# *MagneChelation*
# by Dr. Dean Bonlie, DDS

- Definition: The use of magnetization to enhance chelation of toxic metals.

# History of Clinical Observations

1. Extreme toxic symptoms. Two hours into treatment with MME.

2. All symptoms eliminated when patient was given 500mg of DMSA at the beginning of treatment.

15% of the customers using our strongest magnetic pad under their mattress had the same toxic symptoms. Again, symptoms were alleviated with 500mg DMSA.

Note: This 15% had more than six amalgam fillings at the time of treatment or previously.

# How Does It Work?

It is necessary to rise the charge on the cell wall to draw the metals out of the cell except when cellular division is taking place.

Non-toxic metals exit the cell at low voltage differentials (40-50 millivolts).

It takes 80 to 110 millivolt differential to remove toxic metals. The mitochondria must make an optimal amount of ATP to run the sodium potassium pump at very high levels to get the necessary 100 millivolts.

Before, we used high dose vitamin C or alpha-lipoic acid and $Q_{10}$ to help the mitochondria resulting in some success.

In an article published in *Plos One*, November 2010, volume 5, issue 11 (Wang), page 4, Johns Hopkins' researchers found a 38% increase in ATP production in P12 cells that were placed in a static magnetic field device that we supplied.

This increase could be much higher *in vivo* with the brain's pulsed DC electromagnetic field interacting with an enhanced earth-type field resulting in increased resonance of the mitochondria. All of this leading to enhance electron transfer in the creb cycle resulting in more ATP production.

↑ ATP equals ↑ Na+ K+ pump function which leads to ↑ charge of the cell wall and ↑ metal excretion.

To test our theories, we did a pilot study in Dallas with Dr. Al Johnson, M.D.

The design:

1. 13 healthy subjects.
2. Subjects off all seafood and fish for five days before baseline tests.
3. Eight hour overnight urine collected and sent to Dr.'s Data.
4. Next night, they slept on the 20 gauss super-magnetic pad and collected their eight hour urine which was sent to Dr.’s Data.
5. The following night they slept on the magnetica pad plus took 500mg DNSA at bedtime. Again, they collected urine overnight and sent it to Dr.’s Data.

# Excretion Levels of Toxic Metals on a Magnetico Pad Compared to Baseline Levels on a 13 Patient Pilot Study

| | | Weighted Average |
|---|---|---|
| Arsenic | ↑ | 31.66% |
| Lead | ↑ | 22.18% |
| Mercury | ↑ | 28 % |
| Nickel | ↓ | 6.6 % |
| Tin | ↑ | 10.44% |

## Excretion Levels of Toxic Metals on a Magnetico Pad plus 500mg D.M.S.A. at Bedtime Compared to Baseline Levels on 13 Patient Pilot Study

| | | Weighted Average |
|---|---|---|
| Arsenic | ↑ | 16.7 % |
| Lead | ↑ | 80.58% |
| Mercury | ↑ | 45.6 % |
| Nickel | ↓ | 4.15 % |
| Tin | ↑ | 57.72% |

## Who do we recommend using chelating agents with the magnetic treatment?

1. Kidneys, by nature, conserve metals as some are needed, but not the toxic ones.

2. Kidneys will excrete sulfides easily as they are considered toxic.

3. So bind the toxic metals with a compound that easily gives up sulfur.

4. This keeps the toxic metals level in the bloodstream low preventing recontamination of other tissues.

# Clinical Results

Dr. Larry Pearce, M.D., neurologist, found early on that the five gauss magnetic pads helped his Parkinson's and M.S. patients. He suggested we make something stronger. So we made the MME (magnetic molecular energizer) a 10,000 pound DC electromagnetic bed.

As stated earlier, we supplied a small version of the MME to Johns Hopkins Bio-engineering Department for testing cell cultures. The following two published papers show the results:

"BMC Genomics", published 2009 in *BioMed*), August 4, 2009 (Wang).

The abstract is stated: "SMF-mediated responses were manifest at the cellular level as morphological changes and biochemical markers indicative of pre-oligodendrocyte differentiation."

They discovered an up-regulation and down-regulation on gene expression of more than 2,000 genes.

Additional supporting evidence that static magnetic fields combined with IL-6 leads to oligodendrocyte progenitor formation.

Ultimately, if full oligodendrocyte formation can be promoted in vivo by static magnetic field without concomitant astrocyte enhancement...this capability could lead to non-invasive therapies for conditions such as multiple sclerosis linked to oligodendrocyte pathologies.

Indeed, we have found this to be true in our clinical trials.

The good news is we have found clinically this to be the case.  We have treated 100 multiple sclerosis cases with 75 out of 100 showing substantial improvement.

In another paper published by Johns Hopkins' Bioengineering Department in *Plos One*, November 2010, volume 5, issue 11 (Wang), regarding static magnetic field exposure states that "Provided that the *in vitro* results presented in this paper apply *in vivo*, [static magnetic fields] hold promise as an intriguing non-invasive approach to treat [Parkinson's Disease] and potentially other neurological disorders."

"Together, these results raise the intriguing hypothesis that [static magnetic fields] can reproduce the effects of a promising class of non-dopaminergic [Parkinson's Disease] drugs in a non-invasive manner and, more broadly, hold potential for ameliorating additional neurological disorders such as Alzheimer's and Huntington's diseases through modulation of $A_{2A}R$."

Many of the patients in these two studies were later tested for Lyme's Disease which manifests many of the same symptoms. So the non-responders could have had a large percentage of Lyme's Disease which would not respond to this type of treatment.

As mentioned in the last study, Alzheimer's could be affected by this treatment. Indeed, we did do 19 cases. 14 improved substantially and 5 did not.

We've also treated independently 29 cases with magnochelation in two pilot studies of autism, again with astounding results. All children improved.

Note: Brain regeneration on chiropractor case study.

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