Introduction and mutual appreciation

Well, Dr. William Pawluk. It is always such a pleasure. And so you. I mean, you you come with with such charge and your presentations. charge for sure. A charge for sure.

Yeah, yeah. And, I mean, you're somebody that we all rely on when it comes to really understanding that the pulse electromagnetic field is science. And because there's there's so many tools out there, there's so much information out there that we it is important for individuals to be able to navigate that appropriately and understand what is accurate, what's not accurate, and then to have somebody that's done the legwork, the research and the yeah, really led this field to have that, you know, something we can connect to and and ask, yeah, I appreciate you being that individual.

Thank you. It's my pleasure. And you know, like you because my background is not just past magnetic field therapy. My, my background is holistic medicine.

I also have a background in managing and doing health care management or managed care. I was a medical director for a team of homecare of nurses who did home care.

They set up home care services, so we had to manage all of those, all of those needs for them as well. So somehow we have to find a way to combine the best of both worlds.

And you like me, we never relied on one tool, right? There's no such thing as one tool. And we learned right over time. We learned the strengths and the weaknesses, the value and the and the risks of all the tools we have.

Right. And ideally you have a, a shared a tool shed with all kinds of tools in it, right? To be able to do the most gardening, if you will. Yeah. That's the thing where I am an accumulator and I and I know you are as well.

And and that's the thing is that especially when you deal with something as, as serious as cancer, it is an ever evolving learning curve and ever evolving kind of seeing what what pieces, what holes do we need to patch and, and where, you know, where do we feel we can do better.

And obviously one one of those tools is, pulsed electromagnetic field that, you know, we we are learning more, more and more of the benefit and what what it does and regards to.

Yeah. Not just when you're dealing with cancer because you know, at the end of the day we really don't want to have cancer. And so we at first step we want to prevent.

And and that's where prevention, you know, your tools. But even when somebody is in active disease, you know, there's so much research has come out, in regards to how, pulsed electromagnetic field can benefit.

Long-term perspective on oncology and continuity of care

Well, that combined with everything else. Right. So everything works better when you're using them together. You know, we talked about this a little bit before, I, I've never talked about this with somebody else during these interviews, but the, the, the key having practice medicine for 50 years, I have a, I have a different sort of perspective.

And when you are a primary care doctor and you are doctor who are primary care for people over decades, you see a lot more you you touch a lot more and you see the consequences of your decisions.

So one of the problems that I have with conventional oncology, and it's something that we have to be careful of in

what we do and conventional I called you they see people intensively for a short period of time and that people disappear.

So the archeologists have this perspective then basically that, you know, they're okay now because they're gone. And then unfortunately, they may not come back to them 10 or 15 years later when they get their stage four disease, because now they've graduated, if you will, to somebody else.

Right? So there's the continuity. There's a big continuity problem then in the non primary care world where you don't see that, that the longer term consequences of a of a system that basically fails.

And our culture is now recognizing the fact that what we are not dealing with in these traditional oncology systems is we're not dealing with the biggest risk of all, which is the stem cells.

Now, you and I, we deal with the stem cells. Exactly. Because we we know that the tools that traditional oncology, has, I mean, they, they impact the stem cells, but not in a positive way.

Yeah, they, they really kind of make them more active. So here you have, you know, to your point is that, you know, the individual, you know, they go through traditional oncology care.

Yeah. And they get to the point where at, there's no evidence of disease. They ring the bell, you know, they're done with the treatment. And and now there is, you know, really no follow up.

And the reason for that is that, medical doctors really don't have any tools in that interim. Yeah, right. Yeah, but all the tools they have are destructive tools which will then wear down the body even more.

And so they and that's why they're saying that you're done. But that is when it becomes so important to step into if you haven't already. Yeah. Step into the integrative holistic space where the tools exist that can then impact the the cancer stem cells and that can support the immune system, that can support the mitochondria, that can control inflammation and that can detoxify, that can do all these different things that the traditional oncology system is not built to be able to do.

As insurance companies are the same. So they have short term perspectives. What's the average residence, how long do people live on average, in a residence in this country?

that's a good question. So yeah, I'm curious. It's about 5 to 8 years. Yeah. So every 5 to 8 years, people move. So insurance companies have a perspective that they're only going to have that person as an insured for 2 to 3 years.

So they don't have a longer term perspective either. Right. So and so the doctors don't because the patients move they're gone. They're gone somewhere else.

So they're out of sight, out of mind. But when you have that sort of long term vision then you have you have to live with these folks, especially if you're living in small communities where you're the the GP in a small community or primary care doctor, small community, what you see them through generations, in fact.

And then then you see the consequences of your decisions. So oncology is not designed for longevity. So the way the oncology world works in conventional medicine is people have very short term perspectives.

And we talk about five year survival rates. Right. Well we know now that like say with breast cancer it's not about five year survival. It's about 10 or 15 year survival.

Right. And as I said, the people who did the primary treatments had the tools they had because that's all that they could get the funding for. And they were toxic.

And they eventually have to stop doing the toxic stuff. Right? Because otherwise then you really do kill the the organism. so we know that it's long term and we have to we have to take that perspective.

And we can't do toxic things long term. And even even though I still think it's also a question of whether we should do toxic things at all. Yeah. So so talk a little bit about that because I mean, obviously here we have a disease and we know that the the percentages of people that are impacted by disease is skyrocketing, is increasing every, every year.

And so obviously we don't want to just wait until the disease is here. We want to do preventative things. And there are lots of tools available. And one of the powerful tools obviously, is, is what you're educating, providers, practitioners like myself and then the public and, and how to use it.

And that is, you know, how the electromagnetic field using healthy pulsed frequencies and how that impacts the body and how that can be beneficial. Do you mind just kind of running through a little bit to give a picture of how it how it benefits an individual from a preventative perspective?

Prevention, inflammation, and the tumor microenvironment

And then I would like to be able to go in kind of for people that are active care and then post care share so that people can understand what you know, how this would benefit them.

So let's go through the spectrum. Ideally, if you and I don't have cancer, everybody's got risk, right? But we don't have we don't at this point. We don't have cancer.

But let's say you're 40 years of age or 45 years of age now. What do you do to keep yourself healthy so that you don't get that cancer? The way that you keep yourself healthy is to keep the inflammation level down in the body.

In general, that's the most important thing that we could be doing. And why is that important? Why? Why cancer and inflammation. Why is that important?

So now we get into the mechanics of a cancer, right. and what happens? It's called it's about the tumor microenvironment. That's where a cancer starts.

It doesn't start all over the body all at once. It starts in one spot. Breast cancer is a good example. It's been brewing by the time a breast cancer has been discovered.

Right. It's been there for at least 12 years typically. So that what we call a doubling times. So an initial 1 or 2 cells, maybe 10 or 15 cells or 20 cells are 10,000 cells that are barely detectable.

Cells are so small. All right. So they've been doubling for a long time before they finally get big enough for you to detect it. With the tools that we currently have.

So you should be doing prevention even then, right, to protect yourself against that. And we know that estrogen is inflammatory. Estrogen is important for your bones and for your skin and your body and so on.

But it's also inflammatory. And so when that's inflammatory and you have an inflammatory diet, right, a typical Western diet, then you're adding inflammation on top of inflammation.

And those little cells that are beginning because of inflammation in that breast, those little cells keep growing because what does the inflammation do.

One of the key findings now is inflammation causes a reduction in oxygen levels in the tissues locally. And that decreased oxygen. So the rest of the breast is healthy.

But you got this one little area in the breast that's not doesn't have enough oxygen. And that's caused by the inflammation. And so the oxygen says okay the breast says I need more oxygen.

I'm going to turn on various mechanisms to deliver more oxygen. So they get angiogenesis. We build new blood

vessels to bring in nutrients to the cancer.

but then the blood vessels are not healthy blood vessels. They're cancerous blood vessels. Right. So they're not healthy either. So the cancer trying to take care of the lack of oxygen in its own way, but unfortunately, that way also causes the cancer to grow.

So prevention then is to decrease the inflammation in the first place, which then decreases the hypoxia problem, which then prevents the cancer. So we now know that the hypoxia problem causes the resistance to treatments to end almost all treatments, whether it's radiation or chemotherapy. But hypoxia could also even cause resistance to nutrients, even to supplements.

You know, I've done some research on that. And supplements don't get into health and into cancer cells that well either, right, because of the hypoxia issue.

So they're not being delivered because there's no blood supply to deliver it. So we got a compounding problem. So the idea that is if you keep working at that decreasing the inflammation, that's prevention.

So you prevent it from growing. And you can actually cause that cancer that's growing already to a few cells. You can stop it from growing any further.

You may not kill it, but if you stop it from growing further, you know that's still a win. Ideally, you want to be able to cause it to to reverse itself.

And we've seen it right. We've seen cancers reverse themselves. Absolutely. Without that toxicity. Yeah. Exactly. And that's the beauty is that when you bring these kind of tools in, it's a restorative.

Regenerative. Yeah. It's supportive. And it doesn't bring a bunch of toxic substances that may leaves the body weaker. You know, after the treatment. So yeah.

So here you're talking about, you know, the PMF, you know, being a powerful tool to reduce the inflammation. And with that also you're able then to increase the the oxygen within that tissue.

And because you're increasing the, the oxygen reducing the inflammation, you're also more able to do treatment in that tissue. whether it is, you know, nutraceutical or pharmaceutical, whatever it is, you know, the appropriate delivery mechanism and the receptivity of that tissue as, as is highly is, is increased.

As it has significantly. So the magnetic therapy can help with the prevention, but then it also helps with the treatment. So even if you're beyond that point where you now have the cancer, now you have to do a lumpectomy.

And I recommend lumpectomy, by the way, in breast cancer all the time. Get the cancer out of there because it's seeding itself. It's already spreading itself.

If there's a cancer there, get it out as soon as you possibly can. There could be a lot of women listening who are going to say, no, no, no, that's not what I hear.

I hear that you shouldn't disturb the tissue. You shouldn't cause because cause a problem. Well, but, you know, that's seeding and it's been seeding all along.

So do you want it to seed anymore? Get it out. If you get it out. And then you do the treatments around to protect the breast from the rest of the damage caused by the surgery.

And then longer term, I don't know. You probably know this. I have to think I've mentioned this before. When you look at the 15 year survival rates for women who have had radiation to their breasts and I, I don't disagree with radiation fundamentally, but I think there are other ways to do this.

So when you have your lumpectomy, they recommend that you do radiation to protect the breast from recurrence. And yes, recurrence rates are higher. People who don't have radiation, if you go through the standard approaches, right to taking care of the breast.

But when you look at a 15 year to 20 year survival rate in women who have had radiation, it's only 3 to 4% different than women who didn't. So long term survival, it doesn't protect you that much more for long term survival.

So you still need to be doing other things. Back to our point, right? This is this is a lifetime problem now that you have to be dealing with. So magnetic field therapy then helps you with a local prevention that helps you with the treatment.

Whatever treatments you're going to do helps you recover from your surgery better faster are you protect the breast and then you have to protect the other breast as well, because the next biggest area for recurrence or cancer coming, starting again is the other breast.

So then what you do is you do prevention. Then for the rest of that woman's life, that person's life. The good thing is that when you you're not just doing cancer prevention with magnetic surgery, with magnetic therapy, you're not just doing cancer prevention.

All the things that we do help the whole person. It's going to help their arthritis. It's going to help their vascular disease, going to help their diabetes.

It's going to help their autoimmune processes. All that all the things that we do for prevention help a lot of other problems as well. I mean, the, the, the key to help is as is always to be able I mean, it's kind of like a city.

We shut down all the highways and we shut down the and all the major streets. Yeah. The the ability then for trash to exit is, is as well the decrease and also the ability to transport food and, and things, you know, tools that we need to to keep infrastructure alive and also support to people living there.

Yeah. Becomes greatly decreased. So if we can do the same in the body where we can make sure that all these pathways are open, things are flowing appropriately, all the metabolic waste is able to leave the tissue, all the nutrients that needed all the oxygen, everything that's needed to get into the tissue for it to operate optimally, is in hands.

I mean, then we are putting ourselves in a place where, you know, cancer is not as likely. and not as likely to happen in the first place. Also, it's not as likely to spread and also is not as likely to have another cancer.

Using PEMF during active cancer treatment

A different cancer happened at the same time, right? So we're not talking about one modality, and I'm not talking about magnetic therapy being the only thing that people should do ever.

I'm not going to say that. It's just not enough. You don't know what. You don't know what's going to be enough. That's the problem. We don't know what's going to be enough.

But we know that whatever it is that we're doing, in addition, is greatly enhanced because you you are then supporting the delivery of whatever that agent is and you're controlling that, that, that tumor microenvironment, reducing the inflammatory signaling that's taking place.

And, and like you, I mean, what I see now, I see younger and younger people, you know, being impacted by cancer. So it's not like we all of a sudden can wait until we're 50, you know, and I want to do prevention now because now I see that more and more people are getting cancer.

We we literally have to start in like an early age is to be able to really make sure that we support that tissue and support, inflammation and, and regeneration, you know, from an early age.

Totally. And when you talk about breast cancer, I go back to that. What's the cause of breast cancer happening earlier and earlier? There's lots of environmental causes, right.

And the breast is fatty tissue mostly. Right. So what happens is that all those environmental toxins, the endocrine disruptors, are loading into that tissue and into acting with the normal hormones that are there to create inflammation.

And then on top of that, maybe this is going to be controversial for some people. I had a book I read a book a while ago called Dressed to Kill. I don't know if you ever read that book.

It's worth reading. I haven't that that sounds. Yeah. Because I'm, I'm sure all the, you know, the clothing that we have, the the wires set in, the bras, the, you know, all, all the synthetic material and all the dyes too.

Yeah. But one of the factors about breast, about breast cancer with the breast bra is the bras themselves. And it's not the material or the wires. So what does the breast supposed to do?

A breast is supposed to move like everything else of the body. Right. Because how do you how do you get the lymphatics moving in a breast? Breast has ligaments for a reason, right?

That means the breast needs to be bouncing. And what it's doing that is it's milking the lymphatics and getting rid of any congestion. Right. To to be able to help the breast be healthier.

So bras are a big part of the problem. That's where that book, Breast Dressed to Kill, has a very interesting hypothesis. And I got into a big argument with a surgeon about it.

Academic surgeon magic. So I'm curious, what were their counter argument? Because to me that sounds really obvious that, you know, we know that when we're, we're running, you know, lymph only moves with our movement, right?

And, you know, so I'm curious, what was the argument against, you know, something that that seemed so, you know, logical. Science. That. There's no there's no there's not enough science.

It hasn't been proven yet. yeah. So and so you know what? You know what you know. Well, listen, you're a PhD, so I better be careful what I say. You know, a PhD means.

Well, I mean, we've, I've I've forgotten, but it's it's somebody that. Yeah. It's called piled higher and deeper. Yeah, yeah. Exactly. Right. So we had more we had a lot more information.

That's how you get to be a PhD. Well, the problem is a PhD is have blinders on right. There often have PhDs in their specific limited area of knowledge.

They are not basic, deep, really deep. Fantastic. But it's very narrow. So as a result, if I if I say the breast cancer, the breast surgeons don't read a study on bras and look at the history of humanity and cancer rates in the past when there were no bras.

But there's so many other conflicting factors. We can we could spend all day, but we don't want to. Yeah. And I this is an important point, though, because people make that that, you know, that statement.

Well, there's not enough studies for it. But if we we kind of take that to the ultimate, you know, how many studies is it scientifically proven that you die when you jump off an airplane without a parachute?

Has there been a study for that? And how many people. Have had has there been a randomized control study? Yeah. Has it have to throw mice out of airplanes.

Yeah. But that that's that's on animals. So we we don't know if that happens on humans. So so it's just kind of

showing the ridiculousness of things that you can't just kind of go there.

You can't randomize everything. No, no exact one. So, so talk to me a little bit about, you know, for people that then go into cancer care. here they're doing chemo, doing radiation, doing surgery, you know, these different things.

You know, let's say an individual now is at that point, you know, we were beyond the preventative. And they're dealing with it. How can, PMF, you know, be a tool during, you know, while they go through that care.

So and again, we accept people with their beliefs. We accept people with whatever they've chosen to do in their path. It's their choice. And so, yes, it's your choice whether you have surgery or radical mastectomies or whether you have radiation or whether you have chemotherapy, that's fine.

There's no judgment, right? Nobody is. Nobody gets out of here alive anyway. Right? So we do the best we can for as long as we can. Magnetic field therapy helps all the therapies.

There's no contraindication with magnetic therapy for, radiation or for chemo or for surgery. In fact, actually is very beneficial for surgery because you recover better, faster after surgery.

So there's less drain on the organism after after you have a procedure. But that therapy also enhances chemotherapy and enhances radiation. The Russians have done a lot of research on this, on breast cancer in particular, and they found all of these things are benefited with PMA therapies.

Now they can work by themselves. We know that radiation does the following, and we know the chemo does the following. But when you add magnetic field therapy, one plus one doesn't equal two.

When you're adding and your complementary therapies they're working together synergistically. Then the benefits out you know out outperform anyone along.

And then if you continue it over time, there was a case report of a woman who failed chemo. She, she couldn't do anymore because she was, her, hematology was too whacked out.

It was too low blood cancer, way too long. They couldn't do any more chemo on her. So all they did is magnetic field therapy. She did about 110 sessions in a clinic.

That's a lot. 110 sessions of chemotherapy, of magnetic field therapy. And that's all she did. She didn't do anything else. And her, as long as they watched her, which is about 12 or 15 years later, she was still alive as she was stage four.

That's incredible. That's incredible. And so how when you say that it enhances chemotherapy, you know how we talked a little bit about that and I have my ideas, but how what does it show that it makes it better that it makes it more effective.

Well I think there are two, two things. And unfortunately what happens is the oncologists don't reduce the dosages. Some studies have shown that magnetic field therapy makes the chemo at least twice as effective.

So if you're going to be twice as effective, then ideally what you do is you cut back on the chemo so you don't have the toxicities, right. The toxicities are often related on the dose level.

So we at this point we're doing magnetic therapy and the chemo at the same rates that they normally do their chemo. So magnetic field therapy open cell membranes.

And when you open cell membranes and you talk about the hypoxic environment you talk about the inflammatory environment. If you decrease inflammation and you increase oxygenation of the tissues, the chemo gets into the tissues better.

And then the radiation does the same thing. The radiation causes damage. We want the radiation to kill cells. That's the purpose behind radiation. And there's no point doing it if you're not going to kill the cells.

But you know what? Collateral damage. Right? So the magnetic field therapy helps radiation decrease the collateral damage. And people who do radiation get nauseous, they get fatigued, they get all kinds of side effects from the radiation that are not direct.

They're indirect, right. Including on the on the vascular system and the, blood cells and so on. They get affected significantly by it. So magnetic field therapy makes all that better.

So you survive those therapies better and they work better. So that's that's a win win there as well.

Dose, intensity, and choosing the right PEMF device

And we we know that you know radiation chemo they're oxidative therapies. And and in order to be able to oxidize something you need oxygen. They're all right.

So if we have a high level of inflammation not enough oxygen into that tissue, we bring in an oxidative therapy. We're going to have limited results because we don't have enough oxygen in that tissue.

Right? Correct. Right. That's why it becomes resistant. Yeah. Exactly. So it and obviously with, you know, when you deal with chemo radiation, you also get the, the component of pain, you know, that that's always a big, big component that, that you're dealing with.

And then with chemo, you have, you know, it's not only then the cancer cells because, you know, it goes after fast dividing cells, but you have gut lining, you have your, your nerves.

You have, you know, all these different the brain. Chemo brain. so, so how can how can then the magnetic field therapy kind of, assist in, in those areas.

So the good thing is that magnetic field therapy supports and enhances the value and the effects effectiveness of the chemo, but at the same time, it's making all the other cells in the body healthier and they become more resistant.

Right? So they're they're healthier. They're able to shrug off the side effects better. They recover better faster. So if you do surgery, if you have an appendectomy and you do magnetic field therapy, you'll heal in about half the time that it normally takes.

So why. And the reason is circulation inflammation, increasing stem cell production of regenerative tissues. increasing ATP in the cells and tissues. The body has more energy.

It can defend itself better. we did one little study. I actually, it was an anecdote, almost. at a guy at, biohacking conference in, I believe it was in Miami.

and what we found is that he had a about a 20% increase in energy in a cellular energy from the magnetic field therapy. We did a before and after the magnetic field therapy.

This is a healthy person. So what would happen to somebody who's not as healthy? It really could probably be even more than that. yeah. And, so so here we have done a therapy that, you know, enhances the delivery, enhances the effect of the the drug when it is delivered because there's more oxygen tissue.

Then at the same time, you know, we we know that or we're, we're seeing more and more pointing towards that. Cancer is a metabolic disease. Right. And you're talking about ATP, being the production of ATP is being increased and ATP is obviously that is kind of the energy currency of, of the cell.

Right. So here we are then, you know, arming the rest of the body to not move in that direction of becoming cancerous. And in fact, actually it's interesting about cancers in that microenvironment, that microenvironment, the cancer cells increase, mitochondria function.

They increase ATP, but they also stop it from increasing too much. So in other words, the healthier cells, what more are they could deal with? More they can deal with as much as you can give it. Right.

But not a cancer. Cancer limits how much ATP it will it will allow or produce. So we are flooding the cancer then with ATP along with oxygen, along with other factors as well, growth factors and so on.

We're limiting the growth factors. So multiple strategies, multiple approaches that make that feel therapy works out. It's not just one one strategy, one one tool or one metabolic pathway.

And from my understanding is that with, in cancer cells, you know, we're looking at the mitochondria. And you were talking about there's kind of the cancer cell is wanting to to kind of control the amount of energy that's produced within the cell or how much the mitochondria, the energy factory of the cell, is able to produce.

Yeah. But because the mitochondria is so dysfunctional within the cancer cell, and if you drive that function, then it's kind of like driving a car that's about ready to just fall apart.

And and you, you make it. Yeah. You put it on Audubon in Germany and now it's supposed to drive, you know, 300mph. And lo and behold, you know, pieces fly all over the place.

And so it's kind of like the same, you know, in a cancer cell. And when you push a mitochondria. It's too much, too fast. Yeah. Catch cancer can't control it.

No, no. And then you have all these reactive oxygen species within the mitochondria that just kind of, you know, bleeds into the cell and kills. Blows, blows up the cancer cell. Yeah. Yeah.

And that so that that's a beauty. But bring in and the strategy of you know like magnetic field therapy pulsed electromagnetic field therapy. So yeah, which is fantastic. So, go through it because, you know, you've also kind of gone through to kind of there's, there's research and studies in regards to the different types of cancer and how you can then apply that pulsed electromagnetic field therapy.

for that, you know, like for pancreatic, you know, the benefits there and how to do it. Liver. You would talk a lot about breast, lungs. Yeah. So are there differences in how to apply it?

would these different therapies or would these different cancers? the answer fundamentally is that most cancers are the same. We give them different names because they come in different tissues and they have different phenotypes.

Right? Under under microscopes are different biochemical signatures. But essentially the process is very similar right to each kind of cancer. And so magnetic field therapy, because it's a a nonspecific treatment, it has many different actions in the tissues.

Then those tissues will take from the magnetic therapy what they need. Right. So magnetic therapy doesn't control the results. That's the control the actions of the body.

The magnetic therapy is basically a stimulus. It's a nonspecific stimulus that increases the energy in the tissue. And what tissue has more energy. The tissue says, okay, I need circulation or I need ATP, or I need to, decrease inflammation.

So the body then, in its own wisdom, decides which ones are going to happen first, at what rates and what levels. So then it really doesn't really matter what the what the cancer is.

The key, though, that I think that most people will sort of miss with magnetic therapy is the intensity of the magnetic field. And this is the key message that I want to deliver to people, is that at least if you do the adenosine receptor, from that perspective, magnetic fields decrease inflammation and a lot of ways.

But one of the key mechanisms of action is through the adenosine receptor, which is on the white blood cells, and where our white blood cells everywhere.

Right. But you need optimally you need 15 gauss. So gauss is the measure of magnetic field intensity. But light cold heat, all these physical phenomena drop off very rapidly as you move away from the source.

So like radiation therapy, you have to sort of calculate the dose. You have to start with to deliver the right dose at the tissue. So the problem that we run into with pancreatic cancer would be that people don't have the right magnetic field intensity to deal with that particular cancer.

And if you have but you and I know that we have to know our tools now, we have to know the limitations of our tools, and we have to know when we have to add the next tool.

Right? Or we have to keep it up to a certain point, but we can only amp it up to a certain point, because beyond that, it becomes toxic by itself or becomes harmful by itself.

So then same thing with magnetic therapy and inflammation. We have to adjust the dose that we're delivering at. Fortunately, most of the time magnetic field therapy is not toxic.

Right. Because the body has to produce the the the energy the body has to produce that pathway that you need for like ATP or mitochondria or, or, growth factors, etc..

So that's the saving grace of magnetic cell therapy. It doesn't matter what it is. You just but you have to have the right dose. And that's where I think most people tend to fail.

in my, sort of webinar interviews that I've done, I've shown people that you need, certain level of magnetic field in order to be able to have the most benefit.

Right. And so that's, that's the biggest failure is people don't do the right magnetic fields. So you could spend $6,000 for a machine that gives you one Gauss at the surface, never mind going deep.

If you're only delivering one gauss at the surface, you're wasting your money and you're spending time away from something that's going to help you. So it's actually harmful to you to waste your time doing something that's not going to benefit you anyway.

And in addition to that, increase your risk because you're not doing therapy the right way. So the intensity is the key. So people need to buy the right piece of equipment.

and for that purpose, we have we do consultations that guide people into the right equipment. And then they need to be, educated and informed that they're not wasting their money, you know, spending money on when they're already spending a lot of other money, spending money on and wasting their money on equipment.

Protocols, timing, and low-and-slow implementation

But then you have to do it right. So once you get the equipment that you have to do it right, apply it correctly to be able to get the best results. So how much?

Okay, so you said a number like 17. Gauss says. Is that what I heard? 1515 Gauss and and that needs so let's say the pancreatic you know, so here you're dealing with a tissue depth as well.

Correct. And and so as you apply the magnetic field then that tissue is going to absorb some of that and you'll lose,

you know, just with a distance, you're going to lose some of the intensity.

So what what kind of intensity would you need? you can, hypothetically, for a normal individual that's not excessively overweight. So, in my book, Supercharge your Health, I have tables on Doctor Polycom.

On my website. There's a blog about adenosine and inflammation, and I give tables in that blog. So if you're trying to trade across a brain from one side to the other, you need about 4000 gauss.

So for six inches into the body to deliver 15 gauss from here to the other side, you need 15 gauss. So you figure you need to go over that far. How deep do you need to go for a pancreas, right?

How deep do you need to go for a lung? How deep do you need to go for a belly with carcinoma ptosis? How about the kidneys. How deeply you need to go for the kidneys.

So you have to sort of get a sense of the calculation of the dose that you need at. And all of those tissues. The pancreas is not just one point, right.

The pancreas is about this long, typically. Right. It's got its own, so width and, and and depth to it. So you have to account for the, how deep it is in the body.

And then you have to account for, the size of the pancreas itself. So if you have somebody who 400 pounds, even though the pancreas typically would be more than, say 3 to 4in into the body, now you have to deal with all the tissue that's in between, right?

So you have to account for that as well. The size of the person. So generally going to have to have to have the strongest magnetic field you can get. And it's not wasted.

So you have to worry about wasting. And here you're making then an example of, you know, tools out there that are $6,000 and one gauss and obviously here you're talking about numbers like 15,000 gauss.

In order to be able to deliver the 15 gals at the target area, if you're doing passive skull. So obviously, I mean, are there tools out there that that are that powerful that people can use and the home.

Safely and powerful and it won't bankrupt you? So we have devices that are in doctor's offices, that are $40,000. Right. I think that we need to try to keep the cost down as much as we can.

This is expensive equipment because it has expensive components, and those components have to live for a long time. So you can't go cheap on this. So unfortunately, that's just the way the world is.

we're not right. It's not like magnetic therapy machines. You're making a million at a time, right? They're not sort of disposable that way. So typically you're going to be spending somewhere between 12 to $13,000 for a machine to get the right machine.

Again. If you get less than what you need, you're going to have to compensate in some fashion. And one of the ways you can compensate, potentially, is to spend more time doing treatment.

Well, the last thing people want to do is spend more time, right? So if you think about all the supplements we take, I, I personally spend probably about 4 or $5000 a year, at least in supplements, just supplements alone.

So if I could spend $4,000 a year in supplements, I'm not buying it all at once. I'm paying for it over time. Right? So it doesn't seem as much because I pay for it over time.

With magnetic field therapy, you're making an investment like buying a house or a car. You're making an investment. A big chunk at the beginning, which is going to last you for a long time and provide benefits to you for a long time, not just for your cancer again, for the whole body, and not just for you, but also anybody living at the

house, including your dog and your cat.

So, all organisms, all biology of that environment, they can get a benefit from that, that single simple therapy. Single therapy. Yeah. And that's a beauty like you mentioned.

I mean, it's like an insurance policy, you know, that you're you're taking out, you know, you spend, you make that investment. But it's an investment that keeps on giving for the rest of your life.

And it's and it's beyond, you know, if you ring the bell and now, you know, evidence of disease, it is beyond that. Because now we are healing the tissue.

We are restoring and we're reducing inflammation. We you know, we're doing all the things that needs to be done to repair the tissue post trauma of of oncology care.

But I think that what we do in the practice setting is we use high intensity systems because we know we're going to only see people for a short period of time.

And I know people travel to your clinic as well from a distance, so they can't keep doing this. So they'll get intensive treatment with you or in many other doctor's offices.

But then they have to go home or something, right? In order to be able to continue that, that benefit that they got temporarily with, with treatments with you or any other doctor for that matter, or in Mexico or, you know, wherever you go.

And so, so what what does a protocol usually look like? I mean, is there like a minimum that you should. Yeah. Let's say you are dealing with cancer. Is there a minimum that you should deal with?

I mean, it's like, half an hour every day, you know, half an hour a week or. I mean, what what are we talking about? That would be that, you know, this is what you need to do.

So the most important thing about all this is that you're doing it regularly. So cancer never sleeps. How often do you have to hit the cancer to keep it under control?

So you take the brakes off, right? How fast is it going to try to catch up to not having the breaks anymore? So the answer to your question is we don't know.

We're guided to some extent by the research that is available. so we know that, if you use a weaker magnetic system, you're gonna have to spend a lot more time.

It could be several hours a day. If you have an appropriate, system that's strong enough that you might be able to get away with half an hour twice a day.

But let's not forget, most people with cancer have other health issues, too. But they're not just dealing with the cancer. And those other tissues are impacting the cancer too.

So if you take care of the other issues and the cancer, then you get a benefit from both. So typical. I recommend a minimum of half an hour twice a day with the right intensity.

So if you get the intensity that's going to meet the needs for the distance and deliver the 15 goals at the right distance, then you probably need less treatment time.

women who have cancer, breast cancer, for example, are often menopausal. And because they're menopausal, they often have osteopenia or osteoporosis. So that needs to be treated to and that needs extra time.

Fortunately, if you treat the whole body with a strong enough magnetic field, you're treating the osteoporosis or

osteopenia at the same time that you treated the cancer.

And if you're diabetic, you treat the diabetes parts of parts of the diabetes process at the same time as you're treating the cancer, right. So half an hour to an hour, typically twice a day.

If you want more assurance, especially at the beginning as you're measuring your markers, you're doing your imaging studies and so on, you're seeing that you're getting some control over the process.

Now you look at backing off, we back off and you see your markers changing and going back up again while you backed off too soon, right at too much. So then you have to keep up the therapy.

And we're going to be talking about six months, a year or two years of continued therapy over that period of time to make sure that we have we have control.

So I think a minimum of a half hour, twice a day. My answer to people is that we have 100 trillion cells in our bodies. Let's say, all right, and we have about a million biochemical processes per second in every cell.

How much treatment do we need to keep everything humming optimally? We don't know. Right. It's going to be different for every person. And the more risk factors you have, right, the more other conditions you have, the more time you're going to need to spend.

So that's a reality. There's no such thing as a magic bullet. There's no such thing as a one pill solution. Once right? This is again lifetime management.

And it's very, something that you need to gradually step into or you can't. Can you just kind of jump into it, you know, full blocker immediately. So good question. What would you do.

Well I would gradually yeah. Step into it. Because if you just fuel the body with a huge amount of energy, a lot of stuff is going to happen immediately.

That can just overwhelm the individual. Absolutely. Totally correct. So we're we're in sync here. I have a protocol called Going Low and Slow. And we do this as clinicians.

We do this all the time. We get a sense of the person. We try a treatment and they react to it that we back off and then we change the protocol. If we have somebody is going gangbusters and you can accelerate that protocol, but you're always monitoring the results and changing the protocol based on the results.

So the protocol has to be determined by the person, not by you or me, not because the doses so by, you know, the company pharmaceutical company says this is the dose.

Well that's a good place to start. So we are we're going to do that. We're going to adjust it. I, I the biggest concern our magnetic field therapy doesn't cause problems.

Key rule it doesn't cause problems. It reveals problems. So if you're reacting you're revealing problems. And so what you do is you back off as you go low and slow, you gradually have to figure out a protocol that could work for you both in the short term, and then you adjust your protocol for the longer term.

And so until finally you're you're basically humming again. So we have orders on the website. We have a blog called Going Low and Slow, which is also an appendix in the Supercharge Your Health book.

To go low and slow is very important. Yeah. And I usually tell patients, yeah, it's kind of like you have somebody that whole houses that disarray and all of a sudden you give them a huge amount of energy.

And so now things are pulled out of the closet, you know, things, all the projects are done and the living room is just a mess. Yeah. Because they they're just pulling out all this garbage from elsewhere.

That's the same in the body. You have all these toxins in the cells. You have tissue that needs to be repaired. And if you just throw a bunch of energy, all these toxins, all the immune system activity going after pathogens, all of that happens at the same time.

that's just a lot for one person to handle. You're you're driving the body crazy trying to figure out what. So the the magnetic therapy in this case then becomes another problem that the body has to deal with.

Right? We don't want it to be a problem. We want it to be a facilitator, not a problem. So going low and slow becomes important. So I think consultation this is why consultation why we offer consultations for people with cancer.

Because it's complicated. And ideally you know what else they're doing. And you know how to combine it and you know how to time it. Because in some cases you want to time the magnetic therapy, like if you're doing ozone or you doing hyperbaric, how what's the timing?

Which one do you do first and how much do you do because you're doing something else. Then again, you want to be maybe a little bit more, careful with the magnetic field therapy because what plus one doesn't equal two, right.

Adding too many therapies at the same time becomes something have to the body, has to cope with two. Yeah. Yeah. And that that's, that's, why people like us exist.

So we can guide, guide them through that journey. Yeah. So we got people like us who have experience and knowledge. It's not just knowledge, it's experience.

And then the wider the experience, the better, because the more experiences you've had and the more tools that you've touched and used, the more you understand the, the, the place of each one.

Exactly. Well, Dr. Pawluk, you always, thank you for for bringing this message loud and clear. And, you know, because at the end of the day, you know, the challenges all disease in some fashion and relates to inflammation, mitochondrial, you know, lack of energy and, and lack of transport of, nutrients, you know, circulation and, and have a tool that address all of that becomes really powerful.

And thank you for for really bringing clarity into this field. Well, you're very well. The field. Yes, I'm in the field. Thank you. Thank you I appreciate it I appreciate you having me on.

We asking great questions and having a great dialog. Thank you so much.