

[Home](#)[MME Treatment](#)[Clinics](#)[More Information](#)[Studies](#)

Magnetic Molecular Energizer

MME research is being conducted under the auspices of an Institutional Review Board (IRB) as outlined in FDA regulations. This IRB consists of five or more physicians or health professionals who determine specific protocols and review the records of all cases treated.

When significant numbers of cases in a given category of treatment have been accumulated, the collective information will be submitted to the FDA for approval of the MME as an effective treatment for that particular condition so that it can become available to everyone.

The MME Experience

You will be lying on a special bed that moves into the focal point of the magnets. People who get nervous in small spaces (claustrophobics) should not experience any difficulty with the MME, since the patient lies on an open table between the electromagnets, instead of inside the electromagnet as in an MRI scanner.

Many who have been in pain may experience relief in a short period of time. Some may describe different feelings of tingling or “glowing” in a problem area, which is indicative of healing. Experiences will vary with individuals and the type of condition being treated.

You are able to converse with others, watch TV, or read a book. In addition, MME treatment is conducive to napping, which helps to pass the time. You are not confined and are free to take breaks, of course. However, it is advisable to take advantage of the treatment time that has been reserved for you.

How Safe is the MME?

The strong magnetic fields used in the MRI and the MME

preclude their use by individuals with implanted medical devices such as aneurysm clips in the brain, heart pacemakers, and cochlear (inner ear) implants. Also, people with pieces of metal close to an important organ (such as the eye) may not be eligible for MME treatment. Each individual's circumstances will be carefully evaluated before the person is accepted as a research participant.

History

MME stands for Magnetic Molecular Energizer and it is closely related to a familiar medical diagnostic method known as Magnetic Resonance Imaging (MRI). MRI signals are used for visualizing internal organs such as the brain, spine, and liver.

The first MRI experiments were reported independently in 1946 by a group at Stanford, led by Block and one at Harvard, led by Purcell. MRI subsequently discovered that nuclei resonate at slightly different frequencies depending on their chemical environment. This caused MRI to become an extremely useful tool in chemical analysis.

The first MRI signal from a live animal was obtained by Jasper Jackson in 1967. In 1972 Paul Lauterbur generated the first two-dimensional images from a water sample. Pictures of fruit, animals, and finally humans were obtained later during the 1970s. The first commercial MRI scanners became available around 1981.

However, MRI is strictly an imaging method and not a *treatment* method. In the early 1990s, Dr. Dean Bonlie began studying magnetism and its effect on the human body. He found that low strength, negative, magnetic field induced through the body by a layer of magnets beneath the body could provide relief from numerous symptoms, such as pain relief from arthritis and back pain, and sleep disorders.

This led to study and research of higher strength magnetic fields, similar to those produced by MRI scanners, as a possible treatment method.

If you are interested in being involved in these research

studies, please contact the independent clinic nearest you.

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