How PEMF Therapy Heals Type 2 Diabetes Damage Transcript

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Introduction to PEMF and Dr. Pawluk

Hello, everyone. Welcome to The Reversing Type 2 Diabetes Summit. I'm your host, Dr. Beverly Yates, ND.. In today's session, we're going to learn some fantastic information about PEMF Pulsed Electromagnetic Fields from our expert, Dr. William Pawluk.

He has lots of experience with successful use of this therapy, and I have a particular regard for it because I know how powerful it can be. And we're going to explain some really important distinctions so that when you leave this session, you're going to be really clear on the value that it can bring the benefits that you might experience.

All right, Dr. Pawluk, would you please introduce yourself to our audience? Hi, I'm Dr. William Pawluk. Or Dr. Pawluk or Bill, who I'm talking to. And I have people call me patients call me Bill regularly as well.

I worked at a place called McMaster University, and one time everybody there was on a first name basis, including the Dean. It was amazing. And then I left McMaster, and then everybody went back to formal Dr. Pawluk all the time. So that's unusual.

Well, I'm a former family physician, holistic family physician and primary care physician. I did holistic medicine for about 15 years. I've been practicing medicine for I hate to admit this, about 50 years.

And during that journey, I got frustrated as I think as good doctors do at doctors who are constantly asking themselves, can they do better or not? And I used to call myself an unhappy doctor.

I wasn't happy till I could solve your problem. So instead of making referrals to after other people who say, I can do better because I need to, I need to make sure that you get the right kinds of treatment rather than just getting a pill, an automatic pill, because that's the way things are done.

So a lot of the way I was working with a group of other doctors and we had two patients almost die in a very short period of time from gastric bleeding at the cause.

The common cause for those people was ibuprofen. So ibuprofen cause gastric causes gastric irritation. If you take enough of it and you take it over a long enough period of time and you run into the risk of gastric bleeding and they almost died.

So that kind of really struck me, said, okay, I've have this. This is not. I've done this too many times. I've seen too many risks and problems. So let's figure out a different way to treat pain than using medication and including opioids or surgery or whatever.

From Pain Management to Magnetic Therapy

And I studied acupuncture, but that was 1990 when acupuncture was largely unheard of in the US. Madonna had not had her movie yet with all those needles in her back.

So that kind of opened the gates to acupuncture, with Madonna having needles on her back. But 1990, they didn't know what acupuncture was. And so people would not do acupuncture if they knew what it could do to help them.

They wouldn't they wouldn't do it. So I said, well, how else can I do this other than using acupuncture? And what I found out is you could use magnets.

And I started working with the magnets. It certainly stimulated acupuncture points of meridians. I discovered they were doing a lot of other things. They were doing a lot of healing work in tissue.

All right. So the acupuncture doesn't do that. If it does, it does it minimally. It's just not that strong for doing that. So that's not the purpose of acupuncture.

Rebalance the body and the system, the yin and the yang, if you will. So that started working with magnets and it just sort of grew from there exponentially.

Eventually, I published a book called Magnetic Therapy in Eastern Europe, a review of 30 years of research. So I met an M. D., Ph. D. from the Czech Republic, got his Ph. D.

in magnetic therapy. So he had translated for his thesis and also for other government work. He translated a lot of that Eastern European science on magnetic field therapy.

So it was not available in the West because it was written in a former foreign alphabet and it was in obscure journals in Eastern European journals, not you can't see them in the West.

The hit translated a lot of this and we put that into the book. So that's the first book that blew my mind. But all the things magnetic therapy could do.

And at that point it was 30 years later. So now it's like 50 years later. So magnetic field therapy continues to be done in Europe. And now the literature on magnetic field therapy has grown exponentially, growing dramatically.

And so as a result of that, I've collected a lot of this science on magnetic. Apparently, I produced another book that was more of a lay book, and it was more universal.

It wasn't just restricted to Eastern Europe. And that book was called Power Tools for Health. So and in that book, I have 500 about 500 references on all the different things that magnetic fields are magnetic therapy can do.

And I reviewed about 70 different health conditions with the science studies that were done to support those conditions. So that's kind of where we are today.

And I produced a website called drpawluk.com, and that has a ton of content on it. But websites have their limitations, books have their limitations, all media have their limitations.

Waiting all these to get these together, you get a really good sense of all the all the amazing things magnetic therapy can do. Absolutely. It really is amazing.

It's such a potent therapy, a real tool. And it just makes sense because, you know, on one level, we humans, we are electromagnetic beings, right? Our spirit, our psyche, our mind, our physiologic interactions, our pathological interactions.

All of it is based on that health or not healthy magnetic field and being able to influence it makes total sense that this would be a healing therapy.

So with that in mind and knowing that we have an audience with both colleagues of ours, you know, health professionals, medical professionals, experts as well as the general public and who might not know about these things.

What exactly is PEMF therapy? All right. Critical question I related to that is a question that a lot of people will have. So let's dispense with the elephant in the room right away.

EMFs yes, EMFs are bad for you. Well, PEMF, how can that be good for you if EMFs are bad for you? Right? So but there's a huge difference between the two.

First of all, EMFs are broadcast to the environment. So whether it's radio waves or FM waves or radar or microwaves, they're just broadcast. So a cell phone or microwaves wave power broadcasts of the environment, a

cell phone tower, broadcasts of the environment.

And those waves go out. They truly are waves. They go on forever. Essentially, PEMF is created. Magnetic fields that we use for therapy are created by current flowing through a wire. And I use my thumb as an example.

So let's imagine my thumb is the wire with the current flow through it. So as the Y as a current pulses through, there, every time it pulses, a magnetic field is created that's perpendicular to the flow of the the electrons in the wire, right.

How PEMF Differs from Harmful EMFs

That's the magnetic field. It's perpendicular. It happens. The laws of physics, it happens all the time. What that's called. That's called a closed loop. Right.

The current is closing. It comes back on itself, opens, come back up, comes back out. So microwaves are open. They just keep going into the environment.

The difference between microwaves and the PEMF is microwaves, extremely low frequency. That's what the purpose of a microwave oven is at. Extremely low frequency means it's heating the aim it at a tissue, it's going to heat the tissue, it's going to heat whatever it is.

It can be plants, never mind tissue, heat, water. So it's going to heat something whenever it hits, it's going to be absorbed by it. And heat. PEMF don't on heat, this has been a big problem in physics because the physicists had years and years of argument about this.

There's no thermal effect that has no effect. So the MIT electrical engineering me is loving this conversation. Please continue. Okay. So basically, simply put, magnetic field there be clearly works.

And so as I mentioned, there's lots of research now, tons of research about the fact that PEMF, A are safe and B, are effective. Now. They're effective for what?

We have to figure that out. And you may have to design the magnetic field and so on for the for the purpose that you're using it for virtually magnetic therapy just because of the very nature of how it works, works on so many things.

In the Power Tools for Health Book, I outlined 25 different physiologic actions of magnetic fields. And that's that's just scratching the surface. Right.

And some of those actions include things like improving circulation, heart for diabetes, decreasing inflammation, important diabetes, tissue regeneration and healing, important to diabetes, helping the pancreas to function better, partner diabetes, helping the tissues and cells of the body be able to process sugar better and having insulin be able to do its job in the tissues better.

All right. So all of these different actions that American to go through, all 25 of them, if you want to read about them again, I would recommend you get the Power Tools for Health Book.

A lot of that is at drpawluk.com website. But it's harder reading and and their blogs. So that means a lot more information on the blog than you want.

If you want a one paragraph explanation, the blogs are going to give you a lot more than that. Exactly. Exactly. So can you help us uncover this a little bit more, you know, and have more clarity around specifically why PEMFs heal and the EMF's harm?

You've already told us that the EMFs harm, because of the heating and the damage and the fact that it's just not the appropriate use of that kind of energy for the people.

I mean. You're actually correct. It was not designed for that. It was designed for communication. Yeah. Side effect that it harms tissue biology. That's a great. Way to say that.

I think that probably gets lost on this point. Please say that part again. It's an unintended consequence. It's for communication. It's not designed for therapy, but actually there are high intensity, high frequency magnetic fields that are designed for therapy, but they're usually designed to destroy it.

So if you got to work, you burn a ward off, you got a lesion of some kind, you burn it off, you have a nerve that's being trapped by a disc or arthritis in the spine, and you can't fix it.

So what do you do? You burn the nerve so you don't feel the pain. So it's destructive. PMS are for the most part, the way we're talking about PMS. They're not used in that destructive fashion.

They're used in a constructive fashion. So they're enabling the body to be able to heal and to restore normal function. Is that what you're saying here? Yes.

So how does that happen? All right. The way it happens is based on Faraday's law. So Faraday's law says that a pulsating magnetic field. Right. Induces charge when it meets other charge carriers.

So Faraday in the 1800s basically discovered that when you pulse a magnet across a wire, you'll initiate current in the wire. So if you actually attach a light bulb in that circuit and you stimulate it with a magnetic field, not with juice coming from the wall, just with a magnetic field, if you stimulated with a magnetic, the light goes on.

Yeah, right. So that's Faraday's law. Well, the same thing happens in the body in a sense. The light goes on because we know that magnetic fields basic.

What are the basic aspects of electromagnetism is photons at EMF stimulate the production of photons. So but that's that's neither here nor there. One of the things that magnetic fields do is that as it passes through the tissues, it's like the wind in the trees.

You don't know the wind is there until you see the leaves moving. MM The air is around us all the time, but air in motion causes actions and reactions.

So as the magnetic field passes into the tissues, it's interacting. Faraday's law is interacting with all the charge carriers in the body. And what's not a charge carrier in the body.

So do all the electrolytes in the body. The solution, the basic water solution of the body, actually the water solution in the body is not water. It's a battery of all kinds of electrolytes.

It's a soup of electrolytes. Right. Because it's a soup of electrolytes, magnetic fields passing through that electrolyte soup all of a sudden start to produce charge.

Yep. Where they produce charge, what does the body do with that charge? I need it. I'm going to take it. I'm going to use it now. I can heal this now. I can get improve circulation.

Now I can get my nerves to work better. I can get the brain to work better. And again, that long list of things that magnetic Fields do, it's all because of the charge production in the body that gets us into an argument.

And the argument is frequency versus intensity. Oh, yeah, that's a great distinction.

Why Intensity and Dose Matter

All right. Let's let's dig in here. Faraday didn't care about frequency. It was all about the charge. And that is all about intensity. So if you bury the intensity, if you pulse the magnetic field and you have a very weak pulse, it's going to produce a very small amount of charge.

If you want to reach deep into the body, you have to take account of another law. And there are many laws surrounding this. But basically the other law is that the magnetic fields drop off very rapidly in intensity as you move away from the source.

It's logarithmic. So the law that I use is called the inverse square law. And in medicine we use that law to calculate the radiation dose. If you're going to deliver radiation into the body, heaven forbid.

But if you have to, you have to calculate the dose because you know that from here to here the dose drops dramatically, stem drop in dose as happens with the magnetic field.

So that means if I'm going to treat a across a brain, I'm going to aim a beam on this side of the brain. I have to calculate the dose that I need on the other side of the brain.

Same thing applies to a muscle or a lung or a heart or a liver or whatever. You have to sort of understand the dose that you're delivering into the body and you have to make an appropriate adjustment in your intensity to deliver that dose.

At a good example of that is inflammation. Research has shown that magnetic field stimulates adenosine receptors, so there adenosine is a molecule in the body that makes ATP adenosine triphosphate, but it's not just making ATP.

Their density receptors sit on cells for other reasons, a lot of other reasons, and the adenosine receptor on the white blood cell helps the body to fight inflammation.

The optimal magnetic field intensity at the adenosine receptor to improve inflammation is 15. Gauss gave us. That's the measure of a magnetic field intensity.

It's also measured by something called Tesla or Milli Tesla, but we use Gauss most of the time. So any 15 Gauss at the target tissue to decrease inflammation.

So again, if I'm trying to take aiming the magnetic field at one side of the head on the other side, it's got to be, got to calculate the dose to deliver it on the other side six inches away, which is typically going to be about 4000 Gauss.

So 4000 goes on one side of the brain to deliver, 15 goes to the other side. Okay, you can do the same calculation across the shoulder to the belly, to the heel kidney problem or liver problems.

So if you're diabetic with kidney disease and you start magnetic therapy, you'll start to heal that kidney because you're going to improve the circulation and the blood vessel nerves and everything are happening in that kidney, reducing the inflammation.

So you have them have the right dose. So that's a great description. Thank you for being so clear about it. The whole idea of a right dose and being targeted and specific in the effect you're trying to have, I think really makes that ever more tangible because sometimes people don't understand all these nuances and they kind of get lost.

They've either have a preconceived notion that there's nothing about electromagnetic fields that could ever be helpful, or they think any kind of field could be helpful.

And neither is true, right? You have to know what the significance is here. You mentioned just for a second, if we could go back, adenosine and adenosine receptors and I was thinking about the role of inflammation for people who have sleep problems.

There's a lot of diabetics who struggle with their sleep. And I'm wondering about the pressure that builds up through the day in a healthy person with adenosine meaning that it makes it much easier at night, typically for them to go to sleep.

When people have sleep disruptions, they've got inflammation and they've got adenosine. Since you brought it up, would you share your thoughts about that?

And then we'll continue on back to EMFs. Well, obviously there are a lot of different causes of sleep problems, right? And it could be it could be hypoglycemia.

Right. And if you're hypoglycemic, what are you doing? You're producing a lot of adrenaline to try to get your sugar back up. That is too low. You're hypoglycemic, so you want to raise it so you produce adrenaline.

What does adrenaline do to sleep? Yeah. What happens if you run a mile and you come back home? You want to go to sleep when can't go to sleep because you're revved up.

Exactly. That's adrenaline. So that's one aspect of it. Obviously, circulation issues becoming a problem with diabetics and the brain is very much affected in diabetes by circulation problems, same as circulation problems elsewhere in the body.

So magnetic field therapy by decreasing inflammation make the brain quieter, the brain is irritable, the nerves in the brain are irritable. When they're inflamed.

That's why if you if you have a burn and if you touch the burn with your with your finger, just touch it. It'll hurt because it's inflamed. All right.

Well, that's the nerves in the skin that are telling you this. This is an inflamed area and they're hyper excited. Well, again, think of it at a tissue level inside the body.

Same things happen inside the body, too. It makes total sense, right? So people can think about, you know, what pertains to them. If they are the person who has diabetes or pre-diabetes.

Maybe they've seen this in family and friends. And if you are a clinician, you know, you're working in a clinical practice setting, you can better maybe understand what's going on for the people that you serve right?

So then now when we're thinking about pimples, how do they help prevent and treat diabetes? Because I think really for people to be clear about, you know, the vascular changes, the changes in blood flow and perfusion location, all that stuff.

How specifically do PMS help to prevent and treat diabetes. Diabetes for those who are in the know, obviously and everybody is going to be listening to this summit is going to become in the know, right.

So diabetes is a spectrum. So we used to call diabetes a hemoglobin A-1 C above eight or 8.5 or nine or ten. That was diabetes. Actually, the way a diabetes was diagnosed in the past is that doctors would taste the urine.

And if it's sweet, you're diabetic. So that means that the urine is spilling in the kidneys, out through the kidneys, out into the urine, and then you could taste it.

Say you're diabetic. Well, we got more sophisticated since then, thank goodness. Right. So now we say, okay, while we're doing a blood test, would he go by the blood test? The blood test.

Blood sugar is too high. And if it's say, over 2 hours after a meal, if it's over 120 and is too high. And over time, we developed another test that we call the hemoglobin A1 C, it shows you the average blood sugar levels over three months.

So that's too high. Well, today we are discovering that somebody who's pre-diabetic talk about a range or a spectrum. So if you're a you have a hemoglobin A-1 C now, which is considered diabetic or threshold in medicine is seven.

That's it Saturday. But that's what doctors because remember, they came from 8 to 10 or 12 and now seven seems really low for many diabetics because they're running nines and pans.

And 12 the routine basis was seven. That is great. Hallelujah. But what we're discovering is that people who are not at seven were still developing neuropathies.

Yeah, they had been so-called pre-diabetic for years and pre-diabetes led to the and that's why the new term now has become quite pre-diabetes so it's pre and hemoglobin what's the of seven and all the natural consequences of risk of ketoacidosis and so on.

But turns out actually that and I think pre-diabetes is a misnomer, I think it's a fallacy. I think it's wrong to call it pre-diabetes. It's not pre-diabetes, it's diabetes.

It's actually my diabetes. Yeah. I think that pre lulls people often into a sense of, oh, I'm okay.

PEMF, Inflammation, and Diabetes

And it's like watching a train wreck in slow motion. I think it is irresponsible. I agree. I think these things you can see you. Can see the wreck happening or coming right.

You can see it coming right now. Pre-diabetes is you can see it coming. So it actually I treat pre-diabetes, diabetes. Fair enough. I think that's a really protective, great way to go about it because who wants to have all the nasty consequences?

They go of uncorrected blood sugar issues, right? That glycemic control really matters. So it seems to me that these PMCs are really great to help prevent and also treat issues of diabetes and including people along the spectrum, whether they've been told it's prediabetes now, which is 5.7 to 6.4 for anyone Z or type two diabetes, formally diagnosed by most labs is like 6.5 or higher for that agency.

But I agree with you about your thoughts that it is absolutely a spectrum response and some of them biggest damage is done on that pre diabetes and. Longer period of time.

So That's right. Because it's solid. It's happening for a long period of time. And over time those effects accumulate. Even again, they are pre-diabetes.

I've seen this also lead to dementia and Alzheimer's. People will say, oh, well, that person was pre-diabetic. They didn't have type two diabetes as if somehow that was a protective.

It's like I just I realize people do not understand the real threat of all this. Okay? I don't. And I think if pre-diabetes can cause neuropathy, what can it do to the brain?

Exactly? What can it do to the heart? What can they do to a wound or a scratch? Right. What does it do to the immune system? So all of these are still all these problems are still there.

They're just much milder. And because they're milder, we don't really realize why. I'm actually surprised today at how few doctors, medical doctors, routinely do agencies.

They're not routine in medical practice. Cholesterol is is cholesterol a bigger problem than pre-diabetes? Not in my opinion. In my opinion, but in my opinion.

I think it's a lot more damage being caused by pre-diabetes. Yeah, Go back to your question. How to help. So perhaps help across the entire spectrum of diabetes.

And if you are using magnetic field therapy on a regular basis, it's helping your liver to function better. It's helping your pancreas to function better, it's helping your tissues to be the immune system of the tissues to be healthier.

If you're improving circulation in the tissues at the deepest levels of the body, you're avoiding some of the consequences of glycation damage to those tissues.

So if you have any glycation products, so a glycation product is an end result of glucose metabolism, it's what's left over and those glycation are really called AGIS or advanced Glycation.

What products or indexes, If those transportation products are depositing in the tissues they lock on, they don't let go and they're an irritant and as a result they cause inflammation so that they inflame the nerves, they inflame the blood vessels, they inflame the tissue, the connective tissue.

So the muscles, everything basically in the end of the brain as well. So pigments that help to de-link the inflammation caused by the eggs, advanced glycation end products.

Mm hmm. Yeah, right. You don't get rid of the eggs. I have not seen any science that says magnetic field therapy washes those out of the body. I wish we could show that.

Maybe. Maybe that will. That would become evident. And it may be that as you decrease the inflammation, the age is let go of the tissue so you can help the tissue that to decrease inflammation.

So the sooner you start trying to prevent diabetes, if you're trying to control your blood sugar, you got to be able to see a 5.7. That's not adequate.

What's what's a good one? See, I'd say at least 5.4 or lower. Yeah, 5.2. Now. Definitely. I normally would aim for like a 5.25 is okay, but at five you start to run into risk of being hypoglycemic.

Yeah, it's a fine balance, isn't it? It really is. Yeah. So 5.2. I'm good with that. It's a very uncommon in my practice for people who have a 5.2. It's gotten a lot harder over the years.

You know, I'm 30 years into practice and I'll tell you, it's such a challenge now compared to when I started. I, I'm worried for human health. It's not good right now.

It's not good. So again, if we use biological therapy along the entire spectrum, we're basically helping the body to resolve the damage being caused by the chronic inflammation.

So that's the key to reducing chronic inflammation so you can repair nerves that are damaged if you catch them early enough. I tell people that magnetic field therapy does not raise the dead and that therapy can help the living dead, but not the dead dead.

So let me give you a little story about the living dead. I, I had a colleague or somebody that I knew would own apartment buildings. If you had an office manager or apartment building manager who smoked, he drank, he was overweight, and he's.

He brought his employee to see me. He brought him to see me. Because you've got to help this guy. Okay? What's the problem? Hold up his legs. His legs were black.

Yeah. Perp walk away from the knees down. Gangrene down. Brought up to me was that he'd already seen a surgeon. That surgeon says off of your legs. Yeah.

They were going to do bilateral, benign blow, knee amputations on this guy's legs, I said, and I touched his legs. I tried to look for capillary fill, see if there were circulation in circulation.

And it's done. I will say I said, I don't want to touch this. He's going to he's going to get septic. There's infection in those legs and the infection goes systemic.

They're going to knock out his kidneys. He's going to die at my watch while I'm trying to do something that is

impossible to do. Well, I said, okay. So got him to change his diet, got up to stop drinking, got up to stop smoking.

Well, I asked him to. I told you, this is what you got to do. If you want to lose your legs, fine. Go ahead. Now, you had his attention right? Yeah. I said this is urgent.

I mean, I don't want to take you on as a patient because you're going to die on my watch. I don't want that to happen. Anyway, they insisted, so I said, okay, fine.

I'm going to see you in a week. We started him on magnetic therapy right away, magnetic field therapy and the dietary and nutrition changes and he did it.

God bless. He did it. That's great. Look back at a week, touch the skin, a little bit of pink is coming in. Your little capillary feel right. Beginning to get some capillary fill.

So I've kept following weekly and it's a very slow process and he persisted over that whole period of time with the magnetic field therapy and the nutrition.

Literally three months later he went back to the vascular surgeon and he says, Oh, I guess we don't have to amputate. Cool. All right. But he didn't ask what he was doing.

You know, Isn't that crazy? I hear this all the time from people might. Why wouldn't you ask what worked? Because it's not what they do. Exactly. You know, as surgeons cut, that's what they do.

All right, So medical doctors and people like ourselves who work with functional medicine, we know what we can accomplish with functional medicine if we have enough time.

If you're on the edge of a cliff in a gale, you don't have to worry about why you got on the cliff in the first place. Just get out. Get off the edge.

Yeah, Exactly where the wind blows you. Right over. Yeah, right. I got him off the edge, but we still have to work with him for the rest of his life to get everything restored back to normal health.

He didn't need surgery anymore. He is no longer gangrenous because at least had a point of urgency. So, Bill, I want you to repeat that part again. He has to do he has to take care of himself.

For how long now? The next week. Month. And did you say in the rest of his life up there? I say the rest of his life. You did? I And we could even probably talk about his next life. Do people get this magical thinking when they get out of a incredible jam like that?

This man's about to lose both legs below the knee and you're able to help him reverse this, get into remission, get to a much healthier place right? Sometimes in that situation, people will think, oh, I'm fine, and then they will go back to everything that was going on before.

And then when the problem comes back, they're like, Oh, well, it failed when actually they never took charge of it for the rest of their life. I just wanna make sure everybody listeners understands. No magical thinking.

People were doctor pilots talking about anybody of our experts. You got to get on that healthy track and stay there. All right, back to you. Not just diabetes you're dealing with.

You're dealing with aging. You're dealing with the general health ages cause arthritis, All right? They cause soft tissue problems. They lead to autoimmune issues.

Choosing the Right Device and Long-Term Use

So all of these there's lots of consequences. Let me give you another story about what medicine we do. Bypass

grafts, Right. Your blood vessels of your heart are blocked.

You have chronic angina, and you're about to have a heart attack. You're going to lose muscle mass. You lose your heart muscle. So what do we do? We do a bypass graft research to show that the people who have bypass grafting die sicker. Why?

Why would they die sicker? Well, you just cause this benefit to their hearts. They didn't change what they did to get there in the first place. All right, so you got a graft.

It's. It's getting you off the edge of the cliff. It's not getting you off the cliff, Right? So what they do is they continue their behavior and those blood vessels re block and now their kidneys block or block and their legs block.

And so basically they die sicker because the whole process is continuing, cascading and building even more rapidly. So, again, it's a life this is a lifetime commitment.

It's a lifetime for health, not disease management. It's not for removing disease, it's for getting well, as they. Well. Exactly. It's health care, caring for health, not disease management.

I love it. That's a great summary. Okay. So what PMF devices are optimal for the changes that people want to see in the body related to diabetes? Okay.

We've mentioned already 15 Gauss. So if you're doing 15 Gauss to the skin, that's great. If you're doing 15 Gauss to the brain, duh, it's got to be 15 Gauss across the whole brain, right?

Or the whole heart or the whole lung or the whole legs, the whole vascular system. So you need a strong enough magnetic field. Then what are the biggest mistakes that people make with chemotherapy?

Number one is they get wrapped up by a salesperson who's giving them all these stories about how great people feel. They don't tell them what the intensity, the magnetic field is and the people don't know to ask.

That's why we're going to teach you. You've got to ask, what is the intensity? This magnetic field and the distributors who sell these things, usually through multilevel marketing companies, they don't know either because they have not been told because they don't want people to talk about that.

So what happens is they start talking about frequencies to go back to frequencies versus intensity. They start talking about frequency because they can't talk about intensity because there's no intensity there.

All right. So they're just they're confusing the situation by talking about frequencies. So frequency can make a difference. But if you need intensity, there are there are very few machines that can have a variation in frequency while maintaining intensity.

But from an engineering perspective, it's very hard to do and very expensive to be able to adjust the intensity or the frequency. So the higher the frequency, the faster the machine has the pulse and that means it has the time to recharge it with every pulse.

I just like the old fashioned flash cameras. It flash and then you hear this whining and then the battery recharges flash again. Well, same thing with magnetic therapy.

They have to recharge between flashes, between pulses and again to be able to create a rapid heart, rapid pulse rate of 100, say, pulses per second or 100 hertz.

You have to have a machine is able to produce the power that you need at that frequency. So Faraday basically discovered that it's about intensity, not frequency.

And the people who say machines that don't talk about intensity can't produce the the intensities, so they can't do

that. So the therapeutic benefit then is not going to be there because it's not designed to deliver that.

It's not designed to deliver that. And so what I found that they do and I used to work with these low intensity machines in the past at work for years because that was what was available.

What I discovered is that people don't get better. So most of the time what they're doing is they're treating the body very superficially because they're only one gauss or less or if you need 50, that the skin is not going to help you that way, that you know that much.

So most of the benefits that people feel from them, well, first of all, the benefit comes from having spent $6,000. If you spent $6,000, you're going to believe that is working.

So there's a certain amount of relief involved in this as well. And you ignore the you just basically just put that aside. But what you're doing is just to stimulate the acupressure points of meridians, which is okay for wellness purposes.

That's fine. But I would argue that even for wellness, one, Gauss is not fine. You just made an investment of 5000 or $6,000 for one gauss. So you always have to ask for the effects.

And I don't care about the frequencies. The only time I care about the frequencies is when I'm treating the brain primarily for things like waking the brain up or put in the brain to sleep, or making you more relaxed.

So when I'm doing brain stimulation, frequency then becomes important because the brain has frequencies in it, but the rest of the time, for the rest of the body, most of the time it's the intensity that matters.

These are really important distinctions. Thank you for walking us through it and being really clear about what matters and what people need to watch out for so that if they were going to make use of this therapy or if they're going to provide it to someone that they know what they're doing and why, I just think it's really important.

Thank you. At the beginning, one of the biggest mistakes people make is they buy based on price. So the purpose of our our discussion today and this presentation is to teach people about the right getting the right equipment right.

Don't you can't think about cost if you're about to lose your legs. You better not think that all I want to spend is $100. You're not going to get much for $100 in the doctor's offices.

I could tell you right now the machines that are used often in doctor's offices are $35,000. Now, you don't have to spend that much to have a really good magnetic system, but you may have to spend more than $5,000 to get a good magnetic system.

And we offer consultations at drpawluk.com for people who are willing to make the changes they need to make, not only in their health but also in the equipment to get the right equipment for them.

All of this makes sense. And along with the idea that they really have to be on board for caring for themselves for the rest of their lives, whatever will be helpful and will produce healing for that individual.

It's a lifetime commitment. It's not like an oil change. You don't just roll out, get your oil changed and then roll back out. This is a lifetime commitment.

Okay, cool. It's building it's building a house and maintaining a house over the rest of its life. Absolutely. I love that. Okay, great. What a wonderful time talking with you here.

I so appreciate the work that you do and your point of view and your clinical experience. You've obviously honed in on something that's super effective and also asking yourself, you know, that wonderful question of how can I do my job even better, Starting in your own roots of family practice, seeing people come in with any variety of maladies and looking over time saying, What can I, as the health professional, do better?

And then measuring results and then continuing to ask the questions and be open and curious and have that, you know, put the customer, put the patient first mindset.

So I appreciate you in your career. I just want to be able to, you know, record just saying thank you for that, because I know that sometimes when people are outside of the domain of their original training, they're taking a risk to do it.

But when you get such great results, you know, this is when it can all come together. So friends, anyone watching these sessions, please, if you see or hear information that you know is of value to others in your lives, kindly share this Summit while it is still up and available, because we are really trying to make sure people are well-informed and know that there are resources available to them.

This diabetes problem has become such a worldwide issue. It's its own pandemic. We really want to make a difference and help as many people as we possibly can.

All right, Dr. Pawluk, any closing thoughts as we wrap up here? Yes, I think, again, we talk about a spectrum. Now, if you're if you have the wherewithal and the resources and you understand the problem, you need to get magnetic field therapy going for your whole body as early as possible.

Never mind whether you have diabetes or not. All of us can use magnetic field therapy because it amplifies anything you're doing. But if you're a diabetic, you already have some kidney issues, you already have some heart issues, vascular issues, you already have some brain issues.

You better get yourself on the right magnetic system. Ernie, You don't want to be like that gentleman with the legs. Get to a point where you're now having to have amputations.

You don't want to be the living dead. You want to be pre living dead, preferably healthy and wanted to stay healthier. So getting the right equipment as soon as possible is important.

Yeah, it makes sense. We want to be fully alive, healthy and thriving and maintain our independence for as long as possible. And we just need to do the pieces along the way that make the difference and get those results as quick as possible and then sustain this amazing human frame.

All right. Thank you so much for your time and energy here today.