



## **Dr. Norman Shealy on Magnesium Oil (Magnesium Chloride)\*\***

**\*\*Cell Wellness Restorer, Yinergy Oil, Magic Oil, Essence of Sea Oil products are ALL Magnesium Oil in the form of Magnesium Chloride packaged under different labels at the time of Dr. Shealy's testing. The same high quality product (Magnesium Chloride, USP) is the only product Health And Wisdom will offer it's customers!**

### **Magnesium: The Essential Mineral Critical For Youth And Health**

Magnesium is the most critical mineral required for electrical stability of every cell in the body. Its major role is at and in the cells so that blood levels, whole blood, serum, plasma, and even white blood cell levels of magnesium do not give an accurate picture of optimal magnesium levels. In fact, serum levels of magnesium are low only in acute alcoholics and in severe starvation. Magnesium stored in bones is stolen" by the body to maintain the narrow range of serum levels required for life.

Eighty percent of American women and seventy percent of men do not eat even the recommended daily requirement of magnesium. And soil throughout the world is deficient in magnesium except in Egypt. Thus, most foods today, even those supposed to have a high content of magnesium, are low themselves. As a single essential nutrient, magnesium may be responsible for more diseases than any other nutrient! There are many reasons for this widespread deficiency: nutrition, stress and drugs. White flour has had removed 85% of its magnesium. Considering the fact that almost 20% of calories come from white flour, essentially a junk food, this inadequate food is responsible for about 17% "loss" of magnesium. Chemical fertilizers, high in nitrates, phosphates, and potassium, deplete soil magnesium so that even most whole wheat is basically borderline.

Farmers are well aware of the major impact of magnesium depletion; horses and cattle may die from "grass staggers," an uncoordinated gait, severe muscle spasms and even seizures. All this is curable by magnesium supplementation, if caught early enough.

The second junk food, which has no magnesium, and indeed no real nutritional value, is white sugar. The average American consumes 42 teaspoons of sugar per day, 210 calories, or about 10% of caloric intake. Add 15%, minimum, for protein and 35% for fat, both lacking in magnesium, and it is obvious that at least 77% of our food has no magnesium. Furthermore, both fat and protein interfere with absorption of magnesium. And then there is that enigma of modern life, "pop," which is phosphate of soda, a major stumbling block in magnesium metabolism. At an average of 24 to 36 oz. per day, the ultimate junk non-food, pop, is one of the unsung, unrecognized villains in disease promotion.

Other major magnesium detractors include the 550,000 different chemical pollutants released every year into our air, soil and water. Pesticides, herbicides, and ammonia, widely used in agriculture, seriously stress the body, affecting every aspect of metabolism. One of the major pollutants is aluminum, which blocks many normal magnesium functions. Aluminum, the non-essential and highly toxic mineral, is used to wrap foods and to store pop, beer and even juice. The acid pH of many juices and of pop leaches aluminum out of the containers. And to compound matters, antiperspirants and most baking powder contains aluminum. Any of the toxic metals, aluminum, cadmium, lead, arsenic, and mercury may block magnesium metabolism.

In addition, the clinical stressors mentioned above contribute to the overall stress reaction - an increase in "adrenalin," cortisone, blood sugar, and insulin. And both adrenalin and cortisone lead to increased excretion of magnesium in the urine. Noise and electromagnetic pollution also elicit this biochemical stress reaction leading to magnesium dumping. And then there is the Future Shock of modern life. All emotional/mental stress further aggravates the adrenalin, cortisone induced magnesium depletion.

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And to compound the remarkable attack upon magnesium, there is a huge arsenal of prescription drugs that deplete magnesium. These include most diuretics, hydrochlorothiazide, chlorthalidone, furosemide, bumetanide; antibiotics - gentamicin, carbenicillin, amphotericin B; cortisone/steroid drugs such as prednisone and dexamethasone; digitalis/digoxin; antiasthmatics including ephedrine and pseudoephedrine; laxatives; chemo therapeutics - cisplatin, vinblastine, bleomycin, cyclosporine, methotrexate, etc. And, of course, those non-prescriptions - nicotine and alcohol. It's a near miracle that we survive in modern society!

Stress begets stress. The lower your magnesium level, the lower your threshold for new stress - thus, you become increasingly more sensitive - more adrenalin, greater magnesium loss, greater sensitivity, etc. Soon the intracellular magnesium level is no longer 10 times that of serum and the cells are in a chronic state of hyper excitability. Anxiety, irritability, anger, depression and mood swings are just the tip of the iceberg of magnesium deficient symptoms:

- Anxiety
- Attention Deficit
- Confusion
- Depression
- Diarrhea or Constipation
- Faintness
- Fatigue
- Hyperventilation
- Incoordination
- Insomnia
- Intestinal Problems
- Muscle Cramps
- Muscle Tightness
- Muscle Twitches
- Pain
- Poor Memory
- Seizures
- Tinnitus
- Vertigo

These are just the symptoms!

Major diseases associated with magnesium deficiency are:

- Angina Pectoris
- Anorexia
- Arrhythmias
- Asthma
- Atherosclerosis
- Attention Deficit Disorder
- Auricular Fibrillation
- Bulimia
- Cancer
- Cardiomyopathy
- Chronic Fatigue
- Chronic Bronchitis
- Congestive Heart Failure
- Cirrhosis
- Depression
- Diabetes
- Eclampsia
- Emphysema
- Fibromyalgia
- Gall Bladder Infections and Stones
- Hearing Loss
- Heart Attack
- Hyperactivity
- Hypercholesterolemia
- Hypertension
- Hypoglycemia
- Immune Deficiency
- Infections (Viral and Bacterial)
- Intermittent Claudication
- Kidney Stones
- Migraine
- Mitral Valve Prolapse
- Osteoporosis
- Panic Attacks
- PMS - Pre menstrual syndrome
- Benign Prostatic Hypertrophy
- PVC's
- Reflex Sympathetic Dystrophy
- Strokes

In perhaps no illness is magnesium deficiency more relevant than myocardial infarction or acute heart attack. On average, patients given intravenous magnesium have a 50% greater survival rate than those who do not receive magnesium. No drug is more effective than magnesium in reducing mortality from a heart attack. No drug is as safe. Indeed, I consider failure to give magnesium to such a patient significant negligence.

Another major disease in which magnesium deficiency is rampant is diabetes. Just glucosuria, the spilling of sugar in urine, depletes magnesium. Indeed there is an inverse relationship between glycosuria and serum magnesium. In severe diabetic crisis with ketoacidosis, extreme magnesium loss is common.

More critically, magnesium is an important co-factor in production of insulin by the pancreas. Normal total body magnesium is essential for glucose metabolism. Thus, the rampant magnesium deficiency in our society may be a contributing cause of diabetes.

Insulin resistance, muscle spasms, atherosclerosis, cardiac arrhythmias, and even the increase in vascular disease in diabetes may be related to magnesium deficiency.



Another heart-rending illness, cerebral palsy, may be the result of magnesium deficiency. Mothers given intravenous magnesium just before giving birth are much less likely to have children who develop cerebral palsy.

### **Migraine**

Migraine, a disabling condition for 12 to 13% of Americans (17% of women; 9% of men), is associated with magnesium deficiency in most patients. As effective as most drugs is a shot of magnesium given at the onset of the headache. And long-term magnesium supplementation reduces the frequency of migraines.

### **Hypertension**

Both calcium deficiency (70% of patients) and magnesium deficiency (80%) are important factors in hypertension. Indeed, adequate replacement of both calcium and magnesium may make antihypertensive drugs unnecessary.

### **Chronic Fatigue Syndrome And Fibromyalgia**

Chronic fatigue syndrome and fibromyalgia are two modern illnesses frustrating both patients and most physicians. Neither is likely to be cured without at least adequate magnesium replacement.

### **Depression**

In hundreds of depressed patients, magnesium deficiency is almost universal. Magnesium replacement is one of the key elements for long-term success in this perhaps most common illness in the world. Indeed, I believe depression is a key factor, which weakens resistance to all illness and is at least a major co-factor in almost every illness.

### **Osteoporosis**

One of the most difficult oversights by physicians is the role of magnesium in bone maintenance and production. Just as magnesium increases the strength of concrete, magnesium is absolutely critical to formation of both bone and teeth. It is the unique chemical combination of calcium and magnesium that makes bones and teeth sound. Interestingly, a small amount of boron is also essential in bone metabolism, as of course is Vitamin D. No amount of estrogen and calcium is adequate for prevention or treatment of osteoporosis without magnesium, boron and Vitamin D. Of course, my personal recommendation is daily 1/2 teaspoon of Yinergy Eugesterone (transdermally), 400 units of Vitamin D, one gram of calcium citrate, and adequate magnesium, either as magnesium taurate or Yinergy oil.

### **Panic Attacks and RSD**

Both panic attacks and reflex sympathetic dystrophy are disabling diseases, which are often curable with just 10 to 15 shots of magnesium intravenously. Indeed, except for patients with kidney failure, there is virtually no illness, which is not helped significantly by magnesium.

Now to address the two biggest problems with magnesium deficiency: diagnosis and replacement.

## **Diagnosis Of Magnesium Deficiency**

Serum or blood levels of magnesium are a waste of blood, money and time except in acute alcoholism, starvation or diabetic acidosis. There are only two tests worthwhile: magnesium loading and intracellular spectroscopy.

### **Magnesium Loading**

Although this test is considered the standard by the few physicians who at least recognize the possibility of magnesium deficiency, the test is somewhat tedious and frustrating to patients. First one has to collect every drop of urine for exactly 24 hours. The urine is then analyzed for total magnesium and creatinine output. Then the patient is given intravenously a specific "load" of magnesium and a second 24-hour urine is collected and tested for magnesium and creatinine. If less than 50% of the administered magnesium is excreted, this is "proof" of magnesium deficiency. In fact, if less than 20% is excreted, "borderline" magnesium deficiency is suspected.

### **Intracellular Spectroscopy**

Much simpler and the test I prefer is a simple tongue blade scraping of the frenulum of the tongue. Then the cells are placed on a slide and sent for x-ray defraction. At about the same cost as the magnesium load test and much better patient compliance, this test also gives intracellular levels of magnesium, calcium, potassium,



sodium, chloride, and phosphorus, as well as equally important ratios. If your physician won't order this important test for you, find another physician. If you have any of the symptoms or illnesses listed earlier, it is extremely wise to have this test done. The lab is: Intracellular Diagnostics, 553 Pilgrim Drive, Suite B, Commerce Park, Foster City, CA 94404, 800-874-4804.

### **Magnesium Replacement**

Except in patients with kidney failure, some magnesium supplementation is advisable. The problem with oral magnesium is that all magnesium compounds are potentially laxative. And there is good evidence that magnesium absorption depends upon the mineral remaining in the intestine at least 12 hours. If intestinal transit time is less than 12 hours, magnesium absorption is impaired. There are two oral forms that may be considered: 25% magnesium chloride drops (Magic Drops) or magnesium taurate. The drops are extremely strong tasting, salty and bitter. At least 50% of patients refuse to use the drops after a taste test! Twenty drops per day are recommended. It requires 3 to 6 months for replacement to be accomplished.

Magnesium taurate at dosages of 250 to 500 mg., if well tolerated (no diarrhea) by the intestines, is better absorbed than any other oral tablet or capsule. This approach requires 6 to 12 months.

### **Intravenous Magnesium**

The most rapid restoration of intracellular magnesium is accomplished with intravenous replacement. For most patients 10 shots, given over a two-week period, are adequate. Depending upon the patient's weight and general status, we give either 1 or 2 grams of magnesium chloride IV over a 30 to 60 minute period.

#### **Magnesium I**

- 250 cc of 0.9% Sodium Chloride
- 1 gram Magnesium Chloride
- 500 mg Calcium Chloride
- 100 mg. Pyridoxine (B-6)
- 1 gram DexPanthenol (B-5)
- 1000 mcg Cyanocobalamin (B-12)
- 6 grams Vitamin C

#### **Magnesium II**

- 250 cc of 0.9% Sodium Chloride
- 2 grams Magnesium Chloride
- 1 gram Calcium Chloride
- 100 mg. Pyridoxine (B-6)
- 1 gram DexPanthenol (B-5)
- 1000 mcg Cyanocobalamin (B-12)
- 6 grams Vitamin C

In patients with panic attacks, as few as 5 intravenous replacements may be sufficient. In reflex sympathetic dystrophy, as many as 15 shots may be required. Once replacement is completed, most individuals may be able to sustain their magnesium levels with oral magnesium taurate. But a few patients require occasional additional intravenous magnesium replacements.

### **Magic Oil, Yinergy Oil, Essence Of Sea Oil, Cell Wellness Restorer\*\***

In considering the wide variety of illnesses reported by Jim Carter to be improved with his unusual oil, I suspected that one explanation might be magnesium replacement. This insight led me to test the possibility that the oil, known to contain up to 25% magnesium chloride might facilitate absorption of magnesium through the skin. We then recruited 16 individuals with low intracellular magnesium levels to participate in the following experiment. The protocol/consent form explaining study this study is as follows:

Our purpose was to research whether or not magnesium was absorbed through the skin. Exclusion factors included anyone taking oral or IV magnesium during the last 6 weeks and smokers. Individuals sprayed a solution of 50% Magic Oil over the entire body once daily for a month and did a 20 minute foot soak in Magic Oil once daily for a month. Subjects had a baseline Intracellular Magnesium Test documenting their deficiency and another post-Intracellular Magnesium Test after 1 month of daily soaks.

The results were impressive. Twelve of sixteen patients, 75%, had significant improvements in intracellular magnesium levels after only four weeks of foot soaking and skin spraying.

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## Typical Results

Test results before and after 4 weeks of foot soaks:

Electrolyte Name	Foot Soaking		Reference Range
	Before Soaking	After Soaking	
	(mEq/l)	(mEq/l)	
Magnesium	31.4	41.2	33.9 - 41.9
Calcium	7.5	4.8	3.2 - 5.0
Potassium	132.2	124.5	80.0 - 240.0
Sodium	3.4	4.1	3.8 - 5.8
Chloride	3.2	3.4	3.4 - 6.0
Phosphorus	22.2	17.6	14.2 - 17.0
Phosphorus/Calcium	3.0	3.7	3.5 - 4.3
Magnesium/Calcium	4.2	8.6	7.8 - 10.9
Magnesium/Phosphorus	1.4	2.3	1.8 - 3.0
Potassium/Calcium	17.6	26.1	25.8 - 52.4
Potassium/Magnesium	4.2	3.0	2.4 - 4.6
Potassium/Sodium	39.1	30.5	21.5 - 44.6

This is the first known proof of absorption of magnesium through the skin! And it suggests that 70% of individuals Jim Carter reports improved with use of his unique oil improved because of increased intracellular magnesium.

**From a safety point of view, there is no other approach that offers so much to so many.** Not only is this great news for individuals with all the symptoms and illnesses listed earlier, it is also a reason in itself to recommend use of Cell Wellness Restorer or Ynergy Oil in everyone with normal kidney function. Considering the many reports of improved health, energy and well being, Magic Oil may be the Fountain of Youth.

## Health And Wisdom's Home Page

Note: Since the first publication of this report, Jim Carter has past away.