THE FIVE BIOLOGICAL LAWS

INTRODUCTION

written by Caroline Markolin, Ph.D.

All medical theories, whether conventional or “alternative”, past or current, are based on the concept that diseases are “malfunctions” of the organism.
Dr. Hamer’s discoveries show, however, that nothing in Nature is “diseased” but always biologically meaningful. According to the Five Biological Laws, diseases are not malignancies, as claimed by conventional medicine, but are instead age-old “Biological Special Programs of Nature” created for our survival. The Five Biological Laws are in perfect harmony with spiritual laws. Because of this truth, the Spanish call the New Medicine “La Medicina Sagrada”, the Sacred Medicine.

Based on strict scientific criteria, the Five Biological Laws of the New Medicine are applicable to practically all diseases known in medicine and are verifiable in each patient’s case. Since 1981, Dr. Hamer’s findings have been tested more than 30 times by several physicians and professional associations supported by signed documents (see Verifications). All documents attest to the 100% accuracy of his discoveries.

The First Biological Law

The Second Biological Law

The Third Biological Law

The Fourth Biological Law

The Fifth Biological Law

Rev. 1.10

THE FIVE BIOLOGICAL LAWS OF THE NEW MEDICINE

“The differentiation between the psyche, the brain, and the body is purely academic.
In reality, they are one” (Ryke Geerd Hamer).

THE FIRST BIOLOGICAL LAW (“The Iron Rule of Cancer”)

1st Criterion: Every “disease” – hereinafter called **Significant Biological Special Program (SBS)** – originates from a **DHS** (Dirk Hamer Syndrome), which is an unexpected, highly acute, and isolating conflict shock that occurs simultaneously in the psyche, the brain, and on the corresponding organ.

2nd Criterion: The content of the conflict determines which organ will be affected and from which area of the brain the SBS will be controlled.

3rd Criterion: Every SBS runs synchronously on the level of the **psyche**, the **brain**, and the **organ**.

NOTE: The abbreviation SBS derives from the German “**S**innvolles **B**iologisches **S**onderprogramm” (Meaningful Biological Special Program). The acronyms DHS and SBS are copyright protected.

In GNM terms, a **DHS** is an emotionally distressing event that we could not anticipate and for which we were not prepared. From a biological point of view “unexpected” implies that unprepared for, the situation could be detrimental for the one who was caught off-guard. In order to support the organism during the unforeseen crisis, a **Significant Biological Special Program** on stand-by for exactly that conflict is instantly activated. The significance of this meaningful biological program of Nature is to improve the function of the organ so that the individual is in a better position to manage and eventually resolve the conflict. Since the DHS occurs at once in the psyche, in the brain, and on the corresponding organ, we speak in GNM of **biological conflicts** rather than of psychological conflicts.

NOTE: Biological conflicts are always linked to the function of the correlating organ. The organs of the alimentary canal relate therefore to “morsel conflicts” (not being able to catch, swallow, digest, or

eliminate a morsel), the uterus and prostate to procreation conflicts, or the skin to separation conflicts.

Sorrow over the loss of a mate

Animals suffer biological conflicts in real terms, for instance, when they are attacked by an opponent, when they lose their nest or territory, or when they are separated from a mate or an offspring. It is this biological conflict experience that connects us with all life.

Since human beings are capable of symbolic thought, we are able to experience biological conflicts also in a figurative sense. For us, an attack conflict can be brought on by an offending remark, a territorial loss conflict with an unwanted move, a starvation conflict through the loss of income, a sexual conflict when our partner is “mating” with someone else, a self-devaluation conflict because of abuse, or a death-fright conflict through the shock of a cancer diagnosis.

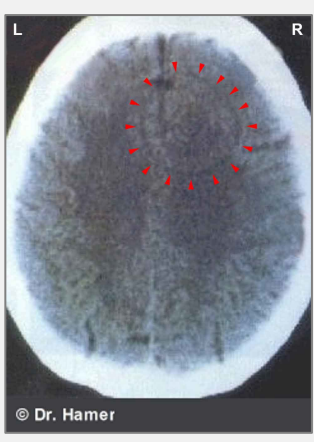
Severe malnutrition, poisoning, or an injury can result in the dysfunction of an organ without a DHS.

In GNM, the **PSYCHE** is regarded as an integral part of the human biology. It is the “organ”, so to speak, that inherently recognizes dangers. At the very instance of a DHS, the psyche associates with the event a specific *biological* conflict theme such as “anger in the territory”, “worries in the nest”, “abandonment by the pack”, “separation from a mate”, “loss of an offspring”, and so forth. This association happens in a split second and entirely on a subliminal level. Thus, it is the subconscious reading and **subjective assessment of the conflict situation** that determines which Biological Special Program will be activated. Yet, how exactly the subconscious mind perceived the particular conflict is only revealed when the physical symptoms arise. Whether a person gets a sore throat, comes down with a cold, has diarrhea, develops a skin condition or a certain cancer is therefore dependent on how the conflict was experienced when the DHS occurred.
NOTE: We can also suffer a conflict with or on behalf of someone else.

It goes without saying that our past experiences, our social and cultural conditioning, our values, our beliefs, our knowledge, our expectations, our vulnerabilities, our fears, and other factors contribute greatly to the perception of a conflict situation. Psychological aspects can undoubtedly create a predisposition for a biological conflict. However, independent of a DHS they are not able to activate a Biological Special Program, because, like all species, we humans respond to unexpected distress *biologically* rather than intellectually or on a solely psychological level.

When the DHS occurs, the conflict is registered on all three levels at once.

BRAIN LEVEL: At the moment of the DHS, the conflict shock impacts in a specific, predetermined area in the brain. On a brain CT (brain computer tomogram) the impact is visible as a set of sharp concentric rings or as a semicircle, depending on the location. In GNM, such a ring configuration is called a **Hamer Focus or HH** (from German: Hamerscher Herd). The term was originally coined by Dr. Hamer’s opponents, who mockingly named these structures “dubious Hamer Foci”.



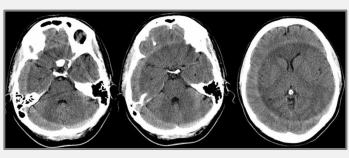
The **location of the Hamer Focus** is determined by the nature of the conflict.

The **size of the Hamer Focus** is determined by the intensity of the DHS.

On this CT scan, the Hamer Focus (HH) shows in the area of the brain that controls the left arm. It tells the story of a left-handed woman who had suffered a motor conflict when she unexpectedly lost a beloved friend (she was not able

to hold him with her left “partner-arm”). The sharp ring configuration indicates that she is in the conflict-active phase.

Before Dr. Hamer discovered these ring structures, radiologists disregarded them as artifacts created by a glitch in the machine. In 1989, Dr. Hamer asked Siemens, a manufacturer of computer tomography equipment, to explain which criteria must be fulfilled to exclude a ring artefact. An official Siemens document confirms that these target rings cannot be artifacts, because even when the tomography is repeated and taken from different angles, the same configuration always appears in the same location. Moreover, during the course of an SBS, the Hamer Focus changes from a sharp ring configuration (conflict-active phase) to an edematous ring structure (in PCL-A) to an HH with neuroglia (in PCL-B). Hence, if several Biological Special Programs run concurrently, more than one Hamer Focus is visible on a brain scan, and this often in different phases.

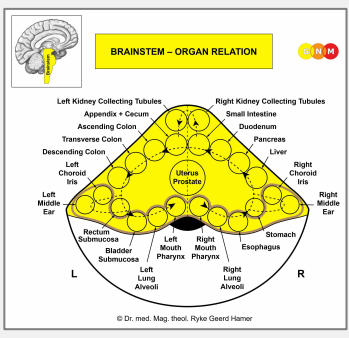


This series of CT images show real ring artifacts. The rings appear in a uniform phantom at each angular position. This usually happens when a detector is out of calibration.

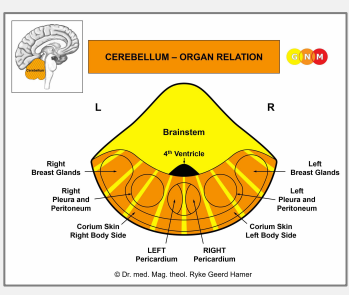
In the practice of GNM, a brain CT is the ultimate diagnostic tool. A thorough brain scan analysis allows drawing reliable conclusions as to the nature of the DHS, the intensity of the conflict, which organ is affected, whether the SBS is in the conflict-active phase or in the healing phase, and what healing symptoms have to be expected once the conflict has been resolved. The Hamer Foci (we could also call them “conflict markers”) are the exact proof that the psyche communicates with all organs of the body via the brain as the control station from where the Significant Biological Special Programs are coordinated.

NOTE: In GNM, a brain scan analysis is based on a CT taken without contrast substance. The images are viewed from the perspective of the client (right side of the CT = right side of the brain).

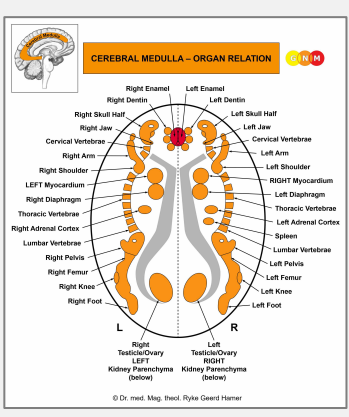
The Psyche – Brain – Organ Relation



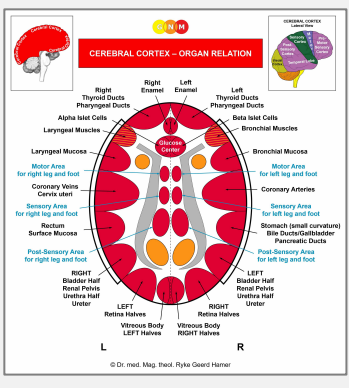
In the **brainstem**, the control centers of the organs of the intestinal canal and its descendants are arranged in a ring-form order, starting on the right hemisphere with the brain relays of the mouth and pharynx, lung alveoli, esophagus, stomach, liver parenchyma, pancreas gland, duodenum, small intestine, continuing counter-clockwise with the brain relays of the appendix, cecum, colon, rectum and bladder on the left side of the brainstem.



The **cerebellum**, next to the brainstem, controls the “skins” (corium skin, pleura, peritoneum, pericardium) that protect the body and the vital organs, as well as the breast glands.



In the **cerebral medulla**, the brain relays of the skull, arms, shoulders, vertebrae (spine), pelvis, hip, knees, and feet are orderly arranged from head to toe.



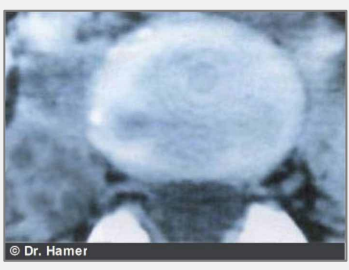
The **cerebral cortex** is divided into a

- **pre-motor sensory cortex** (frontal: thyroid ducts, pharyngeal ducts)
- **motor cortex** (skeletal muscles; laryngeal muscles, bronchial muscles)
- **sensory cortex** (epidermis, laryngeal mucosa, bronchial mucosa)
- **post-sensory cortex** (periosteum, coronary arteries, coronary veins, cervix uteri, rectum surface mucosa, stomach (small curvature), bile ducts, gallbladder, pancreatic ducts, renal pelvis, ureters, bladder and urethra)
- **visual cortex** (retina, vitreous body)

NOTE: The glucose center (view the GNM diagram) is controlled from the diencephalon.

Head Brain and "Organ Brain"

This meaningful interplay between the psyche, the brain, and the body has been in place for millions of years. Originally, these biological survival programs were directed from the "organ brain" (plants still possess such an organ brain; they suffer biological conflicts, for example, through the exposure to acid rain). With the growing complexity of life forms, however, a "head brain" (the master controller) developed from where each Biological Special Program is coordinated. The transfer from the "organ brain" to the "head brain" explains why, in line with evolutionary reasoning, the control centers in the brain are arranged in the same order as the organs in the body. The cells of the human body are quasi the "primeval brain" with the cell nuclei as the micro-computers controlled from the head brain as the supervising home station. The head brain and the cell-"brains" are neurally connected. They therefore vibrate at the same frequency.



This remarkable organ CT, showing a Hamer Focus in the area of the 4th lumbar spine (active self-devaluation conflict), makes the communication between the brain and an organ strikingly visible.

ORGAN LEVEL: With the impact of the conflict in the correlating brain relay, the DHS is instantly communicated to the corresponding organ and the Biological Special Program is set into motion.

BIOLOGICAL HANDEDNESS

In the practical application of GNM it is of utmost importance to ascertain a person's biological handedness, because the handedness determines whether the **conflict impacts on the right or left side of the brain** and whether a **symptom** (skin rash, muscle weakness, rheumatic pain, breast cancer) **occurs on the right or left side of the body**, taking into account the cross-over correlation from the brain to the organ (the brain-organ relation is always unequivocal).

NOTE: The biological handedness is established at the moment of the first cell division after conception. This is why with identical twins one is biologically right-handed and one is left-handed. Many left-handed people were retrained in early childhood in order to fit into the right-handed world. The real ratio of right-handers and left-handers is approximately 60:40.

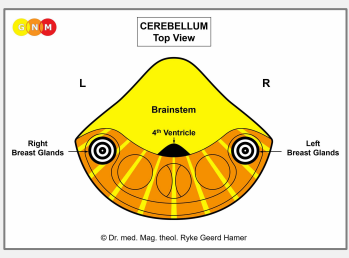
In addition, the **right and left sides of the body are assigned to mother/child and partner-related conflicts** (see nest-worry conflicts, separation conflicts, hearing conflicts, attack conflicts, self-devaluation conflicts). A partner includes a person's spouse, siblings, relatives, colleagues, business partners, neighbors, schoolmates, friends, or foes. For a man his child is associated with his mother/child-side when he is raising the child or when his father

feelings are very strong, otherwise, the child is considered a partner. For a child, his/her father is the first “partner”. By the same token, the mother can be perceived as a partner when the child grew up with the grandparents or when the mother-child relationship has deteriorated. If an adult cares for a sick father like for a child, the father is most likely associated with the mother/child side. A pet can be perceived as a child or as a friend (partner). A conflict evoked by a partner, for example a separation conflict, is mother-related if the subconscious mind makes a connection with the mother (“This also happened to my mother”). What ultimately counts is with whom the conflict is associated at the moment of the DHS (compare with localized conflicts).

An easy way to establish the biological handedness is the **clapping test** – clapping the hands like applauding in the theatre. The hand that is on top is the leading hand and tells whether a person is right-handed or left-handed. Also, right-handers start walking with the right foot, left-handers with the left foot. Left-handers are usually ambidextrous.

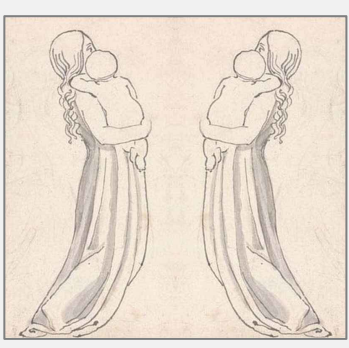
Right hand on top: right-handed

Left hand on top: left-handed



Just as every human is right-handed or left-handed, each animal is right-pawed (right-hoofed) or left-pawed (left-hoofed). As seen in this picture, one dog gives the right paw, the other the left paw. Watch with what leg your pet makes the first step!

The principle of laterality: A **right-handed person** responds to a **conflict with his/her mother or child** with the left side of the body and to a **conflict with a partner** with the right side. With left-handed people it is reversed. Hence, a **left-handed person** associates a conflict with his/her mother or child with the right side of the body and a conflict with a partner with the left side. This rule applies to all organs controlled from the cerebellum, cerebral medulla, and cerebral cortex (except for the temporal lobes, glucose center, and brain relays of the thyroid ducts and pharyngeal ducts – see principle of gender, laterality, and hormone status below). **NOTE:** With organs controlled from the brainstem, a person’s handedness is irrelevant.



A right-handed woman holds her child on her left arm, a left-handed woman on her right arm so that the dominant hand is free to operate. This innate behavior became the biological blueprint for the mother/child side.

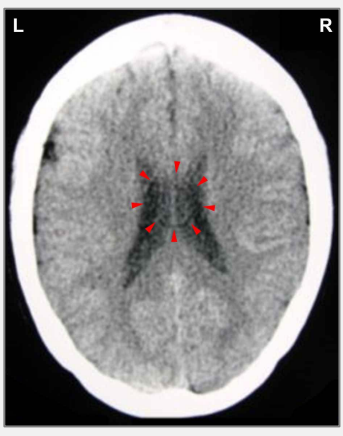
This video shows identical male twins holding an infant. The side on which the child is held reveals that the man on the left is right-handed whereas his brother is left-handed (Source: When your dad has an identical twin, twitter.com).

Example: If a right-handed woman suffers a “nest-worry conflict” over the health of her child, she will develop a glandular breast cancer in her left breast. Since there is a cross-over correlation from the brain to the organ, the Hamer Focus shows on a brain scan on the right brain hemisphere in the area of the cerebellum that controls the glandular tissue of the left breast.

If the woman is left-handed, the “nest-worry conflict” over her child manifests as a cancer in the right breast, showing the impact on a brain CT on the left brain hemisphere. If, however, the conflict is over her partner, she develops breast cancer in her left breast with the Hamer Focus in the breast glands relay on the right side of the cerebellum.

The biological right and left-handedness proves that physical symptoms arising from a DHS originate from a *biological* conflict. Standard medical theories claiming that “diseases” are caused by a “weak immune system”, a wrong diet, faulty genes, pathogenic microbes, geopathic stress, or by beliefs (“Beliefs can make you sick” – Bruce Lipton) are not able to explain why a specific condition such as dermatitis, joint pain, muscle paralysis, or certain cancers develop on the right or left side of the body (or on both). From a strictly psychological point of view, this makes no sense either.

A **central or para-central conflict** refers to a DHS that is experienced simultaneously as a mother/child and partner-related conflict involving both sides of the body. For example, if a right-handed woman perceives her grown-up child predominantly as a partner, the symptoms (skin rash, rheumatic pain, joint pain) appear mostly on the right side (her partner-side). In this case, the center of the Hamer Focus is located on the left brain hemisphere (para-centrally). With a conflict linked to a paired organ such as the breasts, the nest-worry conflict impacts in both breast gland relays, affecting the right and left breast.



This brain CT shows the impact of a central separation conflict with a Hamer Focus (HH) reaching equally over both brain hemispheres; the center of the HH is on the midline of the sensory cortex (view the GNM diagram). The symptom on the organ level is a skin rash evenly distributed over both legs.

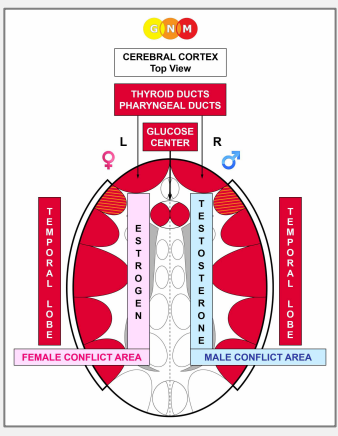
A **localized conflict** affects the area of the body that was associated with the conflict. For example, a hit on the right shoulder (attack conflict) affects the relevant area of the corium skin, independent of the mother/child and partner-side. A **generalized conflict** relates to a DHS that affects a person as a whole. Subsequently, the symptoms occur on both sides of the body. Generalized conflicts (separation conflicts, self-devaluation conflicts) occur predominantly in children and the elderly.

THE PRINCIPLE OF GENDER, LATERALITY, AND HORMONE STATUS

With organs and tissues controlled from the cerebral cortex, specifically from the **temporal lobes** (bronchial muscles, bronchial mucosa, laryngeal muscles, laryngeal mucosa, coronary arteries, coronary veins, cervix uteri, small curvature of the stomach, bile ducts, gallbladder, pancreatic ducts, rectum surface mucosa, renal pelvis, ureters, bladder, and urethra), the **pre-motor sensory cortex** (thyroid ducts, pharyngeal ducts), and the **glucose center** (alpha islet cells and beta islet cells of the pancreas), we have to take into account a person’s gender, handedness, and hormone status. Whether the conflict is mother/child or partner-related is of no consequence.

- **A person’s gender, laterality, and hormone status determine whether a conflict impacts in the right or left cortical hemisphere.**

- **The hormone status determines whether a conflict is experienced in a male or female fashion.**



The production of sexual hormones, including estrogen and testosterone, occurs primarily in the ovaries and testicles. **The hormone levels are also controlled from the brain**. The **estrogen status** is controlled from the **LEFT** temporal lobe, left pre-motor sensory cortex (brain relay of right thyroid ducts and pharyngeal ducts), and left half of the glucose center (alpha islet cells relay); the **testosterone status** is controlled from the same areas in the **RIGHT** cortical hemisphere. In GNM we speak therefore of a **FEMALE CONFLICT AREA** and a **MALE CONFLICT AREA**, respectively.

A **change of the hormone status** alters a person's biological identity and consequently the way in which conflicts are perceived. For example: When a woman is postmenopausal, her testosterone level is relatively higher than her estrogen level; she experiences therefore conflicts just like a male. **In females, the estrogen level decreases** during pregnancy and nursing, after menopause, with an ovarian necrosis in both ovaries, when both ovaries have been removed, and due to estrogen-lowering medication or contraceptives (progesterone in birth control pills suppresses the production of estrogen). **In males, the testosterone level decreases** in elderly men, with a testicular necrosis in both testicles, when both testicles have been removed, and due to testosterone-lowering medication. After radiation or chemo treatments the production of sexual hormones drops altogether.

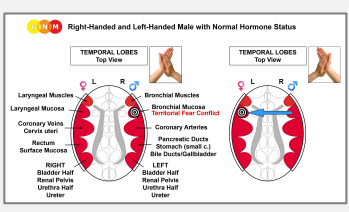
NOTE: Even though after menopause a woman is, in biological terms, a "male", she can still suffer a nest-worry conflict (see glandular breast cancer) because a mother always feels like a mother, even towards other family members, regardless of her age.

With the impact of a DHS in the female conflict area, the estrogen level decreases proportionally to the degree of conflict activity. Conversely, with an impact in the male conflict area, the testosterone level goes down. In GNM we call this a **conflict-related hormonal imbalance**.

In the practice of GNM, the application of the principle of gender, laterality, and hormone status allows establishing with certainty the type of conflict that causes the symptoms on the corresponding organ.

Let's take as an example the scenarios of a male territorial fear conflict and a female scare-fright conflict related to the bronchial mucosa and laryngeal mucosa (controlled from the temporal lobes).

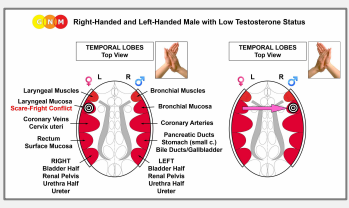
Right-handed and left-handed males with normal hormone status



If a right-handed male with a normal hormone status experiences a territorial fear conflict, the conflict impacts in the right brain hemisphere in the bronchial mucosa relay (male conflict area). For a left-handed male, the conflict is transferred to the opposite brain hemisphere and impacts in the laryngeal mucosa relay.

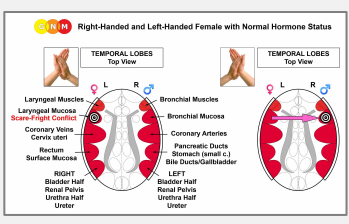
NOTE: With left-handers the conflict is transferred to the opposite brain relay in the other brain hemisphere. After the resolution of the conflict, right-handers and left-handers respond therefore to the same conflict with a different organ manifestation (bronchitis or laryngitis). The right temporal lobe controls organs with a potentially serious healing phase. Transferring conflicts to the opposite brain hemisphere serves the purpose to enhance the survival of the group in the event that disaster hits the territory and the pack.

Right-handed and left-handed males with low testosterone status



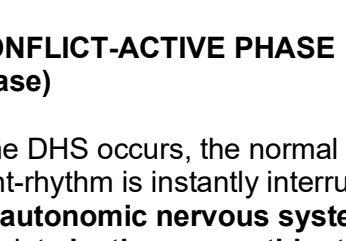
A man with a low testosterone level is no longer able to suffer territorial conflicts in biological terms. Hence, if a right-handed male with a low testosterone level experiences a female scare-fright conflict, the conflict impacts in the left brain hemisphere in the female conflict area, precisely, in the laryngeal mucosa relay. For a left-handed male, the conflict is transferred to the opposite brain hemisphere and is registered in the bronchial mucosa relay.

Right-handed and left-handed females with normal hormone status



If a right-handed female with a normal hormone status experiences a scare-fright conflict, the conflict impacts in the left cortical hemisphere in the laryngeal mucosa relay (female conflict area). For a left-handed female, the scare-fright conflict impacts in the bronchial mucosa relay.

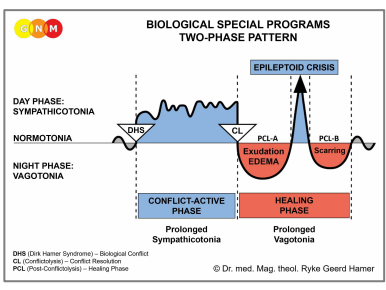
Right-handed and left-handed females with low estrogen status



A woman with a low estrogen level is no longer able to suffer female conflicts in biological terms. Hence, if a right-handed female with a low estrogen status experiences a male territorial fear conflict, the conflict impacts in the right brain hemisphere in the male conflict area, precisely, in the bronchial mucosa relay. For a left-handed female, the conflict is transferred to the opposite brain hemisphere and is registered in the laryngeal mucosa relay.

THE SECOND BIOLOGICAL LAW

Every SBS-Significant Biological Special Program runs in two phases provided there is a resolution of the conflict.



Normotonia, sympathicotonia, and **vagotonia** are terms that relate to the autonomic nervous system which controls vegetative functions such as sweating, respiration, digestion, excretion, constriction of blood vessels, and the heartbeat.

Normotonia indicates a balanced day-night-rhythm where sympathicotonia alternates with vagotonia. During the day, the organism is in a normal sympathicotonic state of stress (“fight or take flight”), during sleep in a normal vagotonic state of rest (“rest and digest”). The sympathicotonic phase lasts roughly from 4 am in the morning to 8 pm at night.

The Second Biological Law shows that every Biological Special Program proceeds in this two-phase pattern. In GNM, the change of the vegetative rhythm is an important diagnostic criterion for establishing whether a person is in the conflict-active phase or in the healing phase.

THE CONFLICT-ACTIVE PHASE (CA-Phase)

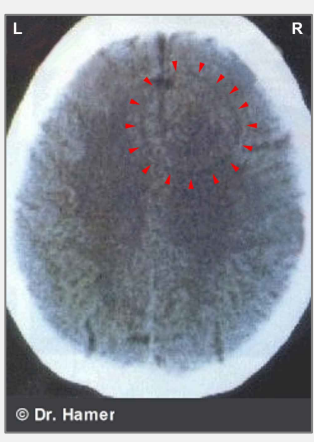
When the DHS occurs, the normal day-night-rhythm is instantly interrupted and the **autonomic nervous system** switches into **lasting sympathicotonia** and a prolonged state of stress with **nervous restlessness**, a **fast heartbeat, elevated blood pressure**, **slow digestion**, **frequent urination**, and **little appetite**. Since the blood vessels are constricted during stress, typical signs of conflict activity are **cold hands**, cold sweats, and the shivers. We therefore call the conflict-

active phase also the **COLD phase**.

The **PSYCHE** is in a **compulsive thinking** mode. The constant dwelling over the conflict causes sleep disturbances (waking up shortly after falling asleep, usually around 3 o'clock in the morning). The extra waking hours and the total focus on the conflict serve to find a resolution to the conflict as soon as possible.

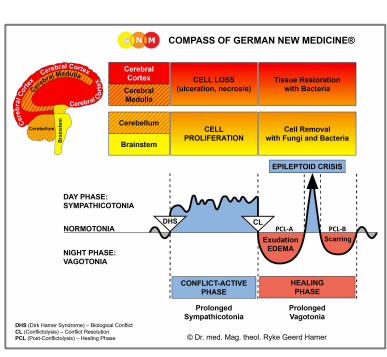
The psyche, the brain, and the corresponding organ are three levels of ONE unified organism that always work in synchronicity.

BRAIN LEVEL: The Biological Special Program is directed from the brain relay that corresponds to the specific conflict as well as to the correlating organ.



In the conflict-active phase, the sharp ring configuration of the Hamer Focus remains unchanged.

ORGAN LEVEL: In unison with the psyche and the autonomic nervous system, the conflict-related organ responds with physical changes that serve the **biological purpose to *improve* the function of the organ** so that the individual is in a better position to cope with the conflict.



If more tissue is required to facilitate a conflict resolution, the corresponding organ generates cell proliferation during the conflict-active phase. This process applies to all organs and tissues that are controlled by the brainstem and the cerebellum such as the lungs, liver, pancreas, colon, thyroid, or breast glands. In embryological terms, these organs derive from the endoderm or from the old mesoderm (see Third Biological Law).

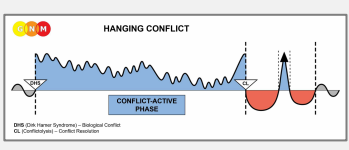
With long-lasting conflict activity, the continuous cell augmentation forms a tumor or cancer. A cancer that originates in glandular tissue such as the breast glands and a tumor that has a secretory quality (see organs of the alimentary canal) are called an **adenocarcinoma**. Since the additional cells (the "cancer cells") proliferate proportionally to the degree of conflict activity, they have the ability to multiply very quickly (they also differ genetically from the original cells). Conventional medicine considers the fast cell mitosis erroneously as "abnormal" and as "cells growing out of control". If the rate of cell division exceeds a certain limit, the tumor is interpreted as **"malignant"** (based on an academic consensus!). Dr. Hamer's discoveries turn this paradigm completely on its head by demonstrating that "diseases" such as cancer are not, as assumed, malfunctions of an organism but instead Significant Biological Special Programs of Nature designed to support an individual during unexpected distress. His research provides the scientific evidence that **cancer cells are in reality specialized cells** that actively participate in the function of an organ in order to assist the organism in the event of a biological emergency situation. In lung cancer, for example, the extra cells improve the capacity of the lungs in response to a death-fright conflict, in colon cancer they increase the production of digestive juices to be better able to manage an indigestible morsel conflict, in breast cancer the additional milk-producing cells allow a female to provide more milk for a sick offspring in the event of a nest-worry conflict. In light of the Five Biological Laws and the new understanding of "diseases", the distinction between "malignant" and "benign" becomes entirely meaningless.

Dr. Hamer: “In GNM there is no ‘benign’ or ‘malignant’; just like there is no benign or malignant in biology.”

If less tissue is required to facilitate a conflict resolution, the organ or tissue responds with cell loss. This process applies to all organs and tissues that are controlled from the cerebral medulla and the cerebral cortex such as the bones and joints, ovaries, testicles, coronary arteries, coronary veins, cervix uteri, bronchial mucosa, laryngeal mucosa, and epidermis. In embryological terms, these organs derive from the new mesoderm or from the ectoderm (see Third Biological Law).

NOTE: The skeletal muscles, islet cells of the pancreas (alpha islet cells and beta islet cells), inner ear (cochlea and vestibular organ), retina and vitreous body of the eyes, and the olfactory nerves belong to the group of organs that respond to the related conflict with functional loss or hyperfunction (periosteal nerves and thalamus).

HANGING CONFLICT



A **“hanging conflict”** refers to the situation where a person remains in the conflict-active phase because the conflict cannot or has not yet been resolved.

Many of us are living with “hanging conflicts” with little or no symptoms since symptoms in the conflict-active phase are rare. Lasting intense conflict activity, however, drains the body of energy, which could lead to death. Yet, a person can never die of cancer! Those, who don’t make it through the conflict-active phase die as a result of energy loss, weight loss, sleep deprivation and, above all, because of the fear of the “disease”, particularly the fear of cancer. With a negative prognosis (“You have six months to live!”), “metastasis”-scares (“The cancer is spreading!”), and highly toxic chemo treatments added to the emotional and mental distress, cancer patients have little chance to survive. Worn out and exhausted, they waste away and eventually die of cachexia.

“**The majority of cancer patients die because of chemotherapy**, which does not cure breast, colon or lung cancer. This has been documented for over a decade and nevertheless doctors still utilize chemotherapy to fight these tumors” (Allen Levin, *The Healing of Cancer*, 1990).

In **GNM**, we take the following **approach: If an intense conflict cannot be resolved at the time, the objective is to downgrade the conflict** by **finding partial resolutions**. Downgrading a conflict slows down the cell proliferation on the corresponding organ and reduces therefore the size of a tumor that develops during the conflict-active phase. We can live with a hanging conflict and *with* cancer into old age (for reassurance surgery is an option).

ATTENTION: Under certain circumstances, it is imperative NOT to resolve a conflict in order to prevent a difficult healing crisis. A sufficient knowledge of GNM is essential for assessing the situation.

CONFLICTOLYSIS (CL)

The **resolution of the conflict** is the turning point of the Biological Special Program.

Conflicts always originate from real life circumstances, brought on, for instance, by problems with a spouse (separation conflicts), the death of a loved one (loss conflicts), troubles at work or in school (territorial conflicts, self-devaluation conflicts), financial difficulties (starvation conflict, morsel conflicts), worries about a family member (nest-worry conflicts), or concerns about oneself (existence conflicts, death-fright conflicts). Trying to find a **practical solution** is, therefore, the best as it is most lasting. The loss of a workplace, for example, could be dealt with by picking up an old hobby; constant “territorial anger” with a neighbor might require a move. Sometimes, conflicts resolve themselves, for instance, when life-circumstances change or when other matters gain more priority. On a spiritual level, conflicts we are facing are an invitation to reconsidering our attitude, letting go of anger, viewing the situation from a different angle, trying to see the larger picture, understanding the position of the people involved, and to practicing

forgiveness and loving kindness as the true source of healing. From a higher viewpoint, making GNM part of our daily life contributes greatly to our personal growth and development. It is not without reason that the Spanish call the New Medicine *La Medicina Sagrada* or The Sacred Medicine.

Dr. Hamer: "We have to resolve our conflicts twice. First in real terms, then spiritually."

Learning GNM not only allows us to become aware of our individual conflicts as the cause of an ailment, it also puts us into the fortunate position to welcome – free from fear – the healing symptoms.

THE HEALING PHASE (PCL= post-conflictolysis)

With the resolution of the conflict, the **autonomic nervous system** switches into **lasting vagotonia** and a prolonged state of rest with **fatigue** but **good appetite**. Resting and the desire to eat provide the organism with the necessary energy for healing. If the healing phase is intense, the tiredness could be so overwhelming that one can hardly get out of bed. The need for sleep is particularly strong during the day (in conventional medicine, persistent tiredness is diagnosed as "chronic fatigue syndrome"). Accompanying symptoms are a **slow pulse** and **low blood pressure**. During vagotonia, the blood vessels expand causing **warm hands** and a warm skin. We therefore call the healing phase also the **WARM phase**.

The **PSYCHE** is in a state of relief.

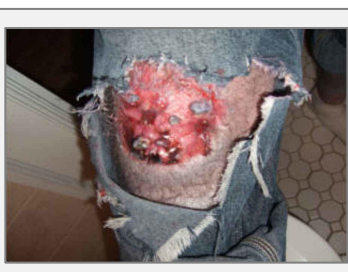
FIRST PART OF THE HEALING PHASE (PCL-A)

ORGAN LEVEL: During the healing phase the affected organ is restored to its normal function.

Tumors that developed in the conflict-active phase such as a lung tumor, colon tumor, liver tumor, prostate tumor, or a tumor in the breast glands immediately stop growing and the extra cells that are no longer required **are broken down** with the help of microbes (Fourth Biological Law). This applies to all organs controlled from the brainstem and the cerebellum.

Conversely, **cellular depletion**, for example, in the ovaries, testicles, cervix uteri, bronchial mucosa, milk ducts, or bile ducts is **refilled and replenished with new cells** (in conventional medicine, the new cells are wrongly regarded as "cancer cells"). This applies to all organs and tissues controlled from the cerebral medulla and the cerebral cortex.

In **PCL-A (exudation phase)** an **edema** forms at the site to protect the area that is healing at the time. With water retention as a result of an active abandonment or existence conflict (see the SYNDROME) the retained water is exceedingly stored in the healing area, which enlarges the swelling. Other signs of healing are **fever** and **inflammation** because of the increased blood flow into the healing tissue, **discharge** to expel the by-products of the cell removal process, **itching** when epithelial tissues such as the skin are affected, and **night sweats** when fungi and TB bacteria are involved. The swelling and the inflammation can cause considerable **pain**. The severity of the healing symptoms is determined by the intensity of the preceding conflict-active phase. **NOTE:** Complications don't arise from high fever but due to a large brain edema.

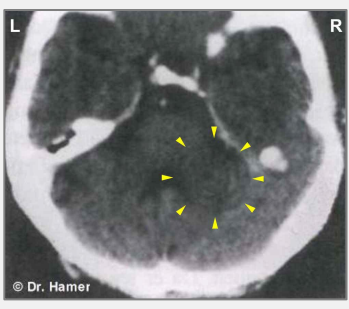


Many of these symptoms (pus, inflammation, swelling, pain) occur when any wound is healing. The healing of cancer is exactly the same.

Dr. Hamer: "If the patient has been made aware of all the facts, he will no longer need to get frightened by his symptoms. He can now fully accept these as the healing symptoms they are – all of which had until now caused fear and panic. In the greatest number of cases, the whole episode will pass without any serious consequences."

BRAIN LEVEL: The impact of the conflict (DHS) in the brain causes a slight damage to the neurons within the specific brain relay. Parallel to the healing of the psyche and the organ, the affected neurons also undergo a restoration process. Like on the organ level, during the **first part of the**

healing phase (PCL-A) water and serous fluid are drawn to the area, creating a **brain edema** to protect the brain tissue during that period. The extent of the edema is determined by the intensity of the preceding conflict and the size of the Hamer Focus created at the moment of the DHS.



In PCL-A, the sharp target rings (see conflict-active phase) submerge in the edema, presenting on a CT scan as dark (hypodense) – compare with PCL-B. Water retention due to the SYNDROME increases the size of the edema considerably. In conventional medicine, a growing brain edema might be erroneously diagnosed as a “brain tumor”.

This CT shows a brain edema in the control center of the lung alveoli, which reveals that a death-fright conflict has been resolved. Most death-frights are triggered by a cancer diagnosis shock.

It is the swelling of the brain edema that causes cerebral healing symptoms such as **dizziness** and **headaches**. Headaches that occur during PCL-A are dull pressure headaches. Sharp, stabbing headaches, on the other hand, happen after the Epileptoid Crisis (in PCL-B). Once the brain edema has been expelled, the mechanical pulling on the meninges is felt as sharp pain. **Migraine headaches** start in the healing phase and are most intense during the Epileptoid Crisis (rightfully, migraines were once called “small epilepsy”). They involve predominantly the pre-motor sensory cortex. Conflicts linked to migraines are, for example, powerless conflicts, frontal-fear conflicts, oral conflicts, stink conflicts, or bite conflicts. Typically, the conflict-active phase was short but intense. Recurring migraine attacks are caused by conflict relapses (“Sunday migraines” are triggered by a “Sunday track”).

NOTE: In order to bring down the edema, it is helpful to put an ice pack on the head or taking cold showers (stabbing headaches don’t respond to icepacks since there is no longer an edema in the brain). When lying in bed, it is recommended to position the head elevated to release the brain pressure. The fluid intake should be kept to a minimum in order not to increase the swelling. Absolutely to be avoided are direct sunlight on the head, sauna visits, and hot baths.

In general, the brain edema is nothing to worry about. However, a big swelling, usually caused by water retention (the SYNDROME) might create such strong pressure that a person falls into a coma and dies. The same risk exists with multiple brain edemas. **Sudden infant death** (SIDS or “crib death”) occurs due to large swellings in the brain.

THE EPILEPTOID CRISIS is initiated at the height of the healing phase and takes place simultaneously on all three levels. At the start of the crisis, the entire organism is pulled out of the vagotonic state and the individual is for the time being in a conflict-active state of stress. The reactivation of the conflict generates **restlessness, nausea, elevated blood pressure, a raised pulse, cold sweats, and the shivers**. The biological purpose of the sympathicotonic surge is to expel the edema that developed both on the organ and in the correlating brain relay (in PCL-A); the expelling of the brain edema is particularly vital as it relieves the brain pressure. The Epi-Crisis is **followed by a urinary phase**, in which the body eliminates all the excess fluid. If the edema cannot be completely expelled because of the SYNDROME (water retention) or due to conflict relapses, the residual edema remains until the Biological Special Program is complete.

The exact type of Epileptoid Crisis is determined by the nature of the conflict, which organ is affected, and which part of the brain is involved. When a brain edema is in the motor cortex, the crisis manifests as **rhythmic convulsions** (see epileptic seizure), **muscle cramps** or **spasms**; in the sensory or post-sensory cortex, it generates **dizzy spells**, **short disturbances of consciousness** or, with an intense conflict, a complete **loss of consciousness (“absence”) due to the drop of blood sugar**. Some Epi-Crises could be dangerous, especially when the conflict-active phase was long and intense. This applies, for instance, to heart attacks

or strokes. The Epileptoid Crisis is a significant biological counter-regulation. Dr. Hamer therefore strongly advises not to take antispasmodic or sedative medication during this period in order not to interrupt this highly critical event. Sedatives administered at that point could cause a person to fall into a coma.

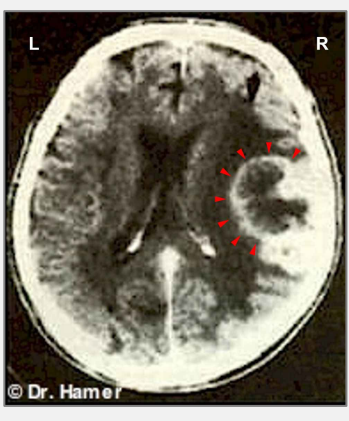
ATTENTION: Conflict relapses around the time of the Epileptoid Crisis exacerbate the symptoms! This is why it is of greatest importance not to address the conflict during the resolution phase, since this "puts the finger on the wound", to use Dr. Hamer's words. The "clearing of conflicts" while a person is already in healing – as it is practiced by certain "alternative therapies" – bears the risk of serious complications for a client. The same holds true for psychological therapies. Dr. Hamer: "The physician has to understand the psyche; the psychologist needs to understand medicine."

The Epileptoid Crisis usually occurs during periods of rest (weekends, holidays, vacation), in the early morning hours or during sleep when the organism is in deep vagotonia. The extent of the Epileptoid Crisis is determined by the degree of the conflict-active phase. Hence, most of the time the healing crisis is completely harmless and only evident, for instance, as coughing fits, diarrhea attacks, nose bleeds, or as "the cold days" (chills) and nervousness.

SECOND PART OF THE HEALING PHASE (PCL-B)

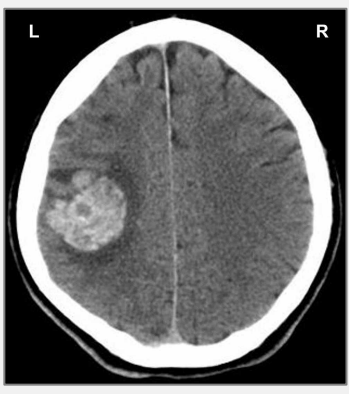
Passing the Epileptoid Crisis is like turning a corner. Now, the organism enters the second part of the healing phase, or **PCL-B (scarification phase)**. Scarring occurs predominantly through the production of collagen manufactured by specialist cells, called fibroblasts, located in the connective tissue around the healing area. By the end of the Biological Special Program, the original function of the organ is restored and the day-night-rhythm returns to normotonia.

BRAIN LEVEL: After the brain edema has been pressed out, **glial cells** proliferate at the site to finish the healing process on the cerebral level. **Neuroglia** ("glia" comes from the Latin word for "glue") is brain connective tissue that insulates and supports neurons. Only 10% of the brain consists of nerve cells; 90% is made up of glial cells, which indicates their importance. A major distinction between the two types of brain cells is that neurons do not divide by mitosis, while glial cells have the ability to multiply. Similar to the role of connective tissue in wound healing, the function of neuroglia is to repair brain damage, for example after a brain injury or brain surgery. Glial cells also help to restore the area in the brain that received the impact of a DHS. Intense conflict activity as well as the brain edema (in PCL-A) stretch the synapses (junction between nerve cells) putting stress on the insulation around neurons. During the healing phase, glial cells mend the neural sheath by forming an additional insulating layer. This repair work is crucial to ensure a normal function of the organ that is controlled from that particular brain relay.

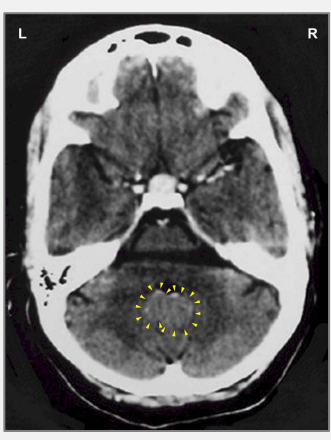


On a brain CT, the proliferation of glial cells shows as white (hyperdense) – compare with PCL-A. In this image we see a glia-ring in the control center of the coronary arteries, indicating that the related territorial loss conflict has been resolved. The CT was taken shortly after the person had the expected heart attack (Epileptoid Crisis).

NOTE: Neuroglia starts restoring the brain relay from the *periphery*! This is in clear contradiction to the established theory that a cancer, including a "brain cancer", grows through continued cell augmentation leading to the formation of a tumor.



This brain scan illustrates a more advanced healing phase with an accumulation of neuroglia in the area of the brain that controls the cervix uteri, related to a sexual conflict (simultaneously, a cervical cancer is undergoing a healing process on the organ level). Because of the high cellular density, conventional medicine classifies the glia buildup as a “high-grade glioma” with a poor prognosis.



After healing has been completed, the scar tissue in the affected brain relay appears on a CT scan as a washout pattern, showing here in the part of the brain that controls the pituitary gland.

In conventional medicine, the natural buildup of neuroglia is wrongly believed to be a **“brain tumor”**, termed “glioma”, “glioblastoma”, or “astrocytoma” (referring to the star-shaped form of glial cells). The classification of brain tumors (grade 1 to 4) is based on the density of glial cells; grade 4 is considered the “most aggressive” with the propensity to “spread throughout the brain”. If more than one “tumor” is found in the brain, the diagnosis reads: “multiple brain metastases” (which usually triggers instantly a new DHS!).

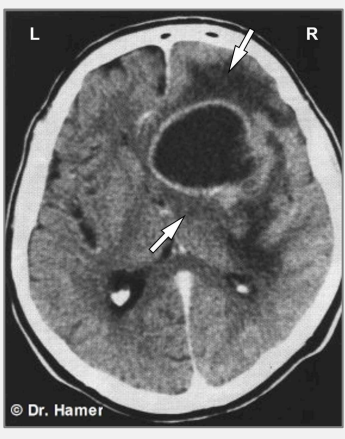
Dr. Hamer demonstrated already in the early 1980s that so-called brain tumors are not cancers but instead an indication that a natural healing process is taking place in the brain parallel to the healing on the corresponding organ (symptoms on the related organ might not be noticed, particularly, if there is no water retention which would increase the swelling, causing pain). In GNM terms, a brain edema and a “brain tumor” is a Hamer Focus in different phases of a Biological Special Program.

NOTE: According to the metastasis theory, **“metastatic brain tumors”** arise from cancer cells (breast cancer, prostate cancer, colon cancer, lung cancer, etc.) that supposedly travel via the bloodstream to the brain. Strangely, this firm medical dogma entirely disregards the blood-brain barrier that is formed by the very same glia cells that presumably create a “brain cancer”. It is a well-known fact that the blood-brain barrier restricts the passage of “harmful substances” from the circulating blood into the brain. One would expect that this includes cancer cells! The current medical theory claims that metastasizing cells are *of the same kind* as those in the original tumor. Based on this claim, cancer cells originating in the breast, colon, prostate, and so forth, should therefore be found in the brain. There is no evidence of that! Another point that remains open to question is: why do brain tumors never “metastasize” TO the body?

The **surgical removal of a tumor** does not stop the healing process. This is why “brain tumors” come back, unless the mutilating surgery went far into the healthy tissue. After the excision, the surgical cavity forms a cyst that becomes over-inflated by the surrounding edema. Measures such as inserting a shunt into the brain to drain the extra fluid put additional stress on the brain.

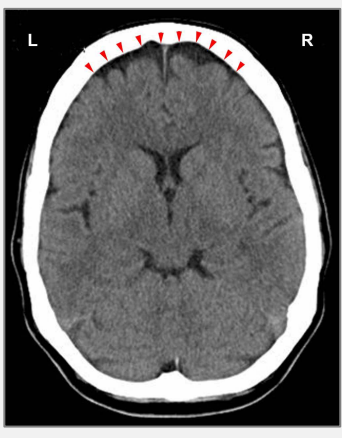
A **brain cyst** also forms when the healing phase is repeatedly interrupted by conflict relapses. With the constant alteration between conflict activity and healing, the brain edema alternatively contracts and expands. Due to the “accordion effect”, the brain tissue becomes rigid and inflexible. At one point, the tissue ruptures resulting in the formation of a fluid-filled cyst. The tearing might cause **brain bleeding** (erroneously believed to be caused by a stroke). Chemo treatments have the same effect. With each chemo regimen, the healing process comes abruptly to a stop and the brain edema gets smaller; after the

treatments, healing continues and the edema starts to grow again. Radiation treatments also compromise healing. Brain tissue that has been irradiated loses the elasticity required when new brain edemas form in the course of future healing phases.



A brain cyst is a kind of hollow sphere structure filled with fluid (compare with brain edema). On a brain scan, the cyst appears therefore as dark. The glia-ring (white) lining the cyst provides a supportive layer. Because of the presence of glia, a brain cyst might be misdiagnosed as a “brain tumor”.

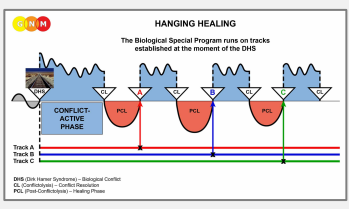
This CT presents a brain cyst in the area of the brain that controls the left shoulder, linked to a partner-related relationship self-devaluation conflict since the person is left-handed. Frequent conflict relapses led to the rupture of the brain tissue with bleeding and the formation of a cyst. With water retention due to the SYNDROME, fluid sweats through the cyst (see white arrows). Dr. Hamer: “The medical picture looks much worse than it actually is.” After the fluid is absorbed, the cyst becomes hard and encapsulates.



What is termed **“brain atrophy”** is caused by repetitive scarring due to continuous conflict relapses. Over time, the affected brain relay shrinks and the empty space is filled with cerebrospinal fluid, visible on a brain scan as dark (see red arrows).

This brain CT shows the accumulation of cerebrospinal fluid in the cerebral cortex, precisely, in the area that controls the thyroid ducts and pharyngeal ducts linked to a powerless conflict and a frontal fear conflict.

HANGING HEALING



A **“hanging healing”** refers to the situation where the healing phase cannot be completed because of **recurrent conflict relapses**.

When we experience a DHS, our mind is in a state of acute awareness. Highly alert, our subconscious picks up all components considered as relevant in association with the conflict situation. In GNM, we call the imprints that remain in the aftermath of a DHS **tracks** (with reference to train tracks on which a train travels). Tracks are, for example, the location where the conflict took place, a person or pet that was involved, the taste of a particular food, specific sounds or noises, the weather condition, a certain scent (perfume, flowers), certain words, a voice, a gesture, and so forth. Setting on a track can be highly emotional. In fact, feelings such as fear or distress itself can become a track. Other tracks stored in the biological memory are more subtle, for instance, a food ingredient or certain pollen. The **biological purpose of the tracks** is to function as a warning signal in order to avoid experiencing the same conflict a second time. In the wild, these alarm signals are vital for survival.

The Biological Special Program runs on tracks established at the moment of the DHS.

If we are in the healing phase and suddenly encounter a track, either through direct contact or by association, the original conflict is instantly reactivated. Each **conflict relapse** interrupts and therefore

prolongs the healing process – on the correlating organ as well as in the corresponding brain relay – **leading to a chronic condition**. Persistent skin conditions (dermatitis, psoriasis), arthritis, Crohn's disease, Parkinson's, "chronic fatigue syndrome" (prolonged vagotonia), or constant low blood pressure are examples of a hanging healing. Like with a healing wound that is torn open again and again, with conflict relapses the affected organ heals only very slowly. This is why we should try to resolve a conflict as soon as possible. **NOTE:** Being constantly on a conflict track causes a hanging conflict.

Tracks also have to be taken into consideration when we are dealing with **recurring conditions** such as recurring colds, skin rashes, diarrhea, hemorrhoids, "infections", or recurring cancers. Returning symptoms (flare-ups) are always a sign that certain tracks associated with a particular conflict are still of importance, although the healing phase has been completed. In this case, setting on a track triggers a quick replay of the Biological Special Program with the conflict-related healing symptoms, including symptoms of the Epileptoid Crisis (coughing fits, asthma attack, migraine attack) following right away. Based on GNM, so-called **"allergies"** are therefore always manifestations of tracks.

NOTE: A returning condition also occurs after a new conflict of the same kind has been resolved, for example, recurring Crohn's caused by a new indigestible morsel conflict.

Extended tracks: Extended tracks are created when a new situation is associated with a track that was established when the original conflict first occurred. An example: A boy has a scary experience with the neighbor's dog and suffers a territorial fear conflict putting him into an asthma constellation (see bronchial asthma). Provided the conflict is not resolved, he will now be "allergic" to that dog (or any similar-looking dog) as a trigger for an asthma attack. Let's take the scenario that one day the boy is outside in the garden and is eating a peanut cookie. If he sees at this very moment the neighbor's dog (the track), the taste of peanuts is associated with the dog-track and will be instantly added as an extended track resulting in an "allergy to peanuts" with asthma symptoms. If, on top, his father is doing a paint job while he encounters the dog, the boy will from now on also be "allergic" to that particular chemical fume. This way, over time, more and more tracks are added to the original DHS and programmed into the conflict-related brain relay; in this case, into the control center of the bronchial muscles (view the GNM diagram).

In light of the significance of tracks, so-called "allergens" (pet dander, pollen, foods) are important warning signals. Contrary to the standard theory, antibodies do not, as assumed, fight the allergen (based on the construct of an "immune system") but put the organism on the alert by reactivating the conflict. For this reason, white blood cells start to produce "antibodies" (really a misnomer) as soon as the DHS occurs. Their sole purpose is to set off an alarm (the organ related symptoms) in the event of an encounter with a conflict track. This is why an allergy test is "positive" if the applied antigen, for example a certain food, happens to be a track.

GNM is able to explain why one and the same allergen, for instance a milk-track, causes different symptoms in different people. It is the actual allergy symptom (a runny nose, red and itchy eyes, coughing, diarrhea, or a skin rash) that reveals the nature of the original conflict. Hence, we are not allergic to specific foods, cleaning agents, cosmetics, metals (jewelry made of gold or silver), mold, or dust mites, but rather to what we associate with it! We can therefore also be "allergic" to a certain person, a specific location, or a particular piece of music.

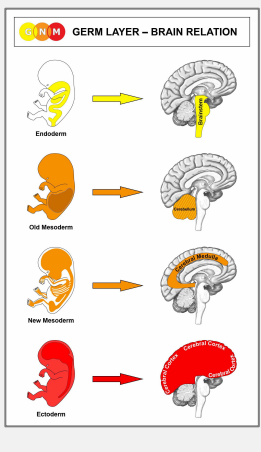
In the practical application of GNM identifying the track(s) is of utmost importance, because only then will an "allergy" stop reoccurring. Recognizing that the conflict has been resolved and bringing into awareness that the tracks are no longer a "danger" and that the extended tracks are now irrelevant provides the ultimate chance to complete the healing of chronic conditions. **NOTE:** Talking about the DHS can reopen the conflict wound. The true GNM therapist will therefore proceed with caution and care.

THE THIRD BIOLOGICAL LAW ("The Ontogenetic System of Tumors")

Dr. Hamer: “The medical textbooks of the future will no longer assign diseases to special disciplines but will instead categorize them according to their embryonic germ layer relation. The NEW MEDICINE offers a reliable scientific system that allows a classification of diseases in line with embryological aspects.”

Dr. Hamer’s medical research is firmly anchored in the science of embryology. Taking into account the development of the fetus (ontogenesis) he discovered that the correlation between the psyche, the brain, and the organs is closely connected to the three embryonic germ layers (endoderm, mesoderm, ectoderm) from which all organs of the human body originate. The Third Biological Law shows that the location of the Hamer Focus in the brain as well as the cell proliferation or cell loss following a DHS are not accidental but part of a meaningful biological system inherent in every living organism. The Biological Special Programs of Nature are encoded in every human cell and thus inscribed in the DNA, the carrier of genetic information (see GNM Article “Understanding Genetic Diseases”).

Through analyzing and comparing thousands of brain scans Dr. Hamer found that organs originating from the same embryonic germ layer are controlled from the same part of the brain.



All organs that derive from the **endoderm** are controlled from the **brainstem**. Primitive life forms such as bacteria have only endodermal functions.

All organs that derive from the **old mesoderm** are controlled from the **cerebellum.**

All organs that derive from the **new mesoderm** are controlled from the **cerebral medulla.**

All organs that derive from the **ectoderm** are controlled from the **cerebral cortex**.

Some organs, notably the colon, originate only from one embryonic germ layer. Others such as the kidneys are made up of tissues that derive from all three germ layers. Over time, the tissues merged for functional purposes and formed one organ or organ system (reproductive system, digestive system, renal system, respiratory system, circulatory system). This explains why parts of one organ have their control centers in different areas of the brain. In the body, organs of the same germ layer origin, for instance, the laryngeal mucosa, cervix uteri, coronary veins, rectum surface mucosa, and bladder mucosa are not always grouped together. In the brain, however, their control centers are positioned side by side, in perfect order.

Each of the three embryonic germ layers corresponds to very specific biological conflicts that date back to the time when the life-threatening crisis (existence conflict, starvation conflict, water conflict, territorial loss conflict) first occurred. Hence, certain conflict themes belong to a particular evolutionary period.

The **endoderm** is the oldest germ layer. Organs that derive from the **endoderm** such as the lungs, the organs of the alimentary canal, the uterus and prostate correlate therefore to the oldest biological conflicts **related to breathing** (death-fright conflict), **food** (morsel conflicts), and **reproduction** (procreation conflict). The Biological Special Programs are controlled from the brainstem, the oldest part of the brain.

Endodermal tissues consist of intestinal cylinder epithelium. In the event of a biological conflict, the related organ generates during the conflict-active phase cell proliferation in order to facilitate a conflict resolution. In the healing phase, the additional cells that are no longer required are removed with the help of fungi and tubercular bacteria (Fourth Biological Law).

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The **mesoderm** is divided into an older and younger group.

Organs that derive from the **old mesoderm** such as the corium skin beneath the epidermis as well as the pleura, peritoneum, and pericardium covering the vital organs are primarily responsible for protection. The main conflict theme relates therefore to **"attack conflicts"**. The Biological Special Programs are controlled from the cerebellum.

In the event of a biological conflict, the related organ generates during the conflict-active phase cell proliferation in order to facilitate a conflict resolution. In the healing phase, the additional cells that are no longer required are removed with the help of fungi and bacteria (Fourth Biological Law).

Organs that derive from the **new mesoderm** give stability to the body (striated muscles, bones, tendons, ligaments, connective tissue) and allow mobility. The lymphatic system and the blood vessels (except the heart vessels) also originate from the new mesoderm. The main conflict theme related to new mesodermal tissues are **self-devaluation conflicts**. The Biological Special Programs are controlled from the cerebral medulla.

In the event of a biological conflict, the related organ generates during the conflict-active phase cell loss (necrosis). In the healing phase, the tissue loss is restored with the help of bacteria (Fourth Biological Law).

NOTE: All new-mesodermal tissues ("surplus group") show the **biological purpose at the end of the healing phase**. After the healing process has been completed, the organ or tissue is stronger than before, which allows being better prepared for a conflict of the same kind.

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Ectodermal tissue covers the endodermal submucosa of most organs and lines the ducts within an organ, for example, the bile ducts, pancreatic ducts, and milk ducts. It also lines the cervix uteri, the bronchial tubes, the heart vessels, and forms the epithelial layer of the epidermis.

Organs that derive from the **ectoderm** correlate to more advanced conflicts, primarily to conflicts concerned with social contacts (**separation conflicts**, **sexual conflicts**, **territorial conflicts**). The Biological Special Programs are controlled from the cerebral cortex.

Ectodermal tissues consist of squamous epithelium. In the event of a biological conflict, the related organ generates during the conflict-active phase cell loss (ulceration) in order to facilitate a conflict resolution. In the healing phase, the tissue loss is restored with the help of bacteria (Fourth Biological Law).

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THE FOURTH BIOLOGICAL LAW

For the first 2.5 billion years, microbes were the only organisms inhabiting the earth. Gradually, they populated other life forms, including plants, animals, and humans. It is estimated that the number of microbial cells residing in the human body (known as the "human microbiome") outnumbers the body cells almost 4 to 1. Owing to their symbiotic relationship with the human organism and their vital role in maintaining the body tissues, microbes have become indispensable for our survival.

NOTE: The placenta that connects the developing fetus to the uterus is not sterile, as previously thought, but harbors a rich collection of bacteria. Hence, bacteria assist the healing process already in the organism of the fetus! "For more than a century, scientists have assumed that babies come into the world germ-free after nine months in a sterile womb. Not so, new studies find: Bacteria lurk in the placenta, amniotic fluid and umbilical cord, making the womb a germy place" (*Science News*, May 28, 2014; see also "The Placenta Harbors a Unique Microbiome", *Science Translational Medicine*, May 21, 2014). Mycobacteria such as TB bacteria are also introduced to the newborn through the breast milk.

The theory that certain “diseases” are caused by “pathogenic microbes” is one of the most persistent doctrines of modern medicine. This general conception is largely attributable to the fact that microbes are present at the site of a “diseased” organ. And since the activity of microbes is accompanied by swelling, fever, inflammation, pus, discharge, and pain, microbes are believed to be the cause of **“infectious diseases”**. Similar to the idea that an “abnormal” growth of cancer cells leads to the development of a “malignant” tumor, it is wrongly assumed that microbes growing beyond their normal ranges (see immune system theory) results in virulent “infections”.

Microbes don’t cause diseases but play instead a vital role during the healing phase.

The Fourth Biological Law shows that so-called “infectious diseases” occur exclusively in the second phase of a Biological Special Program, where the organism uses the microbes to optimize healing. During their activities microbes require a warm environment, hence, the development of an inflammation and fever. Microbes also need an acidic milieu, which is suitably provided through the vagotonic state that is dominant in every healing phase. The onset of an “infection” is therefore not, as presumed, brought on by an imbalanced pH level (a “wrong diet”) but rather by the transition from the conflict-active phase into the healing phase.

NOTE: Microbes are endemic. They live in harmony with all organisms of the ecological milieu in which they have developed over millions of years. Contact with microbes that are foreign to the human body, for example through traveling abroad, does not cause per se a “disease”. However, if, let’s say, a European happens to resolve a particular conflict in the tropics and comes in contact with local microbes, the related organ will use them for the healing process. Since the body is not accustomed to these **exotic microorganisms**, the healing symptoms can be quite severe.

White blood cells such as leucocytes and lymphocytes support the microbial work. Governed by images of a biological warfare raging within the human organism, conventional medicine interprets a rise in white blood cells (“killer cells”) as an “immune response” aimed at “attacking” and “fighting the infection”. In light of the Fourth Biological Law, the academic construct of an **“immune system”**, envisioned as a “defense system” against microbes (and cancer cells), becomes entirely meaningless; in fact, the term “infection” itself becomes obsolete. The invention of **“autoimmune diseases”**, in which the immune system apparently attacks the body’s own tissue, shows how a scientific culture can become blinded by its own beliefs.

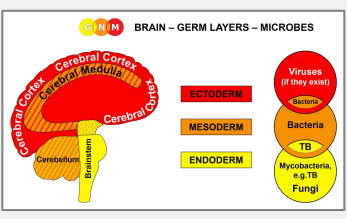
Diseases are not contagious!

Based on the two-phase pattern of every SBS (Second Biological Law), “infections” cannot be transmitted to another person since the symptoms (discharge, inflammation, fever) are already *healing* symptoms. Moreover, a DHS that activates a Biological Special Program is a highly individual conflict experience. If two or more people happen to have the same symptoms, for example, a cold, diarrhea, or a stomach flu, this means that all of them are in the healing phase of the same type of conflict (stink conflict, indigestible morsel conflict, territorial anger conflict) that took place, let’s say, in school, at home, or at work. The idea that everyone had a “weak immune system” just at that time is rather far-fetched. The same holds true for **epidemics** which are the result of conflicts affecting large populations (attack conflicts, territorial fear conflicts, death-fright conflicts). This was the case, for instance, with the Great Plague, the Spanish Flu, and the lung tuberculosis epidemic after World War I. Nowadays, such collective conflict shocks are easily evoked through frightening media reports (threats of an economic collapse, threats of a global war, threats of terrorist attacks, threats of a “deadly virus”). The ensuing pneumonia outbreak (termed SARS, the swine flu, and so forth) is a self-fulfilling prophecy.

NOTE: Cultural, political, social, or economic aspects are decisive factors as to why people in certain regions are more (or less) vulnerable to experience specific types of conflicts. For instance, the incidence and prevalence rates of diabetes (linked to resistance conflicts) are much higher among indigenous peoples compared to the general population. The fact that western women have greater rates of breast cancer (linked to separation conflicts) than Chinese women has nothing to do with their different diet, as suggested, but with

the significantly higher rate of divorces of women living in North America and Europe.

The Ontogenetic System of Microbes



This GNM diagram shows the classification of microbes in relation to the three embryonic germ layers and the areas of the brain, from where the microbial activity is controlled.

Controlled from the brain, microbes work in a well-planned manner. In normotonia and in the conflict-active phase microbes are dormant, but as soon as the conflict is resolved they start the work assigned to them.

FUNGI and MYCOBACTERIA are the oldest microbes. They, therefore, work exclusively on organs and tissues that originate from the endoderm (controlled from the brainstem) and the old mesoderm (controlled from the cerebellum).

Initiated by the DHS, fungi and mycobacteria multiply at the same rate as the cell proliferation on the related organ, so when the conflict is resolved, they will be available in sufficient amounts to **remove the cells that are no longer required.** Fungi and mycobacteria start multiplying at the moment of the DHS; hence, they have to be present *before* the conflict occurs (in comparison, bacteria that help to restore new mesodermal and ectodermal tissue start multiplying when the conflict is resolved; they must therefore be available prior to the conflict resolution).

NOTE: Bacteria such as **TB bacteria** are already detectable in the blood during the conflict-active phase, that is, *before* the “infection”. From blood analysis observations, Dr. Günther Enderlein (1872-1968) postulated that microbes mutate into “pathogens” because of a high acidity level of the blood. Based on Enderlein’s theory, known as pleomorphism, acidosis is thought to be a breeding ground for diseases. In reality, the low **pH level** provides the ideal milieu in which an organ heals. It is worth mentioning that in the early 1990s, Dr. Alan Cantwell, M.D., detected a “pleomorphic cancer microbe” that he considered closely related to the *Mycobacterium tuberculosis*!

In their function as natural micro-surgeons, fungi and mycobacteria remove tumors in the colon, lungs, kidney, liver, or in the breast (see GNM Article “Is Cancer a Fungus?”). This clearly shows that cancers are reversible! Typically, microbes decompose a tumor starting from the center, hence, the clinical term “centrally necrotizing carcinoma” (in comparison, glial cells repair a brain relay starting from the periphery). Fungi and mycobacteria are acid-resistant allowing them to survive in the acidic environment of the gastrointestinal tract and in the lungs where carbonic acid is excreted as gas (carbon dioxide) and water.

NOTE: “Tumor cells” differ in size and shape as well as genetically from the original cells. They also have the ability to divide faster than “normal cells”. From these differences, conventional medicine created the dogma of “malignant cancer cells”. Yet, it is precisely this distinctive feature that enables mycobacteria and fungi to recognize which cells need to be eliminated and which have to stay. They never “invade” neighboring tissue, let alone “spread” to other organs. This is why lung tuberculosis is confined to the lung alveoli (endoderm) and never “infects” the bronchial mucosa (ectoderm). Dr. Hamer explains the genetic difference between cancer cells and normal cells with the fact that cancer cells have a specialized, temporary function.

Candidiasis, for example in the mouth or intestines, occurs when the fungus *Candida albicans* is involved. The degree of microbial activity in the healing phase is determined by the intensity of the conflict-active phase.

Pus and **discharge** produced during the decomposing process are excreted through the stool (colon), the urine (kidneys), or the sputum (lungs).

Throughout the repair phase the capillaries break easily, thus, the discharge might be mixed with blood.

A symptom that ALWAYS occurs when fungi and TB bacteria are active is **night sweats** (the metabolic waste is eliminated through the sweat glands and the skin). If the healing phase is intense, the sweating could be excessive. Night sweats are usually accompanied by light fever.

ATTENTION: Fungal and tubercular discharge contains large amounts of protein. **It is therefore vital to replenish the protein deficiency** through protein-rich foods, protein-drinks, amino acid supplements, and the like. A restriction to raw food diets, alkalizing diets, juice diets, or even fasting, which is often recommended when someone has cancer, might put a person in a critical situation. One of the reasons why many cancer patients don't survive chemo treatments is, in addition to its extreme toxicity, a loss of appetite leading to acute protein depletion. When a protein shortage occurs, the body tries to restore the loss by withdrawing protein from the organs and from fat tissue resulting in rapid weight loss and wasting away (cachexia).

As far as **protein-intake** is concerned, protein-rich food should be consumed before 3 pm, because after 3 pm the organism has a hard time breaking down proteins. Athletes, people who exercise a lot, and all those who burn much protein, need to be especially aware of the correlation between protein deficiency and the role of fungi and TB bacteria during the healing of certain cancers.

After the cell (tumor) removal process has been completed, a **cavern** remains at the site that is eventually filled with calcium. A prolonged decomposing process (hanging healing), however, results in a decreased or insufficient function of the organ, as seen in hypothyroidism.

NOTE: Fungi and mycobacteria have to be present *before* a conflict occurs. If TB bacteria are introduced later, for example by coming in contact with the saliva of a person who carries them, they will be on standby for future healing phases. Drinking raw milk for a couple of weeks is also a good way to introduce the body to tubercular bacteria.

If the required microbes are not available upon the resolution of the conflict, because they were destroyed through an overuse of **antibiotics**, the growth encapsulates and stays in place. In conventional medicine, this is usually diagnosed as a "benign cancer" or as a polyp. **NOTE:** Today, the overuse of antibiotics is one reason why more cancers are found during (routine) examinations.

Dr. Hamer: "Regarding the diagnosis of cancers, about 40% of routine examinations reveal old encapsulated tumors, which should be left untouched. If the diagnosis has caused any conflicts, such as a death-fright conflict or a self-devaluation conflict, these conflicts need to be addressed. In any case, there is never a reason to panic or to be scared of 'metastasizing cancer cells'."

BACTERIA that are not TB bacteria work primarily on organs and tissues that originate from the new mesoderm (controlled from the cerebral medulla).

During the healing process, **bacteria help to replenish the tissue loss that took place in the conflict-active phase**. Most bacteria are specialized. Staphylococcus bacteria, for example, support the reconstruction of bone tissue; streptococcus bacteria help to rebuild tissue necroses in the ovaries. In PCL-A, bacteria form **abscesses**. Bacteria also participate in the healing of wounds caused by injuries.

NOTE: When the medical team sterilizes the hands and the medical tools, the microbes that would otherwise be used during healing are not transmitted to the patient. Hence, no "infection". This explains, for example, the reduction of childbed fever, observed by Ignaz Semmelweis in the mid-eighteen hundreds. Lately, the MRSA-Methicillin-resistant *Staphylococcus aureus* (methicillin is a penicillin-related antibiotic) has been made responsible for the "spread" of infections in hospitals via contaminated hands of hospital staff. The truth is that hospitals, where most patients are in a

healing phase, offer staphylococcus bacteria a rich field of activity.

What distinguishes bacteria is their **overlapping function**. When fungi and TB bacteria are absent from old mesodermal organs such as the breast glands or the corium skin, other bacteria step in to remove the additional cells that are no longer needed.

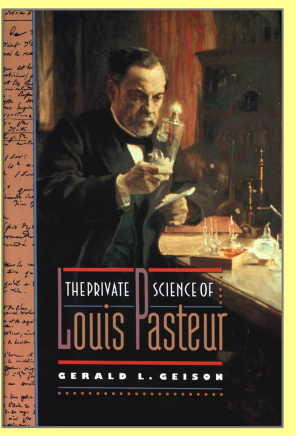
In ectodermal tissues bacteria help to restore the cell loss. Streptococcus bacteria, for instance, assist healing in the throat (see strep throat), pneumococcus bacteria restore the bronchial mucosa, gonococcus bacteria work in the urogenital area, and the *Helicobacter pylori* repairs the stomach and pylorus lining. This, however, only happens when the ulceration in the conflict-active phase reaches far into the tissue. Otherwise, the healing process takes place without microbes.

With an intense healing phase, the bacterial work is accompanied by high fever.

If bacteria are not available healing still occurs, although not to the biological optimum.

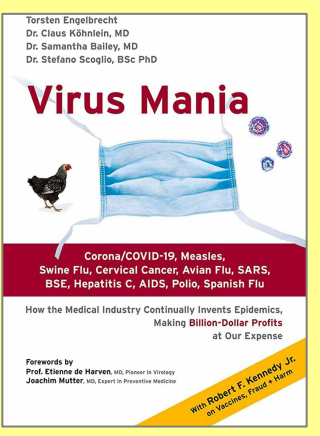
In line with evolutionary reasoning, **VIRUSES** should – theoretically – assist the reconstructions of organs and tissues deriving from the ectoderm (controlled from the cerebral cortex).

Concerning viruses, in GNM we prefer to speak of **hypothetical viruses** because the existence of viruses that cause so-called “viral infections” has never been scientifically substantiated. None of the alleged viruses (HIV et al) has ever been isolated from a host cell nor has their DNA been properly identified, which are the basic criteria for the proof of the existence of a virus. Since viruses that supposedly cause AIDS, SARS, pneumonia, the avian flu, bird flu, swine flu, hepatitis, herpes, measles, polio, cervical cancer, and the like cannot be found in the human body, orthodox medicine uses a rather unscientific method, namely to conclude from the rise of antibodies (produced by the alleged “immune system”) the presence of a virus and hence an “infectious disease”. This method is called “indirect evidence”.



In 1996, Gerald Geison (Princeton University) published his book *The Private Science of Louis Pasteur*. Based on Pasteur’s lab notes, Professor Geison exposed **Pasteur’s germ theory** as being **based on fraudulent data**. In spite of the evidence that Pasteur had committed scientific fraud, Pasteur’s theory is still governing today’s medicine and medical science. Considering that there is no scientific evidence for the claim that viruses cause diseases, including cancer, this implies that worldwide vaccination programs imposed on an entire population, particularly on children and the elderly, are based on a scientific hoax.

Virus Mania by Torsten Engelbrecht and Claus Köhnlein (2007)



“The existence of these so-called ‘killer viruses’ must first be proven. And this is where the trouble begins. Consequential, scientifically-sound evidence has never been provided, even though it’s as easy as taking a sample of a patient’s blood and

isolating one of these viruses in a purified form with its complete genetic material (genome) and virus shell directly from it, and then imaging it with an electron microscope. But these critical initial steps have never been done with H5N1 (avian flu), the so-called hepatitis C virus, HIV, and numerous other particles that are officially called viruses and depicted as attack-crazy beasts" (p. 43).

In their publication *Virus Mania* the authors demonstrate that the **alleged viruses are in reality micro-particles produced by the body cells themselves**. In biology, these particles are known as ribosomes, which are protein factories of the cells (viruses are defined by the absence of ribosomes!). This is in full accordance with Dr. Hamer's view. Dr. Hamer is of the opinion that what is interpreted as "viruses" are actually **protein globulins** ("antibodies") that emerge with the DHS (see antigens and tracks). During the healing phase, **where they are measurable, antibodies** (produced by white blood cells) assist the restoration of ectodermal tissue such as epidermis, nasal membrane, bronchial mucosa, or cervix uteri. Proteins that are produced by endodermal organs (prostate, liver, pancreas) or old-mesodermal organs (breast glands) on the other hand, are already detectable in the blood during the conflict-active phase. These constitute the real **tumor markers** (see PSA).

Based on the Fourth Biological Law and in view of the lack of scientific evidence of disease-causing microbes, **vaccinations are entirely unjustified.** Vaccinations are not only unnecessary but also unsafe because of neurotoxins, including formaldehyde, aluminum phosphate, or thimerosal (a mercury-based preservative) contained in vaccines. It goes without saying that a distressing vaccination experience can also trigger a DHS (scare-fright conflict, territorial fear conflict, fear-disgust conflict, feeling-stuck conflict) leading to asthma, diabetes, or muscle paralysis (see also meningitis).

It has been argued that the increase of antibodies following "immunization" is an "immune response" to the "virus" against which the person is vaccinated (the protein in vaccines is wrongly claimed to be an extract from "infected" cells). This is obviously a false and misleading conclusion. Since antibodies play an important role in wound healing, the rise of antibodies is rather an indication that the body is trying to heal the cell damage caused by the harmful toxins than a "reaction" of an "immune system" that no one has ever seen.

"Vaccines: A Peek beneath the Hood" by Roman Bystrianyk and Suzanne Humphries, MD

"Analysis of the data shows that the often-repeated mantra that vaccines were key in the decline of infectious disease deaths is a fallacy. Deaths had decreased by massive amounts before vaccinations …"

The Chiropractic Story of Masha and Dasha

"The new mother was told that her twin babies had died after birth. However, the truth was far different: they were sent to an institute near Moscow to be studied. This was to be the fate of Masha and Dasha, one of the most unusual sets of Siamese or conjoined twins ever born.

Because their circulatory systems are interconnected, the twins share each other's blood. Therefore, a bacterium or virus that enters one twin's bloodstream will soon be seen in the blood of her sister. Yet surprisingly, **illness affects them differently**. Dasha is short-sighted, prone to colds and right-handed. Masha smokes occasionally, has a healthier constitution, higher blood pressure than her sister, good eyesight and is left-handed.

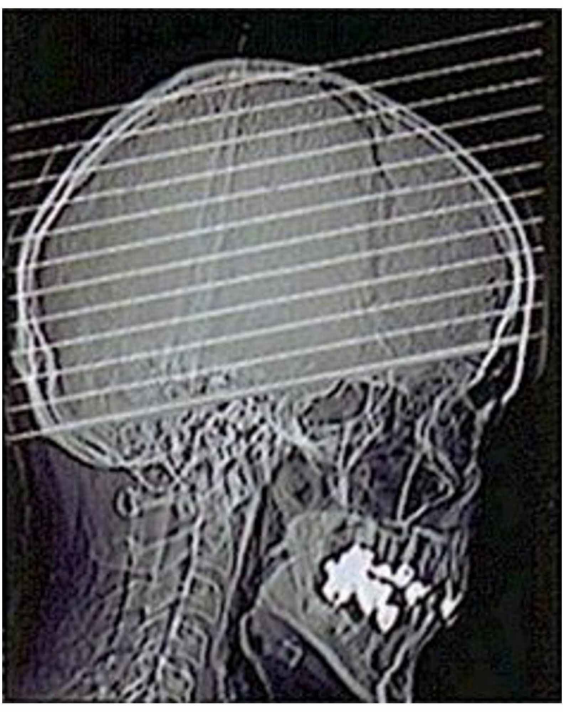
The twins differing health patterns present a mystery. Why did one become ill with a childhood disease, like measles for example, while the other did not? The measles 'bug' was in both of their bodies, in their collective bloodstream; so why didn't both get the measles? Evidently, there is more to 'getting the measles' than having the measles 'bug'. This phenomenon was seen over and over again with the girls (flu, colds, and other childhood diseases were all experienced separately). **If germs alone had the power to cause infectious diseases, why would one of the twins be disease-free while the other was ill?** …"

THE FIFTH BIOLOGICAL LAW – THE QUINTESSENCE

Every so-called disease is part of a Significant Biological Special Program of Nature created to assist an organism (humans and animals alike) during unexpected distress.

Dr. Hamer: "All so-called diseases have a special biological meaning. While we used to regard Mother Nature as fallible and had the audacity to believe that She constantly made mistakes and caused breakdowns (malignant, senseless, degenerative cancerous growths, etc.) we can now see, as the scales fall from our eyes, that it was our ignorance and pride that were and are the only foolishness in our cosmos. Blinded, we brought upon ourselves this senseless, soulless and brutal medicine. Full of wonder, we can now understand for the first time that Nature is orderly and that every occurrence in Nature is meaningful, even in the framework of the whole. **Nothing in Nature is meaningless, malignant or diseased**."

Source: www.learninggnm.com



A brain scan shows layers of the brain taken parallel to the base of the cranium.

Official document from Siemens
Ring configurations / artifacts on brain CTs

Erlangen, 22.12.1989

The undersigned have elaborated the following [7] exclusion criteria to eliminate the possibility of ring artifacts:

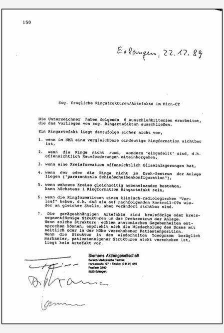
The following preclude the possibility of a ring artifact:

1. If there is a similar ring formation clearly visible in the MRI.
2. If the rings are not round but dented, i.e., there are obvious masses at the same time.
3. If there are deposits of glial tissue in the circular formation.
4. If one or more rings are not centered on the pivotal centre of the shot (para-central target configuration).
5. If there are more circles simultaneously adjacent to each other, only one of the ring formations at most could be one ring artifact.
6. If the ring formations have a clinical radiological "course", i.e. the sequential follow-up CTs show them at the same locations but changed.
7. Those artifacts generated by the installation are structures that are circular or in the form of a circular segment centered on the pivotal centre of the shot. If such structures could possibly represent real anatomical structures, a re-take of the picture is advisable with a lateral or vertical displacement of the patient position. If the repeated tomography clearly shows the structures without relative displacement, then these are not artifacts.

Siemens Corporation

Medical Technical Division

Address and signatures



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Erlangen, 22.12.89

Sog. fragliche Ringstrukturen/Artefakte im Hirn-CT

Die Unterzeichner haben folgende 8 Ausschlußkriterien erarbeitet, die das Vorliegen von sog. Ringartefakten ausschließen.

Ein Ringartefakt liegt demzufolge sicher nicht vor,

1. wenn im NMR eine vergleichbare eindeutige Ringformation sichtbar ist,
2. wenn die Ringe nicht rund, sondern "eingedellt" sind, d.h. offensichtlich Raumforderungen miteinhergehen,
3. wenn eine Kreisformation offensichtlich Gliaeinlagerungen hat,
4. wenn der oder die Ringe nicht im Dreh-Zentrum der Anlage liegen ("parazentrale Schießscheibenkonfiguration"),
5. wenn mehrere Kreise gleichzeitig nebeneinander bestehen, kann höchstens 1 Ringformation Ringartefakt sein,
6. wenn die Ringformationen einen klinisch-radiologischen "Verlauf" haben, d.h. daß sie auf nachfolgenden Kontroll-CTs wieder an gleicher Stelle, aber verändert sichtbar sind.
7. Die gerätabhängigen Artefakte sind kreisförige oder kreissegmentförmige Strukturen um das Drehzentrum der Anlage. Wenn solche Strukturen echten anatomischen Gegebenheiten entsprechen können, empfiehlt sich die Wiederholung des Scans mit seitlich oder in der Höhe verschobener Patientenposition. Wenn die Struktur in dem wiederholten Tomogramm bezüglich markanter, patienteneigener Strukturen nicht verschoben ist, liegt kein Artefakt vor.

Siemens Aktiengesellschaft
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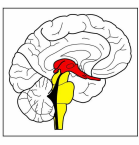
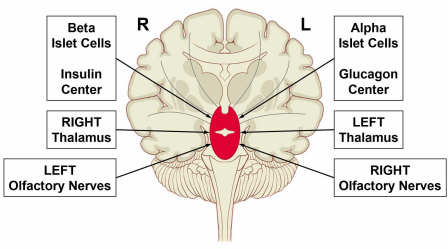
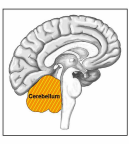
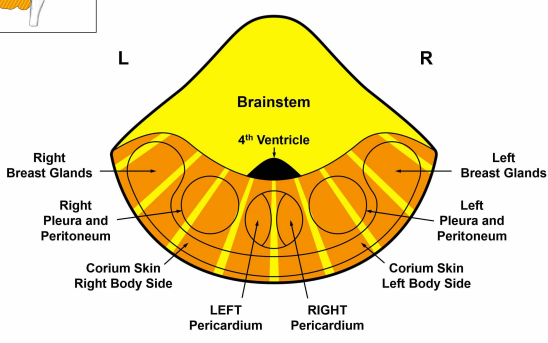


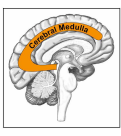
DIENCEPHALON – ORGAN RELATION



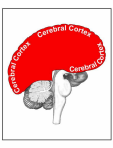


CEREBELLUM – ORGAN RELATION



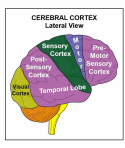


CEREBRAL MEDULLA – ORGAN RELATION

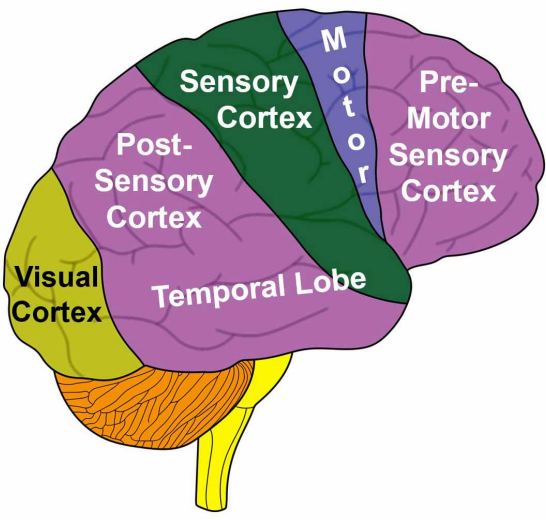


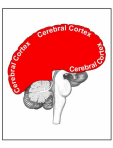
GNM

CEREBRAL CORTEX – ORGAN RELATION



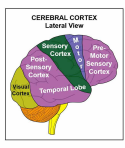
CEREBRAL CORTEX
Lateral View

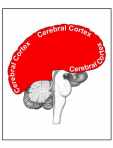




GNM

CEREBRAL CORTEX – ORGAN RELATION





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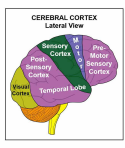

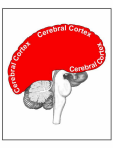

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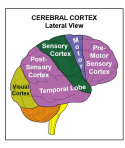
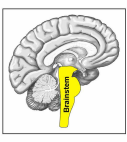
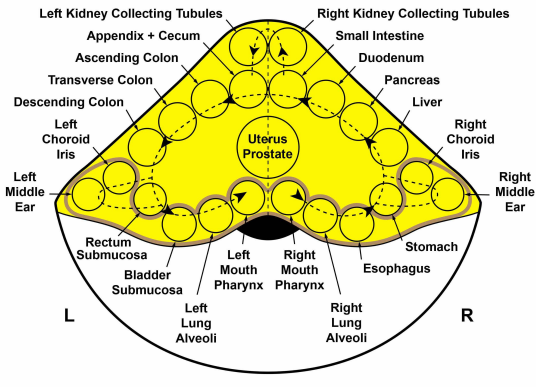
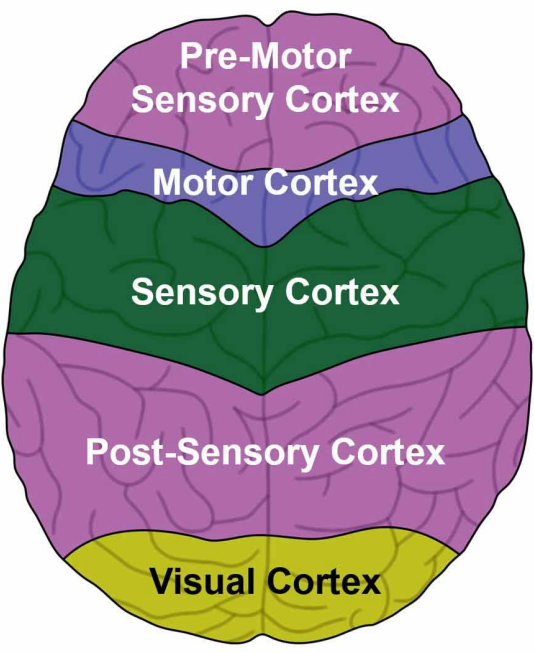




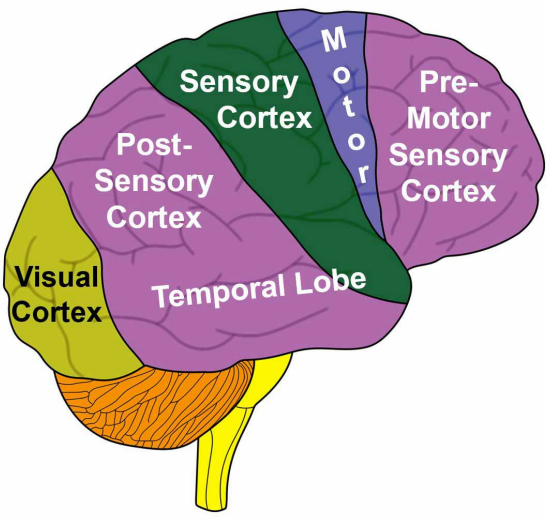
BRAINSTEM – ORGAN RELATION



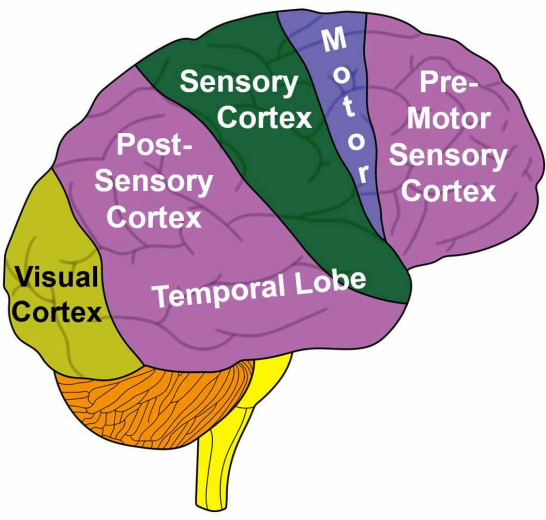
CEREBRAL CORTEX
Top View

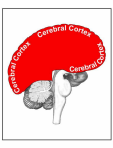


CEREBRAL CORTEX
Lateral View



CEREBRAL CORTEX
Lateral View





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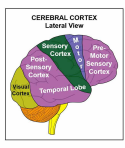
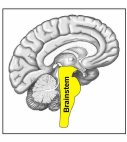
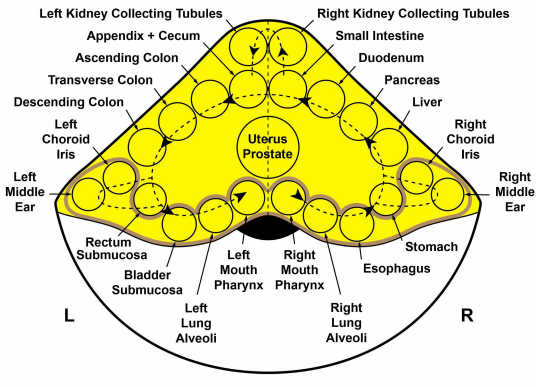
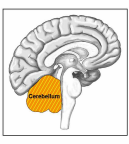


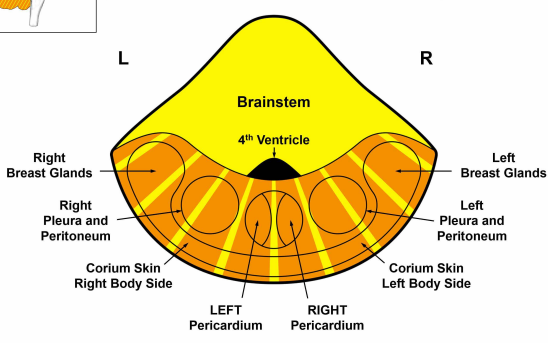


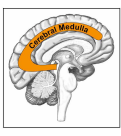
BRAINSTEM – ORGAN RELATION



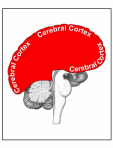


CEREBELLUM – ORGAN RELATION



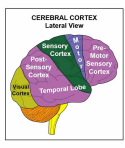


CEREBRAL MEDULLA – ORGAN RELATION

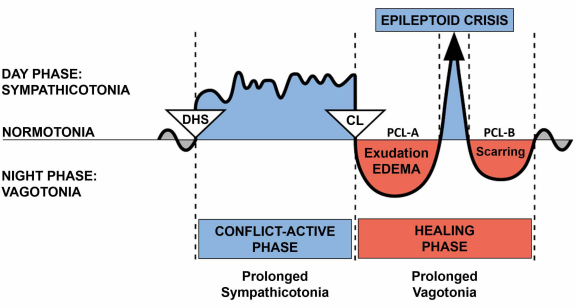


GNM

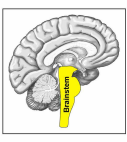
CEREBRAL CORTEX – ORGAN RELATION



BIOLOGICAL SPECIAL PROGRAMS
TWO-PHASE PATTERN



DHS (Dirk Hamer Syndrome) – Biological Conflict
CL (Conflictolysis) – Conflict Resolution
PCL (Post-Conflictolysis) – Healing Phase



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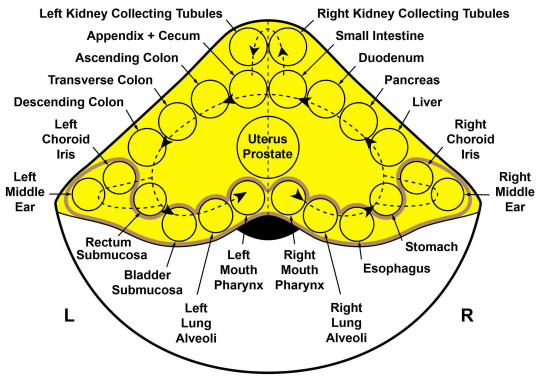

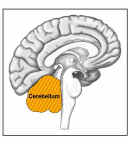

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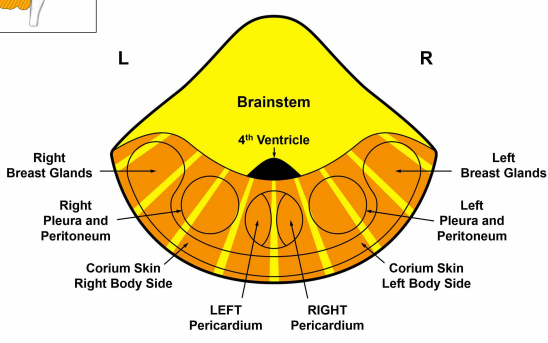

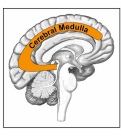

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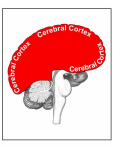

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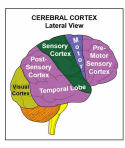
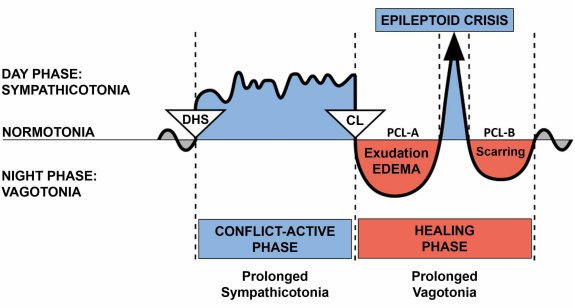


BIOLOGICAL SPECIAL PROGRAMS
TWO-PHASE PATTERN



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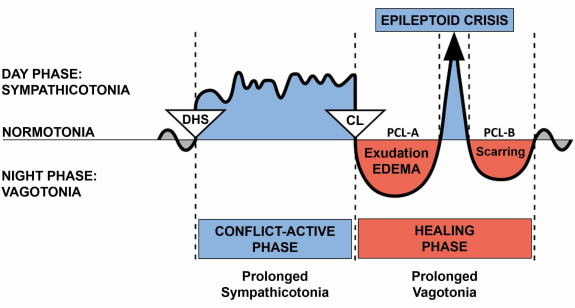
BIOLOGICAL SPECIAL PROGRAMS
TWO-PHASE PATTERN



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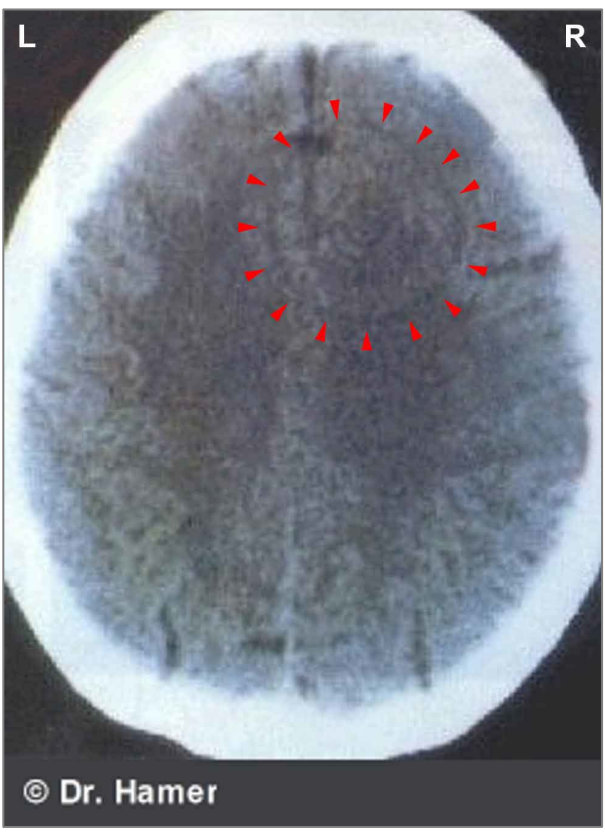
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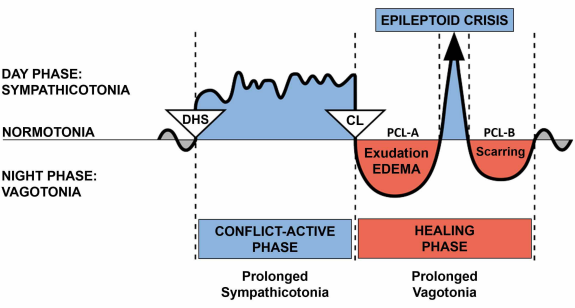
BIOLOGICAL SPECIAL PROGRAMS
TWO-PHASE PATTERN



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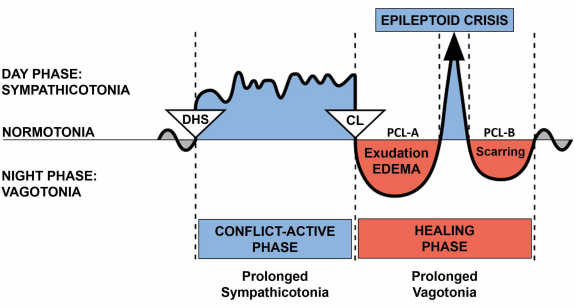

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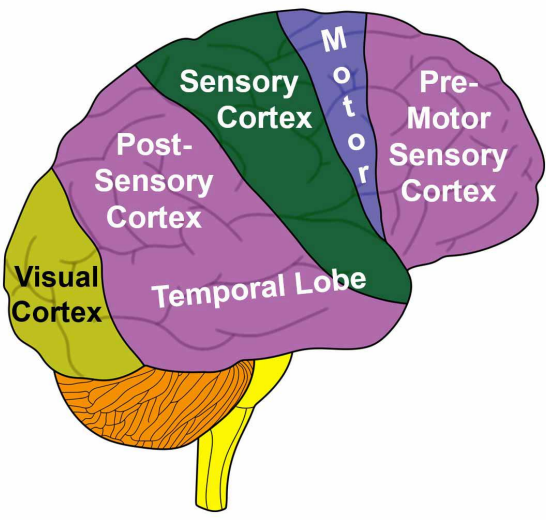
CEREBRAL CORTEX
Lateral View



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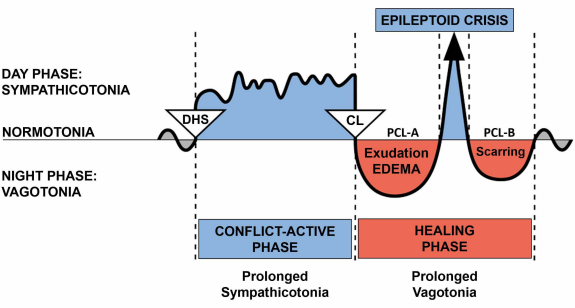

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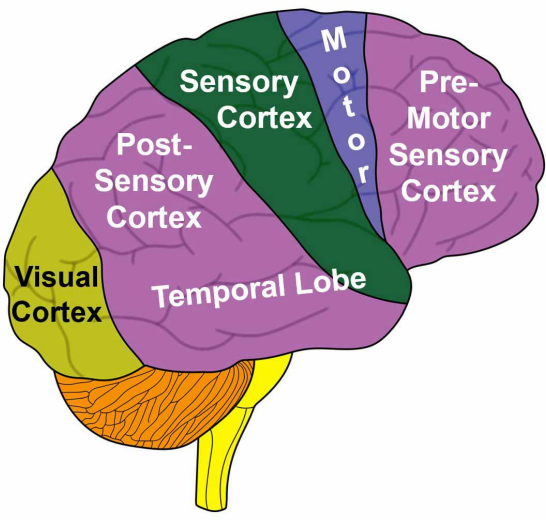

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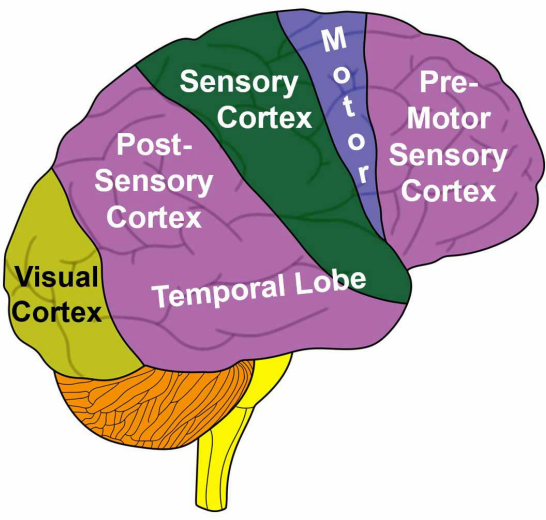
Lateral View



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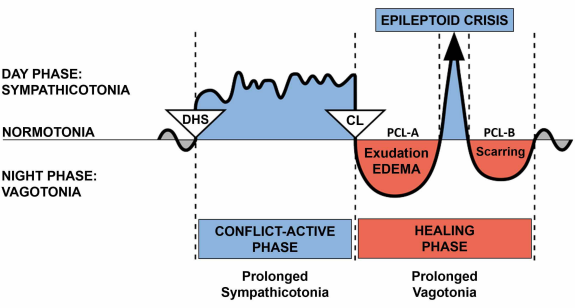
TWO-PHASE PATTERN



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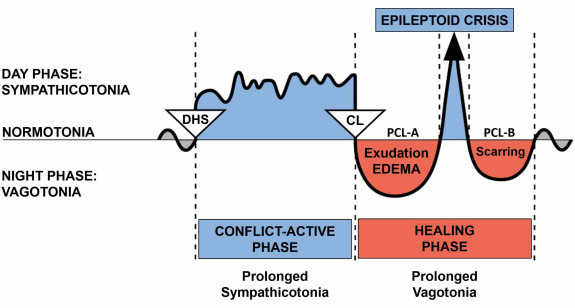
TWO-PHASE PATTERN



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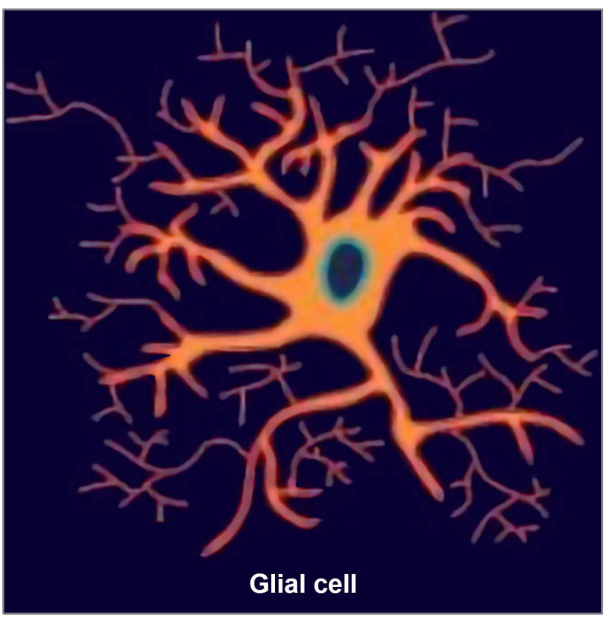
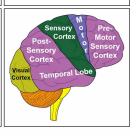
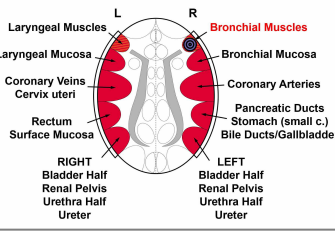

Glial cell

The blood-brain barrier separates the circulating blood from the cerebrospinal fluid that circulates within the ventricular system of the brain.

TEMPORAL LOBES
Top View

CEREBRAL MEDULLA Top View	CEREBRAL CORTEX Lateral View





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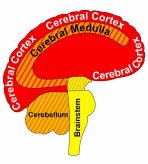
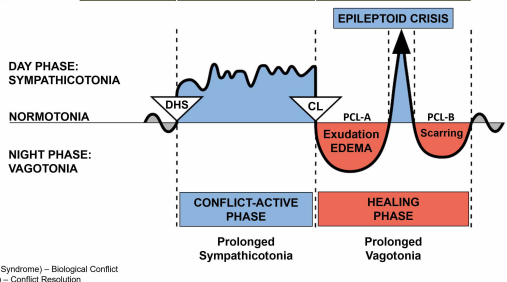


Cerebral Cortex / Cerebral Medulla	CELL LOSS (ulceration, necrosis)	Tissue Restoration with Bacteria
Cerebellum / Brainstem	CELL PROLIFERATION	Cell Removal with Fungi and Bacteria



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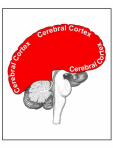
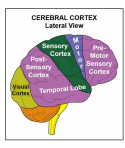
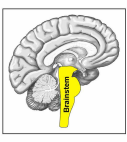


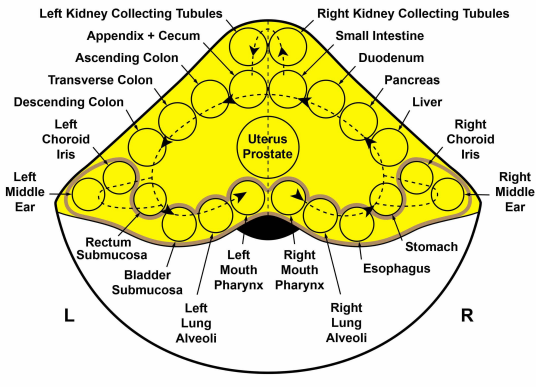
GNM

CEREBRAL CORTEX – ORGAN RELATION





BRAINSTEM – ORGAN RELATION



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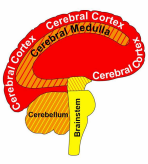

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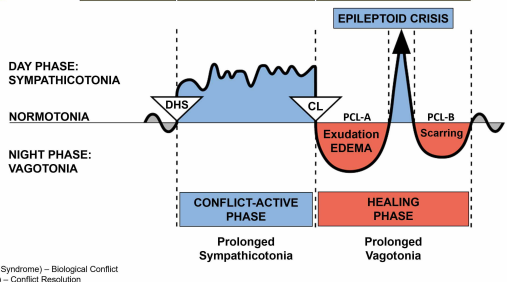

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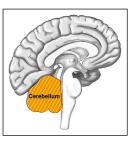
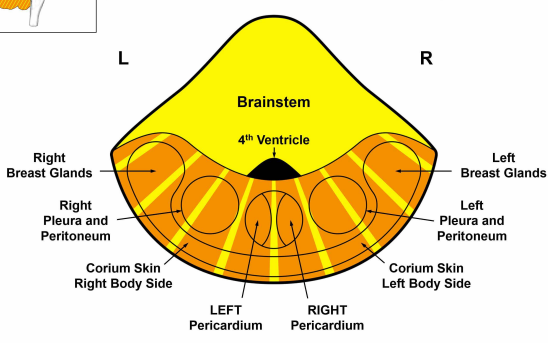
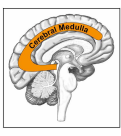


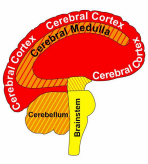
CEREBELLUM – ORGAN RELATION



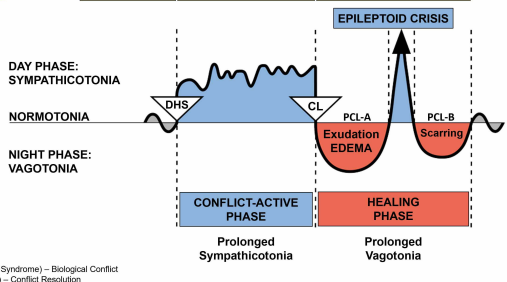


CEREBRAL MEDULLA – ORGAN RELATION

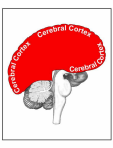
COMPASS OF GERMAN NEW MEDICINE®



Cerebral Cortex / Cerebral Medulla	CELL LOSS (ulceration, necrosis)	Tissue Restoration with Bacteria
Cerebellum / Brainstem	CELL PROLIFERATION	Cell Removal with Fungi and Bacteria

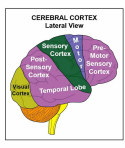


DHS (Dirk Hamer Syndrome) – Biological Conflict
CL (Conflictolysis) – Conflict Resolution
PCL (Post-Conflictolysis) – Healing Phase



GNM

CEREBRAL CORTEX – ORGAN RELATION



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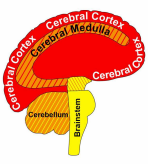

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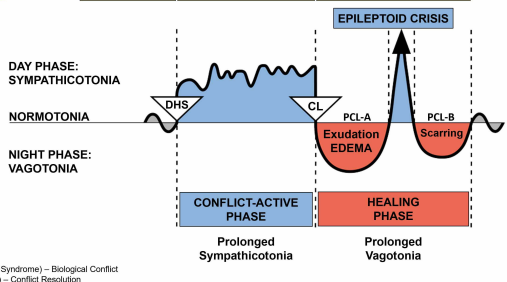

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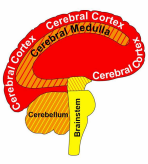

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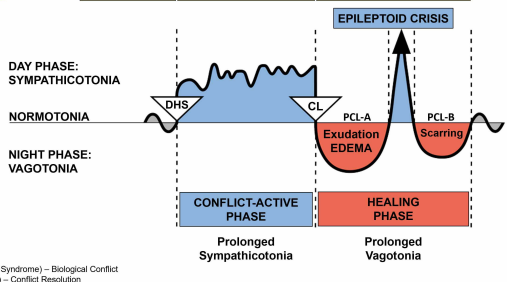

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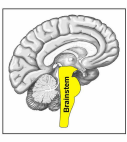
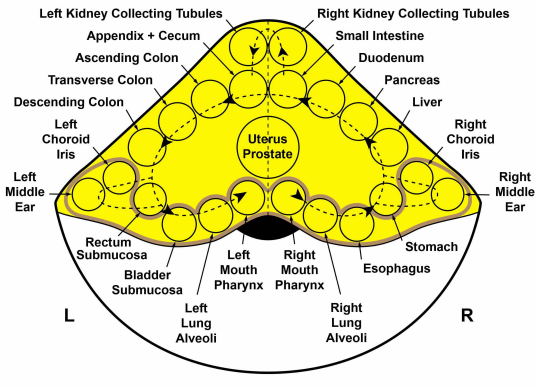
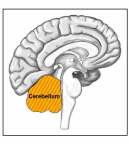
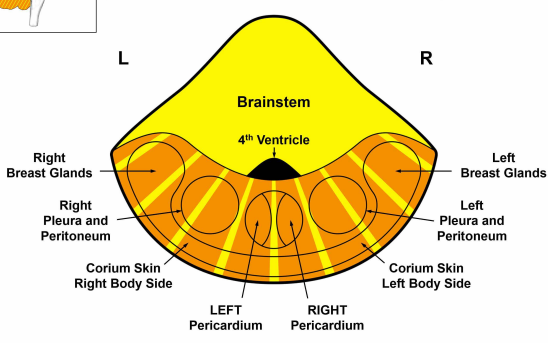


BRAINSTEM – ORGAN RELATION

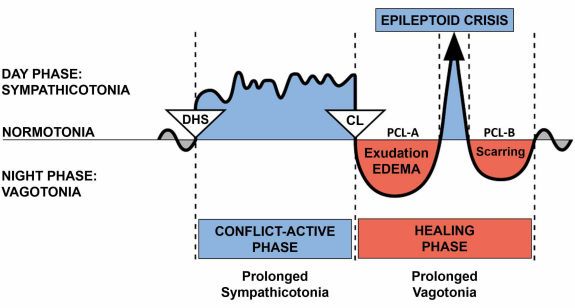




CEREBELLUM – ORGAN RELATION



BIOLOGICAL SPECIAL PROGRAMS
TWO-PHASE PATTERN



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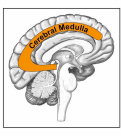

CEREBRAL MEDULLA – ORGAN RELATION

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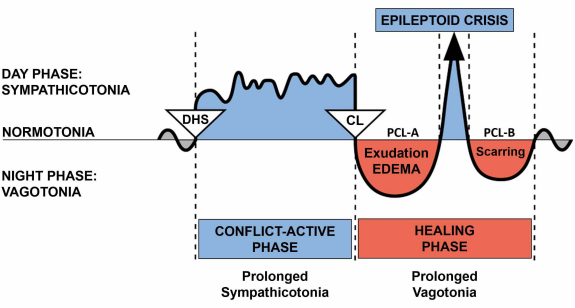

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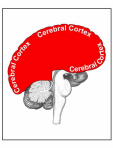

GNM

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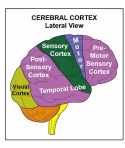

“If there is evidence that HIV causes AIDS, there should be scientific documentation which either singly or collectively demonstrates that fact, al least with a high probability.”
Dr. Kary Mullis, Nobel Prize Laureate for Chemistry 1993