Introduction to the PEMF Effect

So now the body has more energy. And what's the body going to do with that increased energy? Whatever it wants. I don't control what's going to happen in the tissues.

The body decides what's going to happen in the tissue. But we have discovered in my first, my second book about the power tools for health. In the second book, I outlined 25 different actions of magnetic fields in the body.

25. And the magnetic fields then do that. The body's going to do that. It's going to create those actions. And then we have all these diseases. And I said, of those 25 different actions, how many of those actions happen in diseases?

So all the diseases have pathophysiologic actions going on that cause the disease. And they'll put a name on it based on where it shows up and what it's doing in the body.

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.

Dr. Pollack's Medical Background and Holistic Shift

From overcoming chronic pain, optimizing brain health, boosting energy, and aging with strength, this podcast is your path to cutting edge solutions for lifelong wellbeing.

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 everyone to this edition of the prostate cancer summit. I am your host, Dr. Gio Espinosa, and I have the great pleasure of having Dr. William Pollock, who is an expert on PMF.

So we're going to learn everything about that. Dr. Pollock, thank you so much for being on today. Thank you, Jill. I really appreciate you having me on and I look forward to sharing and having some fun.

And you're an expert in these summits. Non-fun topic. So Dr. Pollock, I saw your bio. You're an MD. Tell me about the history of becoming a medical doctor.

I'm not saying you're old, but I'm thinking that you went to medical school a couple of years ago. Except that. I got some use of these pages. So you became a doctor, a medical doctor, and then somewhere along the line, you said, wait a minute, this holistic medicine is where it's at.

And that's been the case for thousands of years. Socrates said it many times, holistic medicine in many ways. So take us back, you went to medical school, roughly when was that?

You became a specialist in what? And then what got you into holistic medicine? So I graduated from a traditional medical school in Canada from the University of Alberta.

I was in an accelerated program, so I only spent six years instead of the usual seven or eight. And fortunately, I graduated young enough not to get too poisoned by the system.

Right. Mm. And I could decide whether to be a priest and or a medical doctor. So I said, I could do a lot more good

for a lot more people by being a medical doctor.

And I can still do the spirituality. I can still do the, the, the soul aspect of life and still help a lot of people. So I chose the path of Madison instead of the path of the priesthood.

You could have chosen both, by the way, I could imagine you could have been a priest and a medical doctor. Well, it was actually very difficult to do that because once you get into the priesthood part of this, it's very hard to do that.

I could more easily be a lawyer at practice medicine than I could be a priest and practice medicine. Interesting. Okay. All right. Back then, these days things are a little bit more fluid.

So I did that for a long time. So I've always had that sort of concept behind me that I wanted to do more than just be a pill pusher or a surgeon or just, you know, et cetera.

So I had a more holistic view of things. Was that right after medical school that you had a more holistic view on things or did it take some time? Did you practice conventional allopathic medicine for some time first?

I did, for sure. I was like completely in, all the way to the top follicles of my head. So yes, no, I did the whole medicine thing, but I've always had that sort of aspect to what I do about public health versus individual health, thinking holistically, thinking more broadly.

And I was actually a medical director of a group in New Jersey. I founded a medicine group. So we had the biggest family medicine group on the whole East Coast of the US.

I had 14 family doctors in my group at one point. Wow. And when I was the medical director, I was actually responsible for about 50 different doctors, not just family doctors, but all kinds of specialty.

So you lived in New Jersey for quite a long time. I was there for quite a while. Along the way, as a medical doctor, as working with a group of founding physicians, we shared responsibilities for hospital patients as part of that process that we would round on each other's patients.

We'd take turns rounding. Rounding is going to the hospital, visiting and seeing all the patients, doing your rounds. In a very short period of time, we had a number of patients, two to three patients, I think it was like three patients, who ended up going in for gastric bleeding.

And I said, they all had one thing in common, ibuprofen. chronic ibuprofen use for chronic pain. So I said, wait a minute, one guy almost died. You were very, very sick.

You know, we saved them. So I said, well, this is bad medicine. We're killing people or nearly killing people to help their pain. Their pain is not going to kill them, at least not in the short term.

But in the short term, the bleeding would. So I said, Oh, wait a minute, I have to do something different to find a way to deal with pain. Because again, I'm part of a big medical group.

And so I said, Well, what am I going to do? So I studied, studied acupuncture, the UCLA program for acupuncture. Oh, so did you have to go to use to LA to study acupuncture?

Well, we had we had weekends, we like to do four days on a weekend, do that two or three times. It's a two-year program. And so learned acupuncture got, in quotes, certified at acupuncture based on that program.

But in New Jersey, well, actually by that time I'd moved to Maryland and in Maryland, the acupuncturists were under the purview and were responsible to physician, medical doctor.

And having learned what I learned about acupuncture, knowing what I knew about doctors and they said, this is not, this is not right. It doesn't work.

We need a paradise. It's almost like you have to, because I'm an acupuncturist, I'm a naturopathic doctor and an acupuncturist, and it's almost like you have to unlearn what you learned in medical school to learn traditional Chinese medicine and acupuncture.

Well, you don't really have to unlearn it because there's a lot of complementarity if you're willing to see the complementarity.

From Acupuncture to Magnetic Therapy

Right, I guess that's it. Because it's like anything else, you can combine things and begin to see the benefits and the strengths and the weaknesses of anything you do.

And I've learned homeopathy and I've learned hypnosis and I've learned energy medicine and I've learned acupuncture. I've learned a lot more traditions and nutrition, a lot more than just acupuncture and a lot more than just medical medicine.

And the reason I started studying all these other therapies is that once I got into the acupuncture, I started saying, okay, well, acupuncture has limitations, medicine has limitations, homeopathy has limitations.

Every discipline had its own limitations. And so I kept adding things because I was trying to fill the whole mosaic of all the possibilities and be able to cover 95% of the things that walked in the door.

And you can't do that with one discipline. You can't even do it with two disciplines, right? You really need a combination of discipline. Sure. The more you add, the more problems you can solve without having to reach out and go somewhere else or refer people to somebody else.

And then once you make a referral, you have no control of what happens next. Right. So when you came back from your training where you kicked out of the medical group, like now that you know, Dr.

Pollock became he became a quack. We got we got to get him out. No, it didn't happen that way. Okay. I volunteered myself out because I was already, already seeing things very differently.

And I said, well, I can't be doing what, you know, what I was doing before didn't make sense. It's just too much conflict with ideas and, and, uh, processes and even being able to help people with the right things to do.

Family physicians don't know anything about hypnosis. Family physicians know nothing about homeopathy, and they decry it and look down on it. Well, you know, the same thing with acupuncture to some extent.

More and more family physicians are running acupuncture. So when I was, when I did the acupuncture work at UCLA, we had 300 doctors in the country who had learned acupuncture.

Now there's like 5,000 or 8,000 in that program. So it's expanding and doctors are becoming more and more aware of the limitations of what we've been, what we learned and what we're capable of doing using that model.

That model still has its place, right? If you, if you have a 95% blockage of your left coronary artery or your left anterior descending artery, you know, called the Widowmaker.

We better take care of this right away because you could be dead tomorrow. That's right. So let's do medicine to take care of that, to get you off the edge of the cliff.

Yeah. I call it practicing good medicine, right? Good medicine is good medicine. And that includes natural therapeutics, acupuncture, conventional, allopathic when necessary.

And when we know the strengths and weaknesses of each of them, then we can figure out which ones are going to be best for given circumstance. And even in those circumstances, I mean, if you break a leg, you'd better get

practical treatment for that broken leg.

Especially if the bone is protruding through the skin. Yeah. Right. Then you better take care of that appropriately. Along the way, as you're healing, as you go through this process, you've got to add other therapies to be able to heal faster and better and deal with the pain and suffering associated with all this.

So adding medicine by itself is just not enough. To suppress somebody's pain with a narcotic, we're finding out now, do narcotics and somebody who's got pain suppresses NK cells, natural killer cells, expressing natural killer cells, then increases the risk of cancer.

So two or three years later, they show up with cancer. Or addiction, right? Well, then there's that whole problem, too. Yeah, right. That happens very, very quickly and very easily.

Sure, sure. You know, also analogous, so in my world of urology and prostate problems, right, patients come to see me and say, I don't want, you know, I don't want, meanwhile, I work in a medical institution.

I don't want the surgery or what have you. Let's say in a case with BPH, right? So in large prostate, the area squeezes the urethra, that causes retention and problems.

Many times we try different things to avoid that. Once you have that, I have to say the medical treatments for that are amazing. And there are so many now where it opens up that area of the prostate and people just- In the short term.

In the short term, and even with the more recent treatments, it seems like even a little bit longer. But you still need a natural therapy so that when you do the treatment, which opens you up, you're no longer in retention, you're saying, wow, I haven't, you haven't urinated like this since I was around 20. You still have to do the thing so that it doesn't close up again, which is what you're alluding to.

Exactly. And so the reason I'm here with you is because of my expertise in PNF therapies. So having learned all these other disciplines and therapies, you can see the strengths and weaknesses, the advantages and disadvantages of all of them.

And what I discovered is that magnetic field therapies overlap all of them and make everything else work better. Hold on that thought, because now we're going to get into really meaty stuff.

Are you still in practice? Did you end your practice? Do you still have a clinical practice or no longer? Along the way, I left the practice and then I started learning, as I said, the different disciplines that I wanted to expand my portfolio capabilities.

So along that way, largely because of acupuncture, in 1990, I couldn't do acupuncture because people didn't know what it was. And they say, stay away from me with those needles.

It may cause hepatitis or something. Nevermind, just the pain, just the thought of having a needle voluntarily without a big need. So I said, okay, what can I do with acupuncture principles without using needles?

And then I discovered that in the Orient, they were using magnets on acupuncture points. I started working with magnets on acupuncture points and started seeing other phenomena happening with the use of the magnets.

I said, wait a minute, what's going on here? This is not just acupuncture. This is something else. I was seeing cellular inflammation decreasing dramatically.

I was seeing healing happening much faster in wounds. that I couldn't use needles across or over. And if I did the needles, they didn't stay in for very long.

So the benefits didn't last very long. Then I tried to find something that would last longer and I could put a magnet

on it and tape it and keep it on it for hours.

And it would work. So expanding that, then I began to look at different kinds of magnetic systems and started looking for the evidence for the science and the research.

I've been on the faculties of a number of universities, but I have that kind of scientific mind and the kind of academic mind, why, how, when, you know, and so on.

So then I began to discover that Magnet did a lot of different things. Met a doctor, an MD, PhD from the Czech Republic, and he had a manuscript. He translated a lot of that literature.

A lot of literature that I was looking at was actually abstracts from foreign language journals, which give you very little information. Right. And he had translated a lot of that literature for his PhD thesis in rehab.

So he was an MD, PhD, and he'd done a translation in Eastern European languages into English. I call it Czech English. and we published a manuscript. So you gave me that manuscript, I redid the manuscript and we published it as a book called Magnetic Therapy in Eastern Europe, a review of 30 years of research.

So in 1995, 98, 99, already 30 years of research. Wow. Are you tired of living with chronic pain? Medication only masks the symptoms, but real healing starts at the cellular level.

I'm Dr. William Pollack, the leading expert on PMF therapy. Pulsed electromagnetic field therapy is a science-backed, drug-free solution that helps reduce pain, speed up recovery and improve overall health, right from the comfort of your home.

Take advantage of an exclusive 10% discount on DrPollack.com PEMF systems. visit drpawuk.com, that's D-R-P-A-W-L-U-K dot com, to register and claim your savings.

This limited time offer is available only to registered listeners. Don't miss your chance to experience the benefits. Terms and conditions do apply. Don't just manage pain, transform your health.

Understanding EMF vs PEMF

Visit drpawuk.com today and let's get started on your healing journey together. Wow. How stupid are we? How behind are we? Behind, exactly. I think that's the thing is like, you know, in my world, for example, you know, so I'm a naturopathic doctor, right?

So I'm trained in multiple modalities. And I was like, wow, this is a lot. So I decided not to do homeopathy. People become homeopaths. Like they spend a whole time, you know, so I can't do it all.

Magnet therapy, I mean, that's another discipline. So I can't wait to dig in and learn a little bit more. So from that knowledge and research and all your writings, You spoke about PEMF.

Can you expand on that? So before we started recording, I said, well, you know, what do we do about EMF? And you said, well, these are two different things.

So go ahead and expand on PEMF and tell us the difference between that and EMF. And what is it that you do currently either in your practice or with products?

EMF is designed for other reasons, designed for other purposes, primarily for communication. And the electromagnetic fields, the EMF, is broadcast into the environment, and most of that is microwaves.

And so they're broadcast into the environment. But microwaves are absorbed by the body. That's the principle behind a microwave oven. You hate things.

Wouldn't we all die already by now? There'll be a lot of dead bodies if it was what we think it is in terms of how damn, right? Very important question.

So there's a lot of misinformation around this. And I say there's a lot of fear built up around this. Yeah. But you have to understand it's like everything else we do.

If you give a supplement or a medication for somebody, there's a dose. You have to know how much you're giving, how long it's gonna last in the body, how often you have to repeat it, and how long you have to continue it for.

Right. So these are all the dosing factor. Well, microwaves are the same thing. So what's the dosing? The poison is in the dose. The poison is in the dose.

It's in the amount of exposure. So if you're standing in front of a microwave tower, you're getting blasted. That's a very high dose for a very short period of time.

Most of us are exposed to microwaves along the way. There may be a tower 10 miles away. There may be a Wi-Fi in the house on the street that you're passing.

There may be a Wi-Fi in your bedroom, right? Yeah, everywhere. And you're in and out of the house. So you're not exposed to that Wi-Fi all day long. And you may be, if you are, but it's five rooms away, then you're not going to get that much exposure as opposed to sitting right next to a microwave transmitter, a modem, right next to your office.

And you're in your office eight hours a day. Well, your dose is going to be higher for that. It's not as high as the microwave tower. It's not as high as the cell phone.

But if you have a cell phone to your ear eight hours a day, that's a pretty high dose. If you do that often enough, long enough, we know that now that can be associated with the development of acoustic neuromas, increasing that risk.

But not everybody who has their phone to their head for eight hours a day gets acoustic neuromas. So dosing becomes important. Most of us are not exposed to enough.

to create a major health issue. However, if you back it up to, because it's irritating and it increases the risk, increases heating, causes cells to become sensitized, causes the nervous system to become sensitized.

So under certain circumstances, it can become significantly irritating. If you have a highly hot inflamed nervous system, it's going to be irritating.

If you have a hot immune problem going on, if you have a hot rheumatoid arthritis, or a hot lupus, all these autoimmune conditions, that they're really hot and active, then that EMF is one more straw on that camel's back.

And that's going to affect it. You're going to feel the effects of that. So those people that are driving in their Teslas or their EV cars, and I hear things like, hey, are you going to get prostate cancer if you sit in these things for too long?

Unlikely. Car tires, riding in a car with radial tires increases the risk of EMF exposure. So if you're riding 500 miles a day, day in, day out, eventually that could be a risk.

However, risk is not only the risk of that, but it's also a compound risk. You're adding one plus one. In other words, you have prostatitis or you had prostatitis in terms of prostate cancer.

Well, you already have a vulnerability. And let's say you have toxicities of all kinds, all kinds of heavy metals and insecticides and pesticides in your body.

Now you're compounding the amount of inflammation your body is dealing with. And that added little bit of extra

burden of EMF may chip the scales. So by itself, it's not likely to produce a problem because the body, a healthy body shrugs it off.

Right. And it's hard to prove, I would imagine. Like, how would you prove that? Right? Well, it is. And especially with EMFs, you know, they've done studies on environmental exposures and research.

Thousands of studies have been done. We still have not been able to definitively prove that EMF exposure causes cancer. That's a big statement. There are so many variables involved in the research and every study has its flaws.

Right. Sure. As a result, it's just too difficult to say for sure causation versus association. And associations don't mean causation. You had a strong enough association with enough people that you may be able to point to causation.

Causation, we have to do causation studies usually in animals. Yeah, because you can't do it in human studies, of course. You can't do it in human studies.

So you have to interpolate, you have to extrapolate, and then you're dealing with all the variability of how much exposure there is and where it is, whether it's your bedroom or not your bedroom.

So it becomes very, very difficult to prove. So what's PEMF? PEMF is completely different animal. Okay. broadcast and it's microwaves mostly. So PEMFs are produced by current flowing through a wire.

So when you have a machine that's producing a current and driving that current into a wire, that current then is going through a coil, a loop. That's based on Tesla's law and Tesla's work.

So current flowing through a loop will produce a magnetic field. You have a current going out and you have a current coming back. When you have opposing currents coming back, the magnetic fields are canceled.

But they're producing magnetic fields. Each wire is producing a magnetic field, but they're canceled. So a magnetic field flows through a wire, produces a current flowing through a wire, produces a magnetic field subject to what we call the right-hand rule.

Current is flowing like this and every time the current flows like this, the magnetic field goes out like that and it comes back up and back, up and back.

So EMFs are open loop. They keep on going. Nothing comes back. EMF, nothing comes back. They don't come back, right? And PEMF comes back. It's produced by the current.

And so therefore it goes out. It comes back in and down into the wire. It goes out, comes back down into the wire. That's a closed loop. And we're relying on the fact that it's control, it's pulsing at a specific rate, and we know what the intensity is, we know what the dose is basically, what we're dealing with.

And we know that magnetic fields pass through the body as if the body was air. A body does not stop or use up or counteract a magnetic field at all. Think of it this way, a magnetic field passing through air, wind, passing through trees, you can't see it.

The only reason you know it's there is that the leaders are moving. The same thing with the magnetic field. You can't see it, but it's passing through the body and you know it's there because of the actions it produces, not because you can see or feel or sense the magnetic field typically.

So it's the actions that drive the concepts behind PEMF therapy. And so they're designed then to produce certain actions and those actions that we rely on and then we use them clinically.

And what does the magnetic field? What does the P stand for? Pulsed. Okay. Pulsed electromagnetic field.

PEMF Safety, Dosing, and Evidence

So EMFs are electromagnetic fields. I should call them environmental magnetic fields, EMF. as opposed to pulse electromagnetic fields, which are pulsed and contained within a wire, within the flow of the current, in that way.

You turn the machine off, you stop the current, no ENF, no PNF, completely controlled. So then what are the, and we're gonna dive in into prostate cancer in a little bit, but what are the kinds of things that, so is this something that a patient can purchase some machine and do it by themselves at home, or do they need to do it in a clinical office?

How does it work? Both. Yes and yes. Yeah. Okay. The most part. So for the most part, PEMFs are nonspecific. They don't need medical control. You're going to do very high intensity, then you need to control it somewhat because you have to know what you're dealing with in terms of the body, the disease, the person, and so on.

But generally speaking, magnetic fields are extraordinarily safe. I mean, we are using magnetic fields that are FDA approved to the brain. So a magnetic field intensity, the Earth's magnetic field is about half a gauss, so G-A-U-S-S, half a gauss.

That's the Earth's magnetic field. So we have magnetic fields that are less than a gauss, less than half a gauss even. There's a device approved by the FDA to treat depression, treatment-resistant depression.

That's 20,000 counts. Wow, okay. It's applied to the brain. In fact, what they do is they apply it to the brain in what's called a double-loop coil. And when it's applied in the brain, they actually increase the intensity to a point where you get contractions of the muscles on the opposite side of the body.

And that's called the motor threshold. And then they figure out the motor threshold is okay, now I'm gonna treat depression. And this is where I treat depression.

And they take that intensity and they increase it to 120%. of the motor threshold, and then they treat the brain with that. You're talking about 20,000 Gauss magnetic field.

An MRI typically is around 13 to 3, so 1.2 to 1.3 or 1.5 to 1.3 to 3 Tesla. Tesla's 10,000 Gauss, so an MRI can get up to about 30,000 Gauss. Yeah, well, that's what we use in prostate cancer, 3T MRIs.

Exactly. We use 3T MRIs for the brain. If you have a stroke or if you have any kind of brain lesions, you're using 3T MRIs. That's 30,000 ghosts. and it's safe.

And how much is, just for comparative reasons, how much is an x-ray? There's no magnetic field. Oh, that's right. Got it. Yeah, sure. Yeah, I'm confusing you.

Post a magnetic field. Absolutely, 100%. You could tell this is beyond my expertise, even by asking such a silly question. But that's a question that people do ask, so.

Yeah, yeah, you get them confused. So, I don't know, a patient has prostate cancer. I'm okay with there being no randomized trials because I was having a conversation with a very high end for my podcast scientist.

He developed a very unique genomic testing for prostate cancer. It's very good, approved, and it's a really good test. And I said, well, you know, I, you know, I, you know, as always, right?

So the studies show X, Y, and Z, but, you know, eventually we're going to learn hopefully, you know, A, B, and C. I can't wait for A, B, and C. I'm in the trenches with my patients right now.

And so thus, you know, I think that, you know, this idea of randomized trials and only evidence-based randomized trials, and that's the way you practice, it's just not practical.

I think that's just talk. Okay, so in fact, actually, the OTA, the Office on Technology Assessment, actually in the

1970s, determined that 70% of the decisions that doctors make have no basis in science.

That's about right. That's the percentage. When people talk about evidence-based, I hear is less than, is about 20% or less. And even I practice 20% evidence-based medicine, so.

Well, we have principles and we understand the principles, but the principles don't necessarily apply to the situation, to that particular situation. So there's no study, randomized control research study on that particular application in that particular person in that particular situation.

And quite frankly, we can get totally, totally kiboshed by the science. I'll give you an example. Congestive heart failure. There are randomized controlled trials on drugs for congestive heart failure.

But in order to do the research, they had to limit the people that were going to be in that study. And they had to remove people with certain kinds of problems.

Congestive heart failure patients have all kinds of problems going on at the same time. They're not unique. They have only one thing. Those patients didn't read the book on what they're supposed to come with and not come with.

They forgot to read that. But they are excluded. They're excluded, right. So what ended up happening is they showed that these drugs, certain drugs produce certain benefits in these kinds of patients.

Fantastic. So now those drugs become approved by the FDA to treat that particular problem. So now the drugs are approved and now they're available to everybody.

And they don't get restricted to the people who were part of those studies. So what they found is that there was only like 20% of the benefit that they saw in the studies when they were actually put into the public.

That's right. 25% of the benefit. So now we water down the patients so the real benefit is actually much smaller than the studied benefit. That's right.

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 PMF 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.

So how would I use PEMF in a prostate cancer patient? And just to give you, I mean, you may know this. You have 10 different patients with prostate cancer.

There are 10 different types of prostate cancer. Low-intermediate risk, intermediate risk, high-intermediate risk, high risk. Sometimes when they're high risk and on hormone deprivation therapy, so they have no testosterone and all these things.

They're trying to heal from their surgery. They had their prostate removed. So I'm trying to help them with their healing, with their quality of life and how we can create a micro tumor environment in their body that's hostile to the tumors.

So this is where magnetic field therapy absolutely shines. Let's get to the microenvironment in a second, but we have to go back to principles. Research shows, the research, even that original book that I did, the Magnetic Therapy in Eastern Europe studies, all those studies that were done way back when.

But the research is showing us that magnetic fields have nonspecific actions in the body. They're in an nonspecific stimulus to the body. As the magnetic field goes through the body, it stimulates the production of charge in the body.

What's charge? Energy. So now the body has more energy. And what's the body going to do with that increased energy? Whatever it wants. I don't control the what's going to happen in the tissues, the body decides what's going to happen in the tissue.

Using PEMF for Prostate Cancer

But we have discovered in my first, my second book about power tools for health. In the second book, I outlined 25 different actions of magnetic fields in the body, 25. And the magnetic fields then do that, the body's going to do that.

It's going to create those actions. And then we have all these diseases. And I said, of those 25 different actions, how many of those actions happen in diseases?

So all the diseases have pathophysiologic actions going on that cause the disease. And they'll put a name on it based on where it shows up and what it's doing in the body.

Right. The PMS have all these actions that don't care what the label is that you're dealing with. Right. They're going to have that action regardless of the disease condition.

So one of the key actions relative to the prostate, one of the key actions of Magnetofield therapy is it decreases inflammation. And it doesn't matter where the tissue is because the Magnetofield goes through the body as if it was air.

It means it goes through the brain as equally or equally as well as it goes through a prostate. It goes through a kidney, right? It goes through the body as if the body was not even there.

But as it's passing through, like the wind in the trees, it's stimulating things. And the body then does whatever it's going to do. It's going to use that energy to do the work it needs to do to control this environment.

This is where the magnetic therapy and acupuncture have a lot of synergy. because acupuncture, one of the main important functions of acupuncture is balancing.

It's homeostasis. It's returning things back to normal that are out of balance. Right. So magnetic field therapy, as it turns out, does acupuncture. Fascinating.

If you apply a magnetic field to the body, it's doing acupuncture at the same time that it's doing everything else. So in a patient that has prostate cancer, the The therapeutic goal is to lower inflammation.

Inflammation is definitely a big part of prostate cancer development and progression. So what do you insert anywhere? What do you place anywhere? And in the case of prostate cancer, where do you do it?

Where do you put it? Right on the body. But let's go, before we do that, what about the tumor microenvironment? When you have inflammation, you have tissue hypoxia, right?

It's the hypoxia that drives the cancer. Hypoxia induces something called hypoxia inducible factor, which then creates this cascade of events in those tissues, which then leads to the cancer and leads to the resistance of the cancer, right, to therapies of almost any kind.

So magnetic field therapy decreases the inflammation. increases the oxygenation. So you decrease inflammation, you increase oxygenation, but on top of that, it does the oxygen separately from the inflammation, but it also increases antioxidant stress.

It helps the body to produce antioxidant. It helps with circulation. It decreases venous stasis. A prostate is a boggy organ, right? Yeah. It doesn't have great circulation.

Well, magnetic therapy increases that. So the magnetic therapy doesn't care if there's a lack of circulation. but it's going to increase oxygenation in those tissues.

And if you increase oxygenation, you decrease all the cascading events that happen to initiate the cancer, which is the micro tumor environment. Tumor micro environment then is dramatically affected by PEMF.

Lovely. So what do I do? All you have to do is get the magnetic field close enough to the environment. So one of the key things about inflammation that we've discovered that science has shown is that you need about 15 Gauss at the adenosine receptor.

So it acts through adenosine receptors, which sit on white blood cells. So that means if you want to influence inflammation through the adenosine receptor, you need to deliver 15 Gauss at the adenosine receptor.

So how deep is the prostate into the body? the pro depends on what angle you it depends from where from the from the pelvic area from the top of the perineum you do it for the perineum are you above the front of that you're actually correct you have to figure out what the distance is right because you're trying to live for 15 gals a magnetical therapy is like light and sound and color and heat and so on, it drops off rapidly with distance.

That's based on the inverse square law. Radiation therapy is delivered and dosing is calculated using the inverse square law. I need to deliver so many dairies or radiation units into a prostate.

Let's say you're delivering it from the front, from the pubic area. Then you're going to go back, you're going to have to go back probably, depending on the size of the body, you're probably going to have to go back at least five, six inches at least, right?

That's to the surface of the prostate. Nevermind hitting the back, right? And then you have to calculate the dose that you're going to deliver from the front all the way to the back of the prostate.

So you do the same thing with magnetic field therapy. You want to deliver 15 gouts from the exposure area, which is let's say the skin in the front of the belly.

front of the lower abdomen, then you have to calculate that dose. And you're probably going to be talking about those three, 4,000 gouts, 15 gouts into that prostate.

And then you have to figure out how many treatments you have to do, how long you do the treatments for, how often, and so on. And again, this is a situation where a patient goes into a clinic, gets it done, or They purchased the equipment.

You could do it at home. You could do it at home. But we have a lot of equipment on our website, DrPollack.com, where we have these devices and we tell you what the intensity of the magnetic field is, and then what you're going to need to do to treat that prostate.

So we can provide that to you. And the problem with prostate cancer, cancer never sleeps. Right. Right? So treatment in an office setting, you're going to blast it periodically?

That was my next question. How often? To when? When do you stop? If ever? Right. So, good question. What percentage of people with prostate cancer already have stem cells in their body?

Wow, that's a fascinating question. Already have stem cells in their body overall? Anywhere. Where do prostate cancers metastasize to? Bone. First, bone.

Oh, by the time the tumor is discovered already, you have already seeded the tissues with stem cells, cancer stem cells. In breast cancer, as an example, about 40% of women with breast cancer, by the time they have their initial diagnosis, already have stem cells in their bones throughout the body.

And prostate cancer spreads locally, mostly based on the venous system and the circulatory systems and lymphatics and so on. So most of that concentration is in the pelvic area, but it's already there.

That's why when you do radical prostatectomies, you do all this radiation, you do all this chemotherapy, 10 to 15 years later. Recurrence, about 40 to 50%. Exactly.

And it's even longer, if it's even more, the longer you go out. And that's what you treat the microenvironment. That's my argument. So what happens is those stem cells are quiescent.

They're not doing anything. They're waiting to be activated. And what activates the stem cell? Inflammation and hypoxia. Yeah. Right. So basically, breast cancer, that's my message of breast cancer.

It never sleeps. You have to treat yourself not for just today. You have to be treating yourself for the next 10 to 15 years. Sure. For when it's going to come back.

Because when it comes back, that's what's going to kill you. Not when it was discovered. Every day, every other day, for how long? Well, okay, I'll go back to the question.

We have 100 trillion cells in our bodies, and every cell has about a million biochemical processes per second. How much treatment do you need? That sounds like a lot of treatment.

You can never stop. You never know whether you had enough or not. Right. So at the very least, you can't do it all day long. It's not really practical.

It's probably okay. You probably not going to hurt yourself by doing that, but it's not practical for sure. What's the minimal effective dose? I always try to give people the minimal effective dose of everything.

Right. So you need 15 gals at the target tissue. So for the prostate, whether it's from below, or from the front or from the back, it's generally going to be about four to 6,000 gals.

That's what you have to figure. It's got to be four to 6,000 gals. A day, let's say, I don't know. Is it a day every other day? Well, that's a big question.

So I recommend twice a day, half an hour, at least twice a day to that specific area. Now, prostate cancer is related to what? Breast cancer. The rest of the body.

Oh, sorry. Yeah. The rest of the body. It's one body, right? Holistic, right? I have a one-liner. I said, you know, I never had a prostate come to my office by itself.

It's somehow always been a man with a prostate that comes to my office. Exactly. And it was the man that got the disease, not the other way around. And so what happens is that the toe bone is connected to the head bone.

Yeah. And if you have stress or inflammation in other parts of the body, it's gobbling up the body's resources to deal with all of those fires that it needs to put out.

And here's another fire, prostate. So where does the body produce most of its energy? I want to be able to say, I'm just going to go after my prostate cancer.

The answer is no, it's going to go after whatever it decides to go after. And it's going to do the heart or the brain or the shoulder or the back. um reasonably strongly but that means it's robbing peter to pay paul and that means it's not going to give the prostate enough treatment right it's not going to give it enough attention so we have to basically we have to think of this as a holistic problem and not just a local problem absolutely treat the whole pond Well, this has been enlightening, Dr.

Final Advice and Resources

Pollack. The reason why I love the work I do and people would say, my God, all you do is like prostate and penis stuff all day. Aren't you tired of dealing with that?

I was like, I'm always learning something in these areas of the body. I'm always learning. And this is another case for that. I want to thank you for being on and taking time to really enlighten us on PEMF.

And I want to give you the floor for final words and how can people get in touch with you? All right. Two important things. I mentioned 15 gauss. Yeah.

That means the magnetic field that you're going to use has to be 15 gauss at least. The problem with a lot of people who sell PEMF devices, they won't tell you what the intensity of their magnetic field is.

They either don't know or they're hiding it from you. If they don't know, then that's worse. My analogy is, would you buy a car from a salesman who won't tell you what the horsepower is?

No, of course not. That may not matter that much to you, but you know that if you have 115 horsepower, you're going to be pretty good for whatever you need most of the time, unless you're hauling heavy duty stuff behind you and you need 500 horsepower.

So you know what horsepower you need. That's the problem with magnetic therapy. You need the horsepower, 15 gauss minimum at the target tissue. And most a lot of people don't know.

So you have always asked, what's the intensity of the magnetic field? And on my website, people look at that. We have that information on the website.

So it's very clear to you what you're going to be getting. Great. So buyer beware. Buyer beware. So people will not tell you Multi-level marketing is actually the worst for this.

Those devices help you. The reason they help you is because they're stimulating the acupuncture points in the meridians so you feel good. But it's not healing and it's not going deep enough to actually do a good job deeper into the body.

So that's the most important thing. And then you can get resources. I have the two books, power tools for health for the science. If you want the science and supercharge your health, if you just want to have advice on how to use a PMF system, my website, drpauluk.com.

That's D-R-P-A-W-L-U-K.com is loaded with information. Right. You could, you can spend days and days probably through the information there. But if you want it succinct, you want it localized, you don't want it too scientific, then Supercharge Your Health is a good resource for you.

Thank you so much. I really appreciate that. Thank you. And thanks again for your time and educating us on PEMF. Well, everyone, thank you so much for joining this portion of the Prostate Cancer Summit.

I hope you enjoyed it. I'm sure you did. And stay tuned for more great experts on the subject of prostate cancer. So long. 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