Introduction to Dr. Connors and the interview topic

this is Doctor Pollack. This interview is, this episode today is about pulse, magnetic field, and the healing summit as part of the use of PBS with cancer.

I have with me today, doctor Kevin Connors, who's an exceptional physician who's also a survivor himself. If you want to share with us his his own journey, his own experience.

And he has used maps in his practice, along with many other modalities for quite some time. So rather than me telling his story. Doctor Connors, if you would, please mind sharing with us your history, how you got to where you are today and for that, let's educate everybody, okay?

Well, I graduated back in 1986, from chiropractic school. So I graduated, really as a, functional medical practitioner, though we did use that term back then, more of a holistic type practitioner.

I did a lot of applied kinesiology, a lot of, nutritional work, did a lot of George good hearts work, and therapy with patients? I did use modalities.

So I'd be chiropractic world. I would have been considered a mixer and, believe that modality served, a great purpose as well as corrected people's, subluxation.

And I was always intrigued with, with Rif technology, with Royal Life's work. And it wasn't until the late 90s when, cancer patient came into my office and, was given three months to live.

And we started her with a Rif, and she lived another 38 years. I've shared that story many times with listeners. But since then we've used we we've added multiple different modalities of P of F is certainly one of those that I think could be very beneficial for everybody, including cancer patients.

Dr. Connors' background and move into cancer care

But our practices have really morphed how God just moved us in the direction of badly seeing cancer patients. So really, that's the majority of people that come to us have cancer, have written, some books.

I love disease, I've written some books on autoimmune disease. So we do still see some patients with those kind of conditions, but it's primarily cancer.

That's what we're going to talk about today, I think. Right. Correct. Again, we can mix it and add, the things that we as we spoke before we started the interview, treating cancer requires multiple modalities.

I think it's folly to try to treat cancer with only one, one approach. Cancers have a way of defeating any single thing you throw at them that you know, they have all of the all the processes that go on in the body.

They're probably the most robust in defending themselves. Yeah, I would agree. I there's times that I get, calls from practitioners saying, well what's your what's your protocol for prostate cancer or something.

Well, we don't have a protocol for prostate cancer. Everybody's an individual. And you can't just take one supplement and have your prostate cancer go away.

That angers me when I see that on, like social media where somebody will post something that, you know, curcumin kills 98% of cancer cells. Here's the study or something.

And it's like, well, yeah, anything will kill 88% of cancer cells in a petri dish. But what it you're dealing with a human

body? It is it just, a dietary approach?

It is it just, you know, we're going to go ketogenic. That's going to solve the problem. Certainly not just, supplement approach. It's certainly not just adding, you know, one therapy equipment.

It's it's, multi facet, approach that you have to do. And that's really what holistic treatment or holistic medicine began is. And we can't lose sight of that, that you have to treat the whole body.

It is very different of those facets as possible. And so let's let's go back to your history. You you have your own journey with cancer. Would you mind sharing that with us?

Well, it'll be five years this April, I believe. That, yeah. So that's my journey. Started out, I have a type of cancer that doesn't respond to chemotherapy very well.

So it was easy for me to make the decision to not, go that route. And understand, do we do a natural approach? We don't do chemo and radiation surgery at our office.

Obviously, but we have patients that have done that or are doing that, and I we're not we don't take this dogmatic stance against it. If if it is the right decision for that patient, then by all means we want to support them through that decision.

And using different modalities, modalities like we're going to talk about today can really help a person get through the side effects of that decision making process, too.

So I did it. Do chemo or radiation or surgery. That was my choice. And I there was a time, dark times in my cancer journey. I share that very openly on our website.

I have a tablet says my cancer journey, and there was times that I didn't think I was going to make it for another month, and, so but I did. So, and I give God the credit for that.

I'm not the healer that I did, but he does use tools, so I use the PDF, I use the rife machine daily, I use nutrition, and I use diet, and I used, you know, a spiritual connection with God that enabled me to get through that and changed my attitude.

And I share a lot of that. I made a series of videos, and I really need to update it, because probably some people will look at that. They got dead because I haven't updated it for about a year and a half because I'm doing so much better.

I felt like I went into remission, about ten months ago and, had a good scan that just showed some lesions in my liver left, and I hope that I'm doing better.

I have a cancer that I can kind of tell how I build because of symptoms. And I still get paid at different times, but, I do eat well, and I've been able to overcome it, through the use of different modalities.

Personal cancer journey and treatment choices

So, I mean, your type of cancer, what's the usual prognosis for you getting conventional treatments? Well, in stage four, which I was in, is the, the what?

I, was diagnosed. Mayo had just finished a study about two years prior to that, that they were all excited because this reused chemotherapy, B that wasn't used for this type of cancer previously.

One day, I think they did 10 or 12 people in this study, and one person lived like 14 months or 16 months or something. And that was like a huge wave that this person lived 60 months.

Well, if you really read into the study, this person started, this I can't remember what the name of the drug was. It was a reused older people therapy and he it put him in remission.

But then the cancer came back and he was offered it again and he refused it. All the other participants in the study had died at this point, and he refused it, which told me, It's probably was such a horrific treatment that he wasn't willing to go through it again.

He would rather just died. And I know what that's like. I have patients in that situation too. But it was like that was an easy decision for me to make that.

Well, okay. I'm not go that route. So yeah, the average life expectancy of people diagnosed at by stage is a year or two. And so it, you know, it has about the same prognosis as pancreatic cancer.

So I will be five years this year. And God willing, I'll continue to be able to try to help people with, you know, the lessons that God has taught me through this and, the experience that I've gained through this and through all my other patients.

So I learn from all the patients that God sends our way. They are my biggest teaching tool. And as we try to do everything we can to improve their survival, their quality of life, we learn something new every day.

And we try to apply that that to the next person. That's fantastic. That's certainly consonant with my philosophy and approach as well. And I'm essentially a functional medicine doctor.

And in addition to doing, being an expert pmfs. Well, let's go back for a second. You said you started with chiropractic, and then at some point you decided to transition to become an MD and you went to medical school and oh, I did.

I'm not an M. D., so I did not go to medical school. So I have a, a, a fellowships. But I don't I'm not a medical doctor. Well, that's wonderful. Actually, I don't find most medical doctors, if you have that a that's an advantage to your patients that, maybe you're not really a close minded like most employees are.

So let's go through the transition of how what modalities you added over time and why you added one modality after another, in a sense, in your armamentarium.

Well, in my practice, we we always had, electrical still, but it was a PLF. It was Russian, still med E. M. S. and things like that. So because we were dealing with people with pain.

So when I was at a chiropractic type setting, we had patients with back pain, disc pain, things like that. And electrical stim could be extremely beneficial to deal with pain.

We had other modalities like ultrasound which help with inflammation and what other type of modalities did we use? Laser. We still have laser code, laser therapy that we use for pain.

That could be very beneficial. That could be really good to increase healing and, reduce healing time. But, when we started what I started my journey through the, through taking care of cancer patients, I was really drawn to Rif technology.

So all these therapies that I discussed are using frequencies. And if you understand quantum physics about as deep as I do, which is pretty much nothing, you do understand that everything down to its smallest component is energy that's vibrating at a specific frequency.

So all our cells are vibrating at a frequency, our organs are vibrating at a frequency. Everything's vibrating at a frequency. So if you could utilize frequencies to help heal, then it makes sense.

So there's people smarter that I that have developed different frequency sets for different tools and modes of

healing.

Why cancer requires a multi-modality approach

And that's really what we're doing with PMF and with Rif, though Rif is different that PMF, because Rif is using light frequency and you're getting very specific to the frequency of the tissue where p of f is not necessary to get specific to the frequency of tissue.

It's a totally different mode of action and it serves a different purpose. So we use light frequency. That's what I term Rif. I know there's other Rif machines out there that are really using electrical frequency to be.

That's not how I define Rif technology. So Rif technology is using light frequency Pemf technology is using electrical frequency and they serve different purposes.

So you don't use them necessarily exclusively. You have to use them in conjunction and dependent on the needs of the patient. And this is a an area of significant confusion for people.

Concept of frequency versus intensity. And as you said, I agree with you. And I have a Rif machine myself. I've been training Rif and frequency specific microcurrent, which basically accomplish the same sorts of things and the frequencies that we're talking about typically for these technologies are 10th, like you said, light tend to be very high frequencies.

So the frequency of the frequencies in the body are very low frequencies. And what we call PMF actually is low, ultra low frequency PMF so high frequency would be anything over 100MHz.

But you could even consider 1000Hz. So hertz is the measure of the frequency, the rate of repetition of the waveform. And that's that's basically higher for most PMS systems are way under a thousand.

I'm sorry, under 1000Hz. Most of them tend to be maybe between, say, one hertz, up to 100 or 200Hz, not too many that are above that. So again, that's another distinction between them is that it's not about frequency in that way.

So perhaps, as you said, are not really about frequency as much as they are about intensity. Exactly. And that's the strength of the magnetic field. So I the example I use is tapping on the desk so I can have a light tap.

You can do that. I have big tap right. So low intensity systems are like the light tap. And they provide very little force into the body. And the high intensity provide a lot more force into the body.

And that gets into a whole other discussion about Faraday's law. Yeah. So how did you, as you went through, you started with Rif and started with supplements and nutrition and so on, which are all fundamental.

To the use of pmfs to, to healing. How did you gravitate to magnetic therapy in the, in with PMF therapy, adding that into what you into your modalities.

Well, again, we're just we're always constantly looking for what else is going to be best to help the person. So, where will I take you? So Rif technology is getting specific to hit the cancer cell.

It it's old it's a very specific frequency so that it vibrates. Any of the debuted system takes another look at it to be able to kill that cancer cell.

Cancer patients are dealing with other morbidities. So they have paid. They have inflammation. They have low cell charge. All these other things that you can't just not treat, you know.

So you want to help this patient as many different ways as possible. It in a, in a magical world, I guess you could erase the cancer, but the person still has other morbidities that could lead to their death or lead to a lot of low

quality of life.

So you have to treat the person as a whole again. So what we, you know, is your experience is that you're always looking for what else can I do to help this person?

So and then f that's what P of f was started to come in the field. And I how I got to know about P of F was through a seminar that I was going to constantly try to learn it at gain new knowledge so as, oh well, hey, let's get this.

Like maybe this could help people. And we found that it did. So we continued to add, and you know, initially our first prep unit that we got was a low Gauss PMF.

But I won't name that product, but there was a lower Gauss PMF, and it was some help with, our cancer patients with the morbidities that they were dealing with.

And that I found out about a higher Gauss PD method. We noticed big, significant changes. You see that with our cancer patients. And, I think there's a place for both.

Personally, I think the two different types of PMF are really completely different pieces of therapy surveyed, different needs. But, with most of our cancer patients, we recovered the higher Gauss PMF, and that's certainly my experience as well.

I started working with magnetic fields that were very low intensity, less than one gauss. So Gauss is a measure of magnetic field intensity. So by comparison, the Earth's magnetic field, typically the magnetic Earth has its own magnetic field, and the Earth's magnetic field is typically around half a Gauss and an MRI machine gets upwards of 10,000 20,000 30,000 gauss.

So we are I mean, MRI have been found to be extraordinarily safe and of course very, very useful. So they're not harmful. We know that those high intensities can actually be healing, can be should be used to, to, to help people.

From chiropractic tools to Rife and PEMF

So very low intensities can tickle the system. And my own experience and journey with PMS is that I started with PMS as a substitute for acupuncture, and the magnetic fields applied to acupuncture points and meridians stimulated the whole acupuncture system.

And when you lay on a whole body pad, you're basically stimulating the whole acupuncture system all at once, even though it's relatively low intensity.

There is some that some of that stimulation. So I agree with you. There's a place for each of them, and you have to target the kind of PMF you're using for the particular problem they trying to deal with.

Yeah, I agree. So what has been your experience then in terms of what value the PMS added to your practice? Add it to your patients? Well, we have we have patients that come to us that have a low PMF unit already.

They purchased it prior to coming to us. And they've experienced the benefits of feeling better, helping with fatigue, helping with body energy and things like that.

But as the, as a person kind of gets ravaged through the cancer, a cycle, whether or not their daily standard of care and you could really get some, some fatigue. SG and, and that's where a higher Gauss unit is going to help with that.

So the way I explain to people is that you could everybody cells have a cell charge. So you could actually measure a cell charge. It's called your phase physical.

And as a person's phase a glow or cell charge depletes, their level of morbidities like fatigue, just complete lack of

energy, lack of appetite that starts to decrease.

And and then they get it a negative cycle because you don't you're not eating well, you're nauseous, you're not feeling well. You're not getting energy from the chemistry from your food, but also the electrical energy of your cell is going down with it.

So you got this negative cycle that needs to be broken, where the P can be really helpful as you're adding that charge back to the cell membrane to help a person be able to start eating a more food or, helping them gateway to helping them get the chemistry from the food that's going to help with that whole thing.

So you're just you're, again, the big, you know, the, the ball of a lot of different facets, that you're trying to hit just another area that can help break that negative loop or that negative cycle.

And that's why it also works with the supplements, because it actually makes the supplements, work better in the body. So your body, when you talk about, treatments to the cell, the magnetic field, helps the cell membrane to be able to absorb nutrients better, right?

Yeah. Right. Because if you don't have that cell charge, the cell starts to dysfunction. So the receptors don't work, right? The cells, you're not going to be able to absorb things through the cell membrane like nutrients.

And it just becomes disrupted. There is an elephant in the room when it comes to pmfs. And I'm sure you deal with this elephant all the time as well. People say, well, this is Emfs.

This is bad for you. I'm so, so you. Yeah, right. What's your take on that? Well it's there, it's there are good and bad frequency. So that is true because everything is a frequency you could look at.

You could Google the electromagnetic spectrum satellite falls into their visible light, falls into their audio, falls into that spectrum of that dangerous radiation, ionizing cell.

Is it? Ionizing frequencies fall into that spectrum. But you do, you just you don't utilize those frequencies at EB apps fall into that spectrum, too.

So these are not dangerous frequencies. Again, you have to remember, everything is a frequency. So your cells are vibrating at a specific frequency. And that's not unhealthy. That is normal.

It is healthy. And it's when they stop vibrating at the correct frequency that ill health comes it to be from a frequency perspective. So you need to bring back cell residents to that cell.

So it starts functioning like a normal cell again. And that's what that's what you are doing. So you are picking up energy from everything in your environment.

Emfs are bringing in a what you could call a negative energy. It's actually a positive charge and you need to disperse that. So that's where P of F and Rif and grounded and are all beneficial tools to bring back health and bring back your normal charge of your body.

One of the problems that people have with PMS is they make they think that PMS are the same as Emfs in terms of, as you mentioned, frequency. But there's an important component to frequency relative to PMS versus EMF.

And Emfs basically are broadcast into space. That's why wavelength becomes important. So you have those are wavelengths like radio signal, television signals and radar and so on.

Or pmfs the way they're generated is they're generated by a pulse, an electrical pulse flowing through a wire. And we know that current flowing through a wire produces a magnetic field, which is the right hand rule.

But what that is, is they the, EMF is going into space like microwaves for your cell phones and so on are dispersed

to the space. That's called open loop, whereas pmfs, because they're bound by a wire, are bound by the wire.

So that was that. The PMA field goes out and comes back in again out, and it collapses back on itself. So it forms a loop, a closed loop, whereas emfs are an open loop, the broadcast into the environment in the air.

So basically there's no wavelength involved in a EMF. There can be a rate, a pulse rate, which some people equate to frequency, but it's not really a frequency in the same way as a wave length.

Is that a freak that the pulse rate is not a frequency going through it? That's speaking of frequency at timed increments. Not in a wave that's going through exactly twice through.

So therefore it has a completely different characteristic in the body. Again, it collapses back on itself, it goes out into the body and comes right back on itself.

Now can do that strongly, rapidly depending on the frequency of the pulse. So you can have a pulse rate in a magnetic field, high intensity magnetic field system that's maybe five five cycles per second.

And some people equate cycles per second to frequency. But it really is the true technical term for it should be pulse rate back.

Low vs high intensity PEMF and cell charge

So it's it's much safer because it doesn't go any other coming back. It basically negates itself by coming back. The heat can stimulate again. So every time that pulse goes out, you get this wave of action going into the body.

Based on Faraday's law. And that action going into the body based on Faraday's law relates to what you said about increasing charge in the body. So that charge is what the pmfs do is the creation of charge in the body that creates the vitality, that creates the, electromagnetic actions in the tissues themselves and magnetic fields.

Due to Maxwell's equations, they interact with, charge. They go back and forth. Charge creates magnetic fields and magnetic fields stimulate charge by interacting or by interacting with charge, one amplifies the other right.

So that's an important distinction again, that most people just don't just don't understand. And that's a subject that has to be discussed. And when we talk about cancer, because obviously people are worried about environmental magnetic fields and cancer and don't do you recommend people have a cell phone by their bed when they have cancer?

Well, right. You want to put that into some sort of Faraday cage so you're not getting an air exposure, but put it on airplane water, keep it at the other room, or turn the thing off, or have your Wi-Fi turned off when you go to bed at night.

Exactly. Yeah, right. And in fact, if you're not using the Wi-Fi, if you're not on on the computer, you should turn your Wi-Fi off. Yeah. Yep. Still broadcasting through the whole house, right?

Yeah. Exactly. Right. So that's part of a mitigation process as well, is just to turn that off. So how how do you think about Pmfs and how they work with chemo?

Well, I think Pmfs will help. So chemo is going to end up with negative effects on the person's body. Right. So chemo is a is a poison. Basically you're trying to poison the cancer cells before you poison the patient.

And I know that's a simplification, but that's really exactly what's happening. So chemo is it oxidizing agent. You're doing it a purpose. Yes. So you're creating you're hopefully dosing it to the right point where you're going to you know, the idea is that cancer cells are more highly metabolic than a healthy cell.

So it's hungrier. You could say. So the cancer cells are going to uptake the chemo faster. The problem is, is there's

other cell lines that your body that are hungry all the time too highly metabolic all the time to that's your hair follicles.

That's why people lose their hair when they do chemo and their immune system. Well, that's not a good thing. So what? You could lose your hair, but you're going to kill your immune system.

That's why when you do chemo, you get your white blood cell count tested that day, add more to the chemo to see if you qualify for chemo that day. Because if your white blood cell count is too low that you can't do chemo.

Why? Because chemo destroys your immune system. And we have to keep that balance so that we don't destroy it too fast while we're also trying to destroy the cancer.

So that's the purpose of chemo. Advocate it. But that just is what's going on. So you're damaging healthy cells. Why do you do chemo? Because chemo is really going to be uptake in by cancer cells.

You know the majority of them for the first 48 hours that the longer chemo hangs out in your body, which has to do with the health of your detoxification pathways, keyboards just going to damage healthy cells.

So, using modalities like P off when a person is doing chemo does a couple things. Number what it's going to add cell charge to all your cells. So it's going to make those cells healthier to be able to withstand the chemical assault of chemo.

It's going to also help with liver function. So when a person is doing chemo and they have a PMF, we recommend doing it over your liver, with the loops.

If you have loops with your PMF unit, because you do want to support liver detoxification pathways that your liver detoxification pathways is, is is relevant to the, health of your genetics, of your liver.

It's relevant to how overwhelmed your liver is at any particular point, dealing with other toxins in the environment and that specific toxic load. That is chemo that you're doing that you did, you know, 48 hours ago or whatever is going to overwhelm the liver.

So if you can support the liver with P of F, with hot packs, with castor oil packs, with coffee enemas, with supported with specific nutrition, anything you could do to support that liver flow, that bile production, that, rate of detoxification of the liver to get that out, the better you're going to be, you're going to have less morbidity from the chemotherapy and what actually researchers found as well.

And interestingly enough, that magnetic field therapy can actually make the chemo more effective. Yeah. Well, because it will help you think, oh, well, I don't want to do something that's going to help my cancer cells survive.

Well, you're not you're helping the cell membranes work better. So you're actually helping the cancer cells uptake the chemo faster so that it's the same thing with it.

Right. If I say it will help the chemo target the cancer cells, but you hit them with their own frequency. So, anything you could do if you're going to do chemo, you want the chemo to kill the cancer cells.

So anything you could do to help the cancer cells uptake the chemo, the better off you're going to be, because it's going to it's going to do its job better.

If we could get the oncologists to agree to decrease the dose of the chemo and, and apply magnetic field therapy at the same time, and probably we'd get the same results with less toxicity and less harm to the body.

But that's that's not going to happen, at least not in our time, probably. Well, it's interesting because, well, there's there's new studies out with what they call tumor treating fields.

You sure you've looked at that?

EMFs, safety, and how PEMF differs

And it's basically using P of F, while they're doing chemotherapy. And those patients are living longer. And in almost all those studies, you know, a large percentage of them are a considerable percentage are living longer, healthier lives using these tumor treating fields that that they're calling it, while they're doing chemotherapy.

But the thing is, it's funny that you you'll never see a study funded just use a p about instead of chemotherapy or using Rif instead of chemotherapy.

You're using nutrition instead of chemotherapy. They won't get they will not get a pity of the, the funds of the study. It's all with with the standard of care giving this or this or this chemotherapy.

We use tumor treating fields that actually we got these great results. So it's added that modality instead of, like you said, the love. Let's try doing it with a lower dose chemo.

Let's try it. Maybe it works with no chemo. Maybe it's actually going to work better. We'll never get that funding on that study. But at least we got some, you know, studies with concurrent standards of care, so that helps.

And the TFS are FDA approved to be used for treatment resistant glioblastoma. So. Right. Yeah, that's the only indication that they have for now, they're doing a lot of research on other kinds of cancers as well.

But you're you're right. They're limited by virtue of what the standard of care is because you don't want to you don't want to disrupt the oncology community.

Oh no no, no. There's too much money be made there. Right. So that's not going to happen. Now magnetic field therapy can also, as you said, take two key points.

One is that it'll help the chemo to work better, but more importantly, people who do magnetic therapy during chemo and most of that call just will tell you don't do magnetic therapy during chemo.

Well, you and I, we can tell people you can do magnetic therapy relative to chemo, but you can't ask them for permission because they don't know what they don't know. Think about it.

Well, it's the same thing where they say, don't take any supplements. We're going to do chemotherapy. Don't take anything. They just don't know what they're talking about.

I'm sorry, but I don't. And if you happen to be in a, in a clinical study that for sure you're not supposed to do anything else but what you know, what the clinical study says you should be doing that automatically.

A limiting limiting factor for you. Now, what about radiation and magnetic field therapy? What about using, p of F with, radiation? Well, it's it's really the same thing.

So radiation is more of a so the inverse of radiation chemotherapy is chemotherapy is obviously using the chemicals. So it's using the body chemistry using chemistry of the body.

That's affecting the body's chemistry. Radiation is is more of a direct kill. With again what is radiation. It is an electromagnetic field. Right. It's just did the ionizing spectrum beating.

It's going to kill cells. And you need to do everything you possibly can to keep cells alive. So radiation is set at a beep, right? It's not just like put in the body that's going to only affect that cell that a laser beam.

Yeah. It's going right through you all the way through outside in, you know, get into the room and bounce it off LED walls all over the place. And you know, I don't know this continues to bounce off that wall.

So it's a that you're hoping to concentrated at a certain site as you shoot beams in at different angles, getting right to that specific site. So where all those beams cross, you're going to have a greater load of radiation and therefore a greater amount of kill rate at that time.

But it's like saying we're going to drop a bomb, a Saki and we're it's, it's it's only going to kill zero to people. Well, you have all this collateral damage that goes along with radiation that can be experienced at much of it is experienced years or even decades later with, cancers, billet elbows, squamous cell cancers, etc.

the skin and other kit tubers at that site are radiation or at that collateral damage where that radiation was and not just cancers, but it just damages cells that are going to have dysfunction because of that.

So anything you could do to to basically heal those cells and bring that back to residents, to be able to bring back to function, you're going to be better off.

That patient's going to be in a better state. Oh, radiation also causes cancer. Yeah. Well it is it causes cancer. You know, people, you know, they talk about the sun causing cancer.

Well, yeah. If you're out the sun in your burning your skin all the time, that can be a cause of cancer because you're, you're to the degree where there's birds taking place.

And yet there could be radiation. And that is, it is killing the cells, but it's actually a slow kill to all the other cells. That might work by that a better the direct path that goes to an important point that you started talking about with your, you know, entry into PMF therapy is whole body magnetic therapy.

So that hope the concept of whole body magnetic therapy becomes very important with radiation, because it's not just the collateral damage, it's not the actual cells that are getting damaged, but it's the cells that are marginal to even those cells that are getting the genetic damage that can eventually transform into other cancers.

So when you do a whole body magnetic field therapy before the radiation, you're you're increasing something called heat stress proteins. And the heat stress proteins protect the cell from damage.

So what you're doing is if you go outside, if you're going inside to sunbathe, you're going to go to Florida, you're going to do sunbathing. The recommendation is that you spend 10 or 15 minutes in the sun the first day.

That's it. And then the next day you can do the full dose. But why 10 or 15 minutes in the sun the day before? Heat shock protein. Because you're activating heat stress protein in the tissues, which then protects the tissues from the further radiation they're going to get.

Yeah. And everybody could experience the same thing. Everybody has experienced that at least in Minnesota where not all the sudden all winter long. Or would you go up the side of the subway.

PEMF with chemo and radiation support

You have to gradually accommodate your body to that, and then you could basically be out there with no shirt on working, you know, in the garden all day long, and you don't bird because of that reason.

And that's really why you would do p f. It's a good example of why you would do f to just add that cell charge so that you could tolerate damage, from radiation.

And you can tolerate damage from negative chemistry, poisons toxicity or environment. You could tolerate damage from other emfs. You're going to better be able to you take that same concept.

You're going to better be able to resist damage from but better damaged electromagnetic fields like your cell phone and cell phone towers and such. If you're adding adding that charge to your body, you're going to you're just basically building kind of like Billy, your immune system.

But Billy, your electrical resistance against those kind of damages. So if you own your own magnetic system and its whole body, you're going to have what kinds of benefits from that.

But you can do it every day. Yeah. You're just you're it's like you're strengthening your immune system from a chemistry standpoint. But from a electrical charge standpoint, your strength, you need your ability to, to, to deal with the damaging effects of every single life.

So the damaging effects of everything in life are okay. You got emfs from cell phone towers, at your dirty electricity at your house and your cell phones themselves and your Wi-Fi and all these radio waves and TV waves that are going through your body.

Those are damaging to your cells. You have damaging effects from your poor chemistry, your choices of diet, you the the pesticides and herbicides that you're exposed to and chemicals that you're exposed to.

You need to have tools that are going to bring back charge and and boost your body's ability to deal with all these, these, insults in your environment.

That's the benefit of really having a whole pamphlet, even if you don't have ill health in your mind right now, you're just strengthening your body against these things.

And not just cancer. Yes. Yeah. Right. Yeah. What is your understanding about, PMS and inflammation? Well, that is one of the biggest reasons why, a person seeks use of p of f, I think, but I think there's proof clinics and doctors and chiropractors and physical therapists that use PMF mainly for that reason, for inflammation, for pain.

Because inflammation is, you know, the devil. What cause of pain? And, and it can help decrease inflammation. So that's, that's one of the biggest reasons why our patients.

Well, you could tell them all these things that it's going to help with cell charge it, all this stuff. But a lot of that is kind of woo hoo to a lot of people.

But when they tell they have a symptom that they're motivated to go, wow, maybe I need to look at getting one of those to, or utilize it in my doctor's office more frequently or something like that.

So when you have a symptom, pain is the number one motivated symptom, probably out there. It works fantastic for that. But what is the role of inflammation in cancer.

Well multi fold. So chronic ramped up inflammation may need like because of toxins in that person's body or because of all the insults that we've been discussing here can increase what are called pro-inflammatory cytokines.

So you get this this increase ramped up inflammation. But that is not good inflammation. So there is good and bad inflammation. Nothing is just bad in your body.

Nothing is just good in your body. So good inflammation is that you have this, this pro, positive immune stimulation due to, infectious agent that you're exposed to.

So you are exposed to a virus. You get this ramped up inflammatory response that is, T-cell macrophage response that kills that virus and that it it brings it comes back down through what are called your T regulatory cells.

But when you have this constant ramped up pro-inflammatory response due to all sorts of things in your environment, stress could even be a piece of that, that, that can hinder attribute response against, pathogen.

And it could when you talk about cancer, it could severely, hinder your ability response against a growing cancer. So all of us have cancer that's growing inside of us because of something that interrupt this, the cell nucleus.

And now it's at a state of rapid replication. That's the definition of cancer. When that takes place, our immune

system should go. That doesn't look right.

That was the fire against my adorable cells. But there's something wrong with that growing, mass. Now, hundreds and thousands cells big. You should have a T-cell response that should kill that cancer.

But if that cancer is surrounded by inflammation, you can't. You're macrophages. Your your natural killer cells are hindered at even getting in there to attack it.

And cancer as it grows causes inflammation. So as a cancer is growing and those cells are replicating, they're in a state of rapid replication. They're going to produce, you know, that much more waste than a normal cell would produce over.

Well, they'd your lymphatic, ability to get rid of that waste. And that waste is this inflammatory muck in the extracellular space that that hinders my ability, a blood cells ability to even get it, get at it physically to get at the cancer, to kill it.

So using anything you can to decrease inflammation from from natural nutraceuticals that could help decrease inflammation, like the flavonoids curcumin mascara trial, great things like that.

Add tools that could decrease inflammation like Pemf can help your if you have a healthy immune response, which will help stimulate that as well. If you have a healthy immune response that will help they build system to be able to get at the cancer, to kill it.

So one of the problems that I have is with the concept of survivorship. I don't know if you have that problem that that concern about survivorship. I don't like that concept because it leads people to believe that you're done.

Once you've had your treatment, you're a survivor. You're done. You don't have to do anything else. And to go back to the information that you were talking about, you have inflammation long before you got your cancer.

Years back and maybe even maybe even a lifetime before you actually got your cancer. Because the cancer inflammation leads to the cancer. But then the inflammation continues now as you've done your treatment for your cancer, but you haven't removed the problem, which is the chronic inflammation.

And so that continues after the cancer. So you survived the episode of treatment for your cancer, whatever that episode was. But then we have to go back and continue to think that we have a chronic problem.

Yeah, right. And then well, basically from then on, we make lifestyle changes and life changes that we're going to continue to help us to prevent metastases, but also prevent other cancers from happening and recover and survive.

Yeah. And it's it's even worse if you do if you go through standards of care.

Inflammation, survivorship, and long-term care

So if you do go through surgery and radiation and chemotherapy, you are going to even now, even have to be more diligent in decreasing these pro-inflammatory cytokines for a lifetime, because as much as you'd like to think that, oh, my body's going to detox this chemotherapy, you're never going to get rid of it.

You're never going to get rid of all. But it's going to be possible. And radiation, you are never, ever going to get rid of that radiation. Because though that that radiation is an ionized frequency in itself that's affecting those cells.

And it could be it could worsen over time. That's why people get full skull radiation for a brain cancer, their IQ, it's just just it's just a given. Their IQ is going to go down over time.

It's not going to get better. It's going to continue to get worse. So anything that you can do to boost that, decrease in inflammation that you could boost detoxification, that you could add cell charge, over a lifetime, that's what

people will come to us.

They'll say, well, how long do I have to use the right for the PMA, for the. It's like, forever, you know? And sometimes they're taken aback by that. But it's like they because we live in this world of the standard of care that they.

Oh, you have this problem, you do this, and it's all gone and it's all better. Instead of understanding the more holistic picture of it, you you have this problem because of all this, your your choices in the past.

And it's not going to be just, you know, do this at you're fixed. You have to, you know, make those lifestyle changes and do the right thing moving forward or you're going to end up at the same pickle again.

And we see that over and over. Far worse. Yeah. Now, do you think Pmfs cause harm? Well, you could use a tool the wrong way if you put it over your head and you crank it up all the time, or if you took the vitiated, you smashed it, over your friend's head.

It's going to cause harm. But no, it's a tool. And a tool. Use the correct way. You know, I don't. I don't think you could cause harm with the PMF if you use it correctly.

There's just there's no downsides whatsoever. And I think that's what the research is showing. It's very hard to do harm with magnetic fields. If anything, I've found, over time as well, magnetic fields reveal problems, they don't cause problems.

And if they do cause problems, use it because you're using it the wrong way temporarily. Till finally the body. Can you get design the right protocol for the for what you need, right.

It becomes like athletic training. You don't get off the couch and run a marathon tomorrow. Yeah, right. You can properly introduce the therapy so that the body can handle the stimulation, and you'll find it's reached an optimal point, a function, and then probably doesn't matter what you do right?

So I don't think cancer patients can harm themselves with solid. No no no they can't I mean I don't there's no really downside in it. You haven't seen any significant downsides.

Oh no. No not at all. No, neither have I. And I've been working with magnetic fields for 30 years. Do you have any, final thoughts on our topic? You know, I know that, you know, maybe a downside for some people is just the cost.

And, so we try to get people to a clinic that they could do it per session and move it it that way. We try to get it, get a bit of a situation that maybe they could rent a unit or something like that.

They, they do have to weigh it out with everything else in their life. It's this is a lifestyle change. And, the beauty of having a unit in your house is that it's not just used by one person.

Maybe it's one person at a time, but the whole family could use it. And that is it. Especially in the light of everything that's going on with current events, I think people are starting to wake up to the fact that they need to start, you know, taking charge of their own health.

They need to kind of start building their, their, their own, nutraceutical pharmacy in their own house. They need to start, you know, building their own clinic in their own house, that their family, an extended family could come to it utilize because, the practice of medicine is getting more and more corrupt.

It's not getting better. It's getting much worse. And, it's, people are starting to wake up to go, oh, boy. If I get to really take care of myself, I need to be my own advocate and, and keep myself healthy and give my kid as much gain as much knowledge as I possibly can to be able to to regain health if if I go the wrong way or a family member goes the wrong way.

So having this as a tool in your house, I think is just another essential that, people need. To, to have. I think a Rif is essential. I think, p about can be essential.

Just like I think sodas are fantastic to have just have ability this array of of tools that they, that, their family could use is just a beautiful thing.

Where do you recommend people go for information about people that. Well, I recommend they go to your site. That's the best thing. Well, I do like your site because you're not biased.

I mean, you carry a bunch of different products. It's not like you're just a rep for what they do or something like that. And you give honest advice. I mean, I was talking to you the other day and you said, well, this is a good machine.

I really like this machine. But here's the downside of that machine. Or it's like you're not defending, weaknesses in a product line. You're just telling it like it is so that we can make the best decision.

Practical advice, home use, and closing thoughts

And my personal goal is to help the person. I don't care what we technology we use or what approach we use right? With the person, right? Yeah. Unfortunately, there's a lot of misinformation online about the Emfs.

And as you said, the vendors usually it's coming from the vendors. Yeah, it's a vendor is kind of defending their product idea and their product concepts.

So there's a lot of stuff that says, no, actually magnetic fields are all you should use. And there are other people that the high intensity magnetic field is all you should use.

And they're both wrong. Right? Right. There's a spectrum. You said at the very beginning there's a spectrum from the very low intensity. They have their place and there's a need for high intensity and a cancer, probably high intensity is probably one of the most important things.

One of the things that most people are missing is that, whole body magnetic field therapy in cancer is critical. Yeah. Right. Like we talked and, as we discussed, we talked about breast cancer and the fact that by the time a woman is discovered to have breast cancer, even though she has definitive treatment for mastectomy, whatever else is done, around that time, 40 to 50% of women, 40 to 60% of women have been found to have breast cancer stem cells in their bones.

Oh, yeah. So one of the one of the most, problematic problems with breast cancer is not five years after you breast cancer typically, it's 10 to 20 years after your breast cancer, when all of a sudden the bone metastases show up, right?

Right. So what you should what should you be doing? We talk about inflammation. You have to protect the whole body for against inflammation, which means you need a strong enough whole body magnetic system that you're going to be able to use for the rest of your life, right?

Right. In order to truly, truly protect yourself. Yeah. That's right. Well, thank you, Doctor Severson. Very illuminating, very helpful. I'm sorry to hear about your own personal journey.

I I'm glad to hear you. Are a survivor. Yes. And then we hope to work with you to, have you continue to live a long and fruitful life as long as you want. Right?

Yeah. That's right, that's right. Well, that was great. Hopefully some people got some more information on this and are going to make some good decisions in their life.

Well, having your experiences is going to be very helpful to a lot of people. I think it's one thing to be technical and scientific and have all that knowledge, but it's another person, another issue, to walk that journey yourself, right?

That's right. Well, thank you again. God bless and enjoy the rest of your day. And spring is coming. That's right, that's right.