Introduction to PEMF and Shockwave Therapy

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but using ultrasound with ultrasonic transducers, so to speak, these probes that go into the artery itself, try to create a sound wave, a shock wave inside.

Now that's all well and good. I hope I'm not digressing too much here, but with shock wave therapy, you really want something that is brittle, not rubroid, not soft and pliable, because that simply absorbs the sound waves.

You want something that actually creates impact. This is Doctor Talks. Today's episode was previously recorded on the Pain Solutions Summit that I hosted.

Welcome today to this segment of the PMF Summit. Today I have with me an interesting individual. who didn't come to magnetic therapy in the usual way.

And I'm not going to introduce him. I'm gonna 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 PEMFs.

And he uses PEMFs in ways that I wouldn't use, not necessarily that 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 let Mike do the talking. Thank you very much. So to answer your initial question, how do I use PMF differently? Let's go back about seven years.

For my part, I'm a serial inventor. That's what I'm really, really good at. I'm pretty good at everything else, so I delegate to people much better than myself.

I've had a company that maintains, cleans oil refineries. using robotics and other innovations that I invent and patent. 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 than expected. I had a broken neck, collarbone, a broken collarbones, rotator cuff, slack tears, broken back and foreplaces, hip joint displace, two cysts in my kidney.

50% restriction in my arteries, ACL replaced on my knees, broken ankles and thumbs and things, et cetera. 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, the cyst had disappeared, all but disappeared. That surprised me didn't think much more of it. Yeah, a one off you don't think that much about it.

And a few years later, I need for my ACL, which I'd snapped and it's swollen up and I used what I then found out to

be PMF on my knee. And sure enough, two hours later, the swelling went down and I was able 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.

Mike Watson's Background and First PEMF Experiences

This is after a few years of taking painkillers, six to be precise, almost every night just asleep 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 air 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 10 years ago and obviously a lot of aches and pains and arthritis.

So I give him one hour's treatment and it was amazing. And by coincidence, my wife, my then wife, had a spa. We worked together at the spa. And within a year, I was treating her patients and lots of friends and clients just for fun with one machine.

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 were challenging me so well hold a second you shouldn't reuse three machines or two machines even because he's a medical grade technology.

And i asked why and the answer came back well it's something we just don't do from an inventors point of view that's not really the right answer 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 a one, two, eventually it was three years.

I bought four machines, then five, then six. And I tried seven machines, then eight machines, then nine. And eventually I got to 10 PMF machines, learning simultaneously.

At one time? All at one time, all at once, all 10 machines, using various intensities and various frequencies and durations and dwell times. That's very important as well.

I didn't just glibly go into this. I researched the type of frequency, the sine cosinal wave, if it was a shark tooth, horizontal waveform, 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, their resonance, the frequency will change pertaining to their requirements. If both an obese person and a slim person have issues with, let's say, their kidneys or their ribs, the density of their 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 on animals, first of all. and myself of course occasionally if i use the frequency too high for example on my chest i found it was a bit of an achy feel not a dangerous egg but certainly something certainly i would wait a little while and do it again with a different frequency and i'd try all these frequency and this was for

three years almost on a daily basis Because the results I was getting were amazing and spectacular.

This was beyond spectacular. And I say this because what happened during this treatment was I ended up being almost horizontal for a few months because of my back.

And I decided to get 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, it was like putting a cape on. I was doing things. I was playing tennis and football at the age of 58, 59, without 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, a heart scan, my knees, density, bloods, et cetera.

And my cardiothoracic surgeon said, after the CT angiogram, he said, sorry to tell you, Mike, you're going to have to be on statins and blood pressure tablets for the rest of your life.

Caused 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 bad diet, who is to know?

So I looked at the frequencies. 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 under about 3000 magnification that the cells started resonant cells, as we know, when they clump together, it's called the ruler effect.

And what I had, I had blood in the arterial wall. It hadn't created macrophage inside the actual tube itself. the pipe itself, it was actually in the pipe wall.

So I was lucky there, but obviously it was like a bulge and a tire was pushing into the internal bore of the pipe, therefore creating what we in the industry in the refineries call Delta P, back pressure on the pump.

And so similarly, this is back pressure going on to the heart. So I thought to myself, what I used to do 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 thing was inserted and resonate the actual exchanger itself at a different frequency.

By doing that, the shear force broke and 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 tried to do for myself. So I looked at the frequency, I looked in a lab, see what frequency would actually have impact on the blood.

on the fine tissue, arterial wall, also on the epithelial layer of skin. And so it was interesting to see the different dynamics of the cells at different parts of the body.

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

I continued to do this for about seven months. I went back maybe even longer, just on and off, maybe once every week, once every two weeks, because sometimes it did ache.

It was a bit concerning, but 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, nurse, I think I have the wrong details in the front of me.

Could you check? So I give him a national insurance number names as well. He says, this is unusual. I haven't

seen this before. And he 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 it and I used PMF. My diet hadn't changed, hadn't changed my lifestyle much at all. But sure enough, I saw the CT angiogram. Well, it actually had reduced from 50% down to 20% occlusion, which was pretty outstanding.

Experimenting with Multiple Machines and Treatment Protocols

It's beyond spectacular, as I said. 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 suggested we have double blind trials. I'd use multiple machines. I might add it's not just one in my chest, but I also did multiple machines around my body.

Because my theory and practice is that you might, wherever your ailment is, if you, for example, you have a crepitus 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 it's coming around full circle to the same area.

So it could almost create a logjam of other ruler 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 crepitus because you want to make sure 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 video clips etc when under dark field microscopy and that's the main reason why i do that so i do that for every ailment so now blaster Just one clarification.

What intensity ranges had you been using in the different equipment? Are you tired of living with chronic pain? Medication only masks the symptoms, but real healing starts at the cellular level.

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

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

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

Visit drpawuk.com today and let's get started on your healing journey together. The intensities I've been using were between, I started with one to three hertz at an intensity of about 99%. What intensity in terms of actual Gauss?

I'd have to look at my papers. Oh, yes. So if you do… The Mars system, the Mars Austrian system, the Gauss on that. The peak of the whole body pad is about 25 Gauss.

And the peak on the pillow applicator is 100 gauss. Correct. I'd say this is such a long time since I've actually seen the report of the details. I suspect it was half of that, if not a quarter of that, because 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 over a prolonged period of time. the results were suitable for me to continue doing it as a preventative measure.

And I would say that using four machines 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 have yourself there, which I've got numerous over here.

I used between 2Hz, 3Hz, and then up to 10Hz. 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 5Hz area once I'd have achieved the 50% down to 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 it gets to the tube wall, the more tenacious it gets.

And I'm presupposing that's probably the same case with regard to either plaque inside the pipe or within the actual wall of the archery itself. I've yet to check that, yet to relook that, look at that in detail.

I think 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 attachments and that attachment is based, in a sense, it's like scarring or fibrosis.

But as you move farther away from the wall itself, the plaque becomes thinner and thinner. And so you have what is called hard plaque and 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 history of 37 years is in the oil industry with heat exchanges and pipelines. And that is typically the case where the inside of the formation of fouling, in this case, my arterial wall, it's very, very soft and squeegee.

and 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.

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but using ultrasound with ultrasonic transducers, so to speak, these probes that go into the artery itself, try to create a sound wave, a shock wave inside.

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You want something that actually creates impact. Yeah, exactly. The shockwave therapy, I may be speaking out of turn, but I don't think it's the right way to go.

It has to be from the outside in and using soft, manipulative waves, waveforms, and then increase periodically and just monitor as you go along. And the key to this, I've been fairly regimented over three, four years, almost on a daily basis that I said, as long as you monitor, measure and record, and archive your details, you end up generally being very, very successful in whatever you're attempting to do.

A lot of medicines and technologies 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 PMF is so varied, the Gauss 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 matched my body and that I was happy with.

And yeah, on a regular basis, I'd say I used the multiple machines up to eight or ten machines probably once every three, four weeks, but I used three machines or four machines regularly almost every other day.

Heart Scan, Arterial Plaque, and Frequency Testing

and my arthritis is next to zero. I have no pain. I just played a tennis, an hours tennis match with a cop player yesterday. I'm lost for words that the results I've had from this.

I can go on with other results if you want me to, but yeah, I'm very, very impressed with it. Your body was designed to heal, but illness, chronic disease, stress, injury and time can slow that process down.

What if you could restore your body's natural ability to recover, recharge and feel its best? The key to healing is giving your body the energy to repair itself.

PEMF therapy does exactly that. Recharging your cells, improving circulation, reducing inflammation and helping you function at your best. For decades, I've studied this technology, worked with hundreds of medical professionals, and helped thousands of people reduce pain, regain energy, and take control of their health.

However, not all PMF devices are created equal. No one size fits all. We offer personalized consultations so you can find the right device for your needs, backed by real science and trusted results.

If you're ready for a real solution, let's talk. Schedule a consultation at drpauluk.com, that's P-R-P-A-W-L-U-K dot com, because real healing starts at the cellular level.

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 and 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 these shockwaves. And the purpose of the shockwaves was to break apart the stones. The method, the only method, shockwave method that I know of to break up stones is one with using a laparoscope, which actually goes in with a biopsy forceps and actually grabs hold of the stone and then applies ultrasound shockwave therapy, as you say, specific to the stone.

Now the stone is a very, very brittle. And by using high-intensity shockwaves, it's able to shatter the stone It will meet 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 force actually like a claw grabs it and then breaks it up and then slowly is able to bring it out through the scope, the borescope.

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

Had to be done under anesthesia. It was usually done in a bath., yes makes sense on bar the abdomen with this it was not so good for higher stones because then you damage the kidneys as well It stimulates the blood flow.

It does stimulate blood flow because, again, you're stretching the tissues, you're pushing the tissues, but it also causes swelling. One of the benefits of PMS for your blood vessels is that they not only decrease the clotting from happening, but they also do something called fibrinolysis.

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

And PMFs have the dual action of preventing the clotting in the first place, and then they additionally do the fibrinolysis. 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 also over distance it diminishes exponentially and when when you shockwave all it's doing is just trying 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 auctioned, it auctioned the body by virtue of breaking open the stuck cells, the rule of effect from these stuck cells, by increasing the cellular potential of these cells.

In layman's terms, any viewer, it's like having crocodile clips on 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 bars and five pints a day you're gonna have a lot of sticky sticky blood in your cells are gonna stick together and the analogy there would be you got a mini and you're trying to tow a truck.

so your truck is your body it's too large 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 battery will get drained after a while with all the force and the exertion increasing the cellular potential, it opens up these cells, delivers the nutrition and oxygen to the much needed organs, much needed oxygen to the organs, and 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 parallel look at 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 bloodstream and stick together and as they go through your bloodstream 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 they're clumped together, they will simply float past this one single pipe that is meant to have this oxygen, this blood cell, and it'll 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 float randomly and indeed, and you defy the organs by doing so.

I totally agree with what you said. And that's coming from an engineer who is not a physiologist or a medical doctor. So even from an engineering perspective, they certainly overlap.

I'd like to go back to the intensity question and the amount of treatment time. So you're doing a lot of treatment time.

Shockwave Therapy vs External PEMF Approaches

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 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 when frequency by itself is not enough, it's gotta be the right intensity of the frequency as well, right? So I'm gonna share my screen for a second.

you don't mind. 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, fractures in the scaphoid, which is in the hand.

These are fractures that commonly don't heal properly 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 an FDA approved device, which is about 15 pulses per second.

and they used 18 ghosts and they were recommended to do 10 hours a day. So what happened is they interviewed 170 of these individuals to find out whether they had done 10 hours a day of treatment and then 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 young union. People who did six to nine hours a day healed 41 days earlier. People who did three to six 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 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 can over-treat.

And this is the 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 right over the fracture site, right?

And so the more treatment time, the faster the healing. And there's basically no risk. I agree because the experience that I've had with treating quite a few people with breaks, complete fractures as well, and I have a few video testimonials.

I'm not for video testimonials where I'm entering a field that 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 inventor research mind, I really do go into the details, especially when it's self-reviewed for myself.

But after three years of daily experience and research, I started helping those that have had broken arms, limbs, etc. And the results were astonishing, mind-blowing, where you'd often hear, they show me 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 other metadata and peer review 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 is less is more. I've often heard mentioned that, you know, some people argue intensity is better, some say frequency is better.

With respect, I'd say neither are true. It's a true combination of the two, dependent on the ailment and dependent on the patient and their conditions and their environment.

There's a plethora 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 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 a 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 conditions.

And they're using 4,000, 7,000 ghost machines where 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. Treating the brain for depression, for example.

So, and these have been found to be extraordinarily safe. 4,000 Gauss magnetic fields that are beyond motor threshold. So it's very hard to do harm with magnetic field therapy.

And magnetic fields are more likely to reveal a problem than they are to cause a problem.

Treatment Intensity, Healing Time, and Safety

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 ourselves are constantly reproducing as we get older, they will reduce less, of course. And a good point in question going example, I'll give a terrific example.

a couple came in with their seven-year-old child who had a very, very rare brain glioma, a brain cancer. And they were out of sorts. They tried everything else and failed, trying to get a lot of funding to go to Mexico, China, trying alternative treatments.

And as many of us now know, chemotherapy tends to destroy more tissue than it saves, unless it's pinpointed, et cetera. But that's another conversation.

And the reason why I know a lot about oncology is that I worked with a 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 professors and they'd be oncologists at the Great Ormond Street and divide the protocol for my daughter.

She's a healthy, lucky 30 year old, others not so lucky. So when I hear about oncology patients, my ears immediately prick up. So I know what happens to the body.

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

And I suggested with one patient that said, well, why don't we try the PMF machines but the protocol is morning noon and night not just once a day but morning noon and night so I gave this gentleman to apply his door tissue was about eight at the time and she had about six months to live that was 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 treatments between machines and in that time i noticed there are a lot of 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 as a symbol of that. And so if you 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 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? Do you sit? Do you stand? Do you walk? Do you socialize? Do you drink? Do you eat? Sugar? All these different things.

And this will dictate how successful a machine like this can be and will be over a short or long period of time. It's incredible. 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. For the children, when you were treating the gliomas to the brain, where were you treating?

It was behind the neck, the pen's area of the neck. So the pillow would be, the mass system would be behind the neck and also on the mat. So I would make the whole body, because I'd make sure we have six or seven 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 a neck, because the pillow's magnetic field is strong enough to be to resonate through the neck and you can see with a simple magnet the vibration and just confirm it's 1 to 3 hertz or 10 frequency or 10 hertz.

We have to be mindful of the hertz frequency because if you do this to a too high hertz frequency late in the evening, it's very difficult for the patient to sleep.

The lower the frequency, you sleep like a log. It's lovely to see. Now you use the MAS a lot from what you're saying. I know that you do have the Tesla Fit machines as well.

How do you decide which one you're going to use? When it's a soft tissue condition, if it's a neurological condition, for example, it might be fibromyalgia, I always use the PMF-MAS 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 knock it out the ballpark first of all we have to be mindful of course the first two questions to ask is do they suffer from psychosis because ill effects from recreational drugs and 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 a digital analyzer and the frequencies are very, very low, at low intensity of frequency, sufficient to treat the legs and the lower extremities and nowhere near the heart.

The Tesla Fit I tend to use on joint aches and pains and then I combine it with the lower intensity mass system because first one is there to almost like throwing rocks at a wall.

With the mouse, 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 that is, as does the mouse, but it takes half an hour to an hour.

So I use a combination approach more often than not, which is there is a downside to that, which is cost. Because obviously using two machines, very expensive.

The Tesla machine is quite expensive, as is the Maz. It's like less expensive, but combined, which is the optimal treatment in my personal opinion and experience, it comes in at 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. You can afford to do that, thank goodness. That's nice to do.

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 MR conditional.

Cancer, Neurological Uses, and Device Selection

So the newest devices over the last five to 10 years, the newest, particularly over the last five years, they've been engineered to be able to withstand an MRI machine.

And so these devices, the MR conditional machines can go up to about 15,000 Gauss. So if you have an MR conditional device, you're okay to use the magnetic systems 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 stay and see a pacemaker, you should be okay.

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 electromagnetic field radiation that you get in an airport exceeds that of these machines.

Nobody ever questions whether you're walking past these cameras when you have a pacemaker. Secondly, when you're sitting on a seat in a modern day car, the engineers out there have ever taken the car apart and look at the wiring looms.

Inside a car, you are constantly bathed in an electromagnetic field from a 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 watts and gigahertz field and yet you're sitting on this.

almost like for one to five hours driving. It's insane. People with or without face makers and has no detrimental effect. So the intensity is key. The more intense, deeper, the further the distance of this frequency that you're using will penetrate.

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

It's just so low. Less is definitely more when treating things like that. Especially over a longer period of time. 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.

Simile of spines, I've injected stem cells and platelet-rich plasma into my spine and combined magnetic field. and seeing the results under dark field microscopy.

I do that before, during and after to see the actual cell structure before and after treatment on a big screen. Also, I'll be doing this myself regardless and also I'll be developing a wearable device specific for areas of the body.

Because as I said, I have multiple issues myself is purely selfish. And I'll be creating it. I have a research, my what my own Watson Innovation Center and research and development hub, where I can do this and act out my Tony Stark vision to have my own research and development.

hub, and I got 30,000 students at my disposal with Dresden University 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 add to which this absolutely essential parallel is nutrition. What about question, you can have a short term result, but you will not have a long term gain if you don't match both with PMF and nutrition at the same time.

Future Research, Wearables, and Closing Remarks

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 devices, your next technologies.

I look forward to it. And I look forward to anybody asking anybody who wakes up at three o'clock in the morning with box of milk tray chocolate on their 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 they people get in touch with you? They can email me at Mike dot Watson at Watson medical.com. Give me a call on my mobile phone UK 07825888000. Mike. Watson at MikeWatsonMedical.com, right?

Mike. WatsonMedical.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. Not so sunny today, but generally sunny south of France. Enjoy. Be well. Take care of yourself. Thanks very much. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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