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ANOMALOUS MAGNETIC FIELD INTENSITIES – ARTHEROSCLEROSIS CAUSE

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ABSTRACT

Humans are born, live and die in natural Earth magnetic field (EMF). Anomalous EMF - anomalous zones (Az) are harmful for them. Ischemic diseases are most frequent death (56%) and invalidity (85%) causes. Atherosclerosis (At) appearance mechanism is unknown. **Aim:** Magnetic (M) fields measuring to find correlation between Az and disease location. Move the diseased from Az and observe condition. Explain: diabetics' predestination for cardiovascular diseases; at etiopathogenesis obscurities. Give the at cause conclusion. **Methods:** Several decades' research included 560 patients both sexes, age 40-60, heart infarct, blood vessels atherosclerosis, aneurism and thick veins, according to the International Disease Classification (IDC-10). M field measuremens of beds with protonic magnetometer and compass "Brunton". Patients moved into natural EMF, health conditions observed. The medical parameters observed. **Results:** Correlation between Az and disease location confirmed, (20 cases presented). Health conditions results after staying in natural EMF observeo – results are spectacular no recidives and laboratory findings normal. Third group - At literature theoretical obscurities explained. **Conclusion**: At cause is Az in dwelling places. The greatest help to patients and doctors is locating patients into natural EMF.

Key words: Anomalous zone, atherosclerosis, Earth magnetic field.

INTRODUCTION

Magnetic (M) fields measuring to find correlation between Az and disease location. Move the diseased from Az and observe condition. Explain: diabetics' predestination for cardiovascular diseases; at etiopathogenesis obscurities. Give the at cause conclusion.

Measurement results

In this research, attention is paid to geomagnetic field. Measurements discover EMF spatial changes, i.e. areas with AMF located. Spatial AMF, i.e., Az, are created by wrong arrangement of magnetic objects in living spaces. There are, also, variable magnetic fields, originating from electromagnetic fields, characteristic for every Az. Measurement techniques are geophysical instruments, and the measurements are geophysical with interpretation of the measured quantities. People arrange things that surround them in a wrong way and this causes magnetic and electromagnetic pollution in the spaces where they spend most of their time, being unaware of it. The resulting vector intensity of the total AMF is measured. The instrument is "protonic magnetometer", 100 nT (nanoteslas) factory precision. The results obtained are presented in sketches

graphically in the iso-anomalies forms (lines with the same AMF quantities), given in microteslas (μ T). The sketches show Az in beds a person diseased by At uses for night and day. Diagnoses are, mostly, given by the Institute for At, Belgrade. The disease classification is in accordance with the international classification (IDC-10). We point out that, for the good therapeutic results, the most important is to move the patient away from Az and place him/her in a natural EMF.

In the paper we present 20 cases on sketches (Sk).

Sk. 1 Correlation between AZ and cariotides arteries atherosclerosis is found.

Sk. 2 Correlacion between myocardial infraction and AZ is obvious.

Sk. 3 Correlation of brain arteries atherosclerosis is found.

Sk. 4. Correlation between artery atherosclerosis in groin and AZ is found.

Sk. 5. Correlation of Az and brain infarction is found.

Sk. 6 Correlation between thigh artery and AZ is found.

Sk. 7 Correlation between brain infarction and AZ also found.

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Sk. 8 Correlation between brain infarction and AZ is clear, lower.

Sk. 9 Correlation between brain infarction and Az is obvious.

Sk. 10 Correlation between myocardial infraction and AZ is obvious.

Sk. 11 Correlation between myocardial infarction and AZ is obvious.

Sk. 12 Correlation between myocardial infarction and AZ is obvious.

Sk. 13 AZ covers head, middle breast and stomach. The patient suffers from

cataract, angina pectoris and diabetes mellitus and in this case the correlation is found.

Sk. 14 AZ covers thoracic and abdominal area, the patient got serious anginaPectoris.

Sk. 15 AZ covers head, thoracic and abdominal area, causing a very high artery pressure and we, in this case also,

confirm the correlation.

Sk. 16 AZ covers only the upper half of head causing brain infarction where we confirm correlation.

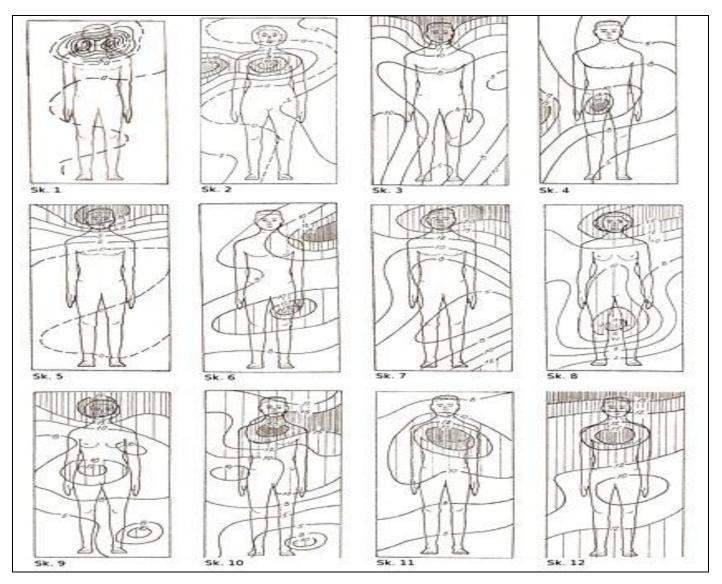
Sk. 17 AZ covers the breast part of the patient causing myocardial arteries.

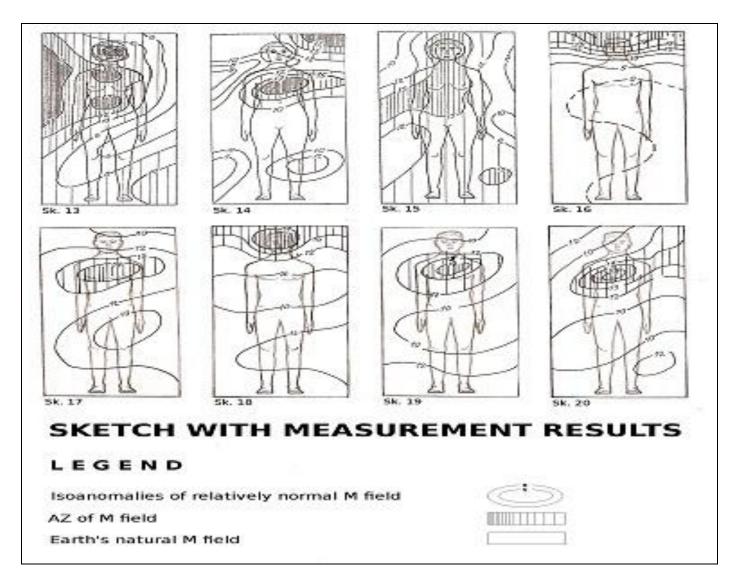
atherosclerosis, so here also, the correlation is confirmed.

Sk. 18 AZ is the cause of brain infarction, what is confirmed by the correlation.

Sk. 19 and Sk. 20 AZ cause myocardial infarction, what also confirms correlation.

We have documentation about a large number of measured beds used by people with At. In all the beds connection between Az and At is confirmed. Presentation of a large number of sketches is unnecessary. After 25 years of EMF measurements performed in the At patients' beds (there were over 500) no disease created in the natural EMF has been found.





As literature presents, the atherosclerosis causes are the following:

Many atherosclerosis mechanisms have not been explained until today. [1]. Just these obscurities we will explain

1. The most important factor in the atherosclerosis appearance are low density lipoproteins; [1]

2. Nevertheless, with some persons who have normal lipoprotein level in blood atherosclerosis can be developed; [1]

- 3. Diabetes; [1]
- 4. Hypothyroidism; [1]

5. Men in their younger ages are more endangered than women of the same ages; [1]

6. Smoking; [1]

7. Restenosis – gradual narrowing of coronary arteries after a successfully transluminal (30 - 60%) and laser (over 70%) atherectomy and angioplastica. The presented literature results relatto the 1998 period. Today's therapeutic practice has reduced the restenosis to 8 – 30%. But in the stent itself thrombosis may occur and form a thromb [2]. 8. Excessive contet of iron in blood, as found in experimental studies, can cause atherosclerosis. Literature has not explained the mechanism of this atherogenic action [1].

Our explanation of the obscurities from literature is the following:

1. Low density lipoproteins (LDL) and high density (HDL) are paramagnetics, and the official literature has labelled the LDL as the main instigator of atherosclerosis appearance. Blood goes through arteries thanks to the pressure difference. Very small diameter changes are "miraculously" changing the conductivity. Vessel conductivity increases with the 4th diameter degree and M cells properties, constructing a stratified blood vessel, have collective micromagnetisation decreasing with the radius to 4th degree of the distance from a blood vessel. The effect of M properties upon the blood weakens very quickly. When we understand this, it is easy to explain the "miraculous" conductivity, as well as laminar blood flow through a blood vessel.

Since the highest speed of blood's flow is in the central part of blood vessel, the law of inertia does not allow that the higher density cholesterol stays too long in the blood vessel's wall vicinity, while the light cholesterol can be slowed down with the M forces, it can even be accumulated in the area of the strongest M forces, what is the result of the M summation of vectors, usually focused in the intima of blood vessel. Accumulation of LDL and calcium (outstanding paramagnetics) points out that the M forces are the only causes of atheromatous plague. It is believed that lipoproteins HDL can absorb the cholesterol crystals which start to pile up on the walls of arteries.[3]

Since the HDL has greater densities, i.e. greater masses, it has stronger properties, because volumen susceptibility equals to the mass susceptibility multiplied by density, what means that M properties increase with the density increase. That is why HDL with its M attraction forces absorbs cholesterol crystals taken by the blood stream away from the spot of possible atherosclerosis appearance and this is why it helps in the protection against diseases of arteries.

2. Persons with normal lipoprotein level in blood get atherosclerosis, but there is no official explanation 'why?'. We state that the cause is an anomalous M field from the external environment, as we have already noted.

3. It has been presented that in special circumstances the lack of glucose in perfused blood for longer than few minutes may cause local vasodilation. Since the glucose is outstanding paramagnetic [4], the increased an concentration of paramagnetics increases blood M characteristics, causing the vasoconstricion. It is logical that the decreased concentration results in the M characteristics decrease, causing the appearance of blood vessels vasodilation. Now, it is clear that diabetic patients are more endangered than the people with normal sugar level in blood, i.e. spending time in the enormous M fields from the external environment, causes increased depositing of substances with paramagnetic characteristics in blood vessels, when atherosclerosis my appear, as well as other cardiovascular diseases. (Sk. 13).

4. Lack of thyroid hormones with hypothyroidism accelerates the atherosclerosis appearance in the body. If metabolism is characterized by decreased thyroid hormones, blood temperature is lowered, what makes the artery blood to get stronger M properties, in which case in an anomalous M field the atherosclerosis is formed faster. With hyperthyroidism we have increased excretion of thyroid hormones, which in metabolism increase blood temperature. As the result of this, we have weakened M properties, so in the anomalous M field, atherosclerosis develops harder.

5. Women in reproductive period of life are more protected than men against atherosclerosis, because of their higher body temperature which decreases the blood M properties.

6. Smoking and cardiovascular diseases: Great number of the published papers point out that smoking is a serious risk factor in the appearance of many diseases [5,6]. At the beginning, we must tell that smoking is not the cause of malignant diseases, CV and other diseases, as well as atherosclerosis, but it can only accelerate the appearance of body viscous magnetization (BVM) of an organ or a part of an organ which gets sick. BVM occurs when the specific part of the body is under the prolonged influence of AZ within the external environment [5]. Everything that spends a long time in the M field and has paramagnetic and ferromagnetic properties gets magnetized. Body or its part (organ) is mostly in a viscous environment and that is why we call this magnetization BVM. This space concentrates substances with paramagnetic characteristics. Tobacco smoke is enriched with paramagnetics. Tobacco cells contain nuclei and organelles which are outstanding paramagnetics. When burning in tobacco smoke, the concentration of paramagnetics, accumulating in alveoles and blood, increases. Since it has been found that the blood viscosity in smokers is increased, "smoking - that directly increases the concentration of 'bad' LDL - cholesterol, increases the blood viscosity causing the blood vessels narrowing", because the tobacco smoke substances increase M properties as paramagnetics. For these reasons, the blood viscosity increases, too. Now, it is clear that smokers will more easily get sick during their stay in an anomalous M field than non-smokers. This, also, refers to malignant, CV and other diseases which the official medical science has statistically connected with smoking. Naturally, the appearance of atherosclerosis will be accelerated, too.

On the basis of all the above, we conclude that the anomalous M increase from external environment is the cause of many diseases, while smoking is only an accelerator of the BVM process appearance in body. This means that in an anomalous M field, a non-smoker will, also, get diseased, only within a longer time period of being exposed to the influence of M field.

A clear confirmation of the above presented is, also, in angioplastia – the cleaning of blood vessels attacked by atherosclerosis.

7. Restenosis: "Gradual narrowing of coronary arteries after a successfully performed transluminal atherectomy is a serious complication which reduces the results of this recognized therapeutic procedure... our understanding of the mechanisms responsible for its appearance is still not sufficient".

Cardiologica interventions in treating the ischemia of heart diseases (transluminal coronary angioplastica) have developed significantly." Although, in technological sense an unthinkable advance has been reached within only one decade, what has essentially increased their primary success, and reduced morbidity and mortality to below 3 and 0,3%, a long-term biological response on barotraumas of blood vessel, which is manifested in restenosis during the first six month after the intervention, the so called accelerated atherosclerosis, in 30-60% of patients, the right cure has not been found. Unfortunatelly, our present knowledge level in this field has shown that with the application of instrumentarium this unfavorable biological response cannot be changed, but the new breakthroughs in pharmacotherapy, molecular biology and genetic engineering are necessary... In the laser angioplastica application, in spite of good primary results, the results were disappointing as far as the restenosis appearance is concerned, which were even above 70%" [2]. Regarding the contribution in finding the explaining of restenosis process pathogenic mechanisms, as well as the suggestion of measures for prevention of this postintervention complication, here are the explanations of restenosis appearance and the suggestions on how to avoid it after the transluminal atherectomy. In order to understand the restenosis, the following facts are presented which must be observed continually.

a. The anomalous increase of M field -AZ may be located within any part of body, changing the magnetic orientation of the affected domain (molecules reorientation), if the tissue is under the influence of the anomalous field for a longer period of time. In that way, BVM of tissue and arteries is formed. As a result of AZ from external environment, pathological condition in body is created.

b. Magnetic effects cause appearance and development of atheroma.

c. With the atherectomy a part of atheroma or the whole atheroma is removed, but BVM is not removed - only reduced in the tissue around the removed atheroma. That is why, after the successfully performed transluminal atherectomy, we still have the BVM presence, of a high intensity and the atheroma restoration cycle is being repeated, but this time much faster. The fact that patients are most often in AZ should be pointed out, so it is clear why during a few months, restenosis appears in 30-60% of patients. Laser angioplastica is an increase of arteries lumen by laser radiation. The thermal energy, created by laser radiation, burns the atheroma, the result of which is that molecules as constructing parts of atheroma, get an increased temperature. During the cooling time, within the same molecules and the surrounding tissue a very high body thermoremanent magnetization (BTRM) occurs. BTRM depends on the body temperature entering into magnetizing field and on the M field intensity. Molecules temperature, because of the laser angioplastica, is increased, and the BVM is high, too. It should be noted that patient usually moves again into the AZ which is the cause of BVM tissue, and which was the cause of the atheroma appearance. Therefore, after a very short time, there occurs BTRM intensity higher than BVM (which has created atheroma) of the tissue where laser angioplastica has taken place, resulting in the appearance of restenosis. This fully explains the restenosis appearance in more than 70% of patients with laser angioplastica.

Data presented relate to the time until 1998. Today's therapeutic effects, thanks to the engineering and medical sciences, have greatly advanced what we present in the text that follows.

Coronary and other arteries blockages appear only in AZ caused by M field from external environment. As we have already shown, there appears artery and its wider surrounding BVM, in the first place. The blood vessels blockages, with implantation of stent under the pressure of 20 atmospheres, get widened, i.e. stent sticks to the artery wall and makes an appropriate volumen for normal, or maybe larger, blood flow again, what means recovery. Unfortunatelly, BVM around the stent is not eliminated and this intensifies accumulation of substances which have already blocked the artery in stent area or, what is more often, creates thrombosis in the very stent, because the magnetization centers are usually in the volumen of the widened blood vessel, what is the reason of a thromb creation. According to the data about restenosis thromb appears "in 8-30% of cases, depending on the stent type. Restenosis does not appear with all patients with the implanted stent"[7]. We can suppose why some patients do not get restenosis or thrombosis and others suffer from this post-inverventional complications.

The patients who, by chance, avoid spending time in AZ do not get restenosis and thrombosis. The patients who enter the space of anomalous M field again get restenosis and, more often, thrombosis, again.

The double antiaggregation therapy should be mentioned, which is very important. If this therapy with medicines is "omitted the stent thrombosis appear, resulting to infarction" [7]. Stents are releasing medicines (DES) Although DES greatly reduces the blood vessels restenosis, the late thrombosis and restenosis still remain as problems and are subject of intensive researches [7].We categorically emphasize that after removing the patients away from AZ, these postinterventional complications cannot occur, and then the double antiaggregation therapy can be easily reduced, and after some time this therapy can be totally stopped.

On the basis of all the presented, we can conclude that after the atherectomy it is necessary to place the patient into the space with no AZ and then the recovery without the appearance of restenosis will take place.

The appearance of restenosis after the coronary atherectomy has definitely confirmed the cause of atheroma creation, and especially the laser angioplastica is an irrefutable proof that AZ are the cause of gradual narrowing of arteries lumen in general, coronary arteries including.

8. Additional experimental studies confirm that AZ is the cause of atherosclerosis. They have shown that excessive

content of iron in blood can cause atherosclerosis [1]. This experiment with iron, as an outstanding magnet, definitely confirms that anomalous M field increase and M blood properties are causes of atherosclerosis.

CONCLUSION

In order to get to the mentioned results an objective estimation of the used geophysical methods feasibility was necessary. The three data groups synthesis has been done. Within the first group of data, correlation between Az and the diseased part of body has been found. In the second group the health condition of patients have been observed after the time spent in the natural EMF, and the results are above all expectations.

The third group – theoretical obscurities from the literature about atherosclerosis from the M properties

knowledge point of view, we explain and prove that Az is the cause of atherosclerosis.

The found location association between AZ and the diseased organ has been established. The results of patients suffering from atherosclerosis, after removing them from AZ, i.e. during their stay in the natural EMF, are more than spectacular, namely, none of the diseased had recidives, and the laboratory results were within the referential quantities. Regarding the unclear issues from literature about atherosclerosis from the point of M properties knowledge, we have fully explained and proved that the atherosclerosis cause is AZ from the external environment.

All the above presented leads to the only possible conclusion: The cause of atheroscerosis is Anomalous Magnetic field Increases in the places where people spend their night and day time.

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