

Contribution of Anomalous Magnetic Fields to Diabetes Mellitus Etiopathogenesis

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Abstract

Introduction: On the basis of long-lasting experience authors of the paper observed adverse effects of pathological earth magnetic fields on diabetes (D) etiopathogeneses.

Aim: To determine the contribution of anomalous magnetic fields (AMF) to occurrence of diabetes in people's living spaces. To assess the health status of the patients after placing them into the Earth's natural magnetic field (ENMF).

Method and Material: The measurement of the magnetic field in the living spaces of type 1 and 2 diabetics was carried out by proton magnetometer. We monitored two groups of examinees. The first experimental, group A included subjects whose health condition was monitored in natural ENMF, while the group B included subjects whose health condition was monitored in anomalous magnetic field (AMF).

Result: There was a statistically significant difference in the health condition of A group examinees where we could see health improvement by being in natural ENMF, as well as the tendency of glucose level movement towards the referent values. As for control B group examinees, who stayed in AMF, there was a deterioration in the health condition. There is difference between these two groups of examinees ($X^2=32$, $p < 0.001$) where the examinees exposed to AMF are more likely to suffer from diabetes. Full correlation between AMF and pancreas was found.

Conclusion: The contribution of anomalous magnetic fields to etiopathogeneses of diabetes in examinees' living spaces was confirmed as one of the factors in occurrence of this illness. The greatest help to the patient as well as to the doctor in treating diabetes is residing in natural EMP.

Keywords: Diabetes mellitus etiopathogeneses; Earth magnetic field; Anomalous

Introduction

Man is created, lives and dies in the ENMF. However, the enormous intensity - flux ENMF can cause harmful effects on the human body, i.e. create pathological conditions that can cause a variety of diseases. Although official medical science has not proven the causes for the most common diseases of this century, our previous studies have shown association of unnatural magnetic and variable magnetic fields and explained the development of cancer [1, 2], atherosclerosis [3], and mental disorders [4]. Knowing that the cause of diabetes is mainly unknown previous papers indicated that the effect of external influence, particularly,

anomalous magnetic fields, on the etiopathogenesis of diabetes should be investigated.

General data

The Earth as a planet is magnetized sphere which is surrounded and penetrated through by the magnetic field. It means that the components of earth (lithosphere, hydrosphere, atmosphere, and biosphere) are characterized by the existence of macro earth's magnetic forces. ENMF magnetizes everything in the biosphere that has paramagnetic properties. The intensity of the magnetization depends on the intensity of ENMF, magnetic characteristics (MC) of

building blocks of substances, ambient temperature, and molecular density substances, taking into account that MC are additive and that in the micro world there are micro-MC. Elementary magnetic particles have two poles, north and south, called micro magnetic dipoles or domains. By stacking several magnetic dipoles macro-M fields that are also dipole are formed. It should be noted that the MC of any substance affect the concentrations of substance magnetization. If with reduced MC, they reduce the overall magnetic effect of the substance they are made up of, and vice versa. It also should be noted that the substance with increased MC perform constriction to parts of vascular system while with reduced MC they cause dilation.

It should be emphasized that our body contains micro-currents generated in the brain in higher potential up to lower potential through autonomic and peripheral nervous system [4]. ENMF flux affects these micro-currents, particularly anomalous ENMF, which are present in many living spaces. It is well known that if an organ, and the whole organism, is for a long time exposed to enormous (unnatural) MF, circulation, and metabolism of substances in the cells, organs and the whole organism is disturbed leading to the development of diabetes (D). D is divided into four groups.: D type 1 (frequency of 5-10%), D type 2 (frequency of 90-95%), gestational - D and a secondary D. In all types of diseases D metabolism of glucose is disturbed, It is not known that both glucose and insulin are paramagnetic [3]. As the MC are additive, this means that paramagnetic properties will be increased when merged and therefore glucose and insulin will enter the cells of tissues and organs except for the cells of the CNS. Because neurons have the strongest MC among the cells of the body [4], insulin is not needed to amplify the MC of glucose. Glucose itself penetrates neurons, MC of which are stronger than other cells, and glucose is the main supplier of CNS with energy.

Experimental Setup and Results

Overall intensity of the resulting total magnetic field was measured by proton magnetometer made in USA. Geology Brunton compass was also used. The results are shown in sketch consisting of Isonomies, and pictures of human body. Isonomies are lines with the same values of growth of anomalous magnetic fields (AMF), and they are the borderlines that separate distinct growth of AMF. Surfaces represent anomalous zones (AZ). High variability of magnetic field was observed on bed surfaces of examinees diagnosed with D. It is obvious that AZ covers the area where the head and torso of examinees are placed. These body parts contain organs that are regulators of glucose in the body. Sketches show the measurement results of: five patients with type 2 D, three patients with type 1D, and two people completely healthy.

There were two examined groups, group A and group B and their health status was observed. Examinees in group A were living in normal ENMF and examinees in group B were living or

sleep in beds in anomalous magnetic fields. Results show statically significant deference in health status in these groups. In group A there was health improvement and tendency to normal blood glucose level. Health deterioration was observed in examinees of group B for a longer period of time. Sketch of healthy or sick examinees represents 12 type of health problems. Legends which represent measurement results of magnetic field are used.

Sketch 1: The present example clearly shows that the AZ engulfed the head and abdomen of examinee. It is characteristic that the enormously high value of AMF swept the whole bed. The user was first diagnosed with D and after a few years of malignant disease of the colon. Then we set up living area for patient to spend DaNR (day and night rest) in ENMF. Condition glucose very quickly normalized and reached key values.

Sketch 2: The whole surface of bed was in AZ. First, the patient got an elevated blood glucose, and type 2 D is the diagnosed, and after several years appears distinct angina pectoris, thyroid tumor, and cataracts. After all diseases mentioned above, the examinee was moved to living space with normal ENMF in DaNR. Shortly thereafter glucose was reduced to a tolerable level. Medicines for lowering blood glucose were discarded. After a while the thyroid tumor disappeared, and the angina pectoris appeared no longer. Surgery was performed on one eye because of cataracts and second surgery was scheduled on another eye. Another surgery was to be carried out a few months after the patient started living in ENMF, but doctor stated that condition of another eye was excellent, and that surgery was not needed. Monitoring of her health lasted for 20 years.

Sketch 3: This patient had had D for 30 years. State of AZ in his bed was very disturbed and whole bed had very high values of AMF. The patient had been on insulin three times a day before he was moved to living space with normal earth magnetic field. After our intervention, he entered the ENMF and insulin requirements were reduced.

Sketch 4: A patient was diagnosed with hyperglycemia 15 years ago, his body mass was 150 kg with a height of 180 cm and a body mass index 46, which clearly indicates that the cause of the emergence of D - Obesity. This should give an explanation of formation of this type of 2D. Specifically, triglycerides (white and gray) are on the membrane of cells and gray triglycerides have more energy than white has and raise the temperature of the cell membrane where the insulin receptors are placed, and their MC are reduced and sensitivity to complex insulin and glucose is reduced and therefore leads to hyperglycemia. Our intervention brought the patient into the normal ENMF. The patient did not lead healthy life but he slept in normal magnetic field and used drug Metformine hydrochloride (Sijafor 850) twice per day. Blood glucose was 5-7 mmol/l and that status did not change for 5 years.

Sketch 5: This patient was diagnosed with Diabetes mellitus 15 years ago. You can see that she spent DaNR in AMF with very high levels with two distinct AZ. Lately she took insulin 4 times per day. In June 2015, the patient went to the place of her birth in Montenegro and rapidly decreased insulin dose to once daily. Measurements show (sketch 5a) that at night her body was placed in a normal ENMF. It is obvious that the stay in normal living magnetic field allowed a drastic reduction in intake of insulin. After the examinee had returned to permanent residence the insulin level was as previous.

Sketch 6, 7, 8: Patients aged 5-13 years. In these drawings are patients with type 1 D. Measurements showed the presence of very high values of AMF and almost all bearings are in AZ. Suggestion to parents, was to set up the living space for children to spend time in the normal ENMF. Whether it is done or not at this moment, we have no information.

Sketch 9: A healthy person in the bed is genetically predisposed to getting D. The mother of this person, then brother and uncle had D for decades. (We showed mother and brother in sketch number 1 i 2). It is characteristic for this person to use sweeteners in the form of crystalline sugar in enormous quantities. Condition of blood glucose in a person's blood, 26 years ago, was elevated about 100-120 mg/dl by the old measures. Then the setup of his living space was performed and now he spends DaNR in ENMF. His check-ups of glucose in the blood are in the reference values for over 26 years.

Sketch 10: Intensities of value growth of AMF on this diagram are 0 such as on the sketch 9. It is normal ENMF or healthy condition for sleeping. Person is completely healthy, and balance of glucose was monitored over 30 years. This person's mother and three sisters died early, because their four beds were placed in AZ. Her father lived 94 years and in his bed there was no AZ, as well as with the person from the sketch 10, who entered into the 90th year of age. This is a fine example of the necessity to live in the ENMF.

Sketch 11a: This picture show examinee on his bad and he had had diabetes, type 2. Therapy has been one dose of insulin per day. AZ was almost over the entire patient's trunk. After some time, the person has got thrombocytopenia of idiopathic type. He was treated at the Clinical Center of Serbia with the therapy, which included blood plasm change. Results of the treatment were unfavorable. His spleen would have to be operated according to expert decision. On his request, he was released from hospital to spend a weekend at home. In this moment he moved away from the bed in the sketch 11a into the bed drown on the sketch 11. He spent in the normal ENMF four days and nights, and he ate better food, he come back to the Clinical Center where analyses show that thrombocytes increased almost to the referent level. Doctors understood that

staying at home did good to him, postpone the operation, and suggest that he would wait for some time. The bed in the sketch 11 he has been using for more than 10 years and his health has been better. Insulin therapy for diabetes 2 he is using no more, he takes pills of Diprian (gliklazid) twice a day and is not on any diet. Glucose is around 5-7 mmol/l, and thrombocytes are within referent values.

Sketch 12: Patient spends his days and nights in ENMF for over 20 years. He has been pathologically fat for 11 years, body mass index was over 40 (188 cm height, 146 kg weight, born in 1939.). His blood sugar finds 5,4-6,5 mmol/l. He do not pay attention to food and don't take medication. The normal ENMF condition is shown on the sketch 12, where there is not AZ.

There were a lot of processed cases (more than 100) by measuring during the period 1988. - 2016. Observation is that there is not D without striking AZ located in the area of the bearing, accept only the secondary D and with very obese patients. Therefore, authors conclude that the pathogen D is been created by AZ in the ENMF.

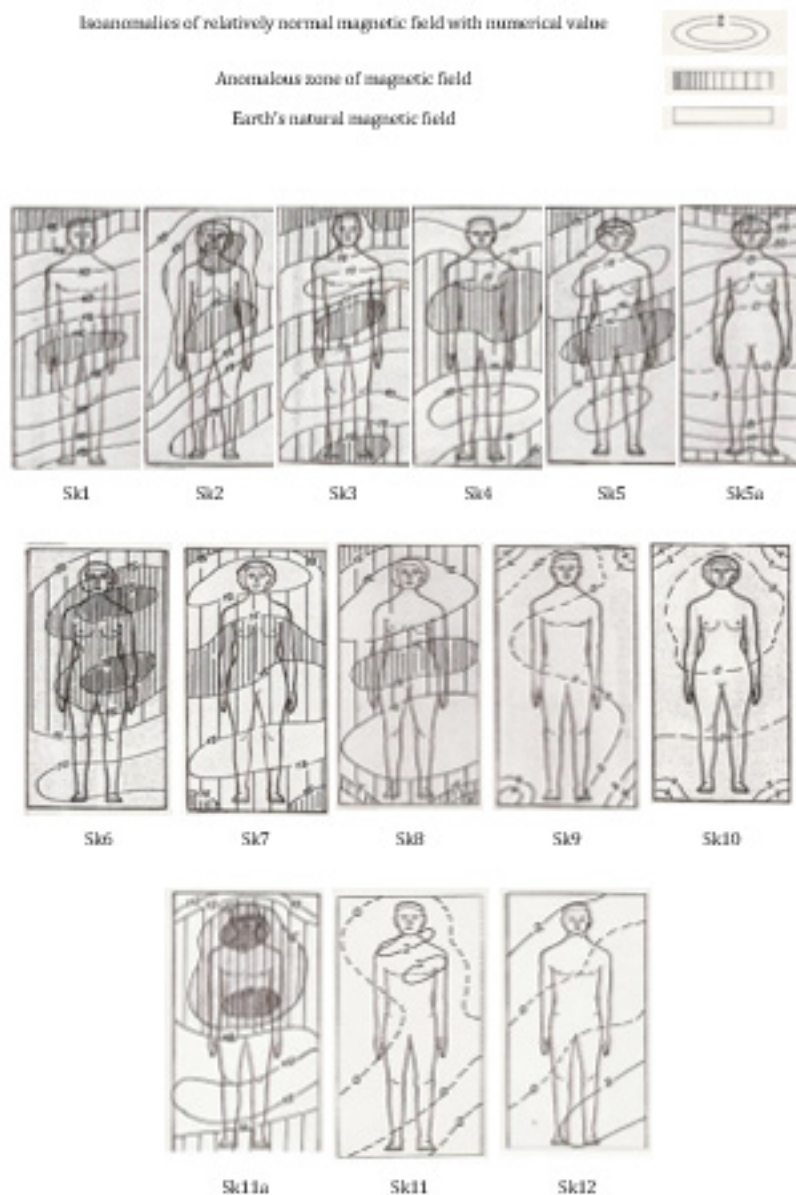
Immune System Functioning and Auto-Immune Diseases

To understand autoimmune diseases (AiD) appearance, we should briefly explain the functioning of the immune system (IS). An immune system function is due to the natural magnetization of leukocytes, tissue cells and extraneous agents (viruses, bacteria, fungi, parasites, toxins and extraneous tissues), received in ENMF. It is known that leukocytes are generated in bone marrow, it is processed in thymus, where T lymphocytes are processed and recognized by macrophage, and only 10% of started T lymphocytes have been approved for exit. The rest of T lymphocytes have been destroyed by magnetic forces. Therefore, only this 10% of T lymphocytes are in magnetic equilibrium with MC of other cells in an organism and do not attack their own cells. Extraneous agents enter tissue cells; have their own magnetization because they are generated in ENMF or AMF. The host cells and extraneous agents get stronger MC than the cells out of the diseased space, because of additive MC. Leukocytes are attracted by MC of infected cell, which in various ways, protect the tissue cells from an intruder.

The other way of getting stronger cells magnetization is when an organ or its part spends longer time in AMF, where these cells get an additional magnetization, which sums up with the cells MC equilibrium and cells get stronger Mf than the rest of them. Reinforced Mf of healthy cells attract leukocytes that attack their own cells. This additional magnetization only occurs in AMF and is the cause of AiD [6, 7]. It should be repeated that cells, as constructive elements of tissues and tissues of organs, are in the full equilibrium in organism, what is enabled by homeostatic internal somatic mechanism and there is no attacking of own cells. Cells magnetizations give two magnetic vectors, generated in the normal

ENMF. It is the genetic remnant magnetization (inherited from parents and ancestors according to a magnetic code, i.e. genetic

code) and induced, which depends on the current ENMF intensity from the external surrounding, representing epigenetics.



Note: Biology science should modify names to the existing MC. The fictional genetic code should be given an appropriate magnetic code name which, in fact, is remnant magnetization inherited from ancestors (parents and other ancestors) and it has stronger intermolecular Mf because it is historical, i.e. generated in the time of a strong ENMF and that is why it is hard to disturb. Epigenetics occurs from an induced ENMF, and it is currently MF, which is very variable, but if it is stable, it can be inherited.

Diabetes Mellitus

D Type 1 is characterized by loss of insulin production by the beta cells of the islets of Langerhans in the pancreas, leading to lack of insulin. This type can be further classified as idiopathic

or immune mediated. [5] The majority of the D type 1 mediated immune nature, in which T-cell - mediated autoimmune leads to loss of beta cells, and thus insulin. Most people affected by the D-type 1 were healthy and of normal weight at the beginning of the occurrence of D. The sensitivity and responsibility to insulin are usually normal, especially in the early stages. Type 1 D can affect children or adults. It is often referred to as juvenile-D because most of these D cases are children. The cause of this type of D is very often called as labile (unstable) D... However, the D-type 1 may be accompanied by irregular and unpredictable hyperglycemia, often with ketosis, and sometimes with severe hypoglycemia [5]. All of these variations are due to patient's habit at different intensities of AMF, which is determined by measurement.

D Type 1 is partially inherited, with multiple genes, including HLA-specific. It is known to affect the risk of D1. In genetically susceptible people, the beginning of D can be induced by one or more environmental factors, such as the nourishment, or viral infection. There is some evidence to suggest a link between type D 1 and Coxsackie B4 virus. In contrast to the D type 2, the beginning of D type 1 is brought into connection with lifestyle. It is known that genetic mutations in PVM (Physical viscous charge) are varied and very present [1-3]. However, they are a consequence of AMF and not the cause of D. Virus in the formation of D cannot be the cause, but it is true that it accelerates the formation of PVM, because each virus has its own magnetization and AMF as a result of a rapid proliferation. It also contributes to faster emergence of PVM [2, 3], that causes formation D [5].

In literature [5], cow's milk diet, genetics and other environmental factors, are the main cause of occurrence of D type 1. We will explain how it came to such erroneous assertions that mixed cause and effect. The long stay of organs or organ in the AMF first occurs PVM of those parts of the body that have their natural magnetization developed in a normal ENMF, which is the magnetic equilibrium with the cells of organs of the whole body. It is logical that all cells located in the AMF gain enhanced MC because the accumulation of interphase of mitosis, substance with increased MC enter the cells and therefore occurs PVM in AMP. It is known that the young organism develops in normal ENMF. If it is fed with substances with paramagnetic properties, without there is no life, it is clear that these substances accumulate in the space of AMF action and accelerate the formation of PVM, then the cells form, and their antigens with increased MC. The natural response of the immune system is the formation of B and T lymphocyte clones to the antigen [6], and other leukocytes are involved in the attack on the antigen. Cow's milk contains mostly sodium and calcium, which are paramagnetic and express a protein that is concentrated in PVM but it is a consequence of AMF as the sole cause of the emergence of D-type 1. Now it is clear that we should not look for the cause of D in milk and gene mutations, but the only cause is AMF that is located on a body part or an organ in the body. This statement is in full compliance with the advent of D on increasing latitudes of the Earth, temperatures from the sun, and the winter and summer days, and others [5]. All this just reinforces the AMF as the sole factor of D.

D Type 2 is characterized by insulin resistance, which can be combined with a decrease in the secretion of insulin [5], the defective response of body tissues to insulin is believed to involve insulin receptors. However, the specific defects are not known to science. In cases of known defects, D is separately classified. Type D 2 is the most common type. In the early stage of type 2, vulnerability on insulin was significantly reduced. A type 2 occurs primarily due to lifestyle factors and genetics, lifestyle numerous factors, it is known, that are important for the development of type 2 D including obesity (body mass index greater than 30). Lack of

physical activity, poor diet, stress, and urbanization. An excess of body fat is associated with 30% of the cases of both Chinese and Japanese D, and 60-80% of the European and African D. Feeding as risk factors affecting the development of type 2 D consumption sugars, sweetened drinks are associated with higher risk too. Type of fat in food is very important as a risk factor, such as the saturated fatty acids which increase the risk, and unsaturated and polyunsaturated which reduce the risk. Lack of exercise is believed to cause 7% occurrence of type 2 D. All these factors in the literature, confirm the cause of D, which is AMF. If someone wants an explanation, we will gladly explain. Please note that we have obesity as a risk factor for D, explained by Sk. 4, where a body mass index is greater than 46. The most common cause of D type 2 in this type of disease is frequency of AMF in living area. As the pollution with magnetic and electromagnetic smog increases, which is a generator of origin of AMF, D is growing uncontrollably. The patients with type 2 D may produce insulin but the insulin does not fulfill its role as a resistance of the cells to insulin, i.e. body ignores insulin and glucose is not metabolized correctly, so hyperglycemia occurs. This is about the type of magnetization, if AMF is reversed, cells show resistance to glucose-insulin complex and hyperglycemia occurs (vagus nerve stimulation is missing, and islets of Langerhans normal function stops). Obesity as a risk factor for D is explained in Sk. 4 and 12 where body mass index is larger than 46.

Gestational D. Gestational D is similar to type D 2 in several respects, such as the combination of the relatively inadequate insulin secretion and the insulin response cells. This type D occurs with pregnant women with high blood pressure and obesity. D occurs in approximately 2-10% of all pregnancies and improves or disappears after delivery. Staying in the AMF is known to increase blood pressure. Obesity is a serious risk factor in the D. Adipocytes triglyceride fatty connective tissue is on the surface of cell membranes and there are white and grey. Grey ones release energy and raise the temperature which reduces the magnetic properties of the membrane insulin receptors and cannot be magnetically linked complexes of glucose and insulin to the cells and that results in hyperglycemia. It is known that after childbirth, 5-10% of women receive D type 2. This type D is also formed in the AMF as determined by measurement. Logical thinking gives all the answers to questions (such as why 5-10% of women after childbirth get D type 2, because they remain in AMP and so on).

Other types D. Some cases of D have been caused by a reduced magnetic sensitivity of cells to insulin, and do not react. This form is very rare. Genetic mutations can often lead to incorrect functioning of the beta cells where AMF has already been determined as a cause. In addition, abnormal insulin is often present, and may be genetically determined in some cases, which can only produce AMF with abnormal vagus nerve influence. Many diseases that cause damage to the pancreas may lead to D. Literary studying this disease, we concluded that they are all developed in the AMF.

Diseases associated with high secretion of insulin can also cause diseases. Presence of AMF stimulates the vagus to amplify action potentials of beta cells that secrete insulin enormously. Some toxins, damaging the beta cells of the pancreas, which may cause D.

Pancreas

Arterial blood brings food and O₂ in the pancreas and there are nerve fibers of the vagus and artesian blood with red blood cells, glucose and O₂ are distinct paramagnetic. While it is still increased, glucose in the arterial blood passes by the vagal nerve fibers, pancreas, and increases the magnetic flux. Which generates stronger induction of action potentials that stimulate the secretion of insulin exocytosis from the pancreas into the blood. It binds to the insulin-glucose and glucose delivering helps cells. Please note that the glucose is connected with magnetic connections to insulin. Additive MC of the complex provides a stronger MC which cell inserts into the cytoplasm with its magnetic forces and use it for energy [6].

Operation of the beta cells of the islets of Langerhans - Beta cells obtained food and oxygen through artesian blood. In interphase the accumulation of beta cells by the genetic code (MC coded) take food by MC specific for beta cells [1]. In metabolism, the insulin is secreted from the beta cells, independent of the concentration of glucose in the blood, and that is normal operation of the beta cells of the islets of Langerhans. In pancreas, insulin is magnetically bound to calcium, which is always present in the cells and then with the help of the energy that increases the temperature of separating calcium from insulin secreted outside of beta cells to the pancreas. As noted, the movement of artesian blood with glucose next to the pancreas, glucose with its magnetic forces extracted insulin from the pancreas and with exocytosis comes to blood and magnetically binds to glucose and through the blood distributes all over the body. All that stimulate the vagus nerve action potentials.

Epidemiological Status

Apart from all the action of the World Health Organization and public health organizations the risk of D is booming, and it is expected that in 2030 the number of patients would be doubled. Serbia also has a tendency to rise. Diabetes is present everywhere in the world and it is particularly present in developed countries. D in Serbia is the fifth cause of death, the last twenty years there has been a significant increase in mortality from D, and it is expected that this trend will continue in the coming period. In 2013, it is recorded that 382 million people worldwide have diabetes- Type 2 accounts for about 90% of cases that is equal to about 8.3% of the adult population of both sexes. Rate increase follows the trend of urbanization including electrification, automation, and living space, manifested by pollution generated by the formation of AMF.

All medical literature in epidemiology is similar to the previously written one. It is also clear that everything described in pathogenesis is not even near to discovery of the cause of

occurrence of D. In the etiopathogenesis, it is stated that the causes of D are genetics, obesity, pancreatic damage by infectious diseases (viruses, bacteria, mushrooms) and mentioned factors of external environment are obesity, training, movement, sitting. At the end, for all the above-mentioned risk factors of D, we can say that when they are present it is not certain that the D will occur. In addition, it is noted that environmental factors play a significant role in the D, but the literature does not know which factor is the cause of origin, that is why only consequential factors are stated. In this paper, it is clear that the cause of each D, except possibly secondary D, is AMF formed in the outside environment. Generators of AMF are all magnetic and electromagnetic in living space and movement of people. Here are some clear literature data that confirm that the cause of D is AMF in living space of people.

The biggest complications, which causes D. The biggest complications, which causes D- cardiovascular disease; stroke, myocardial infarction, constriction of blood vessels, hypertension, gangrene of the feet etc. For all these diseases and others, AMF [3] are responsible, what many of our publications have shown and proven. A fine example of the work of AMF is diabetic foot, because it is usually present in each AMF. AMF is present in every reinforced panel in houses where people live and work. Then with shoes (boots) with iron plate that gives shape and firmness to wear. The suggestion that you should not put protectors on shoes in order to prevent the diabetic foot, it is obvious evidence that the MC is additive, because the cleat increases the magnetic properties of wear. The cause of diabetic foot is AMF exclusively. The literature states that the glycosylated hemoglobin is better than morning glucose for determining risks of cardiovascular disease and death from any cause. This finding indicates that once again the only cause of D is AMF. It is known that hemoglobin (ferrous iron-ferromagnetic), and glucose, as distinct paramagnetic are bonded with magnetic connections. That would mean that magnetic connection is used in diagnostic purposes. D is most commonly encountered with dogs and cats, because they live in areas with people and everything that is the cause of D in humans is the same in dogs and cats, and that is AMF.

Conclusion

According to the described findings, it can be concluded that the cause of the emergence of diabetes is life in anomalous magnetic fields. In order to protect people from these physical agents, it is necessary to move them away from sources of magnetic and variable magnetic fields. Spending time in the Earth's natural magnetic field is crucial for healthy life. Removal of patients from anomalous zone would be of huge help both for the patients and the physicians in the treatment of diabetes mellitus and in many cases it can lead toward to complete healing.

Acknowledgement

None.

Conflict of Interest

No conflict of interest.

References

1. Trifunovic N, Cizmic V (2014) Breathing Enable the Magnetic Properties of Erythrocytes (HEM Fe) Oxygen, Cells and Carbondioxide. *Journal of Health Science* 2: 270-283.
2. Trifunovic N, Cizmic V (2015) The Effect of Anomalous Magnetic Fields on Malignant Diseases. *Open Access Library Journal* 2: e1459.
3. Trifunovic N, Cizmic V (2015) Anomalous Magnetic Field Intensities - Artherosclerosis cause. *Asian Journal of Medical Science* v. 5(2).
4. Nikola T, Cizmic V, Alek R (2015) Earth's Magnetic Field and Cosmic Radiation in CNS Function: Anomalous Magnetic Fields, Cause of Mental Diseases. *Open Access Library Journal* 2: 1-8.
5. T Colin Campbell, Thomas M Campbell II (2010) *The China Study*. New York, USA.
6. Cizmic V, Nikola T (2016) Cause of Autoimmune Diseases: Anomalous Magnetic Fielads.
7. Velibor Stolić, Miodrag Lazarević *Veterinarska fiziologija, Naučna KMD, Veterinarski fakultet* (2017).