

# 2025 BIOMAGNETISM PROTOCOLS

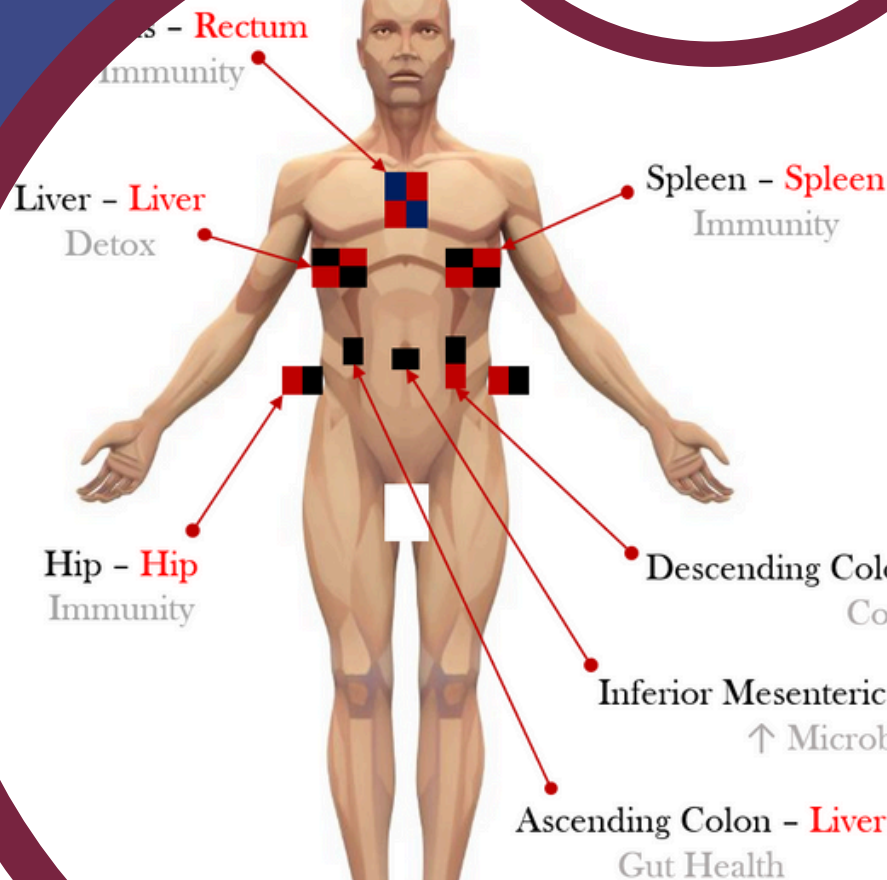
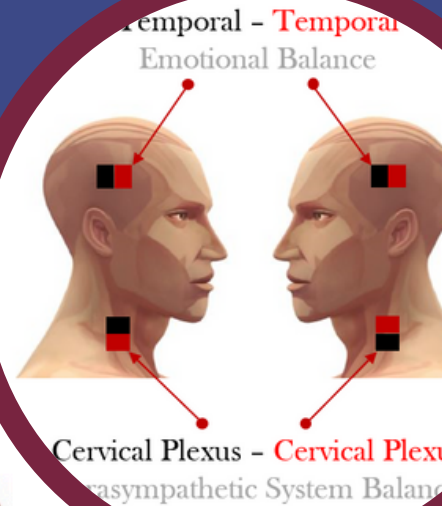
Presented by:

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# BIOMAGNETISM

## PROTOCOLS 2025

### RESPIRATORY

1. Asthma
2. Pleural Effusion
3. Pneumonia
4. Respiratory (General)
5. Sinusitis
6. Sore Throat (Flu)

### CARDIOVASCULAR

7. Anasarca
8. Cardiology (Arrhythmias)
9. Cardiology (Heart Attacks)
10. Cardiology (Heart Failure)
11. Cerebral Blood Supply
12. Dysautonomia
13. High Blood Pressure
14. Leg Circulation
15. Renal

### GASTROINTESTINAL

16. Anal Abscess
17. Canker Sores
18. Colitis
19. Constipation
20. Crohn's Disease
21. Deworming
22. Diarrhea
23. Diverticulitis
24. Gallbladder
25. Gastritis
26. Gastroenteritis
27. Gastroesophageal Reflux
28. Gingivitis
29. H. Pylori
30. Hemorrhoids
31. Hiccups
32. Microbiota
33. Pancreatitis
34. Peritonitis
35. Ulcerative Colitis

### NEUROLOGICAL

36. Addictions
37. Alzheimer's
38. Anxiety
39. Attention deficit disorder
40. Autism
41. Beliefs
42. Brain trauma
43. Bruxism
44. Cerebral Blood Supply
45. Depression
46. Dizziness
47. Electromagnetic Pollution
48. Emotional Balance
49. Emotional Crisis
50. Emotional Trauma
51. Epilepsy
52. Headache
53. Insomnia
54. Migraine
55. Multiple sclerosis
56. Muscle stiffness
57. Neuropathy
58. Paranoia
59. Parkinson's disease
60. Relaxation
61. Schizophrenia
62. Sciatic nerve
63. Sexuality
64. Thoughts

### ENDOCRINE

65. Basic Detox
66. Cortisol Balance
67. Diabetes Insipidus
68. Diabetes Mellitus
69. Endometriosis
70. Fertility (Men)
71. Fertility (Women)
72. Fibroids
73. Growth Hormone
74. Hormonal Balance (Men)
75. Hormonal Balance (Women)
76. Mammary Gland
77. Menopause
78. Menstrual Cramps
79. Parathyroid Gland
80. Polycystic Ovary Syndrome
81. Thyroid Gland
82. Weight Control

### IMMUNOLOGICAL

83. Hematological
84. Immunological
85. Immunological (Pelvic)
86. Tropical
87. Vaccine

### MUSCULOSKELETAL

88. Ankle
89. Cervical Spine
90. Coccyx/Sacrum
91. Elbow
92. Hip
93. Knee
94. Lumbar
95. Scoliosis
96. Shoulder

### GENITOURINARY

97. Chronic Kidney Disease
98. Prostate
99. Sexuality
100. Testicular
101. Urinary Tract
102. Vaginal

### SPECIAL

103. Acne
104. Allergies
105. Burns (minor)
106. Dermatological
107. Enhancer
108. Hearing
109. Insect bites
110. Ocular
111. Salivation
112. Toothache
113. Wrinkles

# RESPIRATORY PROTOCOLS

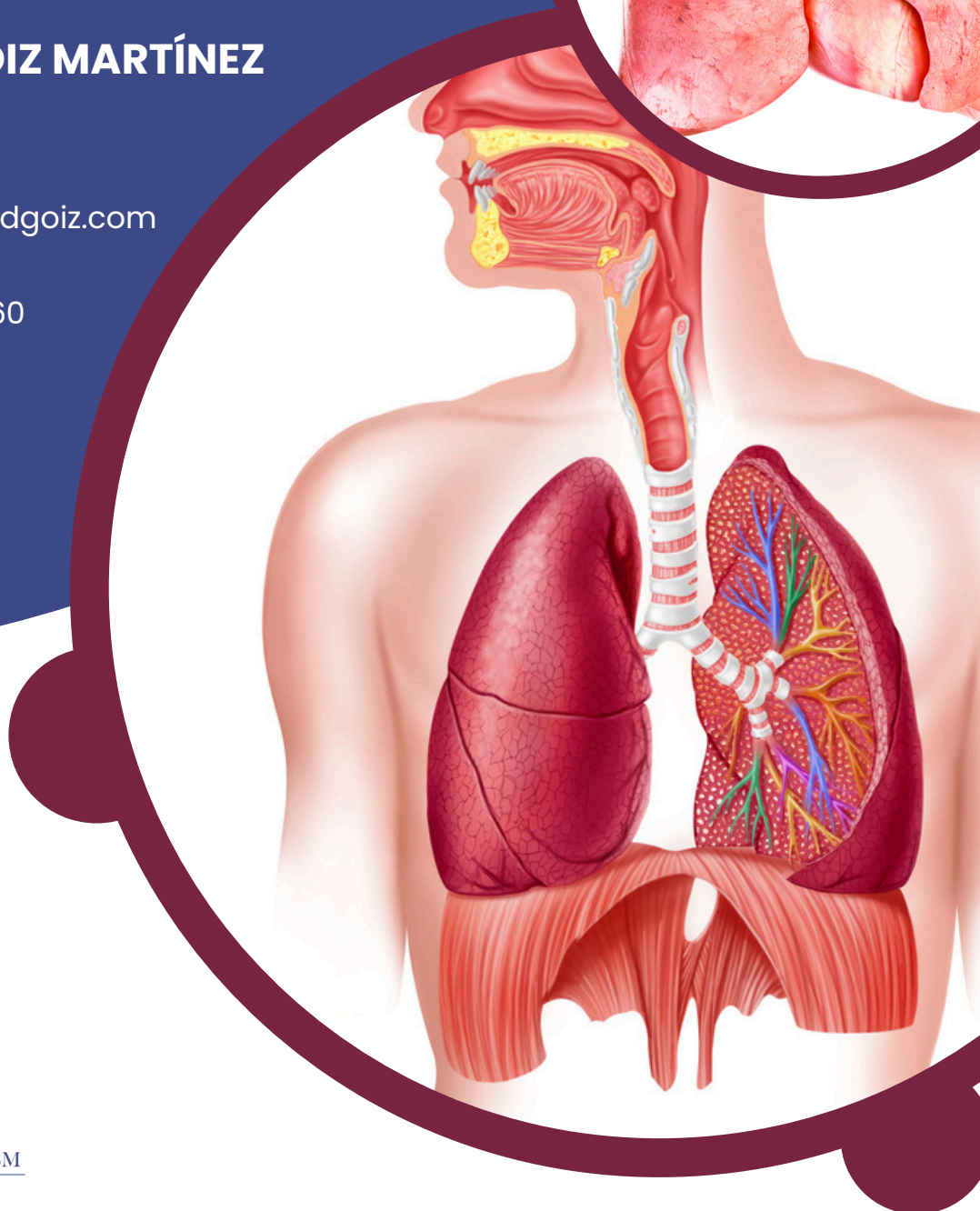
**2025 GUIDE**

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# RESPIRATORY PROTOCOLS



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## 2025 LIST

1. Asthma
2. Pleural Effusion
3. Pneumonia
4. Respiratory (General)
5. Sinusitis
6. Sore Throat (Flu)

# 1. ASTHMA



## → DESCRIPTION

Asthma is a chronic inflammatory disease of the airways characterized by variable airflow obstruction and respiratory symptoms such as wheezing, dyspnea, cough, and chest tightness. It affects a significant portion of the global population, with estimates suggesting over 350 million individuals are impacted worldwide. The pathophysiology of asthma involves complex interactions between genetic predispositions and environmental factors, leading to airway hyperresponsiveness and inflammation.

Asthma is a heterogeneous condition, with variability in clinical presentation, severity, and underlying pathobiology. The most common subtype is allergic eosinophilic asthma, which is marked by type 2 airway inflammation. The disease can manifest at any age, although symptoms often begin in childhood. Asthma is associated with recurrent, reversible bronchial obstruction, and its management aims to achieve good asthma control by minimizing symptoms and reducing the risk of exacerbations.

The management of asthma has evolved significantly, with highly effective therapies available that have improved morbidity and mortality rates over the past 15 years. Treatment typically involves a stepwise approach using anti-inflammatory and bronchodilator medications, guided by regular assessment of asthma control and risk factors. The introduction of biological therapies has ushered in a precision medicine era, particularly for severe asthma, allowing for phenotype-specific interventions.

Despite advancements in treatment, asthma remains a challenge due to its multifactorial nature and the potential for misdiagnosis, given the overlap of symptoms with other respiratory and non-respiratory conditions. Accurate diagnosis relies on a combination of medical history, physical examination, and objective tests such as pulmonary function testing. Understanding the cellular and molecular mechanisms, including the role of airway smooth muscle and epithelial cell-derived cytokines, is crucial for developing targeted therapies and improving patient outcomes.

# 1. ASTHMA

**CATEGORY:** Respiratory (asthma, respiratory reactive immunity).

**ROUTE OF ADMINISTRATION:** Transdermal (through the skin or clothes)

Mild respiratory symptoms: Apply with ferrite magnets ( $\geq 1,000$  gauss).

Moderate to severe respiratory symptoms: Apply with neodymium magnets ( $\geq 2,000$  gauss).

**DOSAGE:** Acute symptoms: Consult your healthcare provider. May complement medical treatment with 30–60 minutes of magnet therapy, applied 1–2 times daily for 1–2 weeks.

Chronic symptoms: Follow up with your physician. May supplement medical treatment with 30–60 minutes of magnet therapy, applied 1–2 times weekly for at least 6 weeks (or indefinitely, as needed).

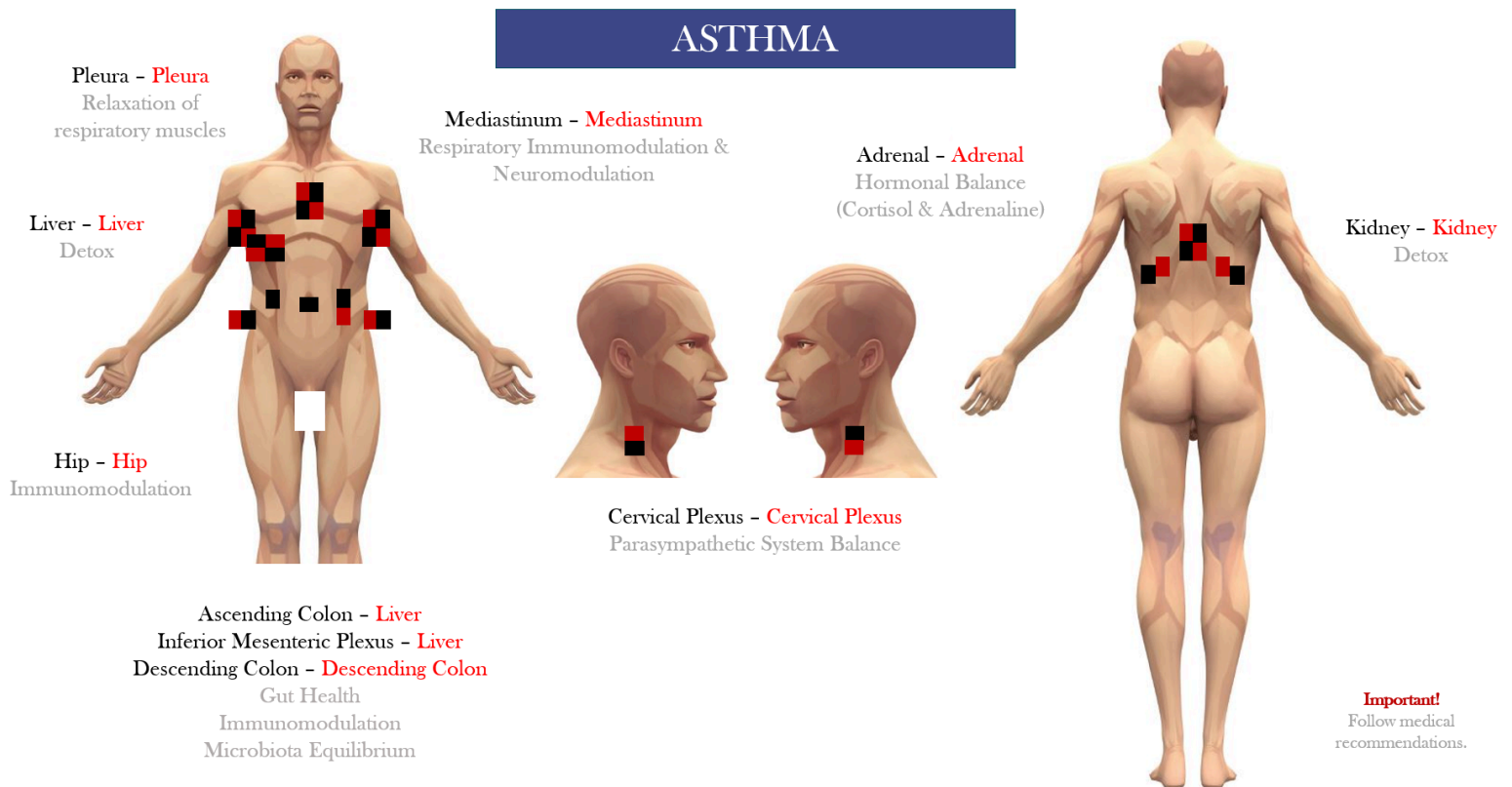
**ACTION MECHANISM:** Possible roles:  $\uparrow$  IL-6,  $\uparrow$  microbiota, immunomodulation.

**INDICATIONS:** The Asthma Protocol does not produce immediate effects (e.g., like an inhaler). Clinical trials are recommended to evaluate its potential as a therapeutic adjuvant for improved short, medium, and long-term control of asthma.

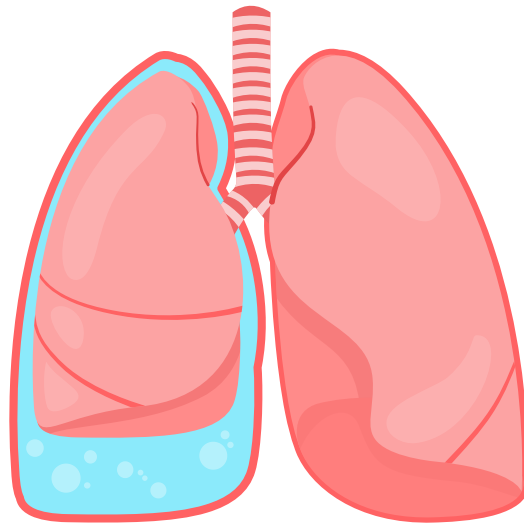
**CONTRAINDICATIONS:** Pregnancy, transplants and pacemaker.

**ADVERSE EFFECTS:** Anxiety.

**PRECAUTIONS & WARNINGS:** Use only as complementary therapy under medical supervision. Keep magnets away from children and electronic devices.



## 2. PLEURAL EFFUSION



### → DESCRIPTION

Pleural effusion is defined as the abnormal accumulation of fluid within the pleural space, which is the potential space between the visceral pleura (covering the lung) and the parietal pleura (lining the chest wall, diaphragm, and mediastinum). Under normal conditions, only a small amount of pleural fluid (approximately 0.1–0.2 mL/kg body weight) is present to facilitate lung movement. Pleural effusion develops when the balance between fluid production and absorption is disrupted, due to mechanisms such as increased pulmonary capillary pressure, increased pleural membrane permeability, decreased oncotic pressure, or impaired lymphatic drainage.

Pleural effusions are broadly categorized as transudative or exudative, based on the underlying pathophysiology and pleural fluid analysis. Transudative effusions are typically caused by systemic factors that alter hydrostatic or oncotic pressures, such as congestive heart failure, cirrhosis, or nephrotic syndrome. Exudative effusions result from local pleural pathology, including infection (parapneumonic effusion), malignancy, or inflammatory diseases. Light's criteria are used to differentiate exudates from transudates, with exudates meeting at least one of the following: pleural fluid protein/serum protein ratio  $>0.5$ , pleural fluid LDH/serum LDH ratio  $>0.6$ , or pleural fluid LDH greater than two-thirds the upper limit of normal for serum LDH.

The most common causes of pleural effusion in adults are heart failure, pneumonia, malignancy, and pulmonary embolism. Clinical presentation varies from asymptomatic to symptoms such as dyspnea, cough, and pleuritic chest pain, depending on the volume and rate of fluid accumulation. Diagnosis is typically established with imaging, chest radiography, ultrasound, or CT and confirmed by thoracentesis with pleural fluid analysis when indicated.

## 2. PLEURAL EFFUSION

**CATEGORY:** Respiratory (respiratory reactive immunity, lung vascular exchange).

**ROUTE OF ADMINISTRATION:** Transdermal (through the skin or clothes)

Mild respiratory symptoms: Apply with ferrite magnets ( $\geq 1,000$  gauss).

Moderate to severe respiratory symptoms: Apply with neodymium magnets ( $\geq 2,000$  gauss).

**DOSAGE:** Acute symptoms: Consult your healthcare provider. May complement medical treatment with 30–60 minutes of magnet therapy, applied 1–2 times daily for 1–2 weeks.

Chronic symptoms: Follow up with your physician. May supplement medical treatment with 30–60 minutes of magnet therapy, applied 1–2 times weekly for at least 6 weeks (or indefinitely, as needed).

**ACTION MECHANISM:** Possible roles:  $\uparrow$  IL-6, immunomodulation, neurohormonemodulation.

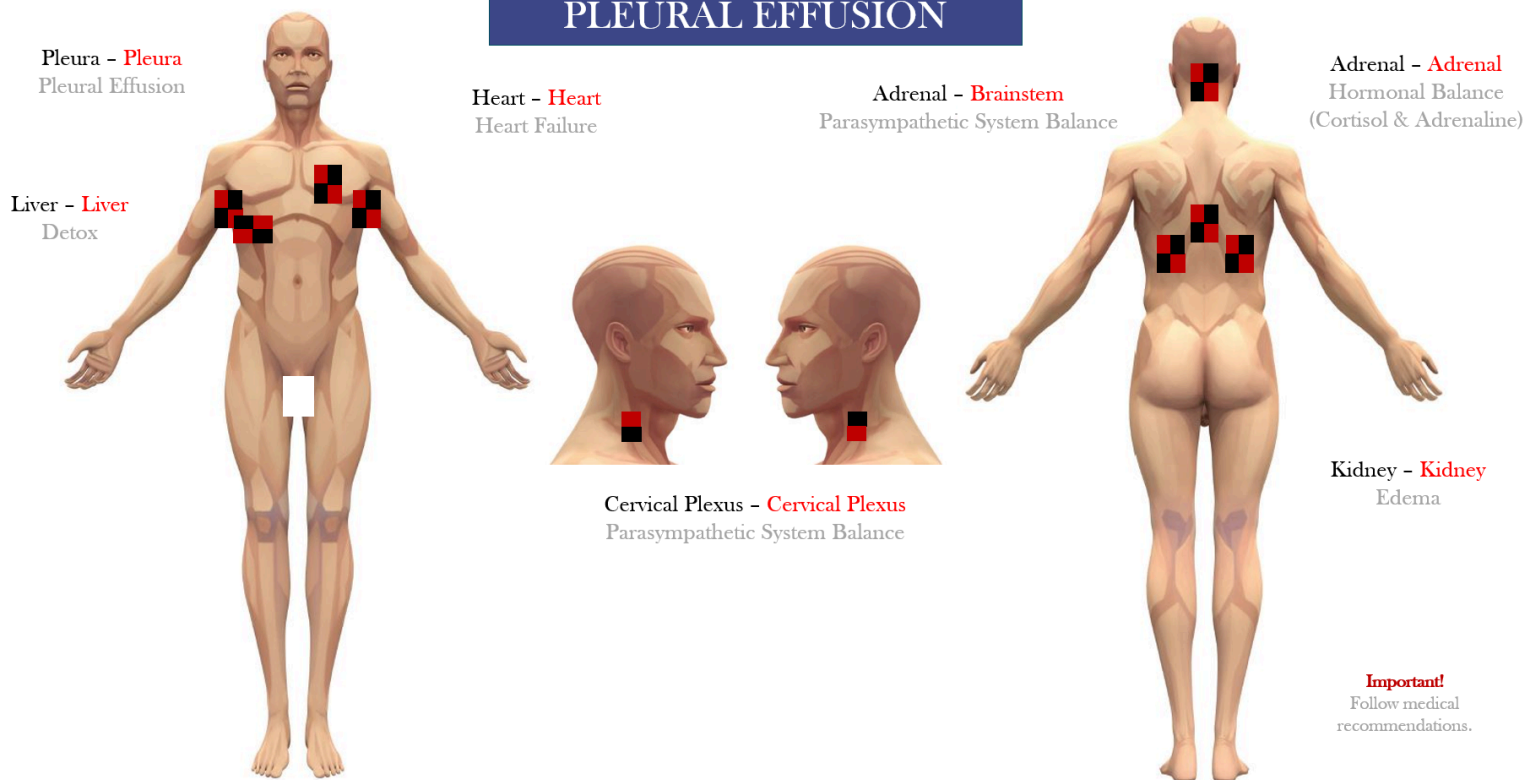
**INDICATIONS:** The Pleural Effusion Protocol does not produce immediate effects (e.g., like a medical procedure). Clinical trials are recommended to evaluate its potential as a therapeutic adjuvant for improved short, medium, and long-term control of pleural effusion.

**CONTRAINDICATIONS:** Pregnancy, transplants and pacemaker.

**ADVERSE EFFECTS:** Anxiety.

**PRECAUTIONS & WARNINGS:** Use only as complementary therapy under medical supervision. Keep magnets away from children and electronic devices.

### PLEURAL EFFUSION



## 3. PNEUMONIA



### → DESCRIPTION

Pneumonia is an acute infection of the lower respiratory tract, primarily affecting the alveoli and distal airways. It is characterized by inflammation and the presence of pus in the lung parenchyma, often resulting in symptoms such as cough, fever, and difficulty breathing. Pneumonia can be caused by a variety of pathogens, including bacteria, viruses, and fungi, with common bacterial causes being *Streptococcus pneumoniae* and *Staphylococcus* species, and viral causes including respiratory syncytial virus (RSV) and SARS-CoV-2.

The disease is broadly categorized into community-acquired pneumonia (CAP), hospital-acquired pneumonia (HAP), and ventilator-associated pneumonia (VAP), each with distinct epidemiological and clinical features. CAP is a significant cause of morbidity and mortality worldwide, particularly affecting vulnerable populations such as children under five years and older adults with preexisting health conditions. Diagnosis typically involves clinical assessment and radiological evidence of lung infiltrates, with laboratory tests aiding in identifying the causative pathogen and guiding therapy.

The host immune response plays a crucial role in the development and severity of pneumonia. The lungs' innate and adaptive immune systems work together to eliminate pathogens and prevent severe infection. However, the inflammatory response can also lead to tissue damage and contribute to acute and chronic comorbidities, including an increased risk of cardiovascular disease post-infection. Effective management of pneumonia involves timely initiation of appropriate antimicrobial therapy, respiratory support, and consideration of vaccination strategies to prevent common causes of pneumonia.

### 3. PNEUMONIA

**CATEGORY:** Respiratory (respiratory low immunity, pneumonia).

**ROUTE OF ADMINISTRATION:** Transdermal (through the skin or clothes)

Mild respiratory symptoms: Apply with ferrite magnets ( $\geq 1,000$  gauss).

Moderate to severe respiratory symptoms: Apply with neodymium magnets ( $\geq 2,000$  gauss).

**DOSAGE:** Acute symptoms: Consult your healthcare provider. May complement medical treatment with 30–60 minutes of magnet therapy, applied 1–2 times daily for 1–2 weeks.

Chronic symptoms: Follow up with your physician. May supplement medical treatment with 30–60 minutes of magnet therapy, applied 1–2 times weekly for at least 6 weeks (or indefinitely, as needed).

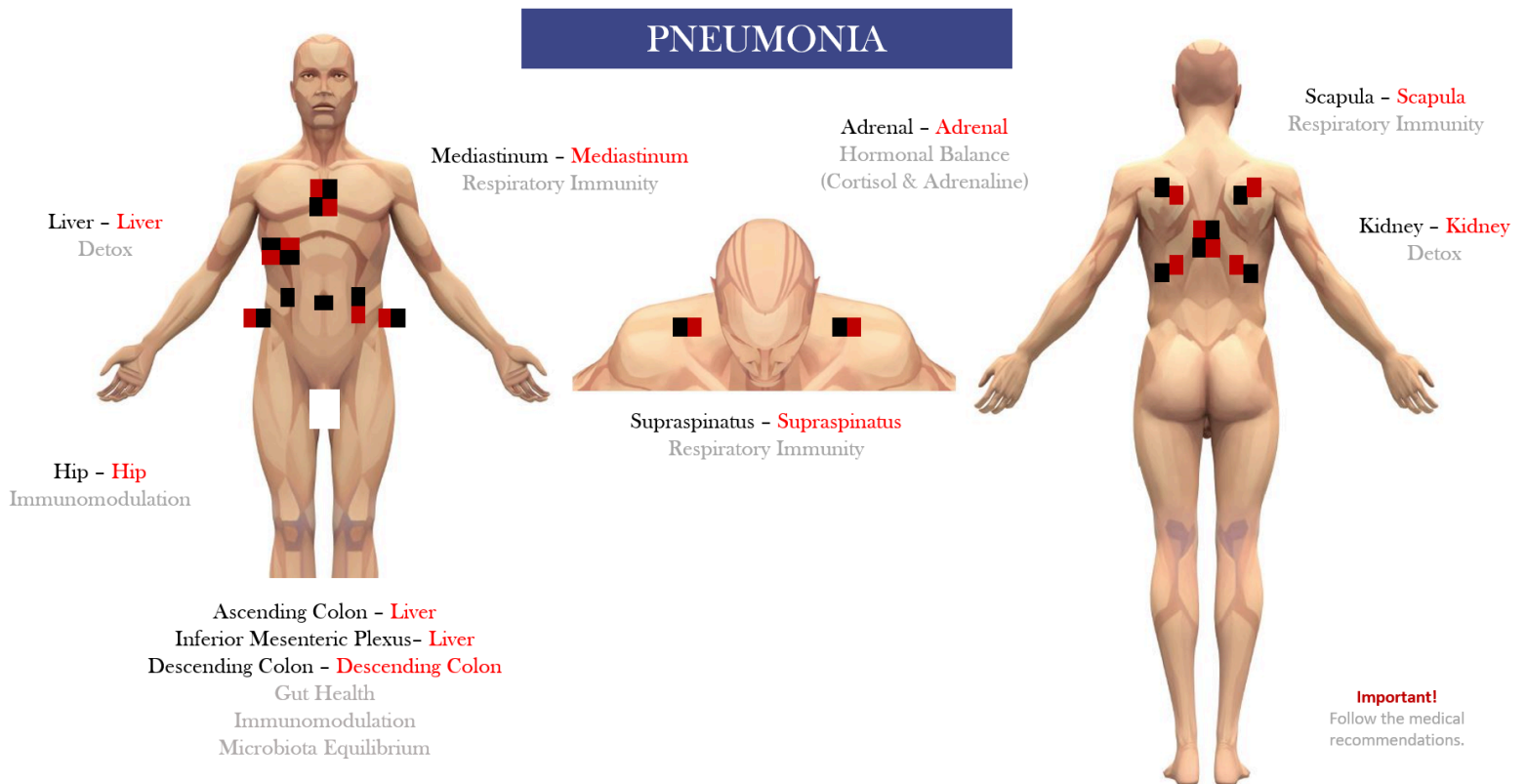
**ACTION MECHANISM:** Possible roles:  $\uparrow$  IL-6, immunomodulation, neurohormonemodulation.

**INDICATIONS:** The Pneumonia Protocol does not produce immediate effects (e.g., like a medical treatment). Clinical trials are recommended to evaluate its potential as a therapeutic adjuvant for improved short, medium, and long-term control of pneumonia.

**CONTRAINDICATIONS:** Pregnancy, transplants and pacemaker.

**ADVERSE EFFECTS:** Anxiety.

**PRECAUTIONS & WARNINGS:** Use only as complementary therapy under medical supervision. Keep magnets away from children and electronic devices.



## 4. RESPIRATORY (GENERAL)



### → DESCRIPTION

The respiratory protocol (general) is used as a base to enhance the effect of specific pairs in respiratory points such as sinusitis, respiratory distress, laryngitis, nasal polyps, vocal cord ailments, etc. It is recommended to check the active respiratory points with the magnet, apply them and complement them with this protocol to achieve a more significant improvement. This protocol can be used as a basis for complementary treatment for the following conditions:

- COPD
- Bronchitis
- Intestinal Pulmonary Disease
- Influenza
- COVID-19
- Pulmonary Fibrosis
- Lung Cancer
- Tuberculosis
- Pulmonary Hypertension
- Pneumothorax
- Pulmonary Thromboembolism

## 4. RESPIRATORY (GENERAL)

**CATEGORY:** Respiratory (respiratory low immunity, respiratory immune reactivity).

**ROUTE OF ADMINISTRATION:** Transdermal (through the skin or clothes)

Mild respiratory symptoms: Apply with ferrite magnets ( $\geq 1,000$  gauss).

Moderate to severe respiratory symptoms: Apply with neodymium magnets ( $\geq 2,000$  gauss).

**DOSAGE:** Acute symptoms: Consult your healthcare provider. May complement medical treatment with 30–60 minutes of magnet therapy, applied 1–2 times daily for 1–2 weeks.

Chronic symptoms: Follow up with your physician. May supplement medical treatment with 30–60 minutes of magnet therapy, applied 1–2 times weekly for at least 6 weeks (or indefinitely, as needed).

**ACTION MECHANISM:** Possible roles:  $\uparrow$  IL-6, immunomodulation, neurohormonemodulation.

**INDICATIONS:** The Respiratory (General) Protocol does not produce immediate effects (e.g., like a medical treatment). Clinical trials are recommended to evaluate its potential as a therapeutic adjuvant for improved short, medium, and long-term control of COPD, Bronchitis, Intestinal Pulmonary Disease, Influenza, COVID-19, Pulmonary Fibrosis, Lung Cancer, Tuberculosis, Pulmonary Hypertension, Pneumothorax, Pulmonary Tomboembolism.

**CONTRAINDICATIONS:** Pregnancy, transplants and pacemaker.

**ADVERSE EFFECTS:** Anxiety.

**PRECAUTIONS & WARNINGS:** Use only as complementary therapy under medical supervision. Keep magnets away from children and electronic devices.

