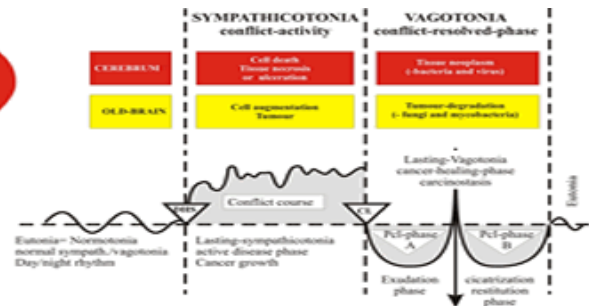


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Review of The Germanic/German New Medicine of the Discoveries of Dr. Ryke Geerd Hamer

Dr. Ryke Geerd Hamer, formerly of the Universities of Munich and Tübingen in Germany, founded the German New Medicine after extensive research and a therapeutic practice dating back to 1979. The German New Medicine is a set of findings and principles that solidly bases the nature of disease on universal biological principles and on the interaction between the three levels that make up the organism: the psyche, the brain and the organ. In German New Medicine, diseases have a biological meaning and are not mistakes of nature. In fact, we can now categorize most of the diseases known to medicine in pairs of events. These pairs are actually programs of nature relating psychological and biological events. The programs are designed by Nature to either help the individual to cope or as a selection mechanism to serve the group.

Dr. Hamer realized that his wife's death and his own cancer had to be connected somehow with the tragic shooting and eventual death of their son, Dirk. As a medical doctor, scientific researcher and head internist of an oncology clinic in Munich, Dr. Hamer was in the position to be able to come to the conclusion that a physical event can create a biological conflict shock that manifests in a visible physical transformation in the brain, and leads to a measurable change in physical-nervous parameters and to the development of cancerous growths, ulcerations, necroses and functional disturbances in specific organs of the body.

After twenty years of research and therapy with over 31,000 patients, Dr. Hamer finally established firmly, logically and empirically how biological conflict-shock results in a cold cancerous or necrotic phase and how, if the conflict is resolved, the cancerous or necrotic process is reversed to repair the damage and return the individual to health.

Disease, or the meaningful biological program of nature (as Dr. Hamer likes to call it), is divided into five biological events, all of which can be identified, measured, observed and are part of a system that makes possible a definite (not just statistically probable) prediction of events and development.

A biological conflict-shock - called a DHS (Dirk Hamer Syndrome in honour of his son) - causes the appearance of a focus of activity in the brain - called an HH (Hamerschenherd). This set of concentric rings that can be seen in a computerized tomography scan (CT) is centred on a precise point of the brain. The location of the focus depends on the nature of the shock-conflict or conflict contents. As soon as the HH appears, the organ controlled by that specific brain centre registers a functional transformation. This transformation can manifest as a growth, as tissue loss or as a loss of function.

Dr. Hamer further discovered that the program that is initiated after a conflict-shock is dependent on the layer of the brain that is affected, something to be understood and explained from the point of view of evolution. The system makes sense both from a phylogenetic and an ontogenetic point of view. Dr. Hamer prefers to keep theory to a minimum and grounds all his observations and conclusions on hard, rock-solid empirical evidence, so we will be referring to ontogenesis in this summary.

For man and mammal, the oldest conflicts originate from the brain stem and result in cancerous growths - tumours. The resolution of these conflicts leads to a breakdown of the tumour and restoration of health. The old brain controls the organs of the endoderm, the innermost germ layer in our organism. This was the first system to appear in the embryo, later to be covered by the mesoderm and the ectoderm over several million years of evolution.

[HOME](#)

INFORMATION

[About Us](#)

[Introduction](#)

[Overview](#)

[Interview](#)

[Biography](#)

[GNM Thesis](#)

[Breast Cancer](#)

[A Natural Science](#)

[GNM Session Info](#)

[Ilsedora's Blog](#)

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[Webinars](#)

[Webinar FAQ](#)

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LITERATURE

[GNM Books](#)

CONTACT

[Enquiries](#)

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Testimonials and Comments

Verification

News Archive

Privacy Policy

All diseases start with a cold phase, activity of the parasympathetic nervous system predominates, the shock is a constant preoccupation, nights seem long, extremities are cold and meanwhile the organ lesion extends. With the brain stem (the old-brain - controller of the endodermal organs), a tumour is growing. If and when there is a conflict resolution or lysis (CL), the process will be reversed. The HH in the brain begins to heal, as does the organ. All physicians know that healing is accompanied by oedema. The oedema that develops around the focus ring in the brain becomes visible on X-rays or CT's and is usually misdiagnosed as a brain tumour. Dr. Hamer has firmly established that brain tumours do not exist in the traditional sense. All so-called brain tumours are oedematous HH's, the oedema remaining until healing of the tissue, after which the oedema is reabsorbed and final healing is complete. The oedematous nodes in the brain are concentrations of glia --neuroglia-- used to repair the brain and neural tissue, not only in the brain, but also in many tissues. When healing is complete, after the healing crisis, the oedematous node is pressed out, a diuretic phase eliminates excess liquid from the organism and normal health is re-established.

The warm phase is the healing stage of disease, what we usually identify as infectious disease. During this stage, the transformations of the first stage are reversed. Cancers are broken down or encapsulated (depending on whether or not the microbes needed for caseating the tumour are available to the organism). Necroses or ulcers are filled up again. The filling of necroses or ulcers also tends to be misdiagnosed as accelerated highly malignant growths. Nothing is further from the truth, affirms Dr. Hamer, after several thousand successful cases of healing and restoration of health for terminally ill patients.

The cerebellum and the cerebral medulla control the mesoderm. Organs controlled by the cerebellum show tumours -- growths, cell multiplication in the conflict active phase and, as with the endoderm, tumour destruction in the healing stage. Mesodermal organs controlled by the cerebral medulla show ulcerations and necroses in the conflict active phase and cell-multiplication during healing. All the organs and tissues of the ectoderm, controlled by the cerebral cortex, the latest of the dermal layers in ontogenesis and phylogenesis, show ulceration or functional loss during the conflict active phase. Conflict resolution brings on tissue repair and restoration of functional loss.

Observing the diseases of the different germ layers separately, Dr. Hamer established that there was obviously a biological meaning. He realized that "diseases" were not meaningless mistakes of nature that should be fought, but meaningful events that serve to restore equilibrium.

Biological conflict-shocks exist throughout the animal kingdom but acquire special meaning for human beings. The conflicts of the endoderm, the first and most primitive of the dermic layers, come from the basic functions of survival, food and reproduction. If an animal experiences a conflict-shock, it usually has something to do with a plain fact: it can be that a morsel of food is too big to swallow, that there is an obstruction in the intestine, or that there is a life- or procreative-threatening injury. The types of tumours that develop often increase the ability of the organism to deal with the specific crisis within a given time frame. If the crisis remains unresolved, the individual often dies as a result of the transformation brought about by the growth (increased hormonal release, increased digestive activity, increased strength of a tissue, etc.). If the crisis is resolved, healing sets in and the tissue or organ is often left stronger than it was before.

For humans, these same conflicts are mediated by language and symbol systems - conflicts of swallowing, as in: I can't accept this, I can't swallow it; of inability to obtain sustenance; of uncontrollable anger; of loss of territory: a lay-off at work, dismissal; of separation from child, partner, etc. - all conflicts which have their natural analogies but, mediated by man's symbolic meaning system, are transposed into human terms. Biological-conflict-shock is not a complex Freudian abstraction; it is a real life conflict that is very acute, traumatic and usually isolating (not easy to discuss or mull over with others). As well, the conflict catches us unaware, without any time to prepare ourselves (sometimes even a few seconds would avoid the formation of the HH and the unleashing of the organic program - as, for example, the expected death of a loved one). Typically, it is life threatening or fear-inducing news that causes this kind of shock. Hence, the sadly self-fulfilling aspect of a cancer diagnosis. The patient goes to the doctor with a set of symptoms and ends up with a prognosis of cancer. The patient instantly develops another HH in the brain as a consequence of the fear of death. This normally starts out as a carcinoma of the lung. The second cancer (the first one leading to the diagnosis and the second one resulting from it) is interpreted as metastasis. If the first cancer was already in remission and therefore accompanied by the typical brain node swelling misdiagnosed as a brain tumour, the patient is given a limited life expectancy and subjected to different surgical and chemical interventions. Each one of the interventions also has the potential of producing other shocks and of adding to the burden.

In fact, brain tumours as such do not exist; brain cells cannot multiply, only the glia does (connective tissue of the brain) to generate repair. Metastases do not exist either. There are cancers and cancer-equivalent developments obeying the same rule, all as associations of HH's with their corresponding organ developments. There is in fact no mechanism for cancer cells to travel from one part of the body to another, nor any way of explaining how one cancer in one tissue learns to mutate and produce the exact correct, histologically different development appropriate to another tissue. As every oncologist knows,

each organ, tissue, layer or cell group shows very specific types of growths, necroses or ulcerations, because they are histologically quite distinct. The travelling cell theory would not be able to explain the precise changes needed to account for each separate incident.

Since some of the supposed "metastases" appear locally in the vicinity of an amputated breast, it was commonly thought (working hypothesis) that cancerous cells must have somehow migrated to the new location. These local foci were designated as "proximal metastases". If the corresponding HH is found in the brain, it was supposed that the "malignant cells" had travelled via the (arterial) blood to the brain. These were called "distant metastases". These hypotheses became dogma in spite of the fact that there has never been a single observation of cancerous cells in the arterial blood stream.

There is another difficulty to overcome in the case of ulcers and necroses: from where are the "malignant cells" emitted, given that in cell loss there are none to be found? We were always looking for a "primary" tumour of the old brain type (another hypothesis) that could play the role of the "primary" focus. Yet nobody noticed that essentially benign ulcers or necroses of various organs (stomach ulcers, for example) would all of a sudden become "malignant" (in the PCL phase), as if by a stroke of bad luck. Continuing this train of hypothesis, the "metastatic" benign osteolysis would become a raging "malignant" osteosarcoma.

In summary, Dr. Hamer's discoveries can be presented as follows:

1. The first biological law

The Iron Rule of Cancer

Criterion 1: Every cancer or cancer-equivalent disease originates with a (Dirk Hamer Syndrome) DHS, i.e. a

very difficult
highly acute, dramatic and
isolating shock

The experience of shock conflict is simultaneous or virtually simultaneous on all three levels:

1. on the psyche
2. on the brain
3. in the organ

Criterion 2: The conflict content determines at the moment of the DHS the location of the HH in the brain as well as the corresponding location of the cancer or cancer-equivalent disease in the organ (body).

Criterion 3: The development of the conflict determines a definite development of the HH in the brain and a very definite development of the cancer or cancer-equivalent disease in the organ.

2. The second biological law

Every disease in medicine, inasmuch as there is a resolution of the conflict, is a two-phased occurrence.

Of the few hundred diseases known --at a rough estimate-- we find that in about half of them patients have cold hands and a cold periphery, while in the other half, the warm or hot diseases, patients have warm or hot hands and, in most cases, fever. In reality, there are only about 500 tandems: at the beginning (after the DHS) a cold, conflict-active, sympathicotonic phase and then, a warm, conflict-resolved, vagotonic healing-phase. This scheme of the two phases is a biological natural law.

All diseases known to us follow this course – as long as there is a resolution to the conflict. When we look back, we see that traditional medical practice has not correctly recognized a single disease. The healing-phase (e.g. "grippe" or flu) in the cold diseases was either overlooked or misdiagnosed as a separate disease, while the first phase in the so-called "warm diseases" was usually overlooked or misdiagnosed as a completely separate disease.

Patients with cold diseases present with cold skin and cold extremities, they are in protracted stress, they lose weight, have difficulty falling asleep and have sleep disorders. For examples we have cancer, MS, angina pectoris, neurodermatitis, diabetes and mental and mood disorders, etc. The warm diseases, especially those of an exanthematous nature, were defined as rheumatic, infectious, allergic, etc.

We now have to conclude that this was not correct. These cold and warm diseases were not individual diseases but actually one of the two phases of one illness. Moreover, the cold phase is always the first and the warm is always the second.

3. The third biological law:

The ontogenetic system of tumours and cancer-equivalent diseases includes the following criteria:

Criterion 1:

Conflicts related at the embryonic-layer level also have

- embryonic-layer related cerebral relays
- in cases of conflict, so-called HH's
- embryonic-layer related organs which are affected and have
- embryonic-layer related histological formations.

Criterion 2:

Old-brain directed conflicts (brain-stem directed endoderm and cerebellar directed mesoderm) show cell multiplication in the conflict active phase (CA phase) and destruction or caseation of the tumours by the appropriate microbes, if they exist, in the healing phase (pcl phase). Cerebral directed conflicts (mesodermal organs directed by loci in the cerebrum and ectodermal organs directed by the cerebral cortex) show cell decrease in the CA phase (necroses, ulcers) or just impairment or interruption of function in the so-called cancer-equivalent diseases.

Criterion 3:

In reference both to the CA-phase and to the pcl-phase, every illness is a meaningful biological occurrence to be understood in a different way through embryology and behavioural research. This means that all illnesses present a special challenge to solve an unusual, unexpected biological problem.

4. The fourth biological law

There is a correspondence between embryonic-layer related organ groups - without exception in the pcl phase - and embryonically related groups of microbes. Microbes are not the harbingers of the symptoms but rather the optimizers of the healing phase.

The brain directs all microbes. The immune system, traditionally imagined as a sort of army in the body fighting malignant cancerous cells and malignant microbes in a great battle, does not exist in this sense. Following instructions from the brain, the pathogenic microbes become benign apathogenic microbes and retreat into a part of the organism where they are no bother. They can be recalled only in the pcl phase and sent to and reactivated only in the specific organs. Possessed of our anti-bacteria, hygienic thinking, we have tried to stamp out these part-time workers of our organism. We have pushed TB back, but at the cost of preventing breast and intestinal tumours from being caseated by the little souring rods in the pcl phase, thus precluding the consequent tumour destruction. It has helped surgery and oncology, but is wrong biologically and medically.

The DHS embodies the acute-dramatic conflict shock that caught us on the wrong foot as well as the contents of the conflict that, in turn, determine the location of the HH in the brain and also the location of the cancerous tumour or necrosis in the organ. However, even more can happen in the moment of the DHS: in the moment of the DHS, tracks are laid on which the train of events rolls again and again in the aftermath. The environment or circumstances that existed at the moment of the DHS become like a set of tracks, replaying by association some of the physical elements of the conflict again and again. An allergist professor once put it in a very informal way: "If you suffer a DHS with a biological conflict and a cow happens to be passing, you'll develop an allergy to cows, but if you're nibbling on an orange, then you'll develop an allergy to oranges."

5. The fifth biological law, the "quintessence"

The Biological Meaning of Each Special Program of Nature

This law can be paraphrased as: each special program of nature (pair of diseases as described above) has a special biological meaning. The Spanish have coined a term for the German New Medicine; they call it *La Medicina Sagrada* (the Sacred Medicine); this poetic name encompasses the enormous and breathtaking significance encapsulated in the fifth law. Disease is not a meaningless "error" of nature or biology but a special program created by nature over millions of years of evolution to allow organisms to override everyday functioning and to deal with particular emergency situations; they are wonderful programs and, if understood correctly, provide the individual and the group with a way to deal with "out of the ordinary" circumstances.

We can become humble once more and understand for the first time that nature is orderly, that every occurrence in nature is meaningful even in the framework of the whole, and that the events we have called "diseases" are not senseless disturbances to be repaired by magicians. We are entitled to call this meaningful interplay of nature, of the whole inhabited cosmos, "divine". Before the birth of the major religions, the physician's profession was always that of a priest. Profit-oriented commercial medicine took a gruesome and merciless wrong turn, eventually to be put right by our new awareness.

Not understanding disease as a sequential organization of two, usually opposing phases has prevented our recognizing the "meaning" of these special programs and their essential "goodness". A few examples: bone cancer is the healing stage of bone necrosis that accompanies many self-devaluation conflicts. During the cell reduction phase (osteolysis), there is bone loss and loss of structural stability. When the conflict is resolved, anemia prevents over-activity, reducing the chances of bone breakage. In the re-calcification stage, usually misdiagnosed as bone cancer, the persistent anemia, the pains of the

periosteum and the leukaemic stage that sets in, all serve to practically immobilize the body until the healing is complete and comes to a stop (without treatment, so-called bone cancer stops naturally with the complete re-growth and a bone stronger than before!). It is thus that the post-conflict resolution stage gives the organism a much improved chance for survival, while the pre-resolution stage weakens the organism and improves the chances of the group or the pack: Nature takes "loss of self worth" conflicts very seriously!

Another example:

In a territorial-loss conflict, the intima ulcerate (the innermost layer of the vessels supplying the heart). This allows the individual a greater vessel lumen, meaning that the heart can pump more blood to the body. This process goes on during the conflict active phase. The healing phase, as all other healing in biology, is mediated by oedema. In cases of resolution from a territorial conflict, there is a high risk of heart infarction if the conflict has lasted more than six to eight months. Nature has provided for conflict constellations, where the mass of one conflict is kept in check by the presence of a conflict located on the opposite brain hemisphere. Crazy wolves in the animal kingdom or schizophrenics in the human context tend to be survivors against impossible odds. Nature protects them by using mechanisms that can also kill. The role of the therapist is to help healing processes along by understanding them correctly in the first place.

Dr. Hamer's German New Medicine is empirical and testable at every step: three levels where events run their course synchronously and two phases of disease (as long as there is resolution of the conflict). In addition, there is a phase of normalcy before the sympathicotonia, and a phase of returning to normal at the end of the vagotonia - the healing-phase - which can, given the scars remaining at the psychic, cerebral and organic level, be distinguished from the previous, "virginal" normal phase.

We therefore have not only the four phase cut-offs on the three levels in question, but also three marking points (the DHS, CL and the epileptoid crisis) on the said three levels, giving us 21 criteria which can be tested in the five biological laws.

Since the five biological laws altogether contain at least six criteria - the histological, cerebral-topographic, organ-topographic, conflict-contents and microbial - we are able to investigate the three levels in detail, giving us 126 testable and reproducible facts for one single case!

The single most important rule in the calculations is that the localization of the HH in the brain is predetermined. This means that the relay - one of many hundreds of possible relays - is already established. For this relay, in case of a disease, the HH must have the precise appearance corresponding to the specific phase. The likelihood of finding corroboration for a single case is already astronomically high. All the patients in each of the experiments conducted in Trnva, where tests of the provability of the German New Medicine were conducted, had several cancers or paralyses, diabetes or equivalents, and for each disease, all the conditions and criteria had to be fulfilled.

There will have to be radical changes in therapeutic practice and in the way interventions are made. The first thing we realize from this system is that no disease need be fatal. The second is the necessity to identify and deal with the biological conflict-shock that brought about the first currently active DHS. Occasionally, it is necessary to deal with the healing phase and the risks that come with the reversal processes and the infectious stages appropriate to the latter phases.

Biological conflict is thus defined:

Any conflict of man or mammal resulting in a DHS. From a merely evolutionary point of view, biological conflicts are identifiable as archaic conflicts, analogous, in principle, for man and mammal. Animals experience most of these conflicts in real, physical terms, while man often does so in a transposed sense. An animal genuinely finds a morsel that it cannot swallow, a real chunk of food. For a person, this may be a valuable coin or a lottery ticket.

All relays in the brain stem refer to conflicts regarding grabbing a morsel, getting the morsel, swallowing it, digesting it, being able to separate it from the surrounding dirt, etc.

As an example, cancer of the collecting tubules of the kidneys is warning the organism against drying out - in cases of "refugee" conflicts, specifically "existence or isolation" conflicts - the urine becomes highly concentrated.

The German New Medicine has been extremely successful in understanding the organism, in its diagnostic abilities and its therapeutic discipline. However, this success is perceived as a threat by the established profession and many roadblocks will have to be overcome before patients can reap these benefits.

Implications and testable findings of The German New Medicine:

Allergies:

In the moment of the DHS, both men and animals are unconsciously aware of the circumstances surrounding the DHS. These accompanying circumstances later create so-called allergies.

Inactive Tumours:

Most of the time, patients come with a variety of symptoms or even a diagnosis on the organic level, in which case it is preferable to start at the organic level. It is obvious that the organic symptoms must be evaluated with great care because of the possibility of old carcinomas which were not caseated in the healing phase for lack of tuberculosis bacteria and which have been found by accident. For example, a solitary liver carcinoma is easy to discover today with CT's when the patient complains of hepatic, specifically ulcerating bile duct disorders.

Brain Foci (HH's)

In fact, a start can be made on any of the three levels and there should be no limit to one level unless forced by circumstances. Since the cerebral level is very expressive and revealing at the time of the examination, it is always useful, if possible, to conduct a brain CT in standard layers (duration four minutes, irradiation by X-rays minimal). We have to be clear here that the brain CT is only a picture of a specific moment that may indicate an earlier event from the evidence of scar tissue build-up. It also refers to a new DHS as long as the conflict has been continuous and steady in the conflict-active phase.

The conflictolysis (conflict resolution).

The conflictolysis (conflict resolution) is a very distinctive point that must not be ignored, even though it has been until now, with fatal results. The change in the vegetative innervation from lasting sympathicotonia to lasting vagotonia is a powerful seizure, psychically, vegetative-cerebrally and organically. Organically, one often diagnoses fever, "grippe" or "flu".

Every sickness has its very definite conflictolysis (conflict resolution) (CL). In a one-cycle sickness, Hamer thinks it will be easy to definitively find the CL in the future. It will be difficult when the situation is a "hanging conflict" where there is no CL (yet). It is also difficult where there are constant relapses and accompanying conflict resolutions. We then speak of "hanging healing". An example of "hanging healing" is Parkinson's disease, where the trembling (mostly of hands) indicates a healing phase, and the patient suffers a conflict relapse most nights in a dream state.

The patient is in the healing-phase:

The outer symptoms are: warm hands, listlessness and fatigue, good appetite, eventually possible fever, lasting vagotonia. As soon as the doctor determines that the patient is in the healing phase, all the little wheels in his head must work overtime to find out as fast as possible in what stage of the healing-phase. He must find out as quickly as possible the exact moment of the DHS and trace the duration of the conflict to be able to answer the following questions:

Is the patient pre-epileptoid crisis or is he already at a point after the epileptoid crisis? Does the epileptoid crisis have a high mortality risk for this specific instance of the disease? If it is a disease steered by the old-brain, then there is the question of whether or not the patient is suffering tuberculosis infection or if he should be helped to develop a tuberculosis infection.

It may also be that the healing is already well advanced, and specifically without tuberculosis bacteria. In the case of an intestinal cancer, for example, an operation may be advisable in order to avoid an intestinal obstruction. However, one should only extirpate the minimum in such an operation, no more than 15 cms of the thick intestine or, if technically possible without risk of bleeding, cut back the tumour. The earlier motto of cutting far into the healthy tissue to avoid a metastasis has proven to be unfounded and absurd.

Brain Tumours:

Both phases have their HH in the same place on the brain, but show different conditions: as a so-called target configuration in the conflict-active phase (CA-phase), with marked crises always; as a swollen oedema in the conflict-solved configuration (pcl-phase). The oedema of the inner ring is called "intra-focal", and the oedema around the outer one is called "perifocal". These are however, imprecise designations for a thing that is very clear in itself. From the beginning of the healing-phase, it is normally possible to dye the brain to some extent with a contrast dye. At the end of the healing-phase, we find varying amounts of (neuro)glia in the HH stored there as a sign of the restoration of the nerve cells and synapses. These basically innocent (neuro)glioma were usually designated as brain tumours or brain metastases, but, in fact, they are healing HH's.

Cancer-equivalent diseases:

For old-brain organs there is no cancer-equivalent, but only cancers and a healing phase after resolution of the conflict when the tumour stops growing and fungi and mycobacteria start breaking it down.

For mesodermal cerebrum directed organs (bones, cartilage tissues, lymph-nodes, etc.) there are no cancer-equivalents either, but only cancers in the form of necroses, osteolysis, tissue-holes, in brief; cell

melt-down or degeneration, as well, in positive cases of conflictolysis (conflict resolution), a healing phase with replenishment of the substance-deficiency.

We only find cancer-equivalent diseases in the ectodermal cortically directed organ diseases and even there, only for a portion of these organs. In spite of this, there are many of them.

The definition states:

Cancer equivalent diseases are ectodermal cortically directed diseases that occur precisely according to the five biological natural laws, but instead of showing a cellular or parenchymatous substance defect (specifically, instead of cell meltdown), they show a functional impairment. Motor paralyses fall into this category, as does diabetes, glucagon insufficiency and visual and hearing impairments with their corresponding conflicts. They have HH's in the brain and if there is a conflict resolution, a healing phase with its symptoms and (occasionally even deadly) complications.

Restoration of Function:

Even if the cells of the organ do not dissolve during cancer-equivalent diseases, they do seem to be changed from a given point of view as are the corresponding brain (HH) locations. (E.g. Insuloma in the pancreas or glucagon insufficiency). In spite of these changes, and despite years of conflict, these cells seem to be functionally restorable after a conflict resolution.

The Ontogenetic System of Microbes

Dr. Hamer states that the biology of humans or animals is neither senseless nor without a system; there are no meaningless or random cancerous growths and no senseless or randomly occurring microbes. His research uncovered the following natural laws:

1. The division of microbes: fungi - bacteria - viruses - correspond to their phylogenetic age: the oldest are the fungi, then the bacteria and the phylogenetically youngest are the viruses.
2. The division of microbes conforms to the germ-layer-correspondence of the organs in which they function:

*

a) fungi and myco-bacteria work in the brain stem directed endodermal organs

*

b) the myco-bacteria and bacteria work in the mesodermal, cerebellar directed organs, and the bacteria work in the cerebral medullar directed mesodermal organs

* c) viruses work exclusively in the ectodermal organs directed by the cerebral cortex.

3. All microbes without exception become active exclusively in the second phase, the healing phase, starting with the conflictolysis (conflict resolution) and ending with the completion of the healing phase; they work neither before nor after. Before, they existed as a-pathogenic germs. During the healing phase, they can be considered virulent, and after the healing phase, as a-pathogenic germs again.

4. All microbes are more or less specialized, not only in view of the organs they work on, but also in the way and style in which they work.

*

a) Fungi and myco-bacteria are a destruction crew, i.e. they destroy brain stem directed tumours (adenocarcinomas) and mesodermal, cerebellar directed tumours (adenoid-carcinomas); more precisely: they caseate tumours controlled by the old-brain starting at the moment of the conflictolysis (conflict resolution), if it happens.

During the normotonia, the conflict-active sympathicotonic phase and in the renewed normotonia (at the end of the healing phase), they are a-pathogenic, therefore harmless. In the same way, they are harmless for all other organs!

*

b) Bacteria function as clean-up workers for organs directed by the cerebellar-mesoderm and for mesodermal organs directed by the cerebral-medulla, i.e. they work on the entire mesodermal organ domain, but with differentiable function. They destroy the adenoidal tumours of the cerebellar mesoderm but they rebuild the cerebral-mesoderm (medulla) directed cellular melt down of organs such as necroses (osteolyses, etc. - suppurating-granulating-scarring). Their work also begins with conflictolysis (conflict resolution) and ends at the end of the healing phase, specifically with the beginning of the renewed normotonia.

*

c) Viruses are simply construction or reconstruction workers. They bring about significant swelling and re-fill the ulcers and cellular substance losses of organs directed by the cerebral cortex. Like the other microbes, they are only active during the healing phase. In the case of squamous epithelium ulcers, cures are brought about by viruses, as in tubular organs (i.e., bronchia, coronary arteries or coronary veins, branchial arch ducts of the neck, the milk ducts or intra-hepatic bile-ducts) and they become temporarily

blocked by swelling. In principle, the same occurs, but less drastically without virus such as non-viral hepatitis.

5. Microbes, our helpers and companions, are directed by the brain. Microbes have worked for us, not against us, as faithful servants over umpteen billions of years of evolution.

Therapy:

As stated above, the system Dr. Hamer has pieced together has extraordinary diagnostic and therapeutic success. Although the system stands traditional medicine on its head, it does not invalidate many of its practices or most of the knowledge that has been accumulated. We now have a good understanding of the interconnections of all the knowledge and have reached sound and supportive conclusions for patients.

The CT of a patient's brain in standard layers is currently one of the powerful methods of diagnosis. Equipped with that, the few doctors who practise or are allowed to practise German New Medicine can interpret a person's current state of events. Further dialogue between the person and the physician or attending practitioner can lead to working on the resolution of whatever conflicts may still be in development.

For a situation arising with the conflict resolution or the healing phase, the physician will be able to determine the seriousness of the potential healing crisis and will assist with therapy during the recovery phase that may pose dangers in many cases. Both medicine and alternative therapies are very well equipped to help in these stages, aiming to restore the body to health with only the absolutely necessary intervention required to prevent life threatening situations.

It is fundamentally important that patients understand the way the body really works, and how they can work with their practitioner-friend to restore health.