Introduction to Dr. Pawluk

Hello, I'm Dr. Ken Sharlin and welcome to the Parkinson's Solutions Summit. I hope you've been enjoying the videos we've shared with you so far and stay tuned for many more.

Today, I am delighted to bring an expert in the field of pulsed electro magnetic field therapy to you, Dr. William Pawluk. He hails from the Baltimore, Maryland area, and he's going to tell you a little bit about himself.

But Dr. Pawluk and I have known each other for some time. He is one of a handful of practitioners who really has opened my mind to the idea that various forms of energy have therapeutic benefit in medicine, not just the drugs that we prescribe or the surgeries we make referrals for.

All are valuable, of course.

From Family Medicine to Magnetic Therapy

And in fact, in another episode of the Parkinson's Solutions Summit, we even hope to talk to you about how some of that is combined, where deep brain stimulation is a surgical treatment, but it's the electrical stimulation of deep brain centers that provides the therapeutic benefit in that modality.

Well, without further do, I am welcoming Dr. William Pawluk to your video screen today. Dr. Pawluk, thank you so much for joining us. You're very welcome.

If I can call you Ken, you can call me Bill. Absolutely. Dr. Bill or Dr. P. The Dr. Pawluk. Bill, could you tell us a little bit about your background, how you got interested in this and some of the work that you've done to really raise your status as a thought leader in this field?

Thank you for that intro, Ken. As a family physician, I've been a family doctor for a long, long time. Board certified Canada Board certified in the U. S..

My training was Canadian originally. Then I moved to the U. S.. I moved to work at Case Western University at Rutgers University, eventually ended up at Hopkins and then Maryland and had faculty positions in those places.

When I worked in New Jersey, I was working for a group practice and we had the largest family medicine practice on the whole East Coast. But 14 family doctors and in that group, of course, we shared patients.

And so that meant that we made rounds at the hospital on our patients. We all worked together in a very short period of time. I had like three admissions to the hospital, one of whom died from gastric bleeding.

And the gastric bleeding was caused by nonsteroidal anti-inflammatory ibuprofen, specifically their cases. So I said to myself, This is insanity. This is insane medicine.

We're having people die on their treatment for pain. The pain wasn't going to kill them, but the the treatment did now are nearly dead. And so I said, this is insanity.

So one definition of insanity is doing the same thing over and over again, not expecting any negative results. All right. That's one of Einstein's variants, I think. Yes.

So basically, I said I've got to do something different. I have to learn a different way of dealing with pain other than narcotics. And at that time in the eighties, we were still encouraged to do to prescribe opioids, but not as much as in the last 20 years or 30 years.

So I said, we've got to do something different. And I didn't want to have people have procedures and I didn't want to have surgeries, tried to avoid all these things.

So I said, I got to do something different. So I decided to study acupuncture. I did a program through UCLA for physicians, and at the end of that training in 1990, I came out armed with needles.

Have needles will travel? Yeah, but the problem is that people didn't. In fact, actually I did actually needle therapies on people on a train heading to and into New York City.

Some woman sitting across from me was green and she'd been drinking too much. So I put needles in her ears and toned it out. It absolutely was phenomenal therapy.

But the problem is that in 1990, people didn't know about acupuncture. So stay away from me with those needles. Don't come near me. So I said, Well, how am I going to do acupuncture if I can do needles?

I found out that they do magnets in the Orient, little magnets on acupuncture points, on the ears, hands, you name it. And so I started looking at magnets, start using magnets.

I actually did a nerve conduction study with a physiologist friend of mine where we put magnets on that points acupuncture points along the path of the nerve.

Sure enough, magnetic fields affected that that transmission. Well, I got going and I started using them a lot. And I started discovering that magnets were doing other things other than acupuncture.

They were actually working on the local tissue. They were taking inflammation down in the local tissue. So magnetic acupuncture therapy works very indirectly in the body.

It stimulates the flow of energies in the body, and that way stimulates organs and organic function. But magnets had the additional benefit of working actually at the tissue level where you put the magnets.

So that kind of woke me up and I said, okay, this is there's something here. But unfortunately, most of the scientific information that was available about magnets in physiology and using it in biology was largely hidden in the Eastern European literature.

So they were summaries that were summarized from a Russian articles or Ukrainian articles or, you name it, Eastern European. So I met an M. D., Ph. D. along the way who said he translated the Eastern European literature for his Ph. D..

Hmm. And he had a manuscript. So I told him I was interested in doing something and bringing more science into the West. Not just the theories, not just sales pitches and so on.

I want the science. So he gave me the manuscript. I redid the manuscript and wrote a book called Magnetic Therapy in Eastern Europe, a review of 30 years of research. Wow.

So that kind of blew the gates wide open in terms of magnetic therapy and what it did and even how it works. So they had clinical studies, they had animal studies, they had test tube studies, in vitro in people, but also human, significant aspect of that was they had done a lot of human research and many controlled studies.

So, again, wow, this is legitimate science. It's been hidden. Right, because it was inaccessible to people in the West. Why do you think that is? Just curious.

How PEMF Works and Why It Differs from EMF

Well, people in universities, people become acculturated, People become and cultivated. People don't you have to speak English? You have to go to conferences to talk to English speaking doctors.

But even today, it's a problem. Because today there's three reasons I say that there are people that's not more widely known. The first reason is ignorance.

And there's two kinds of ignorance. I want to remain ignorant. I don't want to know. And there's ignorance simply because they just haven't read the literature.

Because it's not in the medical literature. Right. Some of the language that we often speak in. Language and mechanisms and so on. Exactly. Although it is more and more now with MRI, it is more and more with transcranial magnetic stimulation of the brain.

And as devices become approved, so medicine is known about magnetic field therapy for the use of nonunion fractures, fractures that won't heal for 25 years.

It's been approved for over 25 years. But we tend to think in terms of what the indications are. We don't think mechanistically what is this technology doing to create the benefit that is great and therefore, what other possible purposes would there be?

So there's a lot less availability and ability to use devices off label that there is the ability to use medication off label. You and I could do medication off label any way we want, but if we're going to get a device from the company that makes a device for nonunion, they want to know why you're prescribing it.

That is not prescribed for generally approved indication. You can't have it. Mm hmm. And I want to do off label stuff to look at other uses of their technology.

So you can only do it in an IRP. Institutional Review Board Review. Board. That might be a formal study. And to submit a formal study, you have to have approval of the study.

All of that stuff that that company tried to get a new indication for their device beyond the nonunion fractures. And they were going to have to spend a half a billion dollars, half a billion dollars to get a new indication from the FDA. Wow.

That's horrible. That kind of destroys that that field. Right. To be able to experiment and expand and look at other ways of using magnetic therapies.

Portia, there's been a lot more research done with transcranial magnetic stimulation, which is a topic that we're going to deal with today, and that's been through the uses that have been approved for treatment resistant depression.

Yes, but there's a huge body of literature on the use of that same technology across the brain for a whole host of other conditions. And Parkinson Parkinson's has been one of those conditions that has been studying reasonably well.

Yes, I did a just a brief literature review before we started our interview today, just out of curiosity, and I immediately found 29 articles. I'm sure there are more, but PubMed showed me 29 articles on PEMF and Parkinson's disease immediately.

And expand that list. You go to multiple sclerosis and you go to ALS and you go to stroke and you go to TBI brain injuries. So the literature I actually did a review.

I published a review article on the use of magnetic field therapy, high intensity, magnetic fields for TBI, and it also published review articles. So this is a large literature now.

I think it's getting bigger every day. So what exactly is pulsed electromagnetic field therapy? And if you hear us, by the way, use the shortened it term.

And that's what PEN stands for. Dr. Pawluk So there are the concerns that everybody has is EMF. That's the elephant in the room. So let's get rid of the elephant right away.

So EMF is I call it environmental magnetic fields. EMF stands for electromagnetic fields, what I call environmental magnetic field. Yes. And those environmental magnetic fields were introduced to us, to humans or to humanity for communication purposes.

They were not introduced for healing or medical purposes, except for the indications that we're going to talk about. Yes. And as a result, these fields are broadcast to the environment.

So the scientific term for it is open loop. It's out into the environment. It just goes on forever. And they are high frequency, which is where we have the concern.

This is where we have the concern about five G. S because they get absorbed by the body. Those wavelengths are extraordinarily short. They go out through the environment and we're all bombarded by them.

And because they're very short wavelengths, they get absorbed. This is how a microwave oven works. That's the whole principle behind a microwave oven is to cook whatever.

So if you take a cell phone to your ear and you hold it there and you're talking for quite a while, you take the cell phone away from your ear, you'll see it's going to be bright red.

Yes. The opposite ear is not maybe slightly red, but not bright red. So what you're doing to your ear when you have your cell phone or your microwave to your ear as you're cooking it.

It's terrible. All right. So that's EMF, that's broadcast into the environment. EMFs are designed in that completely different mechanism, completely different sort of design process.

And basically what it is, it's a machine that produces a current flow through a wire, and that wire then produces a magnetic field. So think of my thumb as the wire conducting current and that current pulsing and that wire, whatever pulse rate we design.

Okay, so when it pulses that, the magnetic field goes out and comes back out and comes back, it's a closed loop. It's not broadcast in the environment it emits because of the current flowing through the wire.

So that's a law of physics. Maxwell's equations.

Safety, FDA Approval, and Clinical Use

Maxwell's law is Faraday's law. So Faraday's law, Faraday, Michael Faraday in the 1800s discovered that the pulse of current has the coil and has a light bulb in that loop.

No current is flowing in that loop, but there's a light bulb connected in that loop. If you pulse a wire pulse occurred past that wire, the light bulb lights up.

And that's called Faraday's Law of Electromagnetic Induction. And that's the key principle behind how that works versus amps. So pumps are not amps? Yes, completely different technology.

And to be clear, P MF has been studied and found safe to use in humans. Well, more to the point, we talked about EMF being approved by the FDA for treating treatment resistant depression.

And I'll tell you what. What they do with that, that PMF is how powerful it is. It's powerful enough to take a coil. I put it to the motor cortex, put it over the side of the head where the nerves that control movement of muscles, they put over that spot, crank up the intensity until they get a movement of the hand.

All right. So you're actually causing, in a sense, a seizure. You're stimulating the nerves to be able to contract on the other side of the body. Somebody that's strong enough, it can cause a muscle contraction in your hand.

That's called the motor threshold, then. Well, you're. Right. Your lower. Maybe we're using the term. I don't want to scare folks using this. It's going to cause a seizure.

But I think if I may, if I understand, what you're saying is that when seizures occur and we're talking about focal seizures, that they're occurring in a discrete area of brain tissue and there is a synchronous firing of a group of nerve cells that manifests outwardly is what we observe as a seizure.

Then we're talking about taking a device and stimulating nerve cells in the brain, causing them or bringing them to a threshold where they will fire their electrical activity.

We call that an action potential or threshold. And so we're not actually causing someone to convulse with this. We're just sort of. Control. Controlling.

Yes, we're harnessing or we're we're saying we're just going to take this group of nerve cells. We're going to can take control over it and would have an outcome that we actually desire.

And that outcome is used all the time. It's been used and hundreds of millions of people, and it's extraordinarily safe. It's just that the government considers chemotherapy to be safe and therefore at low risk.

So when you after you've done that, what they do that's called the motor threshold, you establish the motor threshold. They say, okay, fine, and you take the coil away and you crank it up to 125%.

Now, this is directed right at the motor cortex. So that's going to affect those motor nerves. But then they take that same coil at 125% and put it over the frontal lobe.

You know, and that's what they use for treatment resistant depression. And they do thousands and tens of thousands In my first book, my second book, Power Tools for Health, I go over the safety preps and they've looked at hundreds of thousands of pulses in a very short period of time to even older people with no risk.

So it's a very safe technology. And one of the most sensitive areas of the body, of course, is the brain. Yes. Yes. I would say they're probably going to be safe most other places.

Now, we've talked about its use in pain management, say with a joint that gives folks an alternative to the use of anti-inflammatory medicines in your personal experience.

And then, of course, now we're talking about using this device on the brain. Dr. Pawluk, could you just give me kind of an overview of some of the other areas, really the breadth of applications for this type of device?

Well, I think with this is the way we think in medicine. We think about the application or the indications and my two books, Power Tools and Supercharge Your Health, I outlined 27 different actions of magnetic fields, biologic actions.

It's a physiologic action. So there's 25, 27 of these actions. And that that is irrespective of whatever is going on as a condition. So those actions are happening all the time, every time.

Use magnetic field therapy. All of those actions are possible in the body if you take that population of actions and then you take it a disease or condition, say what is the pathophysiology of that condition?

That's the way I think, pathophysiology. Then I'm going to affect the physiology and that pathophysiology and then produce outcomes. Yes. So there are about 25 actions on the short list.

It's inflammation reduction, stimulating stem cells, improving circulation, reducing inflammation and nitric oxide

production and wound healing so you can accelerate wounds.

Wounds heal in about half the time that they normally take by with magnetic therapy, because you're also increasing ATP in the tissues energy, you're creating the energy, and then that energy then is used by the body to do whatever work it wants to do.

So then in the first book, I did a review with the Science of 50 different Health conditions, whether it's through 50 different health conditions and the different race, some of the research that was available for those 50 health conditions in the application of PMF therapy.

Right. So we link then the biophysical actions to the pathology and to the condition. Kind of like saying we're going to look at all the root causes of a given condition and then realized that way and checks a lot of these boxes.

Right? Exactly. Correct. Include included the endocannabinoid system. We now have research to say that magnetic field therapy stimulates the endocannabinoid system.

We know that magnetic field therapy stimulates the adenosine receptor. And by stimulating the adenosine receptor, then you help with inflammation.

PEMF Benefits for Parkinson's Symptoms

And actually the threshold was discovered with PMF therapy and the adenosine receptor. And that threshold optimal level is about 15 Gauss. Wow. That's really key to what we're going to talk about with Parkinson's or any other neurological conditions is that you want to reach that threshold of 15 gauss at the tissue.

So magnetic field therapy is like radiation therapy. You have to calculate your dose and to start off with the higher dose to get at the target tissue.

And if the target tissue needs to 15 Gauss, then you can use 15 Gauss as your starting point. It has to be a lot higher. And if you try to treat across a brain, whole brain from one side to the other, you have an applicator here and you want to reach the other side, you're going to need about 4000 Gauss. Wow.

That's and again, I have it on the tables about that. So as we kind of pull the magnifying glass back and a little bit and look at the big picture of Parkinson's, want to remind folks that Parkinson's is a movement disorder, but it's more than just a movement disorder, right?

So it's a brain disorder. But in terms of common symptoms, common presenting problems, we're beginning to see a change in posture, a slowness of movement and rigidity, the change in facial expression, the loss of fine motor control.

But then we're also going to see changes in mood and behavior potentially. And there is some evidence that those changes may actually precede the appearance of the motor symptoms.

And Parkinson's may have also heralding those motor symptoms, changes in the architecture of sleep. So the intrusion of these REM sleep behavioral disorders in Parkinson's changes that are cognitive but not necessarily that typical short term memory type problem we associate with Alzheimer's disease, there may be more subtle cognitive changes like visual spatial changes, how you can coordinate what you're seeing with what you're doing with your hand.

For example, in a what we call a trails test or a clock drawing test where, you know, you have to connect certain dots with numbers and letters or drawing numbers around clock.

And so I offer that just to give folks. Now, just back up for a minute, realize that Dr. Pawluk has already mentioned many specific mechanisms by which PMC can help with a given condition.

Thus, it is helpful for many conditions because it's not diagnosis specific. But what we do know from the literature is that when we break down Parkinson's disease into these specific symptoms or signs that there is evidence that PMF does improve many of these signs.

Can you share a little bit more about that? Yeah. In fact, how do we typically treat Parkinson's, aside from rehab that you need inside a functional assistance to the body that the body needs in those conditions?

Medications are only about 50% effective and it doesn't stop progression. So people often stop with modern medication. Then they have to keep adjusting the dose and you have to add another medication.

And some people need three or four different medications to be able to get adequate control. And even then, it's not hearing. You're not reversing. It's helping mostly with symptoms and not all symptoms either.

Yeah, I'm thinking it doesn't work well for some things it does, but that's our reliance. And then we have the side effects from the medications as well that we have to that we have to contend with.

But part of therapy, like, for example, we're talking about going to read some some stuff that I have here. So for let's say for yawning, yawning and stretching are a dopamine function.

And dopamine is decreased in Parkinson's, right? That's the basis behind medication for the most part. So magnetic field therapy increases yawning and stretching.

So therefore it's increasing. Dopamine smells affected, freezing, which is the motor component. But freezing is not just the motor component, it's the initiating the motor activity.

So for example, like the brain we just talked about, right. So I can appreciate motor activity by stimulating those cells and they begin to function. So the therapy stimulates basically dopamine levels, it stimulates those parts of the brain.

And if you do treatment with PD to the motor cortex, all sorts of things improve, including the psychological and cognitive things that you were talking about.

Yes. Yes. So it's remarkable because like you say, we might have to, you know, typically use a strategy. We were treating a motor symptom with one drug, a mood symptom with another drug, maybe autonomic dysfunction with drops in blood pressure, commonly seen in Parkinson's with another drug.

And we need to get your got working because constipation is a huge problem and may then give you some hormones because low testosterone is a big problem in Parkinson's.

Now, that's not to say that all of these can't be helpful or aren't helpful. They are potentially helpful. But we've got this tool in the toolbox now that really can have a much more global effect and maybe potentially reduce the reliance on individual medicines for individual problems.

Absolutely. So even for dopamine, all the drugs that are used for dopamine research has shown that magnetic field therapy will allow you to decrease medication because symptoms are really because of the therapy.

And even if you want to continue with medication, magnetic field therapy and medication work hand in glove. So now, as you may need a lot less of a dose of medication to get the same benefit and then get all the other benefits of chemotherapy as well into the brain.

So, for example, we're freezing, freezing is a motor motor part of it. People get initiate activity, right? They freeze it. But they can they they could be in a middle of motor activity and freeze then too.

But most commonly see it when people start their initiate activity well enough therapy has been approved, reduce freezing by 50% and falling by about 80 to 90%.

Fantastic. This should be in every movement disorder clinic. It's no doubt about it. Right? Should be. Why don't we know. About this, Dr. Pawluk? We do.

We want to ignore it because not FDA approved. So you and I can use it as clinicians. That's our prerogative. Ask questions to use it. Yes, I but if you go to a hospital or into a clinic, they got they have to abide by the FDA.

Stem Cells, Healing, and Device Types

The hospitals are controlled by Medicare and therefore the FDA and so you can't just can't get it in unless it's been approved. Yes. Now, there are some different types of approvals, just to be clear, that that that still have happened.

For example, there is a there are device approvals. Right. That have to do with the FDA saying this is safe to put on your head, for example. Correct.

So there's device clearance, safety approvals and then there are indication approvals, meaning it is approved by the FDA to treat depression and Parkinson's disease.

And most often the safety aspect of that is the least important is most important for us because we do want to be harmed by it. Yes, people don't seek safety testing without getting an indication You can't sell it for a specific purpose like Parkinson's disease unless you have an education approval as well as the safety.

Now, just as a side note, we're talking about the cell phones earlier. I'm not sure that the FDA has said anything about the safety of cell phones yet. It's approved for sale in the United States so we can communicate with one another.

That's because it's not sold as a medical device. It's always a communication device. So that's the domain of the FTC, not the FDA or the FCC. Right. Right.

And yet, how often do we find that technology that we lose use in our lives in our homes many years later and may have some considerable safety concerns?

Because I'm not trying to get into politics or anything, but now there's a bunch swirling around in Congress just over gas stoves in your home or recently that the information came out about the artificial sweetener, aspartame causing breaks in your DNA.

That's not even well, I guess a gas stove is a form of energy, but we're talking about the carbon monoxide side that fills your home when you use it. So devices that are widely available aren't necessarily safe, but this is a safe device.

There, again, they're approved for other things. Eventually, you have to demonstrate with mountains of evidence like cigaret, smoking was known to be a big problem, but they had to accumulate mountains and mountains and mountains of evidence to be able to deal with the lobbies from the companies that make and sell those other products.

Nevertheless. Right. Right. So there is another exciting dimension because for the most part, we've talked about treating symptoms. We've talked about some mechanisms of disease like chronic inflammation, like the aspect of PEMF that stimulates nitric oxide, which is a vasodilator, among other things.

So it's going to bring not only blood flow that means oxygen, but also nutrients to the tissue level where then healing can occur. Growth factors right.

And something else that's very important that gets into this concept of can actually be a device that heals a disease potentially. And there's some evidence to support that.

Well, we know that PEMF therapy can increase stem cell production and use in order to heal something, to heal, to

repair damage in the body. You need to have stem cells to repair the damage, but you also need the growth factors that go along with that.

So just giving stem cells to somebody is not enough. You have to give growth factors as well and PEMF does both well. So these are the mesenchymal stem cells we often talk about in regenerative medicine that exist in tissues throughout the body, including things like bone marrow, fat tissues that come out at times of injury and inflammation and are critical to our normal biological healing process.

And PEMF increase all of those that Denver sites all ago and the stem cells that are important for creating myelin and even neural cells, and PEMF increase those.

There was a study done actually sponsored by NASA on neural stem cells and neural stem cell growth. And what they found is that 24 hours of of a fairly low intensity magnetic field at ten cycles per second, ten hertz caused a 400% increase in stem cell production.

That's fantastic and stimulated about 140 growth factors. Now Dr. Pawluk There are different types of after devices, things that can be used in the clinic, things that would be used at home that one could actually purchase and use, and the privacy there at home.

Could you explain a little bit about the different types of devices and what what would they actually look like? What would someone do with a device when it arrives?

You know. I cover a lot of this practically in my book, Supercharge Your Health, and I've tables in the book about the different kinds of magnetic devices, whether it's low intensity versus medium intensity intensity needs the intensity of the magnetic field that we mentioned, 2000 $4,000 to go across the brain.

So the intensity matters. And we talk about local versus treating a chest versus treating a brain versus treating a an elbow. Right. So different levels of magnetic fields that would be used at different locations are places or for the brain in particular, we need a high intensity machine that's going to be able to treat the whole brain.

Okay. We don't want to just treat one spot on the brain. Expect all these results of benefits from that. That research has been established for that. But interestingly enough, though, when you're treating this part of the brain, what part of the brain is getting treated with magnetic fields? That right?

The whole brain. Yeah. Yeah. Limiting it to one area because the magnetic field goes right through the whole brain itself. Okay. So all kinds of devices are available, and I would recommend getting that book, Supercharge Your Health now. But again, for the brain, we want higher intensity research.

The research has been done on Parkinson's and M. S., for that matter. Research by is very limited basis is limited, it's time limited, it's device limited.

And there are certain assumptions that people use for that study for that research that then limits the ability of that research to be applicable.

Choosing the Right Device and Getting Consultation

Right. So make that most of the time. The problem with research is that it's not done long enough. So if I do research on your brain for, say, freezing disorders, I'm doing it in a clinic setting, at a hospital setting with a device that that's hard to own because they're very expensive and they only do it for a short period times.

They only have so much money right. Right. And they say are hot. It worked. But will it heal? Will they have a sustainable benefit? So most of the time, when it comes to neurological issues, we rarely will cure.

So like a cut, if you stimulate a cut with a magnetic field, they'll heal in half the time. Right? When you stimulate the brain for PD, you're going to get improvements in PD function.

Some of those improvements can last hours to days. Rarely do they last months and rarely are they permanent. So in a clinical setting, in the research setting, you're limited how much you can do.

The results are therefore limited, but results often show us that you need to repeat the treatment over and over and over again. For example, we discovered with depression that initially the treatment programs, the protocols that were FDA approved were short term like a week, and they're looking for benefits in a week.

But they discovered those that people had basically regressed after the week, after some amount of time. They regressed often within a week they regressed.

So then they started extending the protocols and started extending the protocol. And now the protocols are going out to 70 treatments instead of five.

Wow. What that's showing us is that we need often for many conditions, particularly chronic conditions like in the brain in particular, you're going to need treatment over a long period of time.

So that brings us to a very important point, which is now these devices that are available for you to purchase, for your to bring value to your condition, the healing journey that you're on.

And you can not only get one of these devices for yourself, but you can get some guidance on choosing the device, using device, etc.. So as we start to wrap up our outstanding interview with Dr. Pawluk, I want him to explain a little bit more about what I'm talking about, these consultations that folks can get.

Because ultimately, you know, you've got to understand what you're getting. You've got to be able to use it properly to get the benefit. Very important, make it an extraordinarily important point.

People are being sold, PEMF devices by representatives, salespeople, essentially the most common ones are multilevel marketing companies. And the salespeople know very little about PEMF therapy.

All they know is their machine, and they know very little about medicine or how to apply it and get the most benefit from it. So basically, and I already mentioned that intensity matters if your machine that you're getting is not 15 Gauss, it's not even more than 15 Gauss, don't get it.

You're going to spend $6,000 for a machine that's going to help to stimulate your acupuncture point, but it's not going to do anything deep. It's not going to work deep in the body.

So you have to ask, where are you buying it from? What's the intensity? And then ask yourself, in the case of Parkinson's disease, we're talking about intensity having to go into the brain, deep into the brain at least, well, let's say three or four inches from one side to the middle. Yes.

You could see from the other side is that drop off you can treat from the other side as well, or you get one machine that's going to be able to treat the whole brain at the same time.

Okay. And that requires about $4,000. So we provide consultations. The landscape is very, very, very confusing. Even when you read my book Supercharge Your Health, you can still end up confused because it's not about you, your specific situation, your specific problem.

And more importantly, I don't know how many people with Parkinson's didn't have other problems. Yeah, that's common, right? So our focus. Is articulation problems, you name it.

We got to be very careful. We've got to be very careful for sure. So folks need to find out and they should find out on the tell you that more. How can they how can they reach out to you?

Well, first of all, I would recommend getting the book Supercharge Your Health Secondly DrPawluk.com DrPawluk.com DrPawluk.com has a ton of information, and that may be hearsay by itself, but I assure you that

there's a lot of science here and there's a lot of value to this equipment beyond the Parkinson's.

And then number three, we will provide consultation. So if you go to DrPawluk.com on the home page, you'll see something on the right side that says apply for consultation so people can get free consultations from our team, from my medical team, and then we can advise you on what the best magnetic therapy machine is going to be for you.

Warning. Warning. If you expect to heal yourself with a $10 machine, forget about it. Hey, I'm from New Jersey too, so. I had to say forget about it. I lived in the jersey, too.

So you're really going to probably have to get a piece of equipment. It's going to it's going to be probably going to be expensive for you. And when I say expensive, we're talking minimum of $5,000.

Okay. All right. But this is something you're going to use. This is an investment. This is something you're going to use for the rest of your life. And when you have Parkinson's, you need it for the rest of your life.

So folks, yes, you're going to have to make this investment and you're going to have to use it. You're going to have to use it. Purchasing that and letting it collect dust in a corner has no therapeutic benefit whatsoever.

So there is a time commitment. It's not great looking furniture. Well, Dr. William Pawluk, this has been a fascinating discussion about pulsed electromagnetic field therapy or something for a short.

There are so much I'm sure, that we could discuss further on this subject. But another time, as they say, I so much appreciate you coming on the Parkinson's Solutions summit.

And I know this information is going to help folks suffering from Parkinson's disease. I appreciate your inviting me to communicate with your group, your summit audience, and hopefully they'll get benefit.

Have a wonderful day, Dr. Pawluk. We'll talk again soon.