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Short Review

Electromagnetic Psychiatry: A Proposed Paradigm Shift

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Abstract

Academic psychiatry is dominated by a biological approach to mental illness. Mental disorders are conceptualized as biological brain diseases, based primarily on abnormalities in genes and neurotransmitters. The author proposes that there should be a fundamental paradigm shift from biological psychiatry to electromagnetic psychiatry.

Keywords: Biological psychiatry, Electromagnetic fields, Scanning the human body

The current research focus in psychiatry is on the biology of mental illness and that is predominantly the type of research that is funded by the National Institutes of Mental Health. Yet, after decades of effort and tens of billions of dollars spent, biological psychiatry research has not yielded a single finding of direct clinical relevance. For example, despite repeated efforts to measure neurotransmitters in the cerebrospinal fluid of individuals meeting criteria for DSM mental disorders, no consistent abnormality in dopamine, serotonin, noradrenalin or any other neurotransmitter has ever been demonstrated. The chemical imbalance theory of mental illness has been disproven by a large, replicated body of null findings. The same is true in psychiatric genetics: no consistent set of genetic abnormalities in individuals with mental disorders has ever been demonstrated. This was the case when an analysis of biological psychiatry was published 30 years ago. Nothing has changed since [1,2].

Biological psychiatry continues to maintain pervasive influence over grant funding, academic and federal appointments, publications in leading journals, and academic promotions. The ideology of biological psychiatry is supported and endorsed by big pharma, hospital corporations, insurance companies and academic psychiatry. The core idea is that there is an *underlying pathophysiology* to mental illness that, once understood, will lead to effective treatments. Rather than calling to give up on a bio-reductionist model that has yielded nothing of clinical relevance, academic psychiatry promises major breakthroughs coming in the near future.

In my opinion, there is only one logical conclusion to reach: for mental health, biology is the wrong level of analysis. That is why biological research in psychiatry is a scientific dead end. This statement is not an example of anti-psychiatry or anti-science, in fact the opposite is true. My goal is to contribute to a paradigm shift that will yield real scientific findings and real clinical applications in psychiatry. There will be multiple levels of resistance to the paradigm shift: for example, biological researchers will be replaced by physicists, electrical engineers and tech experts.

The idea that the conscious mind can be fully explained by biology is absurd, but nevertheless it dominates bio-reductionist psychiatry. The idea gets couched in vocabulary that disguises the reductionism – for example, the mind is said to be an *emergent property* of brain function, or, more blatantly, the mind is an *epiphenomenon* of brain activity. How the mind "emerges" from atoms and electrical currents in the brain is a complete mystery, since atoms and electricity are not allowed to be conscious in bio-reductionist models [3].

Mental illness, I propose, is primarily a disturbance at the electromagnetic (EM) level, which is where the mind – the psyche - is located. There are likely causal interactions in both directions between biology and the electromagnetic field of the human body, but the *underlying pathophysiology* is primarily electromagnetic. There is likely a small number of cases in which genetics and biology are predominant, but these are outliers from a public health perspective. Disturbances in the EM field of the human body can be caused by a large array of environmental factors including EM pollution, psychological trauma, social conditions, and insufficient exposure to sunlight.

The pandemic of worldwide vitamin D deficiencies illustrates the logic of the EM model. We know that photons are captured by plants to drive biological processes that support the entire biosphere – without photosynthesis there would be no biosphere. Similarly, we know that receptors in the retina can capture photons and use them to drive a series of transductions that result in conscious visual perception. Receptors in the skin capture photons to drive the synthesis of vitamin D and getting a suntan. Excessive electrical input to the human body in industrial accidents can result in burns, cardiac arrest and death, while mild input causes a slight tingling sensation. All these interactions are dose-dependent and have thresholds that vary across individuals: some people burn easily when out in the sun for too long, others do not. There are vitamin D receptors in every cell in the human body and low vitamin D levels correlate strongly with numerous physical and mental health problems. This is driven entirely by insufficient EM exposure in the form of sunlight.

The purpose of mentioning vitamin D is to illustrate the logic of the EM model – vitamin D illustrates how EM fields can have an impact on the human body.

I have met people with bipolar disorder who are floridly manic. It is very obvious to me that more than just their brain is in a manic state. They are euphoric, hyper-active, talkative, amused, hyper-sexual, grandiose, full of energy and require much less sleep than usual. They are glowing with radiant energy which shows in their complexion, their behavior and their speech. Conversely, the same person in the depressed phase has a much different complexion – no glow, pale, unhealthy looking, and sallow.

If mania and depression have anything to do with serotonin, we know that 90% of the body's serotonin is in the gut and the periphery. Maybe that's where SSRI antidepressants have their clinical effect. Maybe, even at the level of biology, the brain is the wrong place to look.

We currently measure the EM emissions of the heart and brain in mainstream medicine in the form of EEGs and EKGs. There is nothing mystical or extra-scientific about this. All physical objects in the universe emit an EM field, from stars to human bodies to single atoms. We know that the EM field of the human body can be mined for clinically relevant information. I propose that this is true for the body as a whole, not just the heart and brain, or nerve transmission in the periphery (electromyography).

Using an array of non-contact electrodes I call the whole body electromagnetic scanner [4-6], one could scan the whole body of a person while manic and then again when depressed. The EM state in the two conditions would be markedly different – this would be evident in the amplitude and frequencies of the whole body's EM field and in a color-coded visual display on a computer screen. Bipolar disorder is a disorder of the whole body, not just of the brain. As is true of EKG's for some cardiac conduction defects and arrythmias, the whole body EM scanner could potentially detect EM disease processes before they trickle down to the biological level. That could include metabolic disorders, cancers and a wide range of diseases.

It follows from this line of thinking that there could be a wideranging set of psychiatric interventions targeting the EM field of the body. These could modulate mania, but also fight, flight and freeze reactions. Transcranial magnetic stimulation (TMS) is FDA-approved for the treatment of depression: I see this as the primitive beginning of EM psychiatry. I see electroconvulsive therapy (ECT) as a blunt and often toxic form of EM psychiatry. One can fix a software problem in a computer without hitting it with a sledgehammer.

Our bodies have evolved in the biosphere over millions of years – hundreds of millions if we track enzymes and genes that have been conserved in evolution. My theory of human energy fields [7] states that, rather than being background noise, EM signals from rocks, trees, lakes, plants and animals contain *information* that has evolutionary meaning and purpose. Human beings are like biological cell phones – we receive, process and transmit information back and forth between ourselves and our environment. These signaling processes have been highly disturbed by EM pollution and EM disconnection from the magnetic field of the earth.

If we assume that the human spirit and the EM field of the body are the same thing, viewed through different paradigms, vocabulary and beliefs, then the Earth Mother is subjective language for the EM field of our planet. EM disconnection from the Earth Mother may have serious spiritual and physical health consequences – this can happen due to EM-insulated shoes, concrete and general EM pollution. Living on Mars might cause stresses on the human body that lie outside the current biological paradigm in medicine, or it might not. We should at least be conscious of the possibility and study the EM field of the body in health and medicine so that we can monitor it on Mars.

An example of how the EM model might change the perception, study and treatment of "subjective" patient complaints is brain zaps [8,9]. I have talked to quite a few people who have experienced brain zaps and also body zaps. These are dismissed as invalid subjective illusions or misperceptions by mainstream medicine and science. Well, maybe not. Maybe brain zaps are a real EM phenomenon that does not follow anatomical pathways. Maybe there is an evolutionarily relevant set of direct EM transmissions within the human body that links tissues and organs by mechanisms other than hormones, nerve impulses and blood-borne biological signals. I propose that the whole body EM scanner might be able to detect, measure and validate chakras and chi meridians and a variety of treatments like therapeutic touch. The scanner might be able to detect the response of the client's EM field to EM transmissions from the healer's hands. Rather than being mysticism this is an experimentally testable scientific hypothesis - the EM paradigm offers a way to unify eastern and western medicine.

A final thought: "Where's your evidence?" is a statement never heard in the field of theoretical physics.

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