

BIO MAGNETIC PAIR THERAPY TESTED ON MORE THAN 200 ILL

Last May, Dr. Isaac Goiz, creator of the *Biomagnetic Pair* theory and the treatment of many illnesses with the simple use of magnets, was able to put his method to the test at a clinic directed by Dr. Raymond Hilu in Marabella (Málaga), and more than two hundred people were treated in just four days. A blood sample was taken from the majority of the patients prior to being diagnosed and treated with the corresponding magnetic pairs, and another sample was taken afterwards, in order to check if the microorganisms indicated as the cause of their pathologies were truly present in the blood after the treatment. Here we will relay the results.

The circulation in Spain of the *Biomagnetic Pair* diagnostic and treatment method, created by the Mexican doctor **Isaac Goiz** has occurred at a startling rate. Of course this should not surprise us, given the success of the doctors and practitioners that have already begun to use it in their clinics. By no means is it a miracle treatment that cures all pathologies, but, in the hands of well-trained professionals, it has proven to be a method of unexpected possibilities—especially when the cause is an infection—whose limits are still yet to be discovered.

In fact, for years Dr. Goiz had requested that the effectiveness of his treatment be tested, willing to undergo any kind of test or trial that his medical colleagues saw fit, a proposal that in our last meeting with him in Madrid, he reiterated: *“I simply need—he told us—a clinical center to provide patients with their diagnoses already determined. Twenty, thirty, one hundred...however many. And for them to tell me, for example, these people have tuberculosis. And then we will test them, we will place magnets on them in the corresponding pair for that pathology—which, of course, is supraspinatus- supraspinatus—and we will see how many people are cured. And if only one person is cured? Well, then it is obvious that my theory is not correct. But, if 90% are cured? It’s simple. So then, why won’t my colleagues let me demonstrate this? Silence had always been the answer. Until now...”*

The first was Dr. **Santiago de la Rosa** who, in a very pragmatic way, proposed studying the microbicidal capacity of magnets on various microorganisms, in vitro! To do this, a series of bacteria and fungus—specifically *Escherichia coli*, *Klebsiella pneumoniae*, *Streptococcus agalactiae*, *Proteus mirabilis*, *Haemphylus influenzae* and *Candida albicans*—was cultivated in a specialized laboratory for 24 hours, in the appropriate substance (blood agar, chocolate agar, MacConkey agar, and Sabouraud chloranfenicol), and upon completion, two magnets were placed on top of and below the plaques for another 24 hours, in order to observe whether the microbial would continue to grow or stunt growth. The experiment demonstrated that, in vitro, magnets are not capable of stopping the growth of these pathogenic microorganisms, corroborating that they solely act upon the bioelectromagnetism of the complex, living organisms themselves.

Because in living organisms, the method does work. The answer, therefore, must lie outside the test tubes, in the complex interactions that occur in the human organism, in the pH of live soil necessary for the proliferation or non-proliferation of microorganisms. Therefore, it was necessary to take one step further in the investigation and analyze the behavior of the method in a large group of patients. And that is what Dr. **Raymond Hilu**, from the institute of the same name, decided to do. *“Truly—he told us—, I did it because I was incredulous. I had attended the course that was offered a few months ago in Madrid, that you all had announced, and what Dr. Goiz explained in the course seemed too good to be true. Yes, it’s true, I said to myself, it’s a fantastic discovery and we should make it more known, increase its use to the nth degree. And if it’s not, we need to say so publicly, so that no one is given false hope. So, I proposed doing a test that required several patients at the same time. I knew that he was going to like the idea, because I know he had tried to do it several time before, without success.”*

And Goiz accepted the challenge: to test his method—which finally took place in Hilu’s medical center in Marbella (Málaga) from the 14th to the 17th of last May—on more than two hundred patients of highly diverse pathologies, in the presence of observing doctors from other countries. Although the statistical results are still being calculated, Hilu is openly speaking of the method’s *“absolute success.”* *“It is—he confirms emphatically—one of the most effective therapies that I have seen in all my years of practicing medicine. The most surprising part is its simplicity. And its main advantage is that it has no side effects. The only problem that it sometimes presents is the diagnosis, because Goiz’s diagnosis was frequently different from what the patient actually had. But this doesn’t bother me, because the important thing is that the patient gets better as a result of the treatment. And what I’m concerned with isn’t so much*

knowing exactly what the patient has, but rather seeing that the patient gets better or is fully cured. What matters to me is that the final results are positive and beneficial for the patient.

PREPARING THE STUDY

Having said this, we inform that the tests done last May in Marbella will not be accepted as a “trial” by the medical community. But, what is certain is that what occurred there cannot nor should be overlooked, given that Dr. Hilu attempted to carry out the most objective tests possible. In fact, he made sure that the patients that participated were not only his own but from doctors and practitioners from different countries: the United States, England, Germany, France, Sweden, Finland, India, and of course, Spain. And he invited some of his colleagues to attend as observers; this was the case of the Italian doctors **Conte** and **Limontini** and the British doctor **Mary Staggs**. Additionally, he spoke with two independent laboratories to take on the responsibility of analyzing the patients’ blood before being treated by Dr. Goiz, and two collaborators who helped him in this unique experiment, completely altruistically and for several marathon days—**Juan Carlos Albendea** and **Agueda Iribarren**—to confirm the existence of pathogens that were detected with the kinesiological test and to take a new blood sample fifteen minutes after finalizing the treatment, in order to compare it with the first. In the end, this was not possible.

“To me, this is a mystery—Dr. Hilu told us-- I don’t understand what happened. First I spoke with an important laboratory in Barcelona, who I asked to be in charge of this matter, and they verbally confirmed that they would be happy to collaborate. In fact, they asked me to send them in writing the relation of the possible pathogens that they would have to look for, in order to prepare the reagents, and so, since I had taken Dr. Goiz’s course, I grabbed a list of all the pathogens that are detectable and I sent it to them. It took them a long time to study it. Until finally, after several e-mails, they told me that, yes, that they would be able to do it. However, as we were nearing the test date, I called them to confirm the agreement in writing, and, to my surprise, they responded that each analysis would cost around 2,000 euros and that that was a cost they couldn’t affront. Now, I have requested pathogen analyses from different laboratories on multiple occasions and I know that it doesn’t cost that much. In the end, a few weeks before Dr. Goiz arrived, they refused to collaborate in any way. They told me that the ‘philosophy of the laboratory’—the actual expression they used—‘after merging with a multinational French lab, does not permit us to participate in such work.’

Hilu explained to us that he would try again with a lab in Valencia. And again he was faced with the same answer. First they told him yes, and then, for various unconvincing reasons, no. His final attempt with a smaller lab in Marbella would also fail.

Hilu then decided to change his strategy and quickly asked the patients who had signed up for the experiment to bring their medical documents that confirmed their diagnoses, later adding another element to be used for comparison: a blood test in his own medical center, to verify the results by means of various diagnostic methods: dark field, phase contrast and a coagulation test. In the end, his cellular morphologic microscopy system allows the viewer to see images enlarged 60,000 times and see every type of bacteria, fungus, parasite with absolute clarity and identify them, mimicking the work of **Antoine Bechamp**, who demonstrated that blood is not sterile (*see attached box*). In addition, when it was necessary, electrocardiograms, oximetry tests and ultrasounds were added. The final test was Goiz’ diagnostic test, magnets placed on specific points of the body and the post test in the same center that would be completed by a follow-up of the patients once they had returned home.

LIVING BLOOD

In short, more than two hundred patients visited Raymond Hilu’s clinic. Like **Maria**, who arrived with a diagnosis of hepatitis. Hilu sat her down, and with a simple pinch, he extracted a drop of blood and went to analyze it through a microscope. What is extraordinary is that this image could then be viewed on a 40 inch plasma screen installed on the wall; on the screen, in a few moments, all who were present could see how the red cells, floating in extra cellular fluid, appeared to be solid, forming columns resembling stacked coins, with very limited mobility.

“Circulation problems,” Hilu indicated. And he continued to observe as the light filters changed. Various shapes appeared, which Hilu identified in each case as fungus or bacteria. And before finishing, we saw some rock-like structures that the few cells that still had a good amount of mobility crashed against and moved around. *“Micro-clots,”* Hilu diagnosed. Following this he observed the plaque where another drop of blood had coagulated and a rose-shaped figure immediately appeared—which the doctor defined as

indicative of cardiac stress—and some grayish lines formed due to the accumulation of toxins that could very well be related to a problem of a liver malfunction.

Then, Goiz would have his turn. With the patient lying down on the bed, holding her feet by the heels, astute to any difference between the two, he began to recite a specific mantra of the different possible pairs in order to then ask the organism that he held in his hands directly and out loud about the most diverse pathologies, always waiting for the answer with the patient's legs stretched out or bent at the knees. His final diagnosis broadened that which the patient already had: cirrhosis of the liver and kidney stones. He placed the magnets on the patient, who remained lying down for twelve minutes. Afterwards, Dr. Hilu again extracted blood, this time two drops: one to verify once it had coagulated, and the other that went directly to the microscope to be observed. And in this way, on the screen installed on the wall, the patients and observers could witness the spectacle of living blood. Only that where before there were "stacks of coins," after the treatment, the cells were well differentiated, perfect in their individuality, moving around with joy. As much as we looked, we could find no traces of bacteria or fungus; instead, the micro-clots were still there in their granite-like appearance. Everything seemed to have improved except for that. In the coagulated blood, the rose-shaped figure indicating cardiac stress had also disappeared. Only the lines of toxin accumulation, although smaller, were still visible. Only after the passing of a few days with the liver functioning properly, just like Goiz argued, would the lines disappear. Before leaving, Dr. Hilu decided to recommend to Maria that, to prevent future problems with the clots, she take magnesium pills. Maybe they would have disappeared on their own with time, but it was best to complete the treatment. Dr. Hilu himself was surprised: *"To eliminate bacteria, fungus, clots, and to improve circulation to such a point, in normal conditions we would have needed to administer six medications and continue the treatment for several months."*

However, life is really something! In a few days, Hilu received a call: that patient had been admitted with a thrombosis. She had decided to ignore the recommendation to take the magnesium pills...or she had forgotten. Fortunately, nothing serious. Her admittance was also useful to check that the rest of the liver-related indicators were normal.

Without a doubt one of the most innovative aspects of Goiz's theory is the presence of the virus-fungus and bacteria-parasite in opposite poles as causes of diseases. Therefore, it was all a great challenge to find out if Hilu could find traces of these in the patients' blood through the microscope. And that is just what happened. *"In more than 80% of cases-I still do not have the final statistics, explained Hilu-I found the same parasites in the patients' blood that Goiz indicated using the Biomagnetic Pair."*

At any rate, besides cures and improvements, the most surprising part of what Hilu did was the behavior of the blood before and after applying the magnetic pairs. *"Obviously—he said—the majority of the patients that agreed to participate in this study were very sick. And when we examined their blood before Dr. Goiz treated them, it was clear that it was the blood of a sick person, with very poor circulation, many pathogens, dirty blood with abnormal behavior of the defense system, the neutrofiles unused. However, fifteen minutes after being treated, we looked at the blood again and saw a totally different story. It looked like someone else's blood completely. All the sanguine morphologic abnormalities were corrected. In many cases the neutrofiles, previously static, were very active. The living microorganisms, previously intra-erythrocytic, had been eliminated. They continued to be active for a few minutes and then died. Additionally, after observing the blood for 15 minutes post-treatment, we could see how the cellular oxidation had increased and improved circulation, except the platelets. And in the cases of cirrhosis of the liver, when we analyzed the blood under a microscope after applying the pairs—and, this was truly news to me—we saw something like hepatic scars, many of them, floating in the blood as a result of the treatment, because there had been nothing more than the magnets. I had seen the phenomenon before and that's why I know that they are hepatic excretions, but I had never seen so many so quickly."*

The only constant that did not change in any of the cases—and that to which Hilu plans to dedicate further study—was the presence of clots.

And the pH, the central nucleus of Goiz's theory? The technology at the Hilu Institute does not use coloring on the blood samples, because the samples could become corrupted. In its place, and as to not lose the advantages of using dye to differentiate phenomenon, they use light dyeing. This is how we could witness directly the different aspects of the blood when we changed the light filters.

"One of these light-emitting tinctions that I use—Hilu told us—allows me to see the pH level of the blood."

There has never been a case of blood with a tendency toward alkalosis, which, with the large number of patients we've treated, is yet another indication that we're talking about the acidic territory as a root of the illness. We've seen blood samples with the pH leaning toward alkalosis and after being treated by Goiz, the acidosis in these samples disappears completely. Without exception. In all cases. Using just magnets and in only fifteen minutes.

Unbelievable. But not more so than the results.

CONCLUSIONS

To summarize, the presence of microorganisms seems to confirm Goiz's arguments, but, more importantly, the results support the use of the *Biomagnetic Pair* in a long list of pathologies. The study, the hard data—that include patient follow-up—still has not been concluded, but Dr. Hilu already has several concrete conclusions.

-¿What are the overall results obtained with more than 200 patients diagnosed and treated?

-There have been very few cases, very specific ones, in which there was no reaction or improvement. There have been no cases of patients getting worse. The cases for which we saw the best results were those patients who came with the diagnosis of multiple sclerosis, a diagnosis that Goiz didn't agree upon because in his opinion, these patients were all suffering from a bacterial infection, due to streptococcus and chlamydias. And all of them, before our very eyes, walked out of the clinic with very obvious improvements in their health. Even some who arrived with totally limited mobility, who could barely stand up to lie down on the bed, walked out on their own two feet. For me, that was the most striking. The seven or eight cases treated experienced substantial improvements.

-It's impossible to go into detail on each pathology treated, but because it has affected one pathology that is especially serious, cancer, for which Goiz has a very different focus: How did it go in the cases of those who came to you with diagnoses of cancer?

-We could say the same thing regarding the improvements in general, but in the cases of cancer I should make an exception: except for one case that Dr. Goiz confirmed that was real cancer, all the others we saw were "fake cancers," wrongly diagnosed. They were abscesses, cists, hematomas, sacks of pus or some other physiological reaction to the presence of microorganisms; bacteria like *Enterobacter cloacae* or *Listeria*, for example. Honestly, I suspect that the feeling, the hopeful reaction of the patient when he realizes that he never really had cancer, could have something to do with his improvement. Dr. Goiz affirms that after fixing the problem caused by pathogens that cause the symptomatology, the patient is cured and the rehabilitation will be progressive. I ought to say that in the check-ups that we have done, first we saw the parasites and after the treatment they had disappeared. We also observed the instant improvement of other indicators. For example, in the cases of prostate cancer, we saw that after the magnet treatment, the PSA marker went down in all cases.

In the following days, we asked the patients to have their doctors make new medical reports and send them to us. And according to those that we received—we haven't officially ended the study because we are waiting for the cancer cases—the improvements are evident.

-And how should we understand the fact that as the results come to light, there is already a case of melanoma cured, leukemia cured, prostate cancer cured? Should we infer that that person went to his doctor and the doctor told him his cancer had disappeared?

-No, it's not like that. What happens is that those patients who go back to their doctors, they asked them to do new studies and tests, and seeing the new results, the doctors tell them that they never had cancer, that it was a false diagnosis. Let's take the prostate cancer case. The size of the prostate, visually, is large and its PSA went off. Well, after being treated with magnets, the PSA has equalized and on the ultrasound it appears to be its regular size. Anyone would say that it's clearly the case of a tumor shrinking, right? Well, the doctor of this patient prefers to say that it was a mistake in the diagnosis. So, now you know, with the magnets, we don't cure cancer, we just find false diagnoses. No further comments.

-And in any of the cases did you find the leprosy microbe, which, according to Goiz, is the cause of the only authentic cases of cancer?

-With real cancer, we only saw one patient. A stage IV case in which Goiz pointed out the presence of the leprosy microbe and chlamydias. In this case, yes, I was able to confirm the existence of the leprosy microbe. I agreed with Goiz on the location of the microorganisms that are responsible for the pathologies that later are diagnosed as cancer.

-Have the results been positive in all cases?

-On the list of analyzed cases, those diagnosed as kidney stones and cerebral tumor, for example, do not respond. There was also a complicated case of very acute testicular pain from an infection caused by hair removal on the testicles, and in spite of the treatment, the pain continued. In the rest of the cases, in all of them and for all of the pathologies treated, we saw either improvements or cures. Raymond Hilu was jubilant. We are going to wait until the end of the study for the official data. But we can say that Dr. Hilu has proven to be very courageous. To carry out a process like this was not easy and, in addition, he ran the risk of having his more conventional colleagues criticize him. In fact, the majority of them preferred to ignore such a unique and enriching experience, but we are sure that many people's eyes were opened and that they will decide to expand the use of this simple, efficient therapeutic tool, with no side effects. Just as many other colleagues have already done. Having said this we ought to express our conviction that the final results depend on the skill of the doctor or therapist who is practicing the technique and on the development of the disease, because each person is a different world. We end here, remembering that Dr. Isaac Goiz will be a presenter at the *Third International Convention for Alternative and Complementary Medicines in Cancer*, that under the sponsorship of *Discovery DSALUD* and the endorsement of the *World Association for Cancer Research (WACR)*, will take place in Madrid, October 31 and November 1 of this year.

Antonio F. Muro