Introduction and Guest Background

Well, welcome, everyone, to this edition of the Prostate Cancer Summit. I'm your host, Doctor Geo Espinosa, and I have the great pleasure of having Doctor William Pawluk, who is an expert on PMF.

So we're going to learn everything about that. Doctor Pawluk, 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 are an expert in these summits. Not not unfun topic. So, Doctor Pawluk, you I saw your bio. You're an MD. Tell me about the history, 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. Oh, except that that I, I got some, I got some, some, use of these pages.

So you became a doctor, a medical doctor. And then somewhere along the line, you said, wait a minute, is holistic. You know, holistic medicine is where it's at.

You know, and that's been the case for thousands of years. Socrates said in many times, holistic medicine, you know, 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 7 or 8. And fortunately, I graduated young enough not to get too poisoned by the system.

Right. Brainwashed. But along the way, I mean, I chose to take that path because I was trying to make a decision early on whether I wanted to be a priest.

I was I was raised Greek Catholic, not Roman Catholic. And I couldn't 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, of life. I still have a lot of people. So I chose the path of medicine 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 what you get into the priesthood part of this, it's very hard to do that.

But it, it's I could, I could more easily be a lawyer and practice medicine. Then I could be a priest to practice medicine. Interesting. Okay. All right.

Back then. Right. These days I think it's a 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, etc..

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?

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

Looking, thinking holistically, thinking more broadly. And I was actually a medical director of a group, in new Jersey. I, started I found a medicine group.

So we had the biggest, family medicine group on the whole east coast of the US.

From Conventional Medicine to Holistic Practice

Had 14 family doctors in my group at one point. Wow. And when I was a medical director, I was actually responsible for about 50 different doctors. Not just family doctors, but all kinds of specialties.

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

We take we take turns around. Yeah, but Rodney is going to the hospital visiting and seeing all the patients that's doing around. Right. And in a very short period of time, we had a number of patients, 2 to 3 patient, I think, was about three patients who ended up going in for gastric bleeding.

I said they all had one thing in common. Ibuprofen. On ibuprofen used for chronic pain. So I said wait a minute. One guy almost died who were very, very sick.

And 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. The 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, I have to do something different to find a way to deal with pain. Because again, I'm part of a medical group. And so I said, well, what am I going to do?

So I started studied acupuncture through the UCLA program for acupuncture. Oh, so did you have to go to to L. A. to study acupuncture? Well, we had we had weekends.

We got it for, days on a weekend. Did that 2 or 3 times. Yeah. It's a two year program. Yeah. And so, so learned acupuncture got certified in acupuncture based on that program.

But in new Jersey, actually, by that time, I had moved to Maryland. And in Maryland, the acupuncturists or under the purview. And we're responsible to physicians, medical doctors.

Right. And have we learned what I learned about acupuncture? No. Knowing what I knew about Doctor Who said, this is not this is not right. It doesn't work, right.

Paradigms. Yeah. So it's almost like you have to you have to because I'm an acupuncturist. I'm a naturopathy 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 that's there's a lot of there's a lot of complementarity. Right? If you're willing to see the compliment.

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

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

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 disciplines. 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 over what happens next. Right. So when you when you came back from your training, were you kicked out of the medical group like, now, you know, Doctor Pawluk became a he became a quack.

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

And I said, well, I can't keep doing what, you know, what I was doing before. Right. Didn't make sense of just too much conflict with ideas and and, processes and even being able to help people with the right things to do.

Again, family physicians don't know anything about hypnosis. Family physicians know nothing about homeopathy. And they they decry it and look down on it.

Well, you know, same thing with acupuncture to some extent. Now, more and more family physicians are learning 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 5000 or 8000. That's right. Yeah. That program. So it's expanding and doctors are becoming more and more aware of the limitations of what we've been, what we learn 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, call the Widowmaker.

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

Yeah, I call it. 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 circumstances.

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 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 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 having medicine by itself is just not enough. And to suppress somebody's pain with a narcotic. We're finding out now to do narcotics and somebody has got pain.

Suppresses NK cells, natural killer cells, suppressing natural killer cells. That increases the risk of cancer. So 2 or 3 years later, they show up with cancer or addiction, right?

Well, then there's that whole problem. 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 as, as I, I don't want, you know, I don't want. I mean, I, I work in a medical institution. Hey, I don't want, you know, I don't want, you know, the surgery or what have you.

Let's say in a case with BPH, right? So in large prostate that the area squeezes the urethra, that causes retention and problems. Many times we try different things to avoid that.

But 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 and the short term.

Acupuncture, Homeopathy, and Magnetic Therapy

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 know, longer retention, you're saying, wow, I haven't you haven't urinated it 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. Yeah. And so the reason I'm here with you is because of my expertise in penis therapies.

So having learned all these other disciplines and therapies, you could 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 up, 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 I say, stay away from me with those needles, you know, may cause hepatitis or something.

Never mind just the pain. Just the thought of having a needle voluntarily without a big need. Right. So I said, okay, what can I do to acupuncture with acupuncture principles without using needles?

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

So wait a minute. What's going on here? This is not just acupuncture. There's something else. I was seeing salutary inflammation decreasing dramatically.

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

Right. Right. So the benefits didn't last very long. Right. And 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, it would work. So expanding that, then I began to look at different kinds of magnetic systems. I started looking for the evidence for the science and the research.

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

So then I began to discover that magnets did a lot of different things. I 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 that in Eastern European languages, into English.

I call it Czech. English. And we published the manuscript. So he gave me the manuscript, I redid the manuscript and we published it as a book of magnetic therapy in Eastern Europe.

A review of 30 years of research. So in 1995, 98, 99, already 30 years of research. Wow. Wow. Like what? 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 naturopathy doctor, right? So I'm trained in multiple modalities.

And I was like, wow, this is a lot. I so I decided not to do homeopathy. People become homeopaths, but they spent a whole time. Yeah. So I can't do it all. Magnet therapy.

I mean, but that's another discipline. So I can't wait to dig in and learn a little bit more. So what? So so from from that, from that knowledge and research and all your writings you spoke about p p e emf.

Can you expand on that? So before we started recording, I said, well, you know, what do we do about EMF? And so these are two different things. So go ahead and expand on p EMF as a and tell us the difference between that and EMF.

And what is it that you do currently either in your practice or with products. So, EMF is designed for other reasons, right? Designed for other purposes, primarily for communication.

And like the electromagnetic fields, the EMF is broadcast into the environment. And most of that is microwaves. So the broadcast into the environment but microwaves are absorbed by the body.

That's the principle behind a microwave oven. You heat things when we all die already. By now there will be a lot of dead bodies. If, if, if, 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, I say there's a lot of fear built up around this. Yeah. But you have to understand, it's like anything 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, how long it's going to 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 factors. Well microwaves are the same thing. So what's the dosing. What's, the 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 ten 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. Right. Yeah. Everywhere. You're in and out of the house. So you're not exposed to that wifi all day long.

And you may be if you are, but it's five rooms away that 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.

You're in your office eight hours a day. Well, your dose is going to be higher for that. There's not as high as the microwave tower and 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. And you do that often enough. Long enough. We know that. Now that could be associated with the development of acoustic neuroma increasing that risk.

But not everybody who has their phone to their head for eight hours a day gets acoustic neuroma. Right. Right. 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 could become significantly irritated 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 robot or, lupus, you know, all of these autoimmune conditions, if they're really hot and active, then that EMF is one more straw on that camel's back.

Right. And that's going to be that's going to affect 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, you know, I hear things like, hey, are you going to get prostate cancer if you, you know, sit in these things for too long?

Unlikely. Oh, car tires. Riding in a car with radial tires increases the risk of exposure. No. If you're riding a 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 or there's a prostate cancer.

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's dealing with.

EMF vs PEMF Explained

And that added little bit of extra burden of EMF may tip the scales, but by itself, it's not likely to produce a problem because the body a healthy body shrugs it off.

Very right. 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, there are 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 state. So many variables involved in the research and every study has its flaws.

Everything, right? Right? Sure. Right. Yeah. So as a result, you know, it's just too difficult to say for sure. Causation versus association and associations don't mean causation.

Yeah. 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 no, 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.

And what is your bedroom or not your bedroom. So it becomes very, very difficult to prove. So what's p ms.. EMF is a completely different animal. Okay. Broadcast. And it's microwaves mostly.

So pmfs 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 at that current, and it's going through a coil, a loop that's based on Tesla's law and Tesla's work.

So current flow 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 one is producing a magnetic field, but they're canceled. So a magnetic field flows through a wire, produces a, a current flow through a wire produces a magnetic field, subject to what we call the right hand rule.

So currents fly like this, and every time the current flows like this, the magnetic field goes out like that, and it comes back out and back up and back.

So EMF are open loop. They keep on going. Nothing comes back, EMF, nothing comes back. They don't come back right at P and that comes back. It's produced by the current.

And so therefore it goes out. It comes back and down into the wire. Goes out comes back down into the wire. That's a closed loop. And we're relying on the fact that it's control as pulsing at a specific rate. Right.

And we know what the intensity is. We know the dose is basically what we're dealing with. And we know that magnetic fields pass through the body as if they were 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, and the only reason you know it's there is that the leaves are moving. Right. 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 with persistence.

The magnetic field typically. Right. So it's the actions that drive the concepts behind, you know, therapy. So they're designed then to produce certain actions.

And those actions then we rely on and then we use them clinically. And what does the magnetic field what does the p stand for. Pulsed okay. Pulsed electric magnetic field.

So emfs are electromagnetic fields. I should call them environmental magnetic fields. EMF. As opposed to pulsed electromagnetic fields which are pulsed and contained within a wire within the flow of the current.

And that way they turn the machine off. You stop the current. No EMF, no pump, completely control. So then what are the And we're going to 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 they do. They need to do it in a clinical office.

How does it work? Yes. Well, yes and yes. Yeah. Okay. The most part. So for the most part, pmfs are nonspecific. They don't need medical control. You're going to do a very high intensity.

Then you need to control it somewhat because you have to you have to know what you're dealing with in terms of the body, the disease, the person, and so on.

Yeah. But generally speaking, magnetic fields are extraordinarily safe. I mean, we are using magnetic signals that are FDA approved to the brain. So a magnetic field intensity, the Earth's magnetic field is about half a gauss.

So gave us 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 gauss. Wow. Okay. It's applied to the brain. In fact, what they do is they apply it to the brain. And it was called a double lip coil.

And when it's applied to 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. And I'm going to treat depression. And this is where I treat depression.

And they take that that intensity. And they increase of 220% of the motor threshold. And then they treat the brain with that. To talk about 20,000 Gauss magnetic fields, an MRI typically around 13 to 3 to three.

So 1.2 to 1.3 or 1.5 to 1.3 or 2 to 3. Tesla A Tesla has 10,000 goals. So an MRI can get up to about 3030 thousand gauss. Yeah, well, that's what we use in prostate cancer.

Three t MRI's. Exactly. And we use, 3D MRI for the brain. You have a stroke or if you have any kind of brain lesions, you're using three t MRI. That's 30,000 gauss and it's and it's safe.

And how much is, just for comparative reasons. How much is an x ray? There's no there's no magnetic field. Oh that's right. Got it. Yeah, sure. Yeah. I'm confusing things as opposed to magnetic fields.

I absolutely 100%. You could tell this. This is beyond my expertise, even by asking such a silly question. And that's a question that people do ask. So yeah. Yeah, you get them confused. So I don't know.

You know, a patient comes has prostate cancer. I'm okay with, 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 it's a really good test. And I said, well, you know, I, you know, I, you know, that's 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 but the Y 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.

PEMF for Prostate Cancer and Tumor Microenvironment

So in fact, actually the OT, 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 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 the, drugs for congestive heart failure.

But in order to do the research, they had to limit the 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. Right, right, right. They're not unique to that. One thing those patients didn't read.

They didn't read that, they didn't read the book on what they supposed to come with and not come with. They forgot to read that, but they are excluded.

So they're excluded, right? They're so that happening is they show that these drugs, certain drugs produce certain benefits in these kinds of patients.

Right. So now those drugs become approved by the FDA to treat that particular problem. Yeah. So everyone that drugs that now the drugs are approved and now they're available to everybody and they don't get restricted to the people where they 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.

5% of the benefit. So now we watered down the patients. So the real benefit is actually much smaller than the studied benefit. That's right. So how would I use p mf in a prostate cancer patient.

And just to give you I mean, you may know this, you know, you have ten different patients with prostate cancer. There ten different types of prostate cancer.

Low risks and low intermediate risk. Intermediate risk, high intermediate risk, high risk. They're all sometimes when they're high risk at a hormone deprivation therapy.

So they have no testosterone. And all these things they're trying to heal from their surgery. They have 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, to to to the tumors.

So this is where magnetic field therapy absolutely shines. Let's get to let's get to the microenvironment in a second. But we have to go back to principles.

Research shows extensive 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. Their 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. 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. But we have discovered in my first my second book my Power Tools for health. 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 so of those 25 different actions, what how many of those actions happen in diseases.

So all the diseases have pathway physiologic actions right going on that caused 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. Have all these actions that don't care what the label is that you're dealing with, right? Right. They're going to have that action regardless of the disease condition.

So what are the key actions relative to the prostate? One of the key actions right now to feel therapy is it decreases inflammation. And it doesn't matter where the tissue is because the magnetic field 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. Liver or goes through a kidney. Right. It goes through the body as if the body was not even there, but as, as a passing through like the wind in the trees.

It's stimulating things. Okay. 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 magnetic therapy and acupuncture have a lot of synergy, because acupuncture, one of the main important functions of acupuncture, is balancing is homeostasis, is making returning things back to normal that are out of balance.

Right. Right. So magnetic field therapy, as it turns out, as acupuncture. Fascinating. Magnetic field to the body. It's doing acupuncture at the same time that it's doing everything else.

So where would you any. So any. So that's what. So in a patient who has prostate cancer, the, the the, the, the therapeutic goal is to lower inflammation.

Inflammation is definitely a big part of prostate cancer development and progression. So where do you insert what do you insert anywhere. What do you place anywhere.

And in the case of prostate cancer where do you what do you do it. Where do you put it on the body. But let's go before we do that. What about the tumor microenvironment.

When you have inflammation you have tissue hypoxia. Yeah. Right. Yeah. And it's the hypoxia that drives the cancer. Hypoxia induces something called hypoxia inducible factor which creates this cascade of events in those tissues, which then leads to the cancer and leads to the resistance of the cancer right to therapy.

So almost any time. So magnetic field therapy decreases inflammation increases the oxygenation. So you decrease inflammation 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 antioxidants. It helps with circulation. It decreases. It decreases Venus is a prostate is a body 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 we increase oxygenation.

You decrease all the cascading events that happen to initiate the cancer, which is the micro tumor environment. Tumor microenvironment then is dramatically affected by pmfs.

Lovely. So what do I do. What how do I how do I. All you have to do is get the magnetic field close enough to the environment. So what are the key things about inflammation that we've discovered that science has shown?

I think you need about 15 gauss at the adenosine receptor. So it's through 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 depends on what angle you. It depends from where from the from the pelvic area from the top of the perineum.

You do it from the perineum or. Yeah, yeah, yeah. You're actually correct. You have to figure out what the distance is. Right. Because you're trying to for 15 gauss.

And magnetic field therapy is like light and sound and color and heat and so on. It drops off rapidly with distance as based on the inverse square law and radiation therapy is delivered.

And dosing is calculated using the inverse square law. So you 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.

And 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. Oh at least 5 or 6in at least. Right.

That's to the surface of the prostate. Never mind hitting the back. Right. And then you have to calculate the dose that you can deliver from the front all the way to the back of the prostate.

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

Front of the lower abdomen. And you have to calculate that dose. And you're probably going to be talking about oh 3 or 4000 gauss. 15 gauss into that prostate.

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

You could do it at home. They could do it at home. So we have a lot of equipment on, on our website. Doctor Polycom where 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.

Right. So we could provide that to you. And the problem with prostate cancer cancer never sleeps right. Right. Yeah. So treatment in an office setting.

You're going to you're going to blast it periodically. Is that is that that was my text. That was my next. 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. Well that's a fascinating question.

Already have stem cells in their body overall anywhere I where to where to prostate cancer is metastasized to bone for first place. The bone. Yeah. So 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.

Treatment Dosing, Safety, and Practical Use

But 40% of women with breast cancer, by the time they have their initial diagnosis, already have stem cells in their bones throughout the body. Yeah, that 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 would you do radical prostatectomy as you do all those radiation.

You do all this chemotherapy 10 to 15 years later recurrence is 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 that's my argument. So what happens is those stem cells are quiescent. They're not doing anything.

They're waiting to be activated. What activates the stem cells. Inflammation and hypoxia. Yeah. Right. So basically in breast cancer that's my message.

In 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. How? 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? It sounds like a lot of treatment.

It can never stop. Yeah. 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're 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 do 15 gauss 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 4 to 6000 gauss.

That's what you have to figure out. It's got to be 4 to 6000 hours 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. Rest of the body.

Oh, sorry. Yeah. Your body. Yeah. It's one body, right? Holistic, right. You like? 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's. That comes to my office. Exactly, 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 the energy? I want to be able to say I it's good 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, 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. All right. So I 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 body. Well this has been enlightening Doctor Paul.

I the reason why I love the work I do and people would say, oh my God, all you do is like, you know, 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 for being on and taking time to really enlighten us on EMF.

And I'm going to I want to give you the floor for final words. And, you know, how can people find, 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 PMF 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. Right. If they don't know then that's worse. Would you. So my analogy is would you buy a car from a salesman who won't tell you what the horsepower is.

Right. No, of course not. Right. Right. You may not. That may not matter that much to you, but you know that if you have a 150 horsepower, you're going to be pretty good at for whatever you need most of the time.

I guess you're hauling heavy duty stuff behind you, but you need 500 horsepower. So you know what horsepower you need. That's the problem with magnetic warfare, but you need the horsepower 15 gauss minimum at the target tissue.

And most a lot of people don't know. So you have always ask, 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. Okay. So buyer beware. The buyer beware. So people who will not tell you. And 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 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 penile systems. My website, drpawluk.com, that's drpawluk.com is loaded with information. Right. You get you can spend days and days plowing 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 PMS. 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.