Introduction and Mike Watson's Background

Welcome today to this segment of the IMF summit. And on today I have with me a an interesting individual who didn't come to magnetic therapy in the usual way.

And I'm not going to introduce him. I'm going to let, Mike Watson introduce himself. And I have him here because I think he has a very interesting story and a lot of interesting experiences using Pmfs.

And he uses pmfs in ways that I wouldn't use. Not necessarily I shouldn't use or I couldn't use, but I think he's doing it in a way that's, also his results speak for themselves.

So I'll, I'll let Mike do the talking. Okay. Well, thank you very, very much. Yeah. So to to answer your initial question, how I, you know, really how do I use PMF differently?

Let's go back, about seven years. I'm a, for my part, I'm a serial inventor. That's when I'm really, really good at, pretty hands at everything else. So I delegate to people much better than myself.

I've, I've had a a company, that, maintains, cleans oil refineries, using robotics and, other innovation is that I invent and I use, vibration resonance to remove fouling from the inside of pipes.

And after my tenure with the company, I realized, I was getting a little bit, a few more aches and pains and expected I had, a broken neck, collarbone, broken collarbone.

This rotator cuff slapped has broken back in four places. Hip joint displaced two system. My kidney. 50% restriction in my arteries. ACL replaced, on my knees, broken, ankles and thumbs and fingers, etc.

partly from extreme sports. Partly because of, the work and, so I thought I'd look after myself for a while and I happened upon, a colleague of mine in Germany, who said, you know, you've got a big cyst on your elbow at the moment.

Try this ultrasound thing, he said. So I put my elbow on this mat, and two hours later, this cyst, it disappeared all but disappeared. That surprised me.

Didn't think much more of it, as, you know, worn off. You don't think, that much about it. And a few years later, the need for my ACL, which had snapped and it's swollen up and I used, what I then found out to be PMF, on my knee and showing up two hours later, the swelling went down and I was able to, to bend it for about 50%.

And, I was, really amazed. A few years later, I had a major ski accident, broke my back, a lot of injuries. And with that, I had a lot of pain in my kidney, and my ribs.

And I sought out somebody with a single PMF machine. And lo and behold, an hour later, I had no pain. This is after a few years of taking painkillers, six, to be precise.

Almost every night just to sleep, because of the pain. An hour later, no pain a week. A month went by. No pain. I immediately went to the manufacturer, got my ticket and bought a machine, brought it back, and that was it.

And selfishly, I use it for myself. Just this one machine, on different parts of my body. An hour at a time. And, then, of course, guests and friends would appear, and one friend came in, and he'd been crushed under building, another guy came in, ten years ago.

And I've seen a lot of aches and pains and arthritis. So I give him, one hour's treatment, and it was. It was amazing.

And by coincidence, my my wife had a, my then had a spa.

Discovering PMF Through Injury Recovery

We worked together at the spa, and within a year I was treating her patients and lots of friends and, and clients, just for fun with, one machine. And then I thought, what if what if I used, more than one machine because I have multiple areas of injury.

So I thought, well, let's try two machines. So, I tried one on each knee, and it worked just as well. Then I tried three machines and then the manufacturers, all manufacturers I spoke to who, challenging me, said, well, hold a second.

You shouldn't reuse three machines or two machines because he's a medical grade. Technologists. And I asked why. And the answer came back, well, it's something we just don't do.

From an inventor's point of view, that's not really the right answer you're looking for. It was the case of nobody had really pushed the boat out. And as an inventor, I really go to the extreme.

And so I thought to myself, I'll try it on myself for about, you know, it's, I want to eventually was three years. I bought four machines, then five and six, and I tried seven machines and eight machines and nine.

And eventually I got to ten machines, winning several tenuously. So again, time at one time, all at one time, all at once. All ten machines using various intensities and various frequencies and durations, and dwell time.

That's very important as well. I didn't just glibly go into this. I researched the, the type of frequency, the sine cosine wave. If it was a shark tooth, it was a horizontal wave form.

Because each part of our bodies resonates at a different frequency. Now, we are all human beings, but we are all different. The density of our bone is different.

You might have somebody who is obese and somebody who is slim. Therefore the resonance, the frequency will change pertaining to their requirement to both an obese person, a slim person, have, issues with, let's say, their kidneys or their ribs.

The density of that tissue plays a major, major part as to what frequency and intensity and dwell time you use on that particular area. So I started, using this with, on animals.

First of all, and myself, of course, occasionally if I use a frequency too high, for example, my chest, I found it was a bit of an achy feel, not a dangerous ache, but, certain something certainly I would, wait a little while and do it again with a different frequency, you know, try these frequency.

And this was with three years almost on a daily basis. Because the results I was getting were, the is amazing in aspect. Spectacular. This was beyond the spectacular.

And and I say this because, what happened during this treatment was I, I end up being almost horizontal, a few months because of my back, and, I decided to give myself a full health check.

I wasn't getting any younger. And to be fair, the PMF was making me do things that really, I didn't expect to do. As you said, Bill was like putting a cap on, I was doing things.

I was playing, tennis and football, the age of, you know, 58, 59 that a 25 year old would do. I was playing table tennis and badminton and tennis, as I used to do, and pushing the limits.

So, I got myself a health check, heart scan on these density bloods, etc., and my cardiac, cardiothoracic surgeon said, after the CT angiogram, he said, sort of tell you, Mick, you're going to have to be on statins and blood pressure tablets for the rest of your life.

Cause a bit of a shock. And I asked him why, and he showed me the CT scan showing me 50% of my artery was, clogged. Whether that was hereditary or my dad died, who was to know?

So I looked at the, the frequency. I did a trial on a pig. Long story short, two pigs, actually, with a similar, defect, let's just call it. And I noticed and, about 3000 magnification that the cells started residents.

Now the cells, as we know, when they clump together, it's called the Rouleau effect. And what I had, I had, blood in the arterial wall. It hadn't created macrophages inside the actual, the tube itself, but the pipe itself, it was actually actually in the, in the pipe wall.

So I was lucky there. But obviously it's like a bulge in a tire. It was pushing into the, internal ball of the pipe. Therefore creating what we in the industry in the refineries called Delta P back pressure on the pump.

And so similarly, this is back pressure going on to the heart. So I thought to myself, if what I used to do in the, in the oil refineries to unblock a crude oil pipeline sometimes, or remove what's called a heat exchanger from a pipe, I used to resonate the outside of a steel chamber in which this this, thing was inserted and resonate the actual, exchanger itself in a different frequency.

By doing that, it it broke the the shear force broke the, the the the the bonding, if you like, the adhesion, the bonding, the binding. And I could pull this heat exchanger out of this big steel chamber.

And that's what I, I tried to do for myself. So I looked at the frequency, looked at, in a lab, see what frequency would actually have impact on the blood on the fine tissue arterial wall.

Scaling Up to Multiple Machines and Protocol Testing

Also on the epithelial layer of skin. And so it was interesting to see the different, dynamics of the cells, a different, parts of the body. So I looked at that and I thought, yep.

I'm quietly confident that I can use this, this pillow on my, on my chest. And I used it, at a certain, let's say a bespoke frequency and intensity for about half now to begin with.

And I continued, I continue to do this, for about seven months. I went back, maybe even longer, perhaps a year, just on and off, maybe once every week. Once every two weeks.

Because sometimes it did. Eight. It was a bit concerning, but it was not. It's almost like it felt like a bruising. So I just played with the frequency a little bit.

Seven months to a year later, I think it was, I went back to my cardio, surgeon, with my wife, and his first words were no. So I think I have the wrong details in front of me.

Could you check? So I give him a National Insurance number? Names. Wow. He says this is unusual. I haven't seen this before. And it says, you tell me, Mr.

Watson, you haven't been taking your statins, and your blood pressure tablets. And I said, no, not at all. At the very beginning I did. It was too painful for my fingers, the side effects.

So I stopped taking in unused PMF. My diet hadn't changed. Hadn't changed my lifestyle, much at all. But sure enough, I saw the CT angiogram, and it had not.

Well, it actually had reduced from 50% down to 20% occlusion, which was pretty outstanding. It's, beyond spectacular, as I said, he he offered to give a video interview.

In that interview, he said, typically, this, increases 20% year on year. And I would have had to have a stent by now. So, I was really amazed. He he suggested we have double blind trials.

I'd use multiple machines, I might add. It's not just worn on my chest, but I also did multiple machines around my body. Because my theory and practice is that you might have your ailment is if you, for example, you have a, cricketer's, and, cells stuck together because of injury or whatever in one area.

That's all well and good. You can treat that area. But don't forget, your heart is pumping these blood cells throughout your body. Entire body, and within a few seconds is coming round full circle to the same area.

So it's it could almost create a logjam of other rule or, bonded cells together at that point. So what I prefer doing is treating the entire body, and organs, and other areas where you might have creditors because you want to make sure that blood that passes here has gone through and gone past some kind of magnetic field so as to, increase the cellular potential in these blood cells and thereby pushing them apart as some of you might have seen on, on, on, on video clips, etc., when on the dark field microscopy.

And that's the main reason why I do that. So I do that for every ailment. So no. Blessed. Let me stop for a second. One clarification. What, intensity ranges had you been using the different equipment?

The intensities I've been using were between, I started with 1 to 3Hz of an intensity of about, 99%. The, this usually this is the difference that goes, that.

Sorry. Again. What intensity in terms of actual Gauss, I'd have to look at my papers. Oh, guess. But so if you do, the mass, it's the mass system. The mass Austrian. Austrian system. Right.

The gauss, the gauss on that, peak. The peak in the whole body pad is about, 25 gauss and the peak. Yeah. Wasn't that and the peak on the pillow applicator is 100 gauss.

Correct. The I'd say this is such a long time since I've actually seen the, record the details. I suspect it was half of that, if not a quarter of that, because I, I prefer treating over a longer period of time to limit the, perceived risk or the actual risk.

So I'd say, five gauss maximum, if not less. But overall for a long period of time, the the results were, suitable for me to, continue doing it as a preventative measure.

And I would say that using full machine simultaneously was the optimum, protocol for using the system. I didn't use any, high gauss like the Tesla. I didn't use anything as high as, the Teslas that you you have, yourself that, which I've got numerous over here.

I used, ten to between 2 to 2Hz. Three hertz, and then up to ten hertz. I did play around with 100Hz. But the depth of penetration wasn't as deep. That said, you don't need to go that deep either.

And I was quite happy around about the five hertz area, one set of achieved, the 50%, down to 20%, 20% restriction. And the logic behind that, I guess, is like a tube or a pipe in the industry whereby you have, layers of fouling inside a pipe.

And the closer you get to the tube wall, the more, tenacious it gets. And I'm presupposing that's probably the same case in the, with regard to either plaque inside the pipe or within the actual wall of the artery itself.

I've yet to check that I yet to relook that, look at that. And I think that that that's absolutely true. So as you move away from the wall, what you get is you get what's called fibrin deposits.

So at the wall itself, there's attachment. And that attachment is based. And therefore in a sense it's like scarring or fibrosis. But as you move farther, further away from the wall itself, the plaque becomes thinner and thinner.

And so you have what's called hard plaque. It's soft plaque. So toward the center of the blood vessel, then the plaque becomes more pliable, more softer and more amenable to, breaking up.

Okay. Yeah. Makes perfect sense because, as I say, my my history for 37 years in the oil industry with, with heat exchangers and pipelines and that is typically the case where the inside of the, the formation of fouling, in this case, my, my arterial wall, it's very, very soft in the squeegee.

And that's, that's easier to remove. That said, of course, there are, cardiothoracic intervention surgeons using what's called shockwave therapy. I met one in London.

And, it's ironic. We're using the same terminology. You know, I clean tubes and pipes and refineries, and he cleans tubes and pipes in the human body.

Yeah, know terminology is very, very similar.

Heart Scan Results and Arterial Plaque Reduction

And the shockwave therapy, I've used something similar to unblock, crude oil pipelines, but the, using, ultrasound with, ultrasonic transducers, so to speak, these probes that go into arterial into the artery itself, try to create a sound wave, a shockwave inside.

Now, that's all well and good. If you, I hope I'm not digressing too much here, but with with shockwave therapy, you really want something that is brittle?

Not rubber or not, soft, and pliable because that simply absorbs the sound waves. You want something that actually creates impact, and this is what. Yeah, exactly. So, the the shockwave therapy, I, I may maybe speaking out of turn, but I don't think it's the right way to go.

It has to be from the outside in an using soft, manipulative waves, wave forms and then increase, periodically and just, monitor as you go along. And the key to to this, I've been fairly, regimented over, 3 or 4 years, almost on a daily basis.

And I said, if you as long as you monitor, measure and record and, and all of your details, you, you end up generally being very, very successful in whatever you're attempting to do, a lot of, medicines, and technology, these are rarely monitored, measured and recorded over a long period of time.

Except in the pharmaceutical industry, I guess for five years when it's FDA required. But, the, the PMF is so varied and it's, the course output, the intensity, the frequency.

And you can do this very, very safely. So I did this really, really slowly, really, over a long period of time to get the specific frequencies that, that matched my body and that I was happy with.

And, yeah, on a regular basis, I'd say I use the multiple machines up to 8 or 10 machines, probably once, once every three, four weeks. But I use three machines or four machines regularly almost every other day.

And my arthritis is next to zero. I have no pain. I just played, tennis. And I was tennis match with a top player yesterday. Yeah. I'm beyond, I'm lost for words.

The, the, the results have had from this. I can go on with other results if you want me to, but, Yeah, I'm. I'm very, very impressed with it. Let let's go back to shockwave for a second.

Shockwave therapy is increasing in popularity. It originally started with what we call, lithotripsy. For kidney stones. And the idea with the kidney stones or with lithotripsy is that they have to actually put people under anesthesia and monitor their hearts while they were doing the lithotripsy.

So what they would be doing is they'd be banging the body with the shockwaves. And the purpose of the shockwave was to break apart the stones. The the method, the only method, shockwave method that I know of, to break up stones is one with using a laparoscopic trap.

She goes in with a biopsy forceps and actually grabbed hold of the stone and then applies, ultra, ultrasound, shockwave therapy, as you say, specific to the stone.

Now, the stone is very, very brittle. And by using high intensity shockwaves, it's able to, shatter the stone, meet the the desired frequency for that, it's a variable frequency until the pinpoint, frequency is achieved, and then it just breaks it down.

So that biopsy for sports have actually, like a claw grabs it and then, the, breaks it up and then slowly is able to bring it out through the, the scope, the burrow scope.

I don't know of any external, I'm unaware of any external shockwave therapies because I, I would suspect that that would be detrimental to other parts of the body unless it was actually somehow focused, have had to be done under anesthesia.

It was usually done in a bath. Yes. Makes sense. Bar the abdomen with this, it was not so good for, higher stones because then you damaged the kidneys as well.

That's that's called shockwave lithotripsy. This is as opposed to the kind of picture that you're talking about, a shockwave therapy that you're talking about, which is very local, and that that still requires an invasive procedure to be able to do that, although that was used on tendons and ligaments and, and wrists and elbows and so on.

So simulates a blood flow and does stimulate. But because again you're stretching the tissues that you're, you're pushing the tissue but also causes swelling and pmfs are one of the benefits of PMS for your blood vessels is that they not only, they not only decrease the clotting from happening, but they also do something called fibrin or lysis.

So fiber in a license means they actually break down the fiber. So when you develop a clot in your leg, your body then has to try to get rid of that clot by doing fiber analyzes.

Pmfs. Have the dual action of preventing the clotting in the first place. And then they additionally do the fiber analyzes. So all of those benefits happen from the PMF simultaneously.

Basically without without question, because, you know, to shockwave therapy, it requires a sound wave of sorts to try and penetrate the body and eventually, obviously, over time, with distance, sorry, it diminishes exponentially.

And when when you use shockwave, all it's doing is it's just bombarding it, as you say, in order to try and loosen up the beauty of PMF, and I call it enhanced PMF.

Or intensive PMF. Is that it? Not only, Not only oxygenated oxygen, it's the, the body. By virtue of breaking open the, the Stokes cells, the Rouleau effect from the Stokes cells by increasing the cellular potential of these cells.

In layman's terms, to to any viewer, it's like, crocodile clips on your the battery of your car giving it more energy, because the moment your cells start sticking together, you're not allowing these cells to release the oxygen and nutrition into your body.

Now, of course, if you're the kind of guy or girl that you know has ten miles balls and five pints, today, you're going to have this, a lot of sticky, sticky blood and your cells are going to stick together.

And the analogy there would be you've got a mini and you're trying to tow a truck. So your truck is your body. It's too large. It's it's cumbersome. It's not working properly.

You're trying to move around and pulling it with a small miniature car. So the engine is overloaded. The the battery will get drained after a while. With all the force and the exertion.

So by, increasing the solute potential, it opens up these cells, delivers the nutrition oxygen to the much needed organs, much needed, oxygen to the organs, and it helps them perform. But if you keep on and that's just periodic,

that'll only last for a little while.

You have to in, in parallel, look at your, your lifestyle and diet. Because, if you keep on putting sticky stuff into your blood, your blood cells will naturally, flow very slowly down your blood, down your blood stream, and stick together.

And that's the way they go through your bloodstream.

Comparing PMF, Shockwave Therapy, and Treatment Intensity

There are single capillary pipes, in simple terms, that goes to your kidneys, your liver, etc., and your organs. And these clumps of cells, these capillaries are only single cell capillaries.

So your blood cells literally just go down one pipe and then it delivers oxygen on a regular basis. You have trillions of these cells in our body. But if this clump together they will simply float past this one single pipe that is meant to have this oxygen, this neutropenia, this, this blood cell, and it will keep on going.

So, we all suffer from the same problem, and you'll find slim people, less obese people with a healthy diet, tend to have, watery blood. Let's just say less viscous blood, where your blood cells can flow randomly and indeed, and beautify the, the organs, by doing so, totally agree with what you said.

And that's, that's coming from an engineer who is not a physiologist or a medical doctor. So even even from an engineering perspective, you know, they certainly overlap.

I like to go back to the intensity question and the amount of treatment time. So you're doing a lot of treatment time. And one of the reasons that we need to do a lot of treatment time when we use lower intensity systems is because they need to produce their effects, gradually over time.

And so when like lithotripsy, you need a very strong lithotripsy, force to be able to create the reaction that you need or whether you're working with pipes.

So frequency by itself is not enough. It's got to be the right intensity of the frequency as well. Right. So I'm going to share my screen for a second if you don't mind.

Yeah. Go for so there is here we go. Here's a graph from a research study that looked at people who had had PMF therapy for fractures that wouldn't heal.

So these are fractures in the forearm, fractures of the tibia fibula or fractures in the scaphoid which is in the hand. These are fractures that commonly, don't heal properly once once you have them.

It's not that common, but it's common enough and it's usually a disaster. So what happens is the treatment for this particular system was, so an FDA approved device, which is about 15 pulses per second, and they used 18 gauss.

All right. So and they were recommended to do ten hours a day. So what happened is they interviewed 70, 170 of these individuals to find out whether they had done ten hours a day of treatment.

And then they looked at how long it took to heal. So what they found is that people who did greater than nine hours a day healed 76 days earlier than the people who did, only three hours a day or less than three hours a day.

So they took 112, days to heal their nonunion people who did 6 to 9 hours a day healed 41 days earlier. People who did 3 to 6 hours a day did 29 days earlier, and then the people who did three hours or less a day took 188 days, in other words, six months to heal their fracture.

So the treatment time becomes critical to healing these kinds of fractures. Now, some some people are much more severe than others. So there's a lot of variability there.

But this gives you some data about some comments that people make frequently is you you can over treat. And this is a point that you're making is it's hard to over treat actually, especially when you're using lower intensity devices.

In this case again this system was 16 gauss at a time applied rate over the fracture site. Right? So the more treatment time, the faster the healing. And there's no there's basically no risk.

I agree, because the, the experience that I've had with, treating quite a few people with, with breaks, complete fractures as well. And I have, a few video testimonials.

I'm not I'm not for video testimonials where I'm entering a field that as a as an engineer, as an inventor in, in my field of oil and gas, the medical field is, I'm not as familiar with, but with an inventive research mind.

I really don't do go into, the details, especially when it's self-critique for myself. But, after three years of, daily experience and research, I started, helping those that, have had broken, limbs, etc., and the results were astonishing, mind blowing, where you're often here to show me the, the the x rays and, I kind of read some x rays, but it's not my place to read an x ray, but I simply say, well, let's try it at this intensity.

This is what, I feel would be I've read your book, I've read, of the, metadata and peer reviewed papers and sure enough, the average healing time was worst case, twice as fast.

Best case four times, five times faster. And this was after, probably just four treatments, but fairly long treatments, low intensity, low frequency. And the cliche less is more.

I've often heard mentioned that, you know, some people argue intensity is better, some frequency is better. With respect, I say neither are true. It's a it's a true combination of the two, depending on the ailment and depending on the, the patient and their conditions.

And they're environment. So many there's a plethora of, of, of, circumstances that you need to address and not just say, no, mine's intense. Better than that one. Mine's got more frequency.

That's better than this one, in my opinion, that's wholly untrue. And it just distracts from the true worth of the of the technology. And I think that's a really important point.

So whatever system you have, and you may have a high intensity system, you may have a low intensity system, if you understand what you just said, is the problem determines what you need to do for it.

And then you have to understand the technology that you have. Once you understand your technology, then you can adjust your treatment protocols to deal with the problem and to get the best results the fastest.

The good thing about PMF therapy is it's almost impossible to do harm. Because we use extremely intense magnetic therapy devices that are approved by the government to treat the brain for depression and Parkinson's and multiple sclerosis, all sorts of other, neurological condition.

And they're using 4000, 7000 Gauss machines. So, yeah, yeah, they're stimulating the motor cortex, and they're causing the hand to contract by stimulating the brain.

So that's a very indirect action. They're causing the brain to cause the hand to contract. They're not stimulating the hand directly. You need a lot of power to do that.

And then they're taking that power. That's called the motor threshold. And they're putting it over the front of the head and treating the brain for a depression, for example.

So and these have been found to be extraordinarily safe, 4000 Gauss magnetic fields that are beyond motor threshold. So it's very hard to be to do harm with magnetic field therapy.

And magnetic fields are more of a problem than they are to cause a problem. I wonder whether a lot of people, imagine the risk to be, quite high, thinking that we are a static, immobile, solid mass, whereas we are in fact a living creature.

We are constantly our cells are constantly reproducing. As we get older, they will reduce less, of course. And, a good point in question going, example.

I'll give you a terrific example. A lady came in, a couple came in with their seven year old child, who had a very, very rare brain glioma, brain cancer.

And, they were out of sorts.

Clinical Examples, Safety, and Contraindications

They tried everything else and failed trying to get a lot of funding to go to Mexico, trying to try and alternative treatments. And as we, as many of us now know, chemotherapy tends to destroy more tissue than it saves unless it's pinpointed, etc.

but that's another conversation. And the reason why I know a lot about oncology is that, I worked with the Leukemia Research Foundation. My eldest child had leukemia when she was two and a half and, had acute lymphoblastic leukemia.

So I studied oncology, like, there was no tomorrow. And, I worked with the professors and the the oncologists at the, Great Ormond Street and, devised a protocol for my daughter.

She's a healthy, lucky 30 year old. But, was not so lucky. So when I hear, about oncology, patients, I met my years at prick up. So I know what happens to the body.

I understand very, very and deep, a deep understanding of how the cells react to chemotherapy, to various waveforms and, one child didn't make it because, they, they use chemotherapy, injected the brain into the brain.

And I suggested with, one, one patient that said, well, why don't we try, the machines, but the protocol is morning, noon and night. Not just once a day, morning, noon and night.

So I gave this gentleman, to to apply his daughter. She was about eight at the time, and she had about six months to live. That was the the prognosis.

And she used these two machines morning, noon, or he used morning, noon and night. And nutrition was great. He's a very, very disciplined individual, which helps an awful, awful lot.

And, there she is now, I think four years, still doing the treatments for these two machines. And in that time I noticed, that, a lot of there's a lot of headway being made with wearable caps.

Using stimulated pulse magnetic field. That is, without question, the way to go. And the reason why, I'm so confident of this is I say very, very simply to people with, conditions like this.

Cancer likes a little bit of oxygen. Cancer hates a lot of oxygen. That's fairly that's it. I just have a simple. Is that, and so if you if you, if you look at, take that analogy and look at yourself in the mirror and ask yourself, am I obese?

Am I morbidly obese, am I unhealthy? Do I oxygenate myself? Do I eat drink the right thing at the right time? How do I eat? When do I eat? All these things need to have tick boxes against them in a kind of an Excel spreadsheet and just see what kind of person you are, what environment you put yourself in.

Are you in front of a computer screen? Are you sedentary? You sit, you stand, you walk. Do you socialize? Do you drink? Do you eat sugar? You know that all these different things, and this will dictate how successful a machine

like this can be.

And will it be over a short or long period of time? It's incredibly the the, the the relationship is just, so simple. I do it every day, and I see that I know exactly who's going to have success.

90% of the time, who's going to have success with it, and who's not. Now for the for the children, when you were trained to gliomas, to the brain, where were you treating?

It was behind the neck dependance area of the neck. So the pillow would be the mass system would be behind the neck. And also on the on the, the mat. So I would make the whole body because I'd make sure we have, 6 or 7 nodes in the mat, at low frequency, not high.

And I'd make sure that he would, double check the magnetic field by putting it on her neck, because the pillow is magnetic. Field is strong enough to be to resonate through the neck.

And you can see with the simple magnet the vibration and just confirm it's one, two, three hertz or ten, ten frequency or ten hertz. We have to be mindful of the Hertz frequency, because if you do this to a to higher hertz frequency late in the, in the evening, it's very typical for the patient to sleep.

The lower the frequency. You sleep like a log. It's a lovely the same you use the mas a lot from what you were saying, I know that you do have the Tesla flip machines as well.

How do you decide which one you're going to use? I when it's, a soft tissue, condition. If it's a neurological condition for example, it might be fibromyalgia.

Or will you always use the, the PMF, mass system? Less is most definitely more, when it's, a musculoskeletal, trap nerve kind of, situation where they've had it for a long time.

I use the Tesla fit, or, I call it the Big Bertha, for about five minutes to kind of, you know, knock it out. The ballpark. First of all, we have to be mindful, of course.

The first two questions to ask is, to the to the suffer from psychosis because of ill effects from recreational drugs. Do they have a pacemaker? These are very, very important things.

I have treated somebody with a pacemaker. Not on their chest, of course, but down by their legs. The frequency is measured using using a digital analyzer.

And the frequency is, very, very low at low intensity of frequency, sufficient to treat the legs and the lower extremities and then nowhere near the heart.

The, the Tesla fit I tend to use on joint aches and pains. And then I combine it with the low intensity, mass system. Because first one is there to almost like throwing rocks at a wall with the mass.

It's throwing pebbles at the wall. It's a nice analogy because, you want to immediately get rid of the pain. It diminishes pain very, very easily. In a short space of time, the Tesla, the Tesla, that is, as does the mass.

But it takes half an hour to an hour. So I use a combination approach more often than not, which is there's a downside to that, which is cost, because obviously using two machines are very expensive.

The Tesla machine is, quite expensive, as is the, the Maj slightly less expensive, but combined, which is the optimal treatment in my personal opinion and experience.

It comes in, at a, a cost. Sometimes, people might not be able to afford that. Said, for three years I've been treating people free of charge. I don't charge very, very little.

But you can afford to do that. Thank goodness. It's nice to do. I, let's go back to the pacemaker. That is a general contraindication, as is any implanted electronics.

Although, you should go with that rule, but you could determine whether the pacemaker or the implanted electronic machine. Is more conditional. So the newest devices over the last 5 to 10 years, the newest.

I think it over the last five years, they've been engineered to be able to withstand an MRI machine. And so these devices, the mere conditional machines, can go up to about $15,000.

So if you if you have an Ma conditional device, you're okay to use the magnetic systems that you're, that you're describing. Now, if you go to a very high level machine and there are some that go up to 10,000 or 15,000, then you might have to be more concerned.

And of course, if you standard pacemaker, you you should be you should be okay. It's and it's interesting if you were to use a digital stress analyzer and walk around an airport, for example, and you to switch this thing on the radiation, the magnetic electromagnetic field radiation that you get in an airport exceeds that of these machines.

Nobody ever questions whether you're walking past these cameras and you have a pacemaker. Now, secondly, when you're sitting sitting on a on a seat in a modern day car, have you engineers out there that would take the car apart and look, the wiring looms inside a car.

You are constantly bathed in electromagnetic field from a wiring. The wiring loom on a car equal to that of a mobile phone. I use a mobile phone to my head, I measure it, it's in, a 2.5 Watson, you know, gigahertz field.

And yet you're sitting on this almost like for 1 to 5 hours driving.

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It's insane. People with or without, pacemakers. And it has no detrimental effect. So it's the it's the, the intensity is key. The more intense the the the deeper the the further the distance of this frequency that you're using will penetrate.

So, I think in that sense, the, I find that using low intensity, low frequency is, is good enough over a long period of time to minimize any perceived or actual risk.

But it's just so low. Less is definitely more. And when treating things like that, especially over the longer period, it over a longer periods of time, the.

Yeah. We're at the end of our time here. Do you have any parting thoughts or comments? With inventor hat on? I do believe there should be a lot more, double blind trials done.

Organ specific. My cardiologist said we need to do double blind trials on the amazing results I had in my heart. Similarly, for spines, I've injected stem cells and platelet rich plasma into my my spine and combined magnetic field, and seen the results and the dark field in my microscopy.

I do that before, during and after to see the actual cell structure before and after treatment on a big screen. I, I, I also would, this is I'll be doing this myself regardless.

And also I'll be developing a wearable, a wearable device specific for areas of the body because, as I said, I have multiple issues myself as a purely selfish, and I'll be, creating it.

I have a research. My what? My own what's an innovation center and a research and development hub where I can do this and, act out my Tony Stark vision to have my own a research and development hub.

And I got 30,000 students at my disposal with Dresden University and and Imperial. And, I would hope to develop a

wearable so that this too, because now FDA approved in many instances, will be not just curative, but preventative, and to which this, aptly essential, parallel is nutrition.

Without that question, you can have a short term get should short term result, but you'll not have a long term gain if you don't match both with, and nutrition at the same time.

I totally agree with that. You can't build a house without bricks and mortar. There you go. You don't have the nutrients you can't fix and repair and regenerate.

I look forward to hearing more about your innovation. And, we'll have to stay in touch so that we can, help you to promote your, your, your devices, your next technologies.

I look forward to it. And I look forward to anybody asking anybody who wakes up at 3:00 in the morning with box of milk, trade chocolate on the lap and can't sleep, and thinking, I wonder if as long as it's crazy and seemingly impossible, I'd like to hear from them.

So how can people get in touch with you? They can email me at MC Dot Watson at Watson medical.com. Or give me a call, on my mobile phone. UK 07825 888000.

But MC Dot Watson at MC Watson Watson medical A.com right MC that watch Mike medical.com. There you go. Thanks again Mike for taking your time out of your, wonderful day there.

And I think you're in France. I believe we are indeed sunny. Not so sunny today, but generally sunny south of France. Enjoy. Be well. Enjoy. Take care of yourself. Thank you very much.

Bye bye for now. Bye bye.