

# Medical News - IMVA - Magnesium in Modern Medicine - February 20,2006

Dear IMVA,

Below is the first chapter to the Magnesium Chloride book. During the next few weeks the IMVA will be publishing a series of essays on magnesium. After publishing our work on *Magnesium and Diabetes Neuropathy* we are in the process of discovering the full healing power of magnesium when mega doses are used. Thus we are going to be promoting much higher levels of magnesium administered through a combination of oral and transdermal forms. It is an exciting time as testimonials come in showing us clearly the efficacy of that path we have chosen that puts transdermal magnesium chloride therapy, natural chelation and remineralization on center stage.

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## **Magnesium in Modern Medicine International Medical Veritas Association**

Magnesium is nearly miraculous for the depth and scope of its application. It really is not an exaggeration to say that miracles in medicine would be achieved if people's magnesium deficiency were addressed instead of ignored. Certainly many lives would be saved if non-toxic medicines were favored over toxic ones. This is not idle medical banter and the entire medical community will eventually have to reorient itself by putting magnesium at the top of the chart of usable medicines.

*When 1,033 hospitalized patients were studied, over 54%  
were low in magnesium. What was worse is that 90% of the  
doctors never even thought of ordering a magnesium test.[i][1]  
Journal of the AMA*

Despite the fact that magnesium is almost as important for life as the air we breathe, it seems like the medical industrial complex is not too keen on the public getting enough of this precious mineral. For instance, for the past 15 years evidence has stacked up showing patients with acute coronary thrombosis improve their survival chances by 50 - 82.5% when given intravenous magnesium of 32-66 mmol (1200 milligrams of magnesium equals 50 mmol) in the first 24 hours,[ii][2] and still magnesium chloride or magnesium sulfate are not universally used in hospitals around the world. Rapid intravenous bolus doses of magnesium have been shown to instantaneously and effectively dilate the coronary collateral circulation proving to be a dramatically effective treatment of acute myocardial infarction, angina and congestive heart failure.[iii][3]

*Magnesium is the most important  
mineral to man and all living organism.[iv][4]  
Dr. Jerry Aikawa*

The medical authorities, and certainly the pharmaceutical companies, are in a pickle with magnesium. They have a powerful medicine that is non toxic, inexpensive and effective in a wide variety of medical situations. So what do they do? They have a study designed to show the opposite thus sabotaging medical clarity on the use of a valuable safe medicine. Specifically, when it comes to magnesium, a single negative study showing that magnesium had a worsening effect on survival employed a far higher dose of magnesium (80 mmol) than the studies mentioned above[v][5], and another study showing no benefit with magnesium employed the low dose of 10 mmol in the first 24 hours.

Dr Stephen Davies and Dr Damien Downing, editors of the Journal of Nutritional and Environmental Medicine, criticized the designers of the study for clearly selecting too large a dose of intravenous magnesium, and also for giving magnesium too late and then too quickly. "Although it would appear clear to any first year medical student that magnesium worked well for coronary thrombosis within the optimal dosage level of 30 - 70 mmol; that 10 mmol was shown to be too little, and 80 mmol had been shown to be too much."

*Over 100 patients suffering from coronary heart disease were treated  
with intramuscular [injected] magnesium sulphate with only one  
death, compared to their findings in the previous year when, of 196  
cases admitted and treated with routine anticoagulants, 60 died.[vi][6]  
The British Medical Journal  
January 23, 1960*

Because of these studies many hospitals ceased using magnesium in their treatment of acute coronary thrombosis. The scandalous decision to use this overdose of magnesium in this study is what we would expect of the profit driven pharmaceutical business and medical industrial complex that hurts more people than it helps. Iatrogenic death and disease is rampant and some of that could be avoided if magnesium were more widely used in modern medicine.

Researchers from Northwestern University School of Medicine in Chicago have determined that not having enough magnesium in your diet increases your chances of developing coronary artery disease. In a study of 2,977 men and women, researchers used ultrafast computed tomography (CT scans) of the chest to assess the participants' coronary artery calcium levels. Measurements were taken at the start of the study -- when the participants were 18 to 30 years old -- and again 15 years later. The study concluded that dietary magnesium intake was inversely related to coronary artery calcium levels. Coronary artery calcium is considered an indicator of the blocked-artery disease known as atherosclerosis.

Information is scarce about the relationship between cancer and magnesium but researchers from the School of Public Health at the University of Minnesota have just concluded that diets rich in magnesium reduced the occurrence of colon cancer.[vii][7] A previous study from Sweden[viii][8] reported that women with the highest magnesium intake had a 40 per cent lower risk of developing the cancer than those with the lowest intake of the mineral.

Magnesium is shaping up to become the number one preventative agent for the major plagues of modern man. In two huge long term studies it was also recently concluded that those who consumed the most magnesium in their diet were least likely to develop type 2 diabetes, according to a report in the January 2006 issue of the journal Diabetes Care. Until now, very few large studies have directly examined the long-term effects of dietary magnesium on diabetes. Dr. Simin Liu of the Harvard Medical School and School of Public Health in Boston says, "Our studies provided some direct evidence that greater intake of dietary magnesium may have a long-term protective effect on lowering risk," said Dr. Liu.

Considering some of the basic research already published it is highly frustrating the inertia in medicine about using magnesium as a primary medicine. Dr. Russell Blaylock describes his own experience with this and tells how his own brother fell victim to cancer and how the lack of proper treatment led to a death that could have been prevented. "I asked the doctor in charge of his respiratory care to add vitamins and magnesium to his IV. While he promised he would, he didn't. When I asked his doctor why the magnesium had not been added to his IV, word was sent back to me through the nurse that she had never heard of using magnesium. I sent copies of

selected articles showing the immense value of magnesium on pulmonary and cardiovascular function. Still there was no response from the doctor.”[ix][9]

Magnesium deficiency commonly occurs in critical illness and correlates with a higher mortality and worse clinical outcome in intensive care units. Studies are now underway that have emergency crew personnel authorized to administer IV magnesium immediately in the ambulance. Preliminary trials found "promising" effects of MgSO<sub>4</sub> (mg sulfate) on stroke victims if given early enough, before getting to emergency rooms[x][10]. Magnesium infusion in patients with acute myocardial infarction (four grams of MgSO<sub>4</sub> during the first three days) reduced the incidences of arrhythmias, death and the size of infarction. Another study showed reduction of mortality with infusion of 10 grams of MgSO<sub>4</sub> in 24 hours.[xi][11]

Dr. Sarah Mayhill, a British doctor working for the National Health Service says, "In fact it is partly this effect which is taken advantage of in the treatment of acute myocardial infarction or acute stroke. In both these conditions there is a local obstruction of blood supply. I use I.V. magnesium (2-5mls of 50%) as a bolus to treat both these conditions - often with dramatic effects. With acute myocardial infarctions there is often immediate pain relief, as either the obstruction is relieved or good collateral circulation restored. Furthermore, magnesium is antiarrhythmic. Trials with magnesium have clearly demonstrated benefit and magnesium is used as a front line drug in many hospitals. In acute stroke, function can be restored within a few minutes - most satisfying. However, if there is a possibility that the stroke is hemorrhagic (about 15% of cases) then magnesium should not be used."

*Intravenous magnesium is safe and effective in acute severe asthma and is commonly used by emergency medical personnel.*

Magnesium has many known indications in anesthesiology and intensive care, and new studies are beginning to suggest its use in many other areas of medicine as well. For instance two studies have suggested magnesium's role in the treatment of acute migraine. Mauskop et al[xii][12] demonstrated relief of headache within 15 minutes of intravenous magnesium in 32 of 40 patients with migraine, cluster headache, or tension headache. "Not all headaches are produced by mineral imbalances, but we now know that 50 to 60 percent of migraines are magnesium-linked. And that's probably why no prescription therapy on the market successfully treats headaches across the board. They're simply not treating the cause," says Dr. Burton M. Altura, professor of physiology and medicine at the State University of New York Health Science Center at Brooklyn. "Of the 17 people we've treated with magnesium, 13 have had complete improvement," says Dr. Herbert C. Mansmann, Jr., professor of pediatrics and associate professor of medicine at Jefferson Medical College in Philadelphia.[xiii][13]

When used correctly, magnesium chloride is a weapon against infectious diseases. Between its power to stimulate white blood cells and glutathione production, and its basic role in producing energy we have a heavyweight non-toxic medicine we can use without a prescription. This is going to be very important as

antibiotics fail us. For example a new and growing concern - a increasing number of young, otherwise healthy Americans who are being stricken by the bacterial infection known as Clostridium difficile -- or C. diff -- which appears to be spreading rapidly around the country and causing unusually severe, sometimes fatal illness.

*It's a new phenomenon. It's just emerging. We're very concerned.*

*We know it's happening, but we're really not sure  
why it's happening or where this is going.*

*Center for Disease Control*

The infection has long been common in hospital patients taking antibiotics for other reasons. As the drugs kill off other bacteria in the digestive system, the C. diff microbe can proliferate. Hospitals might be forced to use magnesium chloride or just watch as more and more die from their refusal to step outside their medical boxes and use something that can safely help deal with this and other medical situations.

Magnesium chloride, when concentrated, is a powerful universal medicine that we can turn to in many clinical situations, including common influenza and the "dreaded" bird flu, especially when used in conjunction with vitamin C. This is an exciting medical discovery. The same pure natural substance used in emergency rooms to save people's lives has a dramatic effect on cell life and is safer to use than aspirin. Effective in a much broader sense than vitamin C, magnesium chloride is a medicine that helps doctors to fulfill their primary mission and purpose.

"Magnesium is necessary for the normal function of over 300 enzyme systems, for muscle relaxation, immune function, cardiac function, clotting, nerve conduction etc. Indeed I cannot think of a bodily department in which magnesium is not essential. It prevents heart disease, cancer, blood pressure, kidney stones and improves energy, sleep etc." reports Dr. Mayhill.

"Like two diverging paths, it appears that the more we learn about the benefits of magnesium the more we uncover about the side effects of prescription drugs," says Dr. Carolyn Dean, author of The Miracle of Magnesium. Magnesium chloride is a versatile medicine we can all put in our medicine cabinets. It boosts almost all aspects of cell physiology and is what you want around if you are having a heart attack or stroke. Magnesium chloride is a basic mineral nutrient supplied by the food industry that can be used orally, intravenously, and transdermally.

Magnesium chloride treatments address systemic nutritional deficiencies, act to improve the function of our cells and immune system, and help protect cells from oxidative damage. It's a systemic medicine as well as a local one bringing new life and energy to the cells wherever it is applied.

*Hundreds of billions of dollars and millions of lives would be saved  
if magnesium was supplemented and used widely as a medicine.*

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[i][1] - June 13, 1990

[ii][2] - J Nutr Environ Med, 1999;9:513

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- [iii][3] - S. E. BROWNE. Review of 34 years of experience. Journal of Nutritional Medicine (1994) 4, 169-177. <http://www.mgwater.com/browne02.shtml>
- [iv][4] - Aikawa LK, Magnesium: Its Biological Significance, CRC Press, Boca Raton, FL, 1981
- [v][5] - European Heart J, 1991;12:12158
- [vi][6] - Rodale J.I., Taub, Harald J. Magnesium, the nutrient that could change your life. Pyramid Books. New York.
- [vii][7] - American Journal of Epidemiology (Vol. 163, pp. 232-235)
- [viii][8] - Journal of the American Medical Association, Vol. 293, pp. 86-89
- [ix][9] - How Modern Medicine Killed My Brother.  
[http://www.mercola.com/2004/nov/24/modern\\_medicine.htm](http://www.mercola.com/2004/nov/24/modern_medicine.htm)
- [x][10] - [http://www.fastmag.info/sci\\_bkg.htm](http://www.fastmag.info/sci_bkg.htm)    <http://www.fastmag.info/index.htm>
- [xi][11] - Faintuch JJ, Menezes MS. Magnesium and myocardial infarction. Brazilian aspects. Clinica Geral do Hospital das Clinicas, Faculdade da Universidade de Sao Paulo. Rev Hosp Clin Fac Med Sao Paulo. 1997 Nov-Dec;52(6):333-6. Most of the brazilian's territory is poor in magnesium (Mg) and an evaluation of urinary Mg indicated very low concentration of this cation in a normal population sample. The study of the behavior of plasmatic Mg in the acute phase of uncomplicated myocardial infarction permitted the following conclusions; a) during the first three days of the clinical course there is significant hypomagnesemia; b) magnesemia rises progressively during the three days of infarction, without however reaching normal levels. The lymphocytic magnesium also show the same behavior.
- [xii][12] - Mauskop A, Altura BT, Cracco RQ, et al. Intravenous magnesium sulfate rapidly alleviates headaches of various types. Headache 1996;36:154-60.[[Medline](#)]
- [xiii][13] - <http://www.mgwater.com/prev1801.shtml>