Introduction and Guest Background

Hi there, it's Dr. Jenn and welcome back to the Breast Cancer Breakthroughs Summit. I am so delighted to have my next guest. This is Dr. William Pawluk.

In addition to being a conventionally trained doctor, he is also trained in acupuncture, nutrition and herbs and energy medicine, which is what we're going to be talking about today, but also homoeopathy, hypnosis, body work and multiple other therapies.

So he is a breath of information with an amazing evening life and work experience. And he's been on The Dr. Oz Show. He's the author of two books, Power Tools for Health and Supercharge Your Help with PEMF Therapy.

So, Dr. Pawluk, welcome. I'm so happy to have you. Thank you, Jenn. I appreciate you having me on. And I appreciate having some time to spend with you and provide some information to your listeners. Yeah.

So you clearly have amazing training and you have a very broad training. So can you talk to me about how a medical doctor also gets trained in acupuncture through nutrition, herbals, the magnetic field?

Like, how does that happen? Because having gone to a conventional medical school, I know for a fact that they don't talk to you about any of that. I call it Leaving the House of Medicine.

Yeah, I love that. I call myself an unhappy doctor. I'm not. Is that. What happened? I am not happy till I can solve your problem. I have to go get some other training.

I'd have to do that. But the first thing you have to do is you have to say, fine, the house of Medicine doesn't have all the answers. And how I came to that and what prompted me to study acupuncture was because I had three patients in the hospital in a very short period of time.

I had a group practice that I shared with the doctors rooted in a hospital, and within a very short period time, within a week or so, we had like three patients almost die of GI bleeding, gastric bleeding.

And the common denominator in those those patients was ibuprofen. So they almost bled out because of ibuprofen. From ulcerations for most patients. Is that what happened?

Right. Ulcerations. Ulcerations, basically ulcers. So they almost bled out. And that's a 33,000 people a year die from ibuprofen. Yeah, that's where anti-inflammatories.

That's a huge number. And we still we still do it today. Yeah. Back then I said, well, I was practicing stupid medicine so I could use opioids. I could use ibuprofen or Tylenol.

I can or I could refer them for a procedure, but that's about all the choices I had. And I said, well, that's that's too limiting. I know there's more that we could do.

And I knew about acupuncture.

Leaving Conventional Medicine

I said, Okay, fine, I'm going to leave the House of Medicine. And my partners would go like this. Yeah, the House of Medicine. How could you dare leave the House of Medicine?

We have all the answers. Well, so I learned acupuncture. And after I learned acupuncture through a UCLA school

for professionals, I discovered that people in 1990 didn't know what acupuncture was, so they didn't want to do acupuncture as well.

In this country. Well, in this country, exactly correct. And there were about 300 doctors that were trained by this program in the U. S.. So sorry, three hunter.

Yeah. In the US. Yeah. Out of the need is much bigger. So I said okay well I to do acupuncture with needles, let me do acupuncture, find some other way to do acupuncture.

So I studied magnet discovered that in the Orient people were using magnets on acupuncture points. Okay, find that I can. Let's do magnets. So I started working with magnets and discovered they were doing other things.

Said, Wait a minute, you're doing it. But no, they're doing other things. A good example. I took a magnet I was going to read on my deck. I'm going to read for about two or 3 hours, read a book, and I noticed I had a spider bite on my leg, didn't even feel the bite, but it was a nice big round red area.

Nice with a little bit to it. Yeah. Spider bite. What a once you've seen them, once you've seen one, you recognize it. You know what it is. And as I'm being a family physician by background, I knew I knew what it was.

3 hours later, the magnet got gone. This is not supposed to happen. Right? Right. So so let's start off with what is happening. So why does a magnet not change the usual course of events, which would happen with a spider bite, which is a huge inflammatory response?

Correct. And that's the key. So magnets, basically a magnetic field goes into the body as it goes into the body and it begins to influence the cellular environment in the body under that magnetic field and the magnetic field, then nothing in the body stops the magnetic field.

Nothing bones, fat brain, nothing. Nothing stops the magnetic field. Which is why we can have MRI. Which is why we are doing MRI. Exactly. Correct. And now we have other devices that we're doing for treatment resistant depression.

There are very, very powerful machines that can actually cause muscles to contract when you stimulate the brain. So as the magnetic field goes into the body, all sorts of things begin to happen.

Because what the magnetic field is doing in the body as it's introducing or increasing the availability of something called charge, electrical charge in the tissues.

So all the tissues have charges associated with them. All the molecules in the body have charges associated with them. And when that happens, then you're influencing that charge and you're increasing the amount of charge production in the body.

Now, what I was using was what we call static magnets. It's a fridge magnets. It's a it's a permanent magnet, like a horseshoe magnet or a bar magnet.

But discover and began to work with pulsed magnetic field. It turns out in the in Europe they were using them for a long, long time. In fact, one of my books that I had written beside the ones that you mentioned is one called Magnetic Therapy in Eastern Europe, a review of 30 years of research.

And I published that book in 1985, 88. So that was 30 years of research up to that point. And now it's a lot more since then. And of course, we know a lot more about magnetic fields now in the in the West.

But as that second book, the first book actually was because of an empty Ph. D. in the Czech Republic who got his Ph. D. in using PEMF, pulsed magnetic fields in rehab.

And he had to summarize all this science in Eastern Europe for his Ph. D. thesis. And he had a manuscript. And we

started talking. He said, let me give you my manuscript.

So then I published the book. We worked together. We published the book, right? Basically that science, 30 years of science in Eastern Europe now is available in the West in English.

Otherwise, it was an obscure journals and written in Cyrillic alphabet and just inaccessible largely. Right, right. Well doing while we're on that topic.

I mean, this is largely why I do this, why I put on these summits is to bring information that is otherwise unavailable to people and make it available to people so that they know that they have choices outside of the conventional medical world so that they can safely leave the House of Medicine and get what they need.

And you're safely, as you said, safely live without a medicine. You don't have to leave the house of medicine, but you can attach something else to the house.

And that is. Absolute. At the house. That medicine has not attached it yet, largely because of. Money and fear. Fear here. This control, there's power.

There's all sorts of all sorts of reasons. Yeah. Doctors very much fear what they don't know. And and so I say this all the time. They say No. One, what they should say is, I don't know.

But they're so uncomfortable with I don't know that they use. No. Instead. And once you've gone outside the house of medicine, you begin to realize that it really is a very limited sphere of information and knowledge.

How PEMF Therapy Works

And actually, there was a study done by the one of the major government agencies on technology assessment, and they discovered that something like 70% of the decisions that doctors make are not made out science 70%, they say, based on science, because there's some science behind it.

But the decision is not directly related to any science that's available. So it really are in the House of Medicine, we're largely flying blind. Yeah, well, we're being guided and blinded.

Guided in blind. Good way. Yeah. Okay, so you started to you started off working with static magnets, and then you started to work with pulsed electro magnetic fields.

So, first of all, what what is that? What does that even mean? All right, so there's an elephant in this room, and the elephant is EMF I beg your pardon?

Okay. There's an elephant in the space between you and me. We can't see it. It's transparent. But there's an elephant in this room. It's on people's minds, and that is EMF 5G, wifi routers, microwaves and so on.

Well, that is true. And those tech that technology was developed for a different purpose. It was developed for communication, but it has effects on the body and those effects are similar to amps.

So EMF are broadcast into the environment. They're high frequencies and high frequencies get absorbed by tissue. That's the purpose and the premise behind a microwave oven, which right the oven and you bake it right with microwaves.

Well, if you take a cell phone and put it to your head, you're basically baking, you're cooking your ear. You look at your ear after you've finished talking on your cell phone, it's going to be bright red.

Exactly. We all know that, right? Yeah. Well, that's what we're doing, these microwaves that are being absorbed. So EMFs are absorbed and they're broadcast into the environment.

Amps are made in a completely different way. Pumps that are made by current flowing through a wire. So basically you have a piece of equipment that is driving current into copper wires typically, and those copper wires and then wound into what we call coils.

And as that copper, the current flows through that coil, it's producing a magnetic field that perpendicular to the flow of the current. We call that the right hand rule.

So my thumb is the wire and the current is slowing down that wire. And so the magnetic field is produced by current flow through a wire is perpendicular, like my hand is flowing in an opposite perpendicular direction.

That's the principal rely on. We're producing current in a wire that's even though the wire shielded the magnetic field still goes outside the wire and that magnetic field can then be pulsed and a pulse magnetic field is a lot more potent than a static magnetic field, and it's not moving at all.

So the pulsed magnetic field that passes into the body, in and out of the body, the analogy, the metaphor that I use is like the wind in the trees. You can't see it.

And the only way you know it's there because the leaves are moving or the branches are moving, but that's where essentially a magnetic field is doing in the body.

It's called the evidence of. All right, you see the evidence of it. You see the evidence. The proof. Yeah. And so like the wind, the magnetic fields are stirring things up in the body.

They're producing charges and energy. So the principles of physics are that magnetic fields interact with electrical charges. So I charge out a molecule, a charge on a metal, I charge on an iron.

All of that is then influenced by magnetic fields. And as you pass the magnetic field through those tissues and through that, that material in the body, you're now increasing charge, you're increasing energy in the tissues.

And what happens when the body has more energy? Lots of good things. Work, work. How efficient is a body in turning energy or fuel into work? I don't know. The answer to that question.

Are 25% how efficient? Not that efficient. How efficient is a car in turning at fuel into work. And no idea about. The same. Oh wow. It's about the same.

So what we're doing now with Magnetic Fields is we're increasing the amount of energy production in the tissues above normal, right? So then we're actually giving the body more energy to do the work it needs to do.

So this is why a magnetic field can heal a wound in about half the time. Wow. If you're a surgeon and you do your surgery at the end of the surgery, you close things up and what you do is you cross your fingers, right?

Because now now it's up to the person. Yeah, right. Yeah. They've got to heal themselves. And what does the surgeon do to help you? To heal yourself? That most mostly nothing.

Nothing. You're leaving things to chance or expecting the body to do the work it's supposed to do. And we know there's a huge amount of variability in how well people heal what we're doing with magnetic field therapy, by increasing charge, by increasing the amount of energy available in the tissues.

Now the body becomes much more efficient to do the work it needs to do. And it doesn't leave us much to chance so much harder and better and longer and stronger.

So what are the what are the indications to use pumps and are there limitations? There are. Let's start with limitations that are almost not known. No limitations.

We have to be careful with pacemakers or anything implanted. That's electronic because magnetic fields interfere

with electronics. We know that a lot of the implant electronics these days are more compatible.

They're called more conditional. And if they're MRI conditional, then they're half electromagnetic field acceptable. Typically. Mm hmm. The only true contraindication to magnetic field therapy is transplant.

Why is that? Why you have on? If you usually get transplanted anything, even a cornea, you're on immunosuppression. You need. A magnetic field, influence the immune system, and you don't want the immune system to be stimulated.

Because it increases rejection. Right. Host versus chronic. Product. So contraindications. Otherwise you have to just be careful sometimes. The thing is that you you your body may not be ready to do the amount of work that the magnetic field is allowing the body to do or trying to coax or convince the body to do so.

If you just spent a month in ICU, if you're totally depleted, you're nutritionally depleted just a whole lot of ways. You just don't have the energy anymore to do what you need to do.

So you have to recover from that well. In that situation you go low and slow and we have protocols on in my book, my Supercharge Your Outlook on how to go low and slow, you gradually.

And that's like athletic training. Yeah. Get off the couch and run a marathon tomorrow. You better train. So what does that look like? What does what look like?

What does what does training look like? What does loving slow look like? How does one start to use this healing modality? All right. If you're just dealing with a cut or like I have a spider bite on my leg, you probably don't have to worry all that much.

If you're a £270 linebacker on a professional sports team, you probably don't have to worry all that much. In fact, they're masochists. They like to be chatty.

I know. I gave birth to one of those. Oh, dear. I'm a very proud football mom. Football mom. You know what I'm talking about? I have a £200 linebacker linebacker.

They love to get beat up. They love not to beat and get beat up. Yeah, they do. Well, normally people don't. And the most frail among us have to be really, really smart.

So there's two aspects magnetic gene therapy, the dose, in other words, the strength or the intensity, the magnetic field. And it's the amount of time that you're doing treatment.

There's another aspect to it is how often do you do treatment? And for most, for most processes in the body, you need a certain amount of time. So there have been magnetic devices approved by the FDA to heal.

Fractures that will heal are called non unions. So about an hour, the intensity of the magnetic field in these devices is about 16 goes so goes as the measure of magnetic field intensity.

It gave us s and the company that developed this it got FDA approval said that you have to treat for 9 hours a day. Wow. That's a lot. You have to put a magnet over that bracket for 9 hours a day to heal it and they've done studies and looked at the people who did it and then how much treatment time they did and then how long it took them to heal.

And if you did 9 hours a day, you'd hear three months. And if you did 3 hours a day, it took double the time to heal. And what if you okay. So it would take three times the amount to heal.

If you didn't do it. It would take it 2 to 3 times. So instead of three months and take your six months, it also depends on the environment, depends on the tissues of the person, the recoverability of the age, all those other factors.

My point is that when you have a magnetic system, you have to you have to know how much time you need for the trip, for the problem that you have to get the best results.

And if the intensity of the magnetic system is too low, you're generally going to need more treatment time. Your newer devices now that you don't need 9 hours a day, you only need three or 4 hours a day, but you still need a long, large amount, large enough amount of time to stimulate those tissues to not only re initiate the healing process, but make new bone.

So not only decrease the inflammation and the damage that is causing the soft tissues as well as the bone itself, they have to stimulate all of that.

Healing, Recovery, and Contraindications

But the body doesn't heal overnight. You don't make new bone overnight. It takes time, but all healing takes time. Yeah, for sure. So I'm curious because I'm thinking of my women who have had chemotherapy and are walking around with white blood cell counts and the twos.

And you said that this is stimulatory for the immune system. So for these ladies, would this be an appropriate modality to help them to recover? Without question, without any question whatsoever.

So anybody having any surgery, I'll give you an example on myself. I had to have an elective appendectomy. I took a small portable magnetic device, and this was done midday on Friday at three stab wounds.

And I was told that probably I had to be out of work for two or three weeks. So I put a small portable battery operated magnetic device on two of the stab wounds, and I left the third one as a control.

Me are I'm talking about like, did you have a laparoscopic appendectomy so your stab wounds are that or the ports. Yeah. Yeah. Okay. So surgeons don't surgeons don't like to make their entry points to be called stab wounds.

We like to people dark cells and a little kinder than. Well if you got to do the work. We call them incisions. Incisions, incisions. I call it stab wounds.

I know. So. But then a stab wound is semantics. An incision is scalpel. Scalpel. Cut nicely. Precisely. Controlled cut. A stab wound is you got to penetrate that peritoneum.

Yeah. With the trocar. I get it. Anyway, I was back to work on Monday. Okay. And so you used to up the sites as I knew you had maps on that. Right. And then the third site you you left without.

Assessment crossed my. Fingers. Yuck. And what did you find? I was back to work on Monday. I had virtually no pain. I could bend, I could get up, I could roll over in bed.

I could walk and go upstairs. Now, is this a matter of, like, directly applying a device to an area? Yes. So in terms of recovering from chemotherapy, I mean, are you are you getting a tent?

What what how are you covering your entire body? You don't need to. Well, but we do we do recommend in breast cancer. Typically, I recommend a whole body magnetic system for for lots of reasons.

One of the reasons is that your stab wounds are not just they're by themselves. They're connected to the rest of you. Yeah. Right. So you have to you have to think about the whole person.

And we talk about chemotherapy. You're talking about whole body involvement of the chemo, not just going to the cancer itself. It's affected. All right.

And so it's connected to the head bone, right? It's all connected. Yeah. So if you stimulate the health of the body, the vitality of the body in general, the body now has more resources to do the work it needs to do.

And it may be that your your breast incisions or your mastectomies or lumpectomies are well, they're local. But let's say you have arthritis in your knees and you have arms or you have some other health disorders.

Yeah, but oral new disease. Well you've got, you got to amp up the whole system. You have to make the whole body healthier. So that has less work to do for the, for the problem that you're especially interested in.

Yeah, that's the chemo. Magnetic field therapy helps the body to heal better from the chemo, makes the chemo more effective because they're actually working synergistically together.

So I have two questions to ask. The first is, is this having a direct effect on the mitochondria? Is that how it is creating more energy? It's way more than that.

So in my Power Tools for Health book, I outline 27 different 25 different actions of magnetic fields. And I provide scientific evidence. I provide the actual references for each of those actions.

So we're not just dealing about a technology that does one thing. We're dealing with a technology that fit that is basically affecting the whole body's ability to function, whether it's local or systemic.

And so basically everything begins to benefit. So it's not just it's not just disease or condition specific. It's about what the magnetic fields are doing in the body.

So mitochondria, increased ATP production and mitochondrial repair and mitochondrial recycling, in fact is supported by peanut therapy. But you also have anti-inflammatory action.

You have increased circulation, you have decreased edema of the tissues, you have decreased bruising, you're stimulating stem cells, you're stimulating fibroblasts.

So in order to repair wounds, so 25 different actions of magnetic fields. And you and I can't control those actions. The body decides what it wants to do with this nonspecific stimulus.

Mm hmm. And then the body will do what it wants, and the low hanging fruit is pain reduction. So one of the natural things that magnetic fields do is right away they reduce pain.

They did studies on snails, put snails on a hot plate, and you put a snail on a hot plate. What will a snail try to do? I assume it would try to get away.

Or try to get off. Right. So they've actually got models that they evaluate for what it takes to get a snail to leave. I really, really cruel. But okay.

Keep based on how hot it is anyway. So what they found is that treating snails with PMF is like equivalent to ten milligrams of morphine. Wow. Wow. That's really.

That's really amazing. So there's a natural painkilling effect, and then there's all the pain is not just caused by pain itself. Pain is caused by something which is usually inflammation is usually some kind of trauma, some injury to the tissues.

But but inflammation is probably the most important. And so magnetic fields decrease inflammation. And the pain that you're talking about, does it work as well for emotional pain as it does for physical pain?

Not in the same way, clearly. So emotional pain is still a memory based issue, typically, plus the emotional attachments to whatever the cause of the pain was is a much more complex situation.

But we can use magnetic flow therapy to help the brain to gel. So interesting. And is it adaptogenic in that? Totally. Yeah. Yeah, that's really fascinating. So in terms of breast cancer, what are the advantages?

So breast cancer, even if you did nothing, magnetic field therapy did nothing. No treatment? Nope. No chemo. No radiation. No surgery. Mm hmm. Magnetic field therapy has actually been found to reduce the cancers themselves directly.

I'll give you a case in an e-book that I wrote recently. It was a 48 year old woman who had stage three breast cancer and she'd been treated with chemo radiation.

You know, she'd been treated conventionally. So this is Russian researchers from Moscow. They had a research institute. They did a lot of this kind of work.

So she was not a candidate for any of the treatments because her white counts were too low. Mm hmm. Well, then let's just give her some magnetic therapy, all right?

That's. That's good for everything. Yeah.

Cancer, Inflammation, and Hypoxia

So, anyway, so she had three treatments with a special device that the Russians had developed, which is a rotating magnetic field. It's almost like an MRI machine.

The magnetic field just goes round and round and round. So she had 30 treatments and the infiltration in the breast decreased considerably, but the direct inflammation in the breast decreased considerably.

60 treatments, one metastatic node disappeared and the other metastatic nodes were soft and smaller. 110 treatments complete tumor regression, and the metastases were gone.

Totally. I followed her for 12 years. 12 years after the treatment, she was still in a great. How did she continue that PMF treatments. Now she had 110 trips.

Total and then that was it. And that was probably pretty well four or five days a week. And based on that research, that one case, they developed a whole research program around magnetic therapy.

They did it before surgery, radiation with radiation without radiation. So different kinds of comparison groups. Yeah, the AMF therapy made everything work better.

Amazing. So for the people that are watching this, that are at all different stages, some of them are just getting diagnosed. Some of them are in active treatment right now.

Either in chemotherapy or they're getting radiation. Some of them have completed that acute part of their care. Maybe they've already had surgery, chemo, radiation, maybe they're on hormonal blockade.

Maybe they've refused that because they've had enough. Maybe some people are living with metastatic disease. Maybe some people are are, you know, way past their diagnosis and trying to figure out how to not have a recurrence.

So are there different approaches depending on what stage of diagnosis and treatment you're at? Not so much for the magnetic therapy itself, but for what you put around it.

So I don't you can't repair the body without the body having the nutrients and the ability to repair. Okay. Right. So you have to make sure that they have adequate nutrition.

You shouldn't be pouring gasoline on the fire. Right. You should avoid the things that should be avoided. If you have cancer, because keep stimulating the cancer, then of course, you're defeating it.

You're you're battling whatever therapy you're doing is going to be badly what you're still doing to the body. So all

of that still very important. So you're talking about looking at the patient in as a whole holistically and trying to figure out the root cause, why they got cancer in the first place.

Which is always very difficult to figure out. Yeah. Right. And these days, of course, we know some of the reasons are obviously too much estrogen and that may be because they're because most breast cancer actually happens post-menopausal.

Right. So that's why I, I struggle with the too much estrogen explanation. So but it's been there for how long has the cancer been there before it's discovered? Right.

So basically what we found is that so where were we going with this? We were talking about estrogen. And you were saying that the kind of development period of a tumor is somewhere around ten years, 12 years.

And I think the point that you were going to make is that there might have been a hyper estrogenic state in a premenopausal woman, but then the tumor was not discovered until she's post-menopausal.

Where I struggle with that is that if it's really a hyper estrogenic state, why are we seeing the preponderance of it when that hyper estrogenic state no longer exists?

It has been building for a long time. It's been in the work for 12 years before it's finally discovered. And then then we paddle around, we decide what we're going to do with this tumor.

And there's, well, let's throw some chemo, let's throw some radiation at it, and then we'll do the surgery. Well, the research showing that the longer the tumor is there, the more cells are being shut off the cancer.

And with every millimeter of growth of the tumor, you have more stem cells being shut off. Right. So we know now that 40 to 60% of women with breast cancer at the time of diagnosis, 40 to 60% already have breast cancer, stem cells in their bones, 40 to 60% already.

So what are we doing now? We're not we're not doing enough after the time of diagnosis. We're so, as I said, piddling around trying to do the things that conventional medicine says we should be doing.

I'm recommending that every woman should have that lump removed as fast as possible so the diagnosis is made, remove it, because the more it grows, more opportunity has for shedding.

But in terms of the risks, what we are doing, we have plasticizers in our environment. How much exercise does a typical breast get? How much lymphatic drainage does the typical breast get?

We were bras, right? So we don't allow the breast to exercise and we have ligaments in our breasts, right. That allow the breast to move to balance. And then mounting of a breast is lymphatic drainage.

Yeah, just like rebounding. And rebounding, whatever. Just walking without a breast, without a bra. So if you if you have the ability to do that as much as possible, we probably should have a brown never mind the wider stuff.

That's controversy about that. So what happens then is that if you don't do a lymphatic massage to a breast, it's going to build up all this material inside it that's inflammatory.

They are the plasticizers that are in our environment. All the cosmetics, all the shampoos and so on that are basically estrogen positive, right? They're basically estrogenic in their activity.

Mm hmm. Being overweight is also a predisposition. And what is the breast mostly that adipose tissue. And so what does that have in it that has lots of cytokines, has lots of inflammation?

Mm hmm. I have a foundation that's been building there for a long, long time. All these little things, all those little straws on that camel's back there, they're adding to it.

Yeah. And I actually think as our environment continues to deteriorate, which it certainly does, and when we have more and more and more chemical compounds that we are coming into contact with day in and day out, multiple times a day, whether we're putting it on our face or we're washing our dishes with it or washing the clothing within our washing our homes with it, it's in our toothpaste, our shampoo conditioner.

What we're washing your skin with what we're hydrating our skin with. Like, it's literally everywhere. And what. What is the burden? Yeah, it's more breast.

Yeah, yeah. I mean, we saw these toxins in our fat cells, so without a breast, being mostly fat is going to be a reservoir for all of these toxins. And clearly, the bigger the breast, the more fat the breast has in it.

Like the rest of the body, more fat you're carrying. Then the more risk there is. Yes. And also the reason I talk about menopause is because progesterone by itself is anti-inflammatory.

But just natural progesterone or progestins. Right. Right. It's the off button. If estrogen is the on button, progesterone to off. But what what happens to our progesterone around age 45 tanks?

Yes. It's actually happening a lot earlier. Now, unfortunately. As an afterthought. And then the amount of estrogen over balances, the amount of progesterone, which only gets worse over time.

Yeah, which is again, why I catch breast cancer tends to be a problem with women. Post-menopausal. Yeah, but the other thing that's happening in a postmenopausal woman is that glandular tissue, which previously occupied a greater percentage of the tissues of the breast, then gets replaced with fat.

And so that only increases the the fat percentage and the storage capacity of toxins in the breast. I absolutely agree. So PEMF therapy can help with all that before the breast cancer.

Oh wow. So in a preventive way. So PMS work in three ways. I call it the pre-game talk, the game and the long game. So the pre-game is prevention is it.

And the way you do prevention is you decrease the amount of inflammation in the breast after you have to do it in the rest of the body too. But I just wanted to focus on one place, just treat the breast.

But you don't know if you're going to get breast cancer or not. So then theoretically, ideally, all women should be doing chemotherapy before off for the rest of their lives.

Yeah. And then so what does that look like if you're talking about it in terms of prevention? What what does that look like in terms of time, commitment and frequency?

Well, obviously, for prevention purposes, you don't need as much, but it depends on the total burden the body is dealing with. Right. Because if you have a lot of inflammation elsewhere in the body, that also compromises your immune system.

So so how do people know that? How do people know what their inflammatory burden is? How do you what do you say? Well, I think that, you know, we can tell if you're metabolically healthy or not.

We can look at markers of inflammation and we can look at indications that. You are you are in a pro-inflammatory state, for instance, like we when we look at a lipid panel and most people think that you know we're looking for cardiac risk, but LDL is an anti-inflammatory molecule and we know when people bump their LDL, that's their bodies attempt at putting out a fire.

Right. So I look at things like that. I look at high density C-reactive protein, I look at side rates, look at ferritin. I'm also looking at body composition.

I'm looking at a waste to hip ratio. I'm looking at where you store your fat and you know, whether or not I don't look

at BMI so much, but I look at whether or not you're overweight.

A BMI actually is very important. It increases the risk of death from cancer. You mean? Yeah, a significant amount. Yeah. But there are some people with a normal BMI who do not have a normal waste to hip ratio.

And, you know, those people always. Are. Always getting fat. So all of those things that you mentioned I think are absolutely appropriate and I used to do those as well.

But it's not enough. Yeah. Right. It's not enough that you don't know for sure. You have a normal CRP, you have a normal setting of a normal fibrinogen level, normal, normal.

Well all these different markers and you still have that risk. Yeah. Clearly. So it's important and if you have those indicators and they're all there, then you know your risk is already very high.

Yeah. And you have to deal with that. Yeah. How long does it take you to deal with that? Typically it's going to take several years for you to deal with that.

In the meantime, you've had decades usually, but by that point of the of exposure and risk. Yeah. So everybody should be doing PMF therapy anyway preventively regardless.

And anybody over 25 if you stop growing entropy kicks in, your body's not on a downslope. You may try to take that slope and flatten it out as much as you can.

Nobody gets out of here alive. And you're still doing the other things. I mean, you're still watching your diet. You're still trying to avoid plastics.

You're still trying to get movement. You're still prioritizing sleep. I mean, you're still doing the things that we know promote health. And decrease risk.

But in addition, you're adding in chemotherapy. Because you don't know what else is left. You haven't dealt. With them. As a perhaps that give the body a fighting chance.

Okay, more ammunition, more energy to be able to take care of things that are are silent. Because what happens with magnetic field therapy?

Prevention and Treatment Protocols

One of the reasons I quit doing acupuncture is if I found that magnetic field therapy heals acupuncture to heal, that you feel better but doesn't heal and heals at the tissue level, at the cellular level.

And there's something called the cell injury model. If you look at the cell injury model, reductions in ATP production increases and ROS reactive oxygen species, mitochondrial damage, protein misfolding, all the sort of effects of inflammation in the body that happen with a cell injury.

So you want to get ahead of the cell injury. If you I mean, if you drop a brick on your toe and then you have to deal with that damage and some of that damage is not going to be repaired. Right.

But ideally, if you're dealing with you're doing magnetic therapy beforehand, you're getting rid of damage that's beginning but hasn't caused cross the point of no return.

Yeah your repairability. Yeah so how much how much treatment are people doing. How many times a week? Okay, let's go back to that. That's a good question.

It's an important question. It goes back to inflammation related to that point. How many cells do we have in our bodies? The trillions. I don't even. Utter 100 trillion.

You mean how many biochemical processes per second in every cell matter? Yeah. Millions. So how much treatment do we need? Everyone's different. I would say.

All day. Every day, right? That's right. That's not practical. So to get back to your point. That's not happening. That happen, I would say. Plus, you know, all of my people have to exercise and they have to be in their sauna and.

All those other. And a lot of stuff to do. And I find that if you do magnetic therapy with the right system and you do enough of it, there's a lot of things you don't need.

Good. But you do need nutrition. Absolutely fundamental. And you have to have the proper nutrition. The key with magnetic therapy is inflammation. Actually, there's another key that relates to cancer, and that's called hypoxia and tumor microenvironment.

More about that. So inflammation causes hypoxia. Hypoxia causes inflammation, and you end up with a vicious. Cycle in case someone doesn't understand what that word means.

Can you define it? Hypoxia is low oxygen. Now, when oxygen when basically oxygen leaves the lungs and then is delivered by the heart to the body, it's about 100 and 4060 millimeters.

Mercury, by the time it comes back from the venous system, it's down to 40. And why is hypoxia particularly a problem in people with cancer? It's a particularly a problem for people to get cancer, number one.

Then it promulgates the cancer, makes the cancer, promotes the cancer development. Yeah. Then not only does promote cancer development, it causes the cancer within itself have areas that are hypoxic, which means low oxygen and that means that they're now struggling to survive and they create all kinds of genetic changes.

Now they. May go into even more survival. And even more survival. Yeah. And we how do we do in hypoxic situations. Not well. Not well at information is the key to hypoxia.

Anywhere in the body. Anywhere in the body, you have any inflammation. If you've got inflammation in your joint, in your elbow or knee or hip or a brain, you have hypoxia in those tissues because of swelling edema and then that edema choked off the oxygen supply.

And then that's a perfect environment for a cancer to develop. So getting rid of hypoxia, getting rid of inflammation is absolutely the key in the tumor microenvironment.

And if you have hypoxia in a tumor microenvironment, all the nutrients you're pouring into your body, don't get into that area. So you have to you have to deal with the information.

You have to deal with hypoxia in other ways. Nutrition is not enough by itself. It's supportive to get you to recover better and faster. But it doesn't take care of the hypoxia.

Fact There's a big industry developing now in the pharmaceutical world on creating oxygen therapy, right? The nitric oxide. On nitric oxide, right? Magnetic field therapy increases in the dark oxide.

Yeah. Okay. So you have to do all the other work and then adding in temps will help to prevent the development of cancer. What if the horse is out of the barn?

What if you have a cancer diagnosis? Well, you don't want the horse to run too far. You want to be able to corral that horse. All right? So the sooner you can get at it, the better.

And once you start getting at it because it goes deep into the body, there's nothing that stops the magnetic field. But the key is having the right magnetic field.

And this is the biggest mistake people make with chemotherapy, inflammation requires 15 gauss one five optimally

at the adenosine receptor, at the receptor site that controls inflammation.

And that means you have to account for the fact that the magnetic field are light or heat or cold drops off with distance. So the deeper you have to work in the body, the stronger the magnetic field has to be because of the loss of intensity.

So for example, if you want to work six inches into the body, you need a 4000 Gauss magnetic field to deliver 15 Gauss. So you need a whole body magnetic system, preferably a strong enough magnetic system that's going to take care of business throughout the body.

For the most part, it's not 100% still, but it's getting very close to doing that. And you get the right magnetic field intensity. Maybe you don't have to spend as much money and you can again do prevention.

There's a family of breast cancer. Right. And, you know, you have you're overweight. You know that you may have a triple D breast. Well, then you're probably going to have to do something to help your breast.

Mm hmm. And the earlier you start, the better. And so decreasing inflammation, it depends on the person. But I usually recommend with the right magnetic field intensity, I usually recommend a half hour, twice a day for prevention.

And then if you have stage, stage two or three cancer, breast cancer, you do your lumpectomy and just do magnetic field therapy to your breast for the rest of your life.

Because you got rid of that lump. That doesn't mean you got rid of the risk. And because of the we have stage one cancer, you know, you're. Talking about stage two or stage three disease.

So this means someone with lymph node disease. Now, I'm talking about stage one as well. Oh, okay. But my question was going to be, is this in lieu of systemic therapy, because everyone with stage two and stage three disease is getting a recommendation for chemotherapy.

And I can't argue that that's going to have to be a personal decision. The problem that I find is that most women who do magnetic field therapy want to spend maybe 200 or $300 for a machine.

It's not going to work. Yeah. And there are lots of people who are selling machines that are multilevel marketing. There are $75,000 machines that are only one gauss, only one dose.

And that's not going to work. We need 15 at the tissue. So you have to judge the magnetic field intensity for the size of the breast as well. If all you're doing is treating the breast.

So you need 200, 500 to 1000 gauss just to treat the breast themselves. So how does someone go about knowing what they need? Well, you can get my e-book number.

So which which book is that? It's called PEMFs and Cancer ebook. Okay. So we'll be sure to have that information available. I think we'll provide that for you.

That would be amazing. I'm sure I have. Then I have the two books. Yeah. Oh, that's that's a big resource. There's lots of information on drpawluk.com and I have people who want more.

The science is more of the science in pulp and the Power Tools for Health book. There's over 500 references, not just all cancer, but across the board for General Health. Yeah, amazing.

And so I guess my last question is, how does someone get the right equipment? Because you talked about people getting the wrong equipment. So how does someone go about getting the right equipment?

So in the books, I have tables of different devices and machines and their magnetic field intensities and whether

they're whole body or local, you can always contact us at drpawluk.com So that's drpawluk.

Choosing the Right PEMF Equipment

com Okay. They just got info in drpawluk.com, If you are more advanced, we have more advanced cancers, stage two, stage three, particularly stage four, then you're probably going to need a consultation.

I would provide free consultations to women to help them to get the right piece of equipment. Yeah, this is amazing. I just want to go back and review for anyone who might have come on late or just wants a reminder about what we talked about today, because it's really it's been an awesome discussion.

The two books that we talked about are Power Tools for Health and Supercharge Your Health with PEMF Therapy. And then you're going to provide us with a guide for PEMF Therapy for cancer.

You started off by telling us why you left the House of Medicine because, like everyone here knows, it's just incomplete. It just doesn't give us enough.

And you've learned about magnets and the magnetic field and how that helps to alter these processes that are happening in the body, these inflammatory processes, and improve significantly, improve outcomes, accelerate healing, reverse disease.

And of course, there are some limitations, transplant being the most important one, but that this therapy is actually helping the body to be more efficient by literally creating energy, helping with mitochondrial repair, recycling of ATP.

It helps with the circulation. It helps with stem cells, stimulates fibroblasts, improves immune function. It can help to reduce pain and it's adaptogenic and there are actually 25 different things that it that it does in the body.

And of course this is done in conjunction with exercise improvement in lymphatic drainage, careful nourishment and nutrition, eliminating toxins in your environment.

And you think about it in three different categories. The pre-game someone who is using it for purely preventative purposes. Why when you have a diagnosis and then of course maintenance for the future to prevent a recurrence and and the key is getting rid of inflammation, getting rid of the hypoxia and creating this healing environment which these teams of machines can only help to improve the entire state of the body.

What did I miss? Not much, actually. I just want to emphasize the point that you were making is there's lots of science behind. This is not my guess work.

I'm not. Yeah, I. Have a hypothesis. I have over 500 references in the power tools throughout the book. Yeah. That's just the scratch. That's just scratching the surface.

I have a library of 30,000 abstracts on magnetic field therapy effects. Wow. Right. So we're just scratching the surface. So sports medicine has not kept up with the science.

They don't want to know about it mostly. No, they don't they don't. And we know that. We know that there are so many things that exist that we know all that we know, promote health, that are not talked about within the confines of conventional medicine for a variety of reasons.

But that doesn't mean that they don't work. That doesn't mean that they're not scientific. That doesn't mean that you shouldn't look for these things and incorporate these things into your health journey.

Because we know that where health happens is at home and it happens because of what we do for ourselves. In the body. Yes. Yes. So, Dr. Pawluk, thank you so much for being with us today.

This was an awesome talk, I'm sure people really, really appreciate your years of experience, your knowledge, your

insights. And I know that this is going to be tremendous valuable for you.

I hope so. But knowing about it is not enough. You got to do something. You got to do it. You got to do it. So you heard him. You got to do it. It's Dr. Jenn.

Bye for now.