very low energetic voltage. Yeah. And so all the things I'm doing aren't going to work. So like every patient gets it with the cancer total body and local PMF.

Then when we give IVs I do all different kinds of IVs, I do IV, vitamin C, IV, alkaline trips, ivy, mistletoe, curcumin, I mean all kinds of different IV's.

And I tell them the the we have an electric membrane potential on our cells. And so when people don't understand that the cell is an electrical system, every cell.

And so if we charge them with the PMA, all those IVs will work better through absorption, through the member. And you probably can even be more expert in this in what I'm talking about.

So do you know how pmfs improve the membrane potential? Well they probably yeah. Well, you go on to say, but I would say it activates the sodium pump.

Potassium pump. Exactly. And it opens up the cell membrane. So how many channels do we have in our cell membranes. Oh hundreds and hundreds. Right. So what we're doing basically is we're throwing open the windows and doors and the air can get in and the waste gets out.

So by doing that, just simply rebalancing those natural flows of things in and out of cells, we reestablish the membrane potential. And so they have charge to them.

So magnetic fields then basically start to, work on that charge. And that's what causes that rebalancing effect. Right, right. So how often should people, you know, in a clinical setting.

Because there's I know people have home units for PMA, but in a clinical setting, how often should they be doing PMA, do you think what do you think. Well, obviously every day would be ideal.

So my retort, because this is a question I get asked regularly. My response is that we have 100 trillion cells in our bodies, right? And the hip bone is connected to the head bone.

They're all talking to each other and it's amazing. We have 100 trillion cells, and they have about, what, 2005 thousand biochemical processes per second, per second cell.

Right. So what I tell people. So how much magnetic therapy do you need. Right. Right. What you need is what you need, right? Right. So what you do is you start doing the magnetic field therapy.

You start somewhere and you see how your body responds. You can do the biochemistry and you can do physical examination and you can imaging studies. And then you say, okay, it's moving.

We're shifting. Now, if you think that you could do a half hour once a day and that's it. Actually there are magnetic therapy companies that say all you need is eight minutes a day.

Well, if you hear somebody saying that run, you know, you need to use what you need to use. Your body's going to tell you whether what you're doing is good enough.

Right. But the answer is, I don't know. The answer is you got to start somewhere, and then you check and evaluate to see whether that worked. And then you adjust your protocols accordingly.

Right, exactly. Well, I think though, let's talk about the average person. Let's pretend for a moment that no one has any problems, meaning no big problems.

Energy, Terrain, and Prevention

I personally think PMF is necessary for human beings on a regular basis, because we're bombarded with so much

external, influences. Correct? Correct. Absolutely.

Well, I usually if you got the right and tested magnetic system, I usually recommend a half an hour twice a day. And that's minimum that's minimum. Because now if you're dealing with other problems in specific parts of the body then you may have to do additional treatments.

But a half an hour twice a day gets rid of the cobwebs from that from the night before. If you do it in the morning and at the end of the day, it gets rid of the stress from the day, right?

Remember, you have all these cells doing all this stuff, right? And you're bombarded, as you said, with all this extraneous influence. So you got to shed that influence.

You got to shed the effects of that influence in the body. If you had your cell phone to your head for half an hour, you got some work to do. Yeah, a lot of work to do.

I but I know all about that because 14 years ago, my daughter and I did what she had to do, our eighth grade science experiment. And I said, well, why don't you do how electromagnetic fields affect a living substance.

So I found the plants that were the fastest, fastest growing. And then we did thermography of people's heads. So we took a patient's head. And then with no cell phone, then we did it one minute, five minute, 30 minutes, our five hours.

Their brain was inflamed for five hours afterwards. So no one should be using a cell phone to their head for any period of time. Well, or have it by your bedside.

I was talking to somebody other day who had her cell phone by her bedside. What are you listening to? Your cell phone for at night, anyway? So those text messages that important?

Right, exactly. And then you can't sleep? No. I tell people they should have no electricity. I have a kill switch in my bedroom that I switch off to go to sleep now.

And we're still getting extraneous energy through the walls and and windows, so you're never getting rid of it. But I turn on. I don't have any electrical output whatsoever in my bedroom.

Yeah, everybody should be turning off their Wi-Fi at night. You don't need to be taking care of your Wi-Fi at night. What's so important that you have to have your Wi-Fi on at night?

That's right. Right. You really only have your Wi-Fi on when you're at your computer, right? That's the time it should be off because it's always sending and receiving.

It's costly. In Europe, they have devices, Wi-Fi machines that are on demand. Half of the US. Wow. Oh, demand Wi-Fi machine, but only turn on when the signal comes to it.

Hours around all the time. Just like our cell phones are on all the time, right? And when you think about every one, it's like when you think about you're in concentrated areas like hotels are restaurants where everybody has a cell phone.

All of that is transmitting through you. So what is Wi-Fi? What is a cell phone doing to your head? Yeah, inflaming it to the most extreme degree. It's cooking it. Yeah. Electrocuting it.

No, it's cooking. No. That's it. There's a difference. Is cooking. So what. There's a difference between PMF and EMF in the sense that right PMF is not radiated magnetic fields.

It's a pulse, right? Yeah. Right. But EMF is microwaves, right? Why do we use microwave ovens? Yeah. To Hooke's. Yeah. Well, you have a cell phone to your head.

It's cooking you. Yeah, right. I know, I know, terrible, terrible. And they should they do have in the patient in the insert. They do have an insert that this can be carcinogenic but no one reads that.

Now of course then and then of course there's everyone out there saying, oh no, there's not enough studies. No, there's thousands of studies. And and people we've just got to continue to educate people on reducing, you know, their use and wearing it and utilizing it at night, etc., etc., etc..

Well, and that's goes back to your point about needing to do the treatment throughout the day at least, at least I would say at least twice a day, because then what you're doing is restoring the health of the cells that have been, affected by those influences.

And you don't have to standing next to a Wi-Fi town or a microwave tower to have a problem because like I said, we're we're accumulating small amounts of radiation on the constant basis.

That means we should be doing therapy on a regular basis, by the way, that if you knew about you know, about heat shock protein or heat stress protein. Yeah.

So I know about proteins because cancer that's a big thing for cancer. All right. So we have three heat truck proteins. And I use a blood test called our GCT and our DCC is located in Switzerland and Greece.

And so when we get the RGC report it tells me how heat shock proteins radiation or hypothermia, how effective it will be for the patients treatment. So we magnetic field therapy increases HC SPS.

Right. So for patients out there you know what that does is that kills viruses and cancer and cancer. And what it does basically is it protects the cell from injury.

Correct. That's why you go sunbathing your first day, ten 15 minutes in the sun and then out of the sun the next day. You can do whatever you want because now you increase the heat shock proteins in your body.

Correct? Yeah. It's. Yeah, exactly. And that's why the natural sun is good for you, because it's activating those heat shock proteins and not having enough at the right time.

That's exactly. Yeah. We you know, people overdo it and then that's not healthy. So so it's yeah there's always, like you said, a magic balance. What has been what's the most impressive thing you've seen with PMA therapy in your in your world.

Well I'll tell you I had a patient fly in from, Texas and she had stage four ovarian cancer. And, so I told her she came in a couple of times, and, I told her, okay, you need to do this.

I tell them what to do. We program the program. I don't hear what you want to do. So then she buys her own PMA device. I don't know which one she bought.

And sure enough, she cured herself of ovarian cancer. Now, granted, she just didn't do that. You know, she did all the other thing the cleansing, you know, the supplements, the you know, everything.

And, she's, she's on, she, you know, she tells her story and it made people really aware of PMA, okay. Because of her story. And so now for pain, okay.

For increase in mobility, for actual sense of well-being and everything. Because we use PMA every single day, all day long in our clinic. And we use it for so many different conditions.

I will tell you that I fell down the stairs. I slipped because my feet were oily, because I got a massage and I slipped. The first thing I did was PMA.

I can't tell you how quickly I recovered doing pulsed electromagnetic field. Yeah, and so it is a I mean, people don't

understand, you know, people and, you know, people don't realize there's over a thousand.

You probably know more now, PubMed studies that show the efficacy of pump. So it's not something that hasn't been incredibly studied and analyzed. There's so many PubMed studies how the efficacy of PML that every doctor should be having this in their clinic.

In fact, in my book Power Tools for health, I have over 500 references are the effects of pmfs in the body and that's it. And that's selected. That's a selected number of studies.

I have a library of about the total library, about 30,000 abstracts on the effects of MPs on the body or magnetic fields on the body. There's a very rich science.

The problem is it's all over the place, right? Right. And then the journals that are specifically dedicated to magnetic field therapies or magnetic fields, they're not dedicated magnetic field therapies that dedicate to the science of magnetic fields.

So most of the time it's Petri studies, petri dish studies and lab scientists. So really you can't find this easily. You have to it's very hard to look for it.

And then most of those studies are very scientific. So they're not that that easy to read. But at least you have a resource in power tools for health to be able to help you with that.

So yeah, there are thousands of studies, a robust science behind it. Yeah. And that's what people you know don't. They think it's like people always think these new treatments because their doctor hasn't heard of it.

And I'm like, well, all you have to do is you can find plenty of YouTubes on Pmfs people, all different people like you and everybody else talking about it.

So or any other thing that we do, you know, we do in the clinic, we do I. V. ozone, we do hyperbaric oxygen. We do, lymphatic therapies. All these are, well, well documented as efficacious treatments for all different things.

And it's not anything new. Hyperbaric oxygen has been around for a very, very long time, used all over the world. And now PMF is relatively probably newer science.

PMF Therapy, Safety, and Clinical Use

When did you start doing Doctor Pollock? 30 years ago. 30 years ago. But when did it really get, you know, really start getting popular? Probably 15 years ago, would you say?

Well, actually, it's a it's a process. Right. So there are stages. The earliest science was back in the 70s and early 80s. And a lot of that was in fact, essentially lab studies that devices started becoming available.

And, the science also took off because now we, we started getting MRIs. Right now, we answer a lot more of what magnetic fields are relative to the body.

And then the FDA approved rtms repetitive transcranial magnetic stimulation. So these are high intensity machines. They're about 7000 gauss. And now a whole bunch of science is coming out.

That's that's building the base of that size for us to understand what it's doing, at least in the brain. And the nervous system. But over the last 10 to 20 years, huge numbers of studies have been done on all kinds of magnetic signals for all sorts of problems.

And that's why I was able to publish that book, Power Tools for health, because now we had all kinds of science. It wasn't limited to the earlier introduction of magnetic field devices into the into the market consumer market, that we're all pretty low intensity.

Now. We're able to see that it takes a range of different devices to do different, jobs in the body, if you will. And you have to go back to the question about what does it do?

The Power Tools for Health Book I reviewed 25 different mechanisms of action. So you mentioned diagnosis. So we had to collect attributes of conditions and give it a label called diagnosis.

But what do those attributes, those diagnostic labels have in common. What are the processes they have in common. Right. Right. So magnetic fields don't care about the diagnosis.

Right? Right. They're going to affect the body based on the mechanisms of actions that they have in the body. And there are many, many, many magnetic, actions they have.

We mentioned one which is heat shock protein. But inflammation is really, really one of the most critical ones. And how Pmfs can help with cancer based on its effects on inflammation, both in terms of causing cancer, progression of cancer, mutation of cancer and metastasis.

Right. And the cancers have have an electrical vault, right? They do. So we want to change that electrical vault every which way we can, whether we do it with our nutrition IVs and PMF.

It's because they are their own electric. Well, that's why things a lot of times don't work, because if we don't change the that to rain again, going back to the terrain, we cannot alter the patient's ability to fight the cancer.

But since it's affecting the electrical vault but it's also affecting the vault in general. Right? Right. Because now you get nutrients coming in better, you get the therapies coming in better, you get more resistance against the side effects of the problem.

And the cancer itself is causing its own micro inflammatory environment. Right. Exactly. So all the impacts, all of those together. Yeah. And you know, it's funny now people are talking about that micro tumor environment.

Exactly. You know, and that's what we're not addressing at all in conventional oncological workups at all. Okay. And people as you know, people are sick when they're diagnosed with cancer okay.

So we're just making it more problematic for that patient to heal. Yes. There's patients get through it. But again, we've got to optimize that micro tumor environment so that cancer doesn't come back again.

And now you can't you put all those you were talking about the frequencies all around us okay. Through cell phones and Wi-Fi and towers etc., etc., etc..

So that is going on 24 seven. All right. And so then you talk about destruction to the patient. Whatever treatments are going to get, you're just creating more and more disturbance of the micro tumor environment.

Everything on top of off of each other. Let me ask you, are we're getting closer to close to the end of this, visit. When would you not use magnetic field therapy?

When would I not? That's a good question. Well, one with pacemakers. I can't do it with that. That's not true. Oh. That's not true. No. Okay, well, that's what I've been told, you know, because I have I do several treatments that they say, oh, you know, you're not supposed to.

So you'll have to teach me that. All right? That what I'm. What you'd have to know is that if it's more conditional. And most of the pacemakers today are more conditional.

That means they're MRI conditional. And you can do an MRI up to, 1.5 to $15,000. Relatively safer. Oh, wow. Okay, so if they're MRI conditional, go for it.

And that's defibrillators as well as pacemaker. So any implant electronics basically that's MRI conditional fine.

You're fine. And there and their little placard should say that right. Yes.

Or you ask the patients have you been told by your doctor you can't do an MRI. And if they say no, you can have an MRI. Okay. Okay, good. Okay. So that used to be you're absolutely correct.

That used to be a firm basically a firm contraindication, but not so much anymore. That's good. That's really good. And then situation I can't think of anything that I don't use it in or don't you know, active bleeding.

Oh active bleeding. Yeah I don't use it in active bleeding, but, Yeah. So so somebody is on, basically suppressants who are an active coagulant. Yeah. Anticoagulant.

You have to be careful with that if there's not contraindicated. But you have to be careful. But active bleeding becomes important. The only other times that I would not do it.

Absolutely. And that could change over time as well. Is transplant. Right. I would not do magnetic fields or any kind of transplants if they're on immunosuppression.

Yeah. And I don't really have those patients. Right. We don't see those. But obviously I have to deal with that as well. Right. Exactly. Yeah. Why do you say not in transplants there on immunosuppression.

Yeah I know that. Right. But we don't know how the magnetic fields are going to affect the immune system relative to the immunosuppression. Because magnetic fields affect the immune system in many different ways.

You don't know which parts of the immune system are going to be stimulated and which parts are going to be support the suppression. Right. Too complicated and the risk is too high.

Yeah. Right. Right. Because those patients are the ones that really need the support of help. Right. So there's lots of other ways that you could help them.

Yeah. There is need I think that to stimulate them electrically. Right. What kinds of reactions have you seen with negative reactions? I've, I have never seen any negative reactions with PMA.

None. And I personally have been doing it myself for probably a dozen years, and I used to, you know, I used to laugh and make up stories. People say, well, what do you do everyday?

And I go, well, but I do the A green juice with vitamin C and take these all these pills and lay on a mat and I charge myself every day and this shot and that shot and then, you know, I would joke and then now it's all a reality.

So you're already, you're already a super person. Well, no, I'm. I just looked at how do I optimize myself? I love the privilege of my work, and I want to keep working, and I want to keep, you know, educating, informing people and helping people as long as I possibly can.

And so, you know, it's all what you do. 24 seven. Correct. It's right. That's the bottom line is what do you do, how you think and what you do every day.

And so if we do everything to try to enhance our, you know, system and optimize, you know, we are all going to be good for ourselves and good for our loved ones and good for our community.

I totally agree, and this is what makes what we do fun. Yes, it it's so. Well, based on that, thank you very much. And I totally agree with you that magnetic fields are extraordinarily safe.

I very much appreciate this fun, chat with you. This dialog, and I look forward to working with you and talking to you again. All right. Well, any parting comments or any parting thoughts?

Well, I, I just want everyone to, you know, really listen to all these amazing educational segments because there's

so much they can learn to impart for themselves.

And others and all the things that we are talking about. They don't hurt you, right? And they often all work together. It's very hard to make, to put the wrong cocktail of things together.

That's right. Well, thank you again, doctor, until you enjoy the rest of your day. All right.