Boost Your Fertility with PEMF Innovations Transcript

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Opening Story and Introduction to PEMF

I need to start helping people. And I had a couple of people who almost died from ibuprofen gastric bleeding with ibuprofen. Wow. Okay. And I said, wait a minute, this is bad medicine treating every person as if nobody's going to have a reaction.

Right. Ibuprofen became, you know, the pill that you basically pushed on everybody. Give to everybody. Yes. Right. And so, okay, wait a minute. So I said, okay, we have to find a different solution.

So I started studying acupuncture. to learn how to do provide a different pain solution other than ibuprofen or narcotics. Welcome to the PEMF Effect, where breakthrough science helps take control of your health.

I'm Dr. William Pollack, and I'm here to guide you in tapping into the power of PEMF therapy for recovery, vitality, and total body wellness. From overcoming chronic pain, optimizing brain health, boosting energy, and aging with strength, this podcast is your path to cutting edge solutions for lifelong well-being.

If you're ready to move beyond symptom management and tap into your body's natural healing ability, you are in the right place. Let's dive in. Today's episode is a previously recorded session from a summit where I was a guest speaker.

Welcome back to the Super Fertility Summit. I am so excited. to introduce to you our speaker, Dr. William Pollock. He is a holistic doctor near Baltimore, Maryland.

Summit Introduction and Fertility Context

He's held academic positions at Johns Hopkins University and the University of Maryland, and he's been trained in many different disciplines to really find solutions to difficult health challenges, including acupuncture, nutrition, herbals, energy medicine, homeopathy, hypnosis, bodywork, and multiple other therapies.

He's considered the foremost authority on the use of pulsed electromagnetic field, PEMF therapy in North America. He's interested in holistic pain management and in new solutions to stubborn, chronic, and frustrating health problems like fertility challenges and difficulty getting and or staying pregnant.

He works to resolve the cause of the problem and not to simply put a bandaid on it, which is something that has been a strong focus and through line throughout the super fertility summit.

And he has worked with magnetic field therapies for 30 years and established an authoritative website on the topic at drpauluk.com. He's authored two comprehensive books on healing with magnetic fields, one called Power Tools for Health, which has 500 scientific references in it and supercharge your health with PEMF therapy, which is the manual for using this type of therapy.

I am so excited for you to hear this innovative conversation about the use of PEMF for fertility and specifically for the health of the uterus, for egg quality and for sperm quality and also for facilitating the journey of the sperm to the egg.

We also are going to touch on how PEMF therapy may support IVF success, including via embryo transfer and healing any inflammation happening in the uterus and in the uterine lining, which can interfere with both embryo transfer and natural pregnancy.

I'm so excited for you to hear this discussion, which you have not heard anywhere else. And I'm very excited to now introduce you to and welcome Dr. Pollack to the Super Fertility Summit.

Thank you so much for being here. Thank you for being here. I'm so excited to have this conversation today. Yes. You know, quite frankly, when I saw the summit, I talked to Brett about that.

And I saw the, all the list of summits that he's doing. I thought infertility. Well, you know, I'm not sure magnetic field therapy could work, but then then I started thinking about all kinds of stuff.

And I said, wait a minute magnetic field therapy. Cause what happened? We'll talk about this. There was a study done in a night. It's not really published, but there was a study done in Russia about using PMF therapy for endometriosis.

yes and you know what pmf therapy the infertility the fertility rates were with pmf therapy in endometriosis tell me 25 wow the fertility or infertility yeah that's incredible right and when you talk about in vitro in vitro it is not even necessarily all that great either right yes but but pmf therapy caused 25 percent fertility in these women Well, when you look at the success rates of in vitro of IVF over different age groups, it's much lower than 25% on average.

So that's incredible. I don't know what the average age of the people involved in the PEMF study is. Well, yeah, they had endometriosis. So generally speaking, what is the age range for endometriosis?

Usually, it's not going to be 55-year-old women. And when it comes to pregnancy, you're talking up to about 30, 35, maybe. Right. So they may have been a little bit younger than when we're looking at the IVF success rates going down.

But on average, you have about a 20% likelihood of success across age groups. With no procedural intervention. Yeah, exactly. So that's wonderful. And then, you know what's really interesting?

So one of the things I've surveyed our community, and not surprisingly, they would really love something that could passively improve their fertility, something that they don't have to work so hard for.

So I've been playing around with this device I bought wholesale. What did you buy? um i have it can i show you please okay hold on this is the device do you know this device uh what's it called what's the name on it oh wait sorry sorry i don't have my headphones forgive me hold on i forgot to put my headphones on when i started talking to you let's see okay here we go this is the device what's it called the the lenyo Oh, the Lenyo.

Oh, so what do you OK, so I've been playing around with it to try to create some programs for fertility and pregnancy. My my concern about it. is that I have never shared this with anyone, by the way, because I feel like this is like top secret.

But this idea is like top secret. But my concern is the cost of this in order to, you know, have any profit margin. This is going to have to be sold for probably three thousand dollars.

What did you pay for it? I think I paid either twelve hundred or eighteen hundred.

Fertility Complexity and the Problem of Magical Thinking

I can't remember. It's not that helpful. This is not that helpful. So the problem is you have to pay for it. You buy cheap, you get cheap. OK, right. So you so you're talking about we need the devices that you need to go into the clinics for exactly.

And we'll have to explain that. But no, no, this is for home and clinic. Okay. Okay. Okay. Well, let's talk about that because I think, I mean, maybe we can collaborate on something together.

Absolutely. Because I think that if we could create a device, like, you know, I really love the Apollo Neuro, you know, the Sense8, these kinds of devices that you have access to at your fingertips, where when you mentally, emotionally, physically feel like you need them, you can apply them, right?

What I would love is to create an equivalent that people can use at home, they don't have to go into an office for, that can passively improve their fertility.

Everybody wants to… I'm going to… You need to clean the slate. OK, clean the slate. OK, clean the slate. Whatever you thought before was right. OK, clean the slate.

We're going to start all over again. OK, let's do that. And let's set another conversation for us to us to work together. Yeah, because if we can crack the code on this, we we can really help a lot of people.

You can't crack the code on that. No, no, not on this. I mean, on this topic of being able to help people passively improve their fertility other than like meditations, you know, visualizations, et cetera.

But there's a problem with that. And we need to get into this. There's a problem with that. Fertility is very complicated. It's incredibly complicated because it's multi…

There's no single solution. Well, I understand that. I understand it in the most insane level of detail. So that's why. So I understand that, for example, a fertility program, I'm not saying with this device, but needs to address the brain and needs to address the ovaries and needs to address the thyroid.

Do you see what I mean? That means absolutely. So that's what we would be looking at putting together. That's not good enough, because that's not the problem.

Well, also the psychology, but we work on all those things. That's not the problem. What's the problem? Inflammation. Well, but that's, but of course, but that's with the inflammation, the digestion.

That doesn't, that doesn't take care of inflammation. That can't help. But is there any device that helps with inflammation? Yes, that's what we're going to talk about.

But that's, but that's what we need to do then. You know the devices, I know the system. Once I educate you, we'll talk again. Okay, perfect. Okay, let's do this.

So wait, let me actually, okay, actually, let me just ask you a couple questions. I always like to know. What's your intention for this conversation? Both kind of the through line that you want to communicate to people, but also the business intention for the conversation so that I can help to facilitate and support your intention throughout the conversation.

Sure. So the first thing is to educate people. There's a lot of mystical thinking, magical thinking. I love that. Will you say that? Sure. Okay. There's a lot of magical thinking and the magical thinking is there's one solution and it's easy and I don't want to have to do anything.

Just give it to me and I'm done. Yeah. That's the magical thinking. What the thinking does though is it does not understand physiology. It doesn't understand pathophysiology and it doesn't understand therapeutics and the value of therapeutics relative to the pathophysiology.

That's the problem. And so people want a very simple solution when they don't understand pathophysiology. And the complexity of the challenge. Well, because the whole fertility thing is a bunch of systems.

It's not one system. It's a bunch of systems. Exactly, exactly, exactly. So that's why you need a clinician often to be able to interpret and diagnose and evaluate where the problem is coming from.

And this is where the whole endometriosis thing was very fascinating because What percentage of the time do infertility doctors actually figure out what the problem is?

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So 10% are considered unexplained infertility where they don't find they can't identify a physiological reason for the inability. Now, in addition to that, there are 30, approximately 30% of infertility is at the couple level.

And usually what's happening at the couple level is that also each person on their own looks pretty okay. Maybe they have some conditions of sub fertility, but nothing that stops most people from getting pregnant, but somehow the way they come together It creates conditions of sub fertility.

So in my mind, that 10 plus 40 percent is where there's a lot of ambiguity about what's going on. So quite frankly, quite frankly, the number is very high.

It's high. It's very, very high. And that's not even including all the people walking around with what we call impaired fecundity, who haven't been diagnosed.

Fecundity and infertility, two different terms. Right. Well, because these people are also having trouble getting pregnant and staying pregnant and carrying a baby to term, but they haven't been diagnosed as part of the spectrum.

Exactly. It's a spectrum. They're not. They haven't been diagnosed as infertile, but these people also have things going on that either haven't been identified or they haven't.

They've gone to a doctor and the doctor hasn't identified them or they haven't gone to a doctor to have it be identified. All of the above. Yeah. So you know how I define ED?

Tell me. Three things. Equipment. Opportunity. Okay. And interest. Okay. This is a really, we haven't talked about this yet, but I have something really important to loop into this conversation.

So talk to us about the, the three parts of the ED definition. So the problem is that I think that most men, most couples, mostly men, um, think that the problem is equipment.

That's true. Now, so within equipment, you have not only sort of physiologic functions and having erections, maintaining erections, having ejaculations and all that, but there's also the issue of basically having enough testosterone.

That's true. That's part of equipment. But unfortunately, testosterone is a Venn diagram. Testosterone also has an important part of interest. Yes, it does.

And of fertility as well. Yes. Testosterone doesn't create better ejections, ejaculations. Testosterone doesn't create better tumescence. Testosterone is only the opportunity because the studies on testosterone, it does not increase the functionality of the penis.

It just creates the desire to use it. A desire, exactly. Unless it's neurological or other aspects of equipment. And desire and interest. So I call it desire, interest, right?

Interest then is a huge aspect of this. Probably, I would say the biggest problem with ED is interest. The next biggest problem with ED is opportunity.

And interest and opportunity have to go together. Yeah, that's true. And the last and the least important part of this is equipment. Which is the thing that most people are focused on when there's a problem.

And so when I have that discussion with people who call me and say, I have a problem with ED, can PMF help me?

Stress, Age, and Hidden Fertility Factors

I said, well, let's start with this discussion about what ED is. As most doctors don't talk about, because you go to a urologist, they don't care about function.

They don't care about interest. They don't care about opportunity. All they care about is equipment. That's right. And even gynecologists, unfortunately, are very much in the same sort of way of thinking.

They're not thinking functionally. So my job, my role as a family physician historically, has always been very functional. functional medicine doctor then looks at all three aspects.

They should really look at all three aspects. And unfortunately when somebody comes in for ED, you have to derail them from their thought process about what ED is.

And then the men say, pardon my expression, then the men say, oh, fuck. Right. Right now, because those other components are much more complex to resolve.

Right. Right. Exactly. And then that's why they say, oh, because now they have work to do. Yes. Right. True. This is true. And what's really interesting, so a couple of things I want to point out in the erectile dysfunction discussion, which is we actually see a lot of the couples coming to us at the Fertility and Pregnancy Institute to Prime Esther, which is the way that we address fertility challenges and help people make their super babies.

A lot of couples come having struggled to get pregnant and or stay pregnant for months, years, up to two decades. We've seen up to two decades and after such prolonged difficulty where intercourse and being intimate has become mechanical in service of trying to make this baby and then it's become associated with failure over and over and over again.

A lot of the joy is lost and interest is gone. The interest is diminishing for sure, which I actually want to come back to that in just a second. But something that ends up happening is a kind of performance anxiety on the part of the male partner, especially if they have a male partner, because What happens is, so the woman starts to explore how to identify her fertile days.

And when she starts to think that she understands which days she's most fertile, she's like, stop what you're doing, come here right now. And then all day long, you have to do sex, right?

And well, no, maybe that's how it is. But I think for them, it's like, oh my god, I have to stop what I'm doing. And because it's this one critical, fertile day, we've got to get it right.

And then there's this performance anxiety that happens. So it's really interesting that this actually comes up a lot with fertility challenges. There are some ways around this.

but it's kind of sidestepping the problem altogether as opposed to addressing the root causes that you're talking about. Now, the other thing that's really interesting about this is that there's an inflated perception of the effect of age on fertility outcomes.

And here's what I mean. There are a number of pathways through which age the effective age is inflated on the effective age on fertility is inflated. One of them is that women are often imperfect at preventing pregnancy at some point in their reproductive adult life.

Of course. And the women who are super fertile to begin with will usually get pregnant unintentionally. The women

who have been, and I'm talking about the woman as opposed to the man, because I'm talking about her getting pregnant, the women who keep being imperfect at preventing pregnancy, either with the same partner or with, you know, multiple partners exactly over time.

If they make it through their 20s, their 30s, and now they're in their 40s and they still haven't had an oopsie and unplanned pregnancy. Now they're like, oh, I'm running out of time.

We've got to get serious. We've got to really try to have a baby. Now they go to a doctor. The doctor says it's because you're in your 40s. But really, they've had weak fertility all along, which is why they never got So that's one way, but here's the other way that's related.

And also because they're not rabbits. Because they're not rabbits. Say more. What do you mean? What do you think? What happens with rabbits? I don't know, but maybe this is related to what I was just about to say about the other piece of it.

I'm not sure if I know, but the other piece of it, and I think this is maybe what you're referring to, is that as people get older into their 30s and 40s, they start having a lower sex drive on average.

So there aren't as many opportunities and less interest. And less interest, right? And especially if the couple's been together for a long time and they've been with that same person, because then you have the effect of getting older on diminished interest and opportunity, but you also have the variable of acclamation and kind of the lack of newness in the relationship that's often associated with a decline in interest.

and opportunity as well. So those two pathways also impact this inflated effect of age on fertility. And it's really important because nobody talks about these things.

Counselors do. Sex therapists do. Okay. Maybe, but for in the fertility space, I know in a fertility space. No, absolutely. I totally agree with you. They're almost all procedural people, right?

They're technical people. They're, they're really surgeons who are doing fertility work in many ways. Good way to put it as surgeons doing fertility work are going to take their surgical mentality into their fertility work, which is all basically procedural and it's objective and it's, you're not sympathetic.

That's a big thing. I want to come back to that. Right. Mm hmm. So rabbits. Tell me about rabbits. Did I understand what you meant? I did. Well, I don't understand, but I'm going to tell you about rabbits.

OK, tell me. Rabbits ovulate on demand. Oh, I didn't know that they ovulate on demand. OK, so when they're having sex, it's usually very quick. There's very little time to be able to sort of think about it, to get engaged about it.

So basically, when they have sex, their physiologic mechanism ovulates right now. That's amazing. So that means they're fertile every single day. Every time.

Oh my gosh. There are super fertile women who ovulate on demand. Really? So what happens is I think that the process of intercourse, they just get so excited about it.

You know, how many eggs do we have at any given time in an ovary, right? How many of those eggs are superficial and how many of those eggs are ready to extrude now?

Yeah, I mean, the percentage of eggs that will ever be ovulated in a woman's lifetime compared to the number she starts her life with, it's a teeny percent.

You start with millions and you may ovulate a thousand. I don't know how many studies have been done on old rabbits. But I imagine again, it's fertile rabbits that are in the primary prime of fertility.

They're more likely to do this. And so young women are probably much more likely to have this instantaneous

ovulation you know okay so my my scientist mind is like how is this possible there's a menstrual cycle there's a period that leads up to the uh maturation and the release of the egg and all of these things and i'm wondering how this is possible and It has to do with an infusion of blood into the ovaries or into the pelvis.

It has to do, what are the factors that cause the ovary to eject? So in other words, my thinking is that those women probably have more eggs than most women.

and those eggs are very superficial. So in other words, for you to ovulate at the time of intercourse, that egg has to be ready to do that. But you probably have to have, so maybe it's just magic, maybe it just happens to be coincidental that you ovulate on demand, but maybe it's also super fertility.

Is there a concept of super fertility? Well, we're talking about super fertility here in the super fertility summit, but we have never thought of that as one aspect of the definition.

I'm sorry, I'm going to patent that copyright this We already have the super fertility term, but you are the first to say, is it possible that the ability to ovulate on demand is a part of the definition of super fertility?

It's a really interesting concept. I'm sorry about that. No, don't be sorry about that. I actually didn't know about I didn't know about animals ovulating on demand.

So that's a really interesting place for it. Because I always look to the natural world and other animals to understand different things about the truth of fertility and infertility in the natural world.

So this is something that I definitely am going to look into more. I have a joke about that. Tell me. So two rabbits were running around being chased by dogs.

And they're being chased and chased and chased. So the male rabbit turns to the female rabbit and says, let's stop and outnumber them. Right now. Yeah.

What's what's so funny about that is that really in times of stress, think about it. We have an evolutionary adaptation that if we're being chased by another animal, evolution doesn't want us to stop and have sex at that moment.

Rabbits, Ovulation, and Super Fertility Ideas

It wants us to run, right? And so we talk a lot about how our stress response, which evolved to function in a world that's very different than the one that we live in today, can often be the thing that's hindering the ability to get pregnant and stay pregnant and carry a healthy baby to term.

There's a question for you. Does stress cause a release of LDH or LH? I don't know the answer to that question. Well, there's a question for you. Yeah.

So stress causes the release of many hormones. Exactly. But does it cause an increased release of LH? I don't know. LH, does it cause an increased release of prolactin?

That is possible, yes. All right. And then whatever downstream, side stream, whatever, LH? In most cases, I don't know about LH specifically, so I'm going to look at this up.

So let me make a note. Species that ovulate on demand plus the relationship between an acute stressor and the immediate response of LH. But what you're getting back to the concept of the acute stressor causing a release of eggs.

So I would guess that an acute stressor does not cause the release of eggs. Here's what, and not just guess, hypothesize, make an educated… In humans, but not necessarily all humans.

That's true. It might be in humans on average. Let me tell you why now. This was what I was just about to say in

terms of, I don't know about acute stress and immediate response of LH specifically, but what I know is that usually there's an inverse relationship between sex hormones and stress hormones.

So as stress hormones are going up, sex hormones are becoming depleted, especially if that's happening over time repeated. But during an acute stress, all kinds of things are flowing.

That's interesting. I will look that up. I don't know the answer to that question, but it's a really, really interesting. I mean, if that were the case, then it's possible.

So we use hormetic stress as a way to increase fertility, but we don't want the hormetic stress to be too close to conception. So we do it up until about four to six weeks prior to the projected conception date.

But if we found that on average or for some portion of the human population, stress could actually induce ovulation, then that might actually be an avenue for intervening.

Exactly. So that's a really intriguing question and it's really counterintuitive. So what we know is that repeated chronic stress I would agree with that.

And we know that acute stressors are dangerous for pregnancy. We have a lot of research on that. For pregnancy itself, absolutely. For pregnancy itself.

What we don't know is, is it possible that acute stressors could temporarily create a spike in fertile conditions? My hypothesis is that that is a, the ovary has to be ready.

It's timing. The ovary has to be ready for whatever that stressor is that causes all this stuff being released, all of a sudden pop. Well, so what you're saying is if you are closer to ovulation and experience an acute stress, it might be that there's an immediate response of higher fertility.

Correct. So I can go back to super fertility and then going back to rabbits do. And so rabbits, based on that concept or that idea that rabbits are super fertile, then they're ovulating all the time.

They're not related to their cycles. Something else, some other aspect of their physiology is causing them to be ovulating all the time. And that's a species survival need.

That's so interesting. So then the question becomes, what's the comparability in humans? And if that's the case, how can you induce it on demand and safely?

Okay, you and I are gonna explore this. We're gonna start researching this question. Oh no, I opened that door, okay. I mean, this is a really interesting hypothesis.

And I thought I've thought of every hypothesis you could possibly think of related to fertility and pregnancy and intergenerational transmission of health.

And I haven't thought of this now. The one thing that, okay, so another thing that we know is that there's a bell-shaped or inverted U-shaped relationship between stress and reproductive outcomes.

So when it comes to both fertility and pregnancy and the outcomes of the epigenetic programming of children in utero, too little stress and too much stress is associated with adverse outcomes.

You actually need a moderate amount of stress for your systems to be kept on their toes working well. And you need a moderate amount of stress to program your future super baby's nervous system for being able to cope in the outside world.

So that moderate amount of stress is is beneficial. I don't know what that says about this acute stress question, but we know there's this nuanced and complex relationship of stress to reproductive outcomes.

In general, most people today are staying in school longer, focused on education, you know, burning the candle, the phrase burning the candle at both ends or whatever, that, you know, pushing so hard and depleting their fertile power and ability.

That we know. For the most part, the stressful conditions of modern life are damaging fertility. And that's why we see rates of quote unquote infertility, impaired fecundity, fertility challenges, adverse pregnancy outcomes, and unhealthy children growing at insane rates.

So that's the general picture. But it's really interesting to think about these more nuanced pictures and how just like we use hormetic stress therapeutically to improve fertility, that there may be some other ways to therapeutically apply and release stressors.

So one other sort of thought for you. When I was a medical director for the Johns Hopkins health plan, we were dealing with a lot of premature labors.

Yes, which is a massive problem and the leading cause of infant mortality, by the way. Absolutely. Now, along the way, we're trying to develop programs to get women more engaged in the prenatal care process.

And these are young girls in those communities who should have been pregnant in the first place. Which have, those rates of pregnancy have declined dramatically today.

Well, sure, largely because of birth control and various factors. But one of the, along the way I met a doctor from Africa. Nice. And so we were comparing our notes about premature births and so on.

And the stress, the stress of urban life in the U. S. because the same racial and ethnic groups in their native countries do not have that experience of elevated rates.

Exactly, exactly. He was shocking me when he was telling me that. No, even though they're very poor typically, right? So that's why when you said you met a doctor from Africa, I said, nice, because I knew exactly where that was going.

I've done a ton of research on this topic. We see the same thing in the Latina populations. there really is a fertility, longevity, and health advantage to not being in America if you are a woman of color.

Well, what I think, I don't know whether I'm right or not, but I think there's, again, it's multifactorial and difficult to nail down one cause. But I think the difference between Africa and the US in terms of poverty is American poverty is urban poverty.

layered on top of horrible diets. Horrible diets, lifetime horrible diets, prenatal horrible diets. In Africa, they're poor, they're so poor, they're not buying food from supermarkets.

It's interesting because I grew up very poor and that was a part of my childhood that actually served me and my four siblings really well, which was our dad couldn't afford to buy all these convenience foods.

So even though we were really poor, we ate apples and we ate salad and we ate rice. And you may have had a small garden or whatever. Well, we didn't. It was in America.

But what I mean is we ate real food, not boxed foods because we couldn't afford it. And that ended up being great. So the same thing is happening in the more rural context outside of America.

And that's absolutely true. But the other thing is that there are unique social, political, economic and identity stressors about being a minority in the United States versus being like everybody else in the native country.

I think there are lots of factors. As I said, it's multifactorial. Exactly. 100%. 100%. I think nutrition has a huge amount to do with it. It does play a really big role.

Dr. Pollacku2019s Path to Magnetic Therapy

Something that's really interesting is that we have studies that show that women of color and especially black and African-American women who are of higher socioeconomic status or social class in America have poorer outcomes than women than their lower socioeconomic counterparts.

And what's interesting about that is it shows it's not prenatal care. It's not just access to nutrition. It really is that those social components and the stressors, because those higher educated, higher SES women of color are operating in spaces where they're often the only minority.

one of the only as, as opposed to maybe someone who's working, um, like a lower skilled job and maybe there are, there are other people there with them.

Right. So we, we really know we have, we've been able to isolate that there's a very large effect of, of, of socioeconomics. I don't know whether that's true in other countries like Canada.

or the UK where the minorities, but they're not the same. I believe the outcomes are similar. It's worse in the United States of America because we have the worst maternal child health outcomes of any developed country nation, but there are parallels just to, I think, a lesser degree in those countries.

What I don't think is parallel is in maybe the native countries and seeing the big social class differences there. Yeah, they may or may not be there.

I'm not 100% sure of that. Yeah, I would expect that the again, the economics would be more important there than the socio part of that. Whatever. And we were way off topic.

Well, not really because having your super baby isn't just about getting pregnant. It's also about staying pregnant and being able to carry your baby to term, to have a healthy birth, to have a healthy postpartum period.

So this is a part of it. It's part of the spectrum. Absolutely, absolutely. And we were talking specifically about social class, race and ethnicity. But this same group of considerations apply for age.

There are the stereotypes, there's ageism, you know, there I remember. So I had all three of my super babies in my late thirties. and 40s. And I had great health insurance through the University of Southern California, where I was a professor before I retired.

And the health insurance company used to call me constantly with my first pregnancy to get me into some program. for special support for advanced maternal age.

And I was just like, I would always ignore the calls. And one day, finally, my husband answered and he was like, she is not high risk. You don't need to call here anymore.

She's high maintenance, but she's not high risk. And then they didn't call me anymore in the second and third pregnancies. But, you know, I just. Is your husband a medical professional, too?

No, he's not. No, he's not. That's why you're high maintenance. It was most it was mostly a joke, but I think I'm kidding. Actually, I can see that you're high maintenance.

You can see that I'm highly totally tame. Say more. Totally. No, totally. You're too smart. You ask too many questions. Yes, that's true. I'm always the person who's up there, raising my hand, asking all the questions.

It's true. I've always been that way. But of course, that's what allows us to, that curiosity and that questioning is what allows us to make the incredible discoveries that we've made.

So, you know, it serves the world, even if it's always individual. You have to start thinking about rabbits. Yes, I'm

going to. OK, so tell us about PEMF.

To have your audience understand, right? So all of this is the background that's in a sense of where I come from. And so I understand the topic pretty comprehensively, perhaps compared to most family physicians and certainly most physicians in general.

And because of the curiosity factor, I call myself an unhappy doctor. I'm not happy until I can solve your problem. I agree. And that means I have to go out and do some work to figure out how to solve your problem.

I don't just take it for granted. I just don't take it. But everybody else does this. And therefore, this is what you do. No. Relentless. Yes. I know.

I know that there are solutions. We just have to find them. And I have to spend the effort. You're not going to spend the effort. I have to spend the effort to figure it out.

But one of those solutions along the way became magnetic field therapy. And you may ask this question, but I'll start it anyway. The answer is why? Why did I start with magnetic field therapy?

So at that point, I'm a family doctor. I've been a medical director of groups. I've started a big family medicine group on the East Coast, 14 family doctors.

So I've done medical management. I've done population management. I've done that. And then I said, okay, I'm I need to start helping people. And I had a couple of people who almost died from ibuprofen gastric bleeding with ibuprofen.

Wow. And I said, wait a minute, this is bad medicine treating every person as if nobody's going to have a reaction. Right. Ibuprofen became, you know, the pill that you basically pushed on everybody to everybody.

Yes. Right. And so, OK, wait a minute. So I said, OK, we have to find a different solution. So I started studying acupuncture. to learn how to provide a different pain solution other than ibuprofen or narcotics.

This is back in the 80s when narcotics were not being dispensed like candy. Yes. Okay. We were very reticent to prescribe opioids at that time. So what we resorted to is the things that we had that were theoretically not as harmful.

Anyway, when I finished studying acupuncture, and that was in 1990, Um, I want to begin using it in the practice. And then people said, no, stay away from me with those needles.

Right. I'm not going to have needles. That's so funny. It doesn't even hurt. Well, I know, but they didn't understand that it's not the regular needles that hurt a lot.

It's tiny little hair, thin needles, but that doesn't matter. So I couldn't do acupuncture. So I looked for another solution and discovered that in the Orient, people were using magnets on acupuncture points.

So I started experimenting with magnets, and it evolved from there, and I became curious about why magnets were doing what they did. What is this phenomenon of magnets on acupuncture points and meridians?

The more I dug into it, the more intrigued I got, because I began to see that magnets were doing other things that acupuncture didn't do. Like what? Tell me.

Well, a perfect example. is I had I was gonna be reading on my on my patio and I looked down and I discovered a bite on my leg. It looked very classical like a spider bite, but I never even felt it.

So here was this big red area with a nice little top on it where, you know, the puncture happened. Yes. All right. You've seen it. I know what you mean.

And, you know, that's going to take a week to two weeks for it to go away. So I put a big magnet on it, thick, thick magnet. Just take it on right over the over the top.

Then I went and sat down on the patio and started reading two or three hours later and looked down. Gone. Really? Gone. That's incredible. So what is going on here?

So again, digging, asking the questions, why is this happening? What's happening in this process? It turns out a lot of things are happening. And so what I discovered is that magnets could do more than acupuncture.

Wow. Right. In fact, actually, what I found is that magnets do acupuncture, but they do more than acupuncture. Every time you're doing magnetic therapy, you're also doing acupuncture, just coincidentally.

But you're getting the additional benefit. And so what Magnus, I discovered Magnus were doing, were actually healing the tissue. They were working directly at the cellular level.

Acupuncture works in a more indirect fashion through the whole Meridian system, but supports the body's energetics in general. Talk about hermetics. It works on the whole body's system in general.

So I said, okay, well, I'm interested in healing. I'm interested in doing acupuncture too, but this is more, this is a bigger phenomenon than what acupuncture can do.

And so I continued to work with magnetic field therapy, did a lot of studies. I couldn't find research on it because most of that research was hidden either in China or Korea or Japan or in the Eastern European countries.

And they were hidden behind the Iron Curtain. They were in small journals that were written primarily in Cyrillic. Or they had abstracts, small abstracts only.

So you could all get the abstract, you could get the details. Along the way, I met an MD-PhD from the Czech Republic, Dr. Derebek, who said, I had just finished reviewing all this literature in Eastern Europe.

It was not available to us. He gave me the manuscript and I rewrote the manuscript and published a book called Magnetic Therapy in Eastern Europe, a review of 30 years of research.

Incredible. Highly summarized. So this is not your normal layperson digestible stuff. But that laid the groundwork for mechanisms, for actions, and why this is working.

And so as I continued to work with magnetic field therapy, I scoured the literature and got more and more and more literature. And I also got access to a database of about 25,000 abstracts on the effects of EMFs, PMFs on the body.

And then, so then I said, oh, oh, oh, oh, and this was not available to the West for the most part. They were scattered in strange journals. Okay. Well, how do you get access to the database?

I can't reveal my secrets. Okay. The company that I got access from is no longer in business, but I was able to download most of their references. So, and unfortunately, most of those were also abstract.

But still laid a foundation for the information that then became available. And obviously, the database is huge. I had 30,000 abstracts on top of everything else I already had.

OK. So my knowledge kept growing and growing and growing. And finally, I produced a book called Power Tools for Health. And Power Tools for Health, my objective in that book is to provide a book that had some of the basic information on why and how.

And so I discovered that through the reading, through the research, through the evaluations, I discovered that magnetic fields had about 25 different actions in the body.

And I provided references to those different actions. So some of those actions would be, for example, increasing circulation, accelerating wound healing, increasing stem cells, stem cell production, the acupuncture system, as I mentioned.

And the list went on. So I had 25 different actions supported by references. Can I ask you a question? What, tell me the difference between the actions of EMFs and PEMFs because obviously today there are a lot of concerns about the negative consequences of EMFs for fertility, for the health of children, et cetera.

So can you distinguish between the two? That's the elephant in the room. Okay, let's talk about it. So EMFs, have been designed for other purposes. They have been designed for communication primarily.

So EMFs are broadcast into the environment. It's what I call open loop. They go out into the environment and most of the time they're microwaves.

EMFs vs PEMFs and How the Therapy Works

Most of the time they're very short wavelength stimuli or frequencies or waves essentially being broadcast in the environment, just like television waves or AM radio or FM radio, all of that's broadcast in the environment and basically 360. Right?

So because they're short wavelengths, they get absorbed. And because they get absorbed, they heat. And because they heat, they create damage. So this is the whole idea of the principle behind a microwave oven.

Yes. Right? It's designed to heat. Using microwaves to be absorbed by whatever you put in the microwave oven, it's absorbing all of these microwaves and getting heated.

So EMFs, most of the time we're talking about EMFs that are essentially microwaves. Now we do have EMS from power lines and so people can be exposed to EMS for extended periods of time, which could potentially create risks with the wrong kinds of people.

But it's amazing how much EMS have not been actually found to create much harm. It is interesting, because it's been a while since I did a deep dive into the literature.

But when I did, there wasn't a lot of information. But more and more, it's becoming a topic of concern. But it's the 5G, and it's the 8G and the 10G. So that is microwaves.

Okay. All right. So power lines are different. Power lines create frequencies, magnetic fields around the power lines. I've actually done this. I've actually gone under a power line with a light bulb, a fluorescent light bulb, and it lit up.

Okay. Okay. So that's the magnetic fields coming from the power lines that are lighting up the light bulb. They dissipate extraordinarily rapidly. Okay.

Right. So they, unless you're really living under the power line, or you're living very close to a power line, and you're in that room all the time, that could create some potential risk.

It's rare that magnetic fields of the kind that we're talking about, or create exposure for extended periods of time, our exposure rates are very low to them.

Okay. And on top of that, you have the factor of intensity of the radiation, let's say, it's non-ionizing radiation, but it's electromagnetic radiation.

So intensity matters, the distance matters, the dose of exposure, the time of exposure matters. But with EMFs of the kind that we're talking about, 5G in particular, we're talking about microwaves.

Okay. And that is a risk because we know it does harm. Again the dose of exposure becomes very important. The dose by itself. How intense is that dose?

Then what is the dose factor with the exposure factor? And if you're passing by a microwave tower and you're driving 60 miles an hour, you're going to get very little exposure.

Exactly. If you have a 5G tower right next to your room, you're going to get more exposure. If you have a transmitter on your house with the smart meters, that's Wi-Fi.

Right? So that's Wi-Fi exposure. That's very short microwave exposures. That's not good for you. You're getting a lot of exposure to that. But again, environmentally, it's not that much.

But if you add the environmental stuff that you coincidentally get, along with the exposures that you get more frequently and more commonly, then that's where risk does begin to happen.

Starts to accumulate. Absolutely. And then what we know is, you know, carrying your phone in your pocket is definitely harming sperm for men and is harming fertility across genders, et cetera.

Yes. Absolutely. And you should not be using your cell phone to your ears. Yes. When you use a cell phone to your ears, you take the cell phone off, you can see your ear is red.

It's hot. It's hot. Yes. And what you were doing is cooking your ear. Yeah, that's scary. And if you look at the opposite ear, it's gotten redder too.

It's just not as much. So it's gone through from one side to the other? No, because the microwaves drop off extraordinarily rapidly, but its reflex changes.

So you start to release all kinds of vasoactive hormones and peptides and so on in the bloodstream, which obviously continues to circulate through the whole body.

I did this experiment with a static magnet, put a static magnet on somebody's palm, and the palm turned redder. I look at the opposite palm, it also got slightly redder because that's a reflex change in the body.

So nitric oxide is being released in the vessels, the blood vessels in your hand when you're exposing to a high intensity local magnetic therapy. Where do those nitric oxide molecules go?

Everywhere. Into the bloodstream? Into the bloodstream, everywhere. So they're going to have distal effects as well. They're going to have the most effect locally, but then they'll have distal effects as well.

So there's minimal risk away from the stimulation, but there is some. Now, PEMFs are a completely different animal. They are closed loop. So the other forms of stimulation are open loop.

PEMFs are closed loop. That means what happens is that my thumb is the wire that's carrying the current. And every time you carry current in a wire, you get a magnetic field that's developed perpendicularly.

Every current flowing in a wire produces a magnetic field around it. It's laws of physics. This is called the right hand rule. So the magnetic field is perpendicular to the flow of the current.

and when the current flows it's flowing in waves essentially pulses right in the power lines flowing in the pulses in the lights to the uh power cords to your lamps and so on what what that means is this going like this every time the current pulses the magnetic field pulses current pulses magnetic field pulses but the magnetic field collapses back on itself so it's closed it opens and it closes.

It opens and it closes. So the action of opening of the magnetic field, the production of the magnetic field perpendicularly, then goes into space. But it goes into a body as if the body wasn't even there.

Magnetic fields are not obstructed by anything except maybe lead or aluminum or certain metals. And the magnetic field is not blocked by it, it's not absorbed by it, but actually passes around it.

Okay. All right. So essentially the body is completely transparent to a magnetic field. Okay. The key, here's the key, and this is what differentiates magnetic field therapy from almost any other therapies.

It doesn't stay in the body. It passes through. The analogy is the wind blowing in the trees. The tree gets in the way. But what does the wind do through the tree?

It passes through. It does not save the tree. It keeps on going. So the magnetic field from PEMFs is the same. It just keeps on going and it goes out into a body and it comes back into the body and out into the body and comes back in into the line power line.

So that pulsing action is key then to how PEMFs work. What they're doing is based on Faraday's law. Faraday's law says that a pulsing magnetic field or an alternating magnetic field or a time varied magnetic field, time varied means it's not steady.

So it's pulsing. That means it's moving. It's in motion. It can't be static. So a permanent magnet on a fridge is static. It's just never moving. The body's moving, but the magnet's not moving.

In our case, with a pulsing field, the magnet's moving and the body's moving. Things in the body are constantly in motion. So that magnetic field that goes out causes reactions in the body.

It's induced charge. So the body then produces the charge by virtue of the magnetic field stimulating the ions in the body. All the charge carriers, all molecules in the body carry charge.

And because they carry charge, some charges are fixed and some charges are in motion. Ions are in motion. So what percentage of our body is electrolyte?

I don't know. I mean, 70% of the body is water. No, it's not. Oh, did I get that wrong? No, you did. It's correct. It is water, but it's not water. It's electrolytes.

Electrolytes. Okay. That's what I was going to say. Are they one in the same? Okay. They're not really because they're all those water molecules are affected by the solutes, the solutions that they are in.

Yes. Okay. Right. So it's hard to extract them. We say it's water because I can, I can pull it out and say, test it and separate it and say, here's water.

We say that it's 75% water, but it's not a 75% electrolyte soup. Okay. Electrolyte soup. Okay. And as we know, electrolyte soup is creates charges, that's what batteries are made from.

So the magnetic field is interacting, it's shaking those ions, and when it shakes the ions, then basically it's creating charge. So the body then now has more energy to do what?

to do all of its cellular processes, all of its functions. Yeah, exactly. Okay. So those 25 actions that identify the magnetic fields are not done by the magnetic field.

They're done by the body in reaction to the magnetic field. So the body's producing whatever it needs to produce to do what it wants to do with that extra energy.

Mm hmm. I love that's including reproduction, which is exactly exactly what we want. So the 25 actions that the body does respond does in response to the electromagnetic field is in response to the closed loop, not the open loop.

Correct. Okay. Right. It's the field going out into the body and then coming back, going out into the body and then

coming back. So what are the key aspects relative to fertility to go back to the topic?

The most important, there are others and depending on the condition of the person and what they're dealing with, you could say what's more important. But from my perspective, one of the most important actions in magnetic field therapy that can help everybody, every body, not everybody, every body.

Got it. Everybody too, right? Yes, I understand, yeah. And that's inflammation. Of course. All right, and so we've discovered, science has discovered that there's an optimal magnetic field intensity that you need, the strength of the magnetic field, the power of the magnetic field.

The optimum power of the magnetic field is 15 Gauss, one five, and Gauss is G-A-U-S-S, Gauss or Gauss. So if you generate 15 Gauss, then you're going to have the maximum impact on inflammation through the adenosine receptor on neutrophils.

This is very important because the most common reproductive health conditions have an inflammatory route as does the accelerated wear and tear that leads to more rapid biological aging, which is what we are always working to slow and reverse in the Primester protocol so that people can have healthier eggs, healthier sperm, get pregnant, stay pregnant, have their super baby.

So this is really critical. Okay. So say that one more time, please. Magnetic field therapy decreases inflammation everywhere in the body. Nothing in the body stops the magnetic field.

That means it can work anywhere in the body. Now we talked before about the fact that infertility is a spectrum and infertility includes the partner, the spouse.

Of course. So here's an interesting fact. You probably know this. What is the speed of sperm? Your body was designed to heal, but illness, chronic disease, stress, injury and time can slow that process down.

What if you could restore your body's natural ability to recover, recharge and feel its best? The key to healing is giving your body the energy to repair itself.

PEMF therapy does exactly that, recharging your cells, improving circulation, reducing inflammation, and helping you function at your best. For decades, I've studied this technology, worked with hundreds of medical professionals, and helped thousands of people reduce pain, regain energy, and take control of their health.

However, not all PEMF devices are created equal. No one size fits all. We offer personalized consultations so you can find the right device for your needs, backed by real science and trusted results.

If you're ready for a real solution, let's talk. Schedule a consultation at drpauluk.com, that's P-R-P-A-W-L-U-K dot com, because real healing starts at the cellular level.

What I know, I don't know the actual speed of sperm. I'm very excited to hear it. But what I know is that the sperm traveling to the egg is the equivalent of traveling to another continent.

And yet they do it in a matter of seconds. All right. Or at least the healthiest ones do it in a matter of seconds. So sperm travel basically four miles an hour.

Oh, well, then I'm sorry. So a sperm going from the from the vagina, the entrance of the vagina. OK. OK. To the uterus. Mm hmm. Does that travel? Does that that trip within four hours?

OK. So these little sperm, they have a flagellar motor. So flagella is the tail of the sperm. Right. And it's the flagella. It's sort of like the analogy that I use, it's like the boatmen in Venice.

It's true. They use those paddles. Yeah, that's right. Well, this is what the sperm are doing. They're using a little flagella, their little tails to project them forward.

Inflammation, Sperm Motility, and Egg Quality

And the sperm are doing that by electrical static, basically electromagnetic forces. PEMFs increase, and that takes ATP, mitochondrial ATP in the sperm.

And PEMFs dramatically increase ATP production in sperm. So sperm motility is significantly impacted by PMF therapy. Nevermind the causes of the problems with the sperm.

But even then, what you're gonna do is you're gonna make sperm, even if you have lower counts of sperm, they're gonna be more active. You take regular counts of sperm, they're gonna be more active.

They're gonna make that trip that they have to make from the vagina into the cervix and through the uterus much faster. And if they have more energy, they're gonna be able to deal with all the resistances that they're gonna have along the way.

That's right. And especially if there are physical obstructions or other things because of endometriosis or fibroids or inflammation in the surface or inflammation in the uterus or inflammation in the vagina.

So magnetic field therapy is not only increasing the ability of the sperm to get there, but it's also decreasing the barriers. Now that doesn't happen immediately.

You have to be doing magnetic field therapy on a regular basis for a while to decrease the total amount of inflammation so then the sperm can do their job.

What's the therapeutic dose of PEMFs in order to reduce inflammation enough to see a reduction in biological age and a significant improvement in sperm?

And by the way, there's a parallel process in egg quality because the mitochondria are the source of healthy eggs as well. So it's the ovarian environment as well.

So if you have an ovarian environment that's inflamed or is aged, it's not optimized as well in terms of its energy, in other words, ATP. So there's, again, many different things going on with PMS at the same time.

So all the different 15 or 20 actions or 25 actions of PMS Are all there at the same time. The body decides which ones it's going to use to do whatever it needs to do at that moment.

And the goal of magnetic therapy, what the body's job is is to maintain balance. That's right. Maintain homeostasis. That's right. Working very hard to maintain homeostasis.

So it's going to use whatever energy it has to be able to maintain or get that homeostasis. And inflammation is one of the problems that the body has to deal with on a chronic basis.

That's right. Right? That's inhibiting natural homeostasis. If you can decrease inflammation, then the other homeostatic mechanisms begin to function and begin to work better.

So endometriosis is one of the big things because of the amount of inflammation caused by endometriosis. PMF therapy is a major factor in increasing fertility because it decreases inflammation caused by the endometriosis.

And it decreases. So with inflammation, what do you get? You get edema. In other words, you get swelling of tissues. And the swelling of tissues, they don't function normally.

They cause obstructions. So swollen fallopian tubes right? Cannot propel the sperm adequately. So if you decrease the inflammation in the sperm, you decrease the swap in the fallopian tubes, you decrease the edema in the fallopian tubes.

That, uh, now it also depends on all the different factors that are going on in fallopian tubes at that time. But so PID is a major cause of, um, that's right.

So therapy can be amazing for PID, not only for decreasing inflammation, but actually helping the body to fight infections. PMS have been well proven to help the body fight infection.

Let me ask you a question about that. So first for anybody listening who doesn't know what PID is, pelvic inflammatory disease, which is really common, but also we know that inflammation is one of the mechanisms underlying preterm labor and preterm birth.

Is PEMF safe to use during pregnancy to reduce inflammation in order to protect against preterm birth and other adverse outcomes? So what does what are the pharmaceutical companies do to prove that it's safe in pregnancy?

clinical trials. So what percentage of the drugs that are out there are proven safe in pregnancy? Very few, because it's too risky to do the clinical trials in humans in the first place.

So most of the time, it's an ethical problem as well as a cost problem. Category C, pregnancy category C, where there's not enough data to know if it is safe, basically.

So magnetic field therapy is in that same boat. We have no reason to believe magnetic therapy is a problem in pregnancy. The science does not say that there's risk, but we can't say that it's safe.

I can tell you from experience, women who use magnetic field therapy, they didn't know they were pregnant. They kept using their magnetic therapy machines, brought their pregnancies.

They breeze through labor. They breeze through the third trimester. They don't have as much pain. They don't have as much discomfort. Their bowels are moving better.

their incontinence, well, incontinence is a pressure problem in pregnancy. So it's less of a functional problem, that's a pressure problem. So basically, we've seen that PMF therapy during pregnancy, in many cases, is safe.

Can we say it's 100% safe? We don't know. Breathing is not 100% safe. Right, that's true. Well, let me ask a couple of questions. Is there anything- I'm sorry, I want to make one more point about that.

Please do. And that is that the women who work in MRI units, have not been shown to have major risks or problems during pregnancy. That's interesting.

And they're exposed to very high intensity magnetic fields, and they're also exposed to radio frequency magnetic fields, which are like microwave type fields, very high frequency, and the big static magnetic fields in MRIs.

So even they are, in quotes, safe. Is the MRI exposure, is it the closed loop or the open loop? Or it's a combination that's closed. It's closed. Okay.

And so I want to ask one more thing about pregnancy. And then I want to go back to the therapeutic levels so that we can really make this concrete for people.

So is there anything about the PEMF therapy that could cause the uterus to contract? could cause the energy to move down in any way, anything of that nature.

We know that acupuncture is safe during pregnancy, but certain points have to be avoided, for example. Right. Well, certain points that you're likely to be, where you're likely to penetrate into a uterus, that's clearly a no-no.

That's part of it, but it's even more than that. There are other points as well, yes. So those same kinds of cautions relative to acupuncture would apply to magnetic field therapy because magnetic field therapy stimulates the acupuncture points.

There are magnetic devices that are high intensity that are sufficient to cause muscle contractions. There are PMF devices that are approved to deal with incontinence.

and it's incontinence in the pelvis. So basically the pelvic muscles are stimulated to contract by these PMFs to be able to, like Kegel's exercise is passive.

Got it. Yes. Those I would not recommend. Absolutely not. That's right. Yes. So there are high intensity magnetic fields that will cause muscle contractions in the gluteal muscles or in the hip muscles.

They should be, you should stay away from those during pregnancy because it's too close and you could cause a uterine contraction potentially, especially if the uterus is irritated.

If there's inflammation, if there's inflammation. Okay. If you're already having if you're already having preeclampsia not preeclampsia during pregnancy.

What is that called? I'm blocking Like placenta previa or there's problems with the cervix. Is that what you're talking about? Yeah. Leaking of the placenta, bleeding during pregnancy.

Yes. Then you absolutely should avoid PMS. Anytime that you're actively bleeding, you have to be very careful with PMS therapy because PMS therapy decreases platelet adhesion and it increases fibrinolysis.

So you're inhibiting adhesion, platelet adhesion, which means that you're going to bleed more because platelet adhesion is important to prevent bleeding or decrease bleeding while you're actively bleeding.

And fibrinolysis decreases the ability of the body to clot. And if you have a wound, then you don't want to be stimulating a wound while it's actively bleeding because again, you can slow down the body's ability to stop that bleeding.

So is Is PEMF not recommended during menstruation then as well? I would say that, so there are actually interesting studies done, occupational studies done, and women who are working on assembly lines with magnetic devices on the assembly line.

And so basically they were working at pelvic level with these devices and they began to report more bleeding than usual. That's interesting. Okay. One really interesting application that I'm thinking about for this is when there are issues with the uterine lining that are preventing either the transfer of embryos in the IVF process or the allowing of the fertilized egg to implant in the uterine lining.

So I think this could be a really interesting application. Tell us about what's needed in terms of therapeutic levels, how long, how frequently, at what strength or frequency just on average is needed to make that significant reduction in system-wide inflammation that could really improve uterine quality, egg quality, sperm quality, the immune system, the gut lining, all of these things that go into the full fertility and pregnancy system.

So the primary limiting factor that I work with is inflammation. So that one, we have the most data to basically say this is the level of intensity you need to increase inflammation.

That's a good start, a great starting place for the fertility and pregnancy system. As well. But in the primester, so in that period of time leading up to conception, I'm not saying that this should be used during pregnancy.

So I'm asking about leading up to conception for improving fertility. Okay, so what we're talking about is 15 gals at the target tissue. Key fact about magnetic fields like light and sound and heat and cold, these are all radiation phenomena.

They're not ionizing radiation, not burning radiation, not like from the sun or radiation therapy. These are radiation because they're spreading out into the environment.

So this kind of radiation, non-ionizing radiation drops off extraordinarily rapidly. according to various laws of physics. The law of the physics that I use primarily is the inverse square law.

The other laws that are used are actually worse. In other words, the data would show that you need even more magnetic field power than you do with the inverse square law.

So I use as a basic, because we use it in medicine all the time, the inverse square law is used in radiation therapy. You have to calculate the dose. You have to deliver X amount of Garry's or the intensity of the radiation into the body.

If you're treating at the skin, but you're going to need to go into the uterus, then you have to calculate the distance from the skin to the uterus. And so they'll do MRIs or CT scans to figure out what that distance is and then do the calculation of the dose you have to deliver because you're going to drop off that dose as it goes into that tissue.

Natural. The body's not using it up. This is a natural phenomenon of any kind of radiation. So magnetic field therapy does the same thing. So if you're starting off with a thousand Gauss, so Gauss is the intensity of the magnetic field.

Think about it this way. The Earth's magnetic field is a half a Gauss. Oh, wow. MRIs are 20,000 Gauss or 30,000. Wow. So three Tesla magnetic field, an MRI, three Tesla magnetic field, sorry, three Tesla MRI is 30,000 Gauss.

Okay, the earth's magnetic field is half a gauss. And what we need at the target tissue for inflammation is 15. Okay. All right. So if you're going to treat in the pelvis, how pelvis is a lot smaller typically, And there's less variation in the pelvic size, AP, from front to back.

That's right. Than there is in the skin, front to back, right? That's true. So what is the average distance of a pelvis from front to back, from pubic bone to sacrum?

Pregnancy Safety, Dosing, and Practical Use

So let's say it's 8 inches, 10 inches. I don't know if you agree with that. I really have no idea. Well, you have another project. That's right. I think we can find those data pretty easily.

You can actually find it on chat.gpt. Let's assume it's eight inches front to back. An eight inch distance. So you have to treat at the skin and you want to get your 15 gouts at the back of the uterus or at the back of the vaginal canal or at the back of the cervix.

So then eight inches into the body, front to back, you need a 6,000 Gauss magnetic field to deliver 15 Gauss. I'm sure it's obvious how you did that math, but tell me how you did that math.

Well, it's basically based on the inverse square law. So, you know, okay, because the magnetic field drops off as the inverse square. Got it. Okay. You just have to do that calculation.

Okay. Got it. So on my, on my website, I have a blog about adenosine, inflammation and pain. And that blog gives you the tables. Okay. It shows you the formula.

If you, if you're geeky and you want the formula, you have this formula, but if you just want the table, here's the table that says, here's what you need at a distance.

Okay. That table includes this 6,000 gauss at eight inches. Okay, great. What's that URL so people can take a look? Well, if you go to drpauluk.com, drpauluk.com, okay, and then in the search box, type in Adenosine, A-D-E-N-O-S-I-N-E, Adenosine, and it'll pull up that blog.

You'll get multiple links to give you, but pull up the adenosine pain and inflammation. OK, great. Now tell me, Dr. Pollock, so that we can give people a pathway forward from this incredible information.

And you and I talked about this before we started recording. Well, actually, we've been recording the whole time. So it's there in the beginning. We talked about how we've surveyed the Fertility and Pregnancy Institute Village, as we say, because it takes a village to make and raise our super babies and us as parents.

And one of the things that has emerged in people's desire is something that can improve fertility passively. So it doesn't take as much work. And that makes a lot of sense, because we live in a world today where people want a quick fix, a pill.

And I'm not saying that PEMF is a quick fix, but it does provide a possible avenue. And as you know, I've been investigating this possibility. I just don't know how to make it cost effective yet.

You and I are going to tackle this project together. one possible avenue for this more passive approach to improving fertility is to use PMF, P-E-M-F, but how can people do this for themselves?

Kids, there's something they can do at home. What's the next step? Very critical. So first you have to understand, if you talk to anybody about PMF therapy, or fertility or any other health issues, because quite frankly, most people with fertility have other problems too.

Oh, there's almost always a root cause that creates other problems. Other comorbidities and there may be other problems. Exactly. Arthritis or an old injury or whatever.

So people have other issues. So magnetic field therapy is not limited to infertility. It's for the body. And when I tell people when you buy a magnetic therapy system, you don't own it.

The house owns it. including the cat, the dog, and the plants. That's right. Right? So everybody gets a chance to use it. So you have a tool that's unambiguous.

You can use it for almost anything. And if you read my information on drpawlik.com, there's a whole host of uses. I have like 89 blogs on all the effects of PMFs.

I've been really interested in it for training recovery as well. So I love that. Okay, so the key is the intensity. If you don't have the right intensity, you ain't going nowhere.

Okay. Now what happens is people buy based on price. That means you buy cheap, you get cheap. You get what you pay for. You get what you pay for. So if you have to deliver 15 gauss deep into the body, you need the right magnetic field intensity.

And as I mentioned, eight inches into the body, you need 6,000 gauss. Most of the people who are selling PMF therapy don't want to talk about the intensity of their equipment.

Would you go to a car dealership and buy a car if the dealer or the salesperson wouldn't tell you the horsepower? No. Duh. Intensity matters. You need to know the intensity of the magnetic field so that you can do that calculation of how much intensity do you need for where you're trying to treat.

So that's number one. And on my website drpawlik.com and on that blog, the identity blog, we actually have the table that shows you the intensity that you need at different distances into the body.

So you need to get the right piece of equipment. Then you have to use it the right way. Now we do for people who are serious about this, who are not willing, who don't want to spend $25 to solve their problems, we do offer consultations on drpawlik.com.

Okay. You have to be willing to spend whatever you need to spend to get the right equipment for yourself. Okay. I'm confident that this equipment is pricey.

Absolutely. It's not cheap. So the machine is going to produce 6,000 gauss eight inches away is going to cost you

at a minimum of about $8,000. Okay. All right.

But again, it's not a one horse shape. It's not just going to do one thing for you. When you use it, every time you use the magnetic field, you are getting actions in your body that you are not even aware that you need it.

Is there a time limit? Does the device last forever? For a long time. The warranties are three years and they last way beyond that. OK. So the recommended treatment times typically are 30 minutes twice a day for general health.

And for the say pregnancy for infertility, then I would recommend doing a higher intensity. Every one of these systems has a whole body pad that gives you general health benefits.

And then you get a much more intense, a much stronger local applicator that you would then treat your pelvis. Okay. That would get the fallopian tubes, it would get the vaginal tract, it would get the cervix, it would get the vagina, it would get the uterus, it would get the fallopian tubes, it would get everything.

So you want a magnetic field that's going to do like, do that. It's like a bathroom underneath the pelvis. I love that. And can that also be applied for testicles, et cetera?

Yeah, yeah, yeah. Absolutely. OK. All right. And so you would do that more than twice a day for? So I recommend for the whole body, for general health, I recommend a half hour twice a day.

OK. You can do whatever you want. So I tell people that you have 100 trillion cells in your body. And there's a million biochemical processes per second in every cell.

So incredible. I know how much treatment should you do there? You can't do too much treatment basically. Well, that's the problem. So the problem is going to be the time that you have available to you.

My recommendation is at least 30 minutes twice a day. Once you get, start seeing a lot, a lot of the benefits that you're looking for, you may be able to start starting, start cutting back and you cut back and you notice that you're losing ground.

Then don't come back. Okay. You can try it again later on, two months, three months later, come back again. And if you're losing ground, you're not ready yet because you haven't healed the problem.

Magnesial therapy can help the function of the problem and the function of physiology, but the goal ultimately is to heal. Yes. Right. If you heal it, it don't come back.

That's right. So if you're doing it for fertility, would you do it three times a day? No, I don't think you, again, what do you, what you may have to, depending on the problem, and the more severe the problem, at the beginning, you may have to do TID three times a day in order to be at that PID down, in order to get the fallopian tubes to stay out of spasm, in order to have the inflammation around the uterus.

So basically, inflammation of the uterus itself was called ophoritis, You get that settled down. It takes a while for inflammation to settle down. It doesn't happen in medium.

It could take a week, two weeks, or three weeks. You'll see changes very quickly, but to resolve it more or less completely, and especially because you may have infection as well.

Yes, absolutely. And will it help to improve infection as well? It does through the immune system, right? This is where adenosine comes in again. It marshals the body's anti-inflammatory response.

It actually increases what we call leukotaxis. It increases the migration of white blood cells into the areas of inflammation. So it takes time. And if you have infection, ideally what we want to do in medicine is we want to reduce the infection and then work on reducing the inflammation that's caused by the infection.

But when you're treating infection with anti-inflammatories and antibiotics at the same time, it's going to work better faster. Because what happens then is that if you decrease the inflammation in the edema that's caused by the inflammation, then circulation improves.

That means you get the antibiotics into the infection better. So they work together very well. They're synergistic. OK. This has been so interesting and a very, very unique avenue for people who are looking for something that can help to improve fertility and overall health and well-being that's a bit more passive.

So I just want to thank you. Conversation is really been interesting and innovative and I know that people are going to enjoy this so much. I know they will, and they'll learn a lot.

So if you watch these videos, you're going to have to probably watch them two or three times. Yes. And so that's a really good reason to not just partake in the free summit, but to purchase the summit so that you can go back as many times as you like.

And before we close today, I would love If you could, I think that we have touched on this a little bit already, but if you could tell me two things. First, if someone could only do one thing to take care of their fertility and the health of their future babies, what would that one thing be?

And then tell us, what does super fertility mean to you? What does it look like? What does it feel like? What is it to you? Oh, tough questions.

Whole-Body Healing and Closing Thoughts on Super Fertility

Well, again, I have my tool. I know what it does. The problem is with that first question is I don't think one thing will do anything. I don't think one thing alone will do enough.

You can't so you can't repair a house. Right, without having bricks and mortar, you have to have the supplies. Then you have to have the tools. and you have to have the energy.

So you need all of these things working together to get the best results. Magnetic field therapy by itself could do a tremendous amount. But if you don't have the nutrients that you need to repair the tissue, it's gonna be slow, slow going.

You're gonna push a body to do something that it can't do. So you need nutrition, you need all the other good things for lifestyle to be able to have the magnetic fields work better and faster.

Thank you for that. I think that is a very important acknowledgement. I think we all understand that. And that's very clear in the conversations that we're having.

That fertility is multivariate. It's multiply determined. It's a multi-level, multi-system picture. And it's hard to identify any one thing. And I also really, like to encourage people to start where they are and to start with what they're capable of starting with.

So if you can only start with one thing, then later you might add in the next thing and the next thing and the next thing. So thank you so much for that very, very practical, very real answer.

While you don't really want to necessarily delay using magnetic therapy, the problem is that you're going to get better results if you're already at a place with the body in terms of nutrition and lifestyle, that your body can be relatively receptive and reactive in a way that's going to work faster, better.

Well, it sounds like we need the Primester protocol, which is everything you could possibly need our super baby nutraceuticals, which are the exact nutrients in the right, the exact forms, the exact dosages that you need.

And then we need the PMF on top of that. So that if you're getting the results you want with the other therapies,

then that's fine to do that. If you have the resources and have the interest that you could add the magnetic field therapy anytime.

That's great. Okay. Because it's not only good for you, it's good for everybody else in the house. It really is. Yes. And not only that, it's also good for you for the rest of your life.

That's right. You'll keep using it. Absolutely. So tell us, what does super fertility mean to you? What does it feel like? What does it look like? Well, you and I, I guess we're talking about this earlier, super fertility.

I suppose super fertility is a woman getting pregnant as quickly as she wants every time she has intercourse. Or maybe sometimes when she doesn't want to have a baby.

That could be a problem with super fertility. So super fertility is basically having intercourse once and getting pregnant. So for human beings, you're cycling all the time.

You don't want to be pregnant when you don't want to be pregnant. That's right. So that's super fertility, too. But it's unwanted fertility at this point.

Well, I think that I feel I always say that the uterus is one of the most valuable and precious resources on the planet and that the owner of that uterus should get to use it the way they want to not have children when they're not ready and to have all the super babies, their hearts desire when they are ready.

So absolutely. I love that. Well, I'm going to disagree with you. Disagree with me. OK, go for it. It's not the uterus or let me just say it's not just the uterus.

No, that's right. Right. It's the pelvis, baby. the ovaries, the eggs, the follicles, the eggs, all of it. Absolutely, absolutely. We're in agreement.

We're in agreement. I love that. This has been really, really an interesting and innovative discussion. I've enjoyed talking with you so much and I'm looking forward to a lot of conversations off the record so that we can build something really incredible together.

I look forward to it as well. And I know we can help a lot of people, a lot of women who are really struggling with their fertility. Really struggling and really struggling with making the time and the space to do everything they feel like they need to do and everything that they're hearing in, you know, in this Google search and that Google search, right?

So Dr. Pollack, I think it's just incredible for us to have all in one central place. all of the pieces of the answer together. So thank you so much. I really have enjoyed this conversation and thank you.

I look forward to talking again soon and thank you to you, Mama Dada, parents of all and any gender here with us. I hope you have been blessed by this conversation and I'll see you in the next session.

Thanks for joining me on the PEMF Effect. I hope today's conversation gave you new tools, insights and inspiration to take control of your health. If you enjoyed this episode, don't forget to subscribe, leave a review and share it with someone who could benefit from PEMF therapy and holistic healing.

Your body has the power to repair, recover and thrive. Sometimes it just needs the right charge. Until next time, stay curious, stay proactive and keep powering up to better health.

you