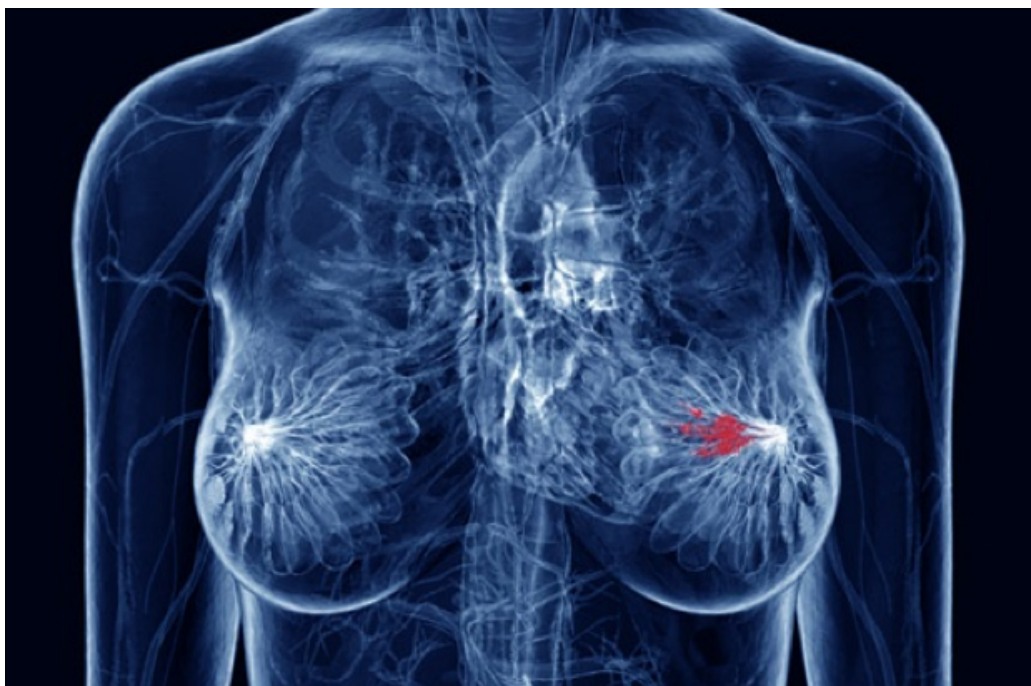


# A New Light on Breast Cancer

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## Breast Cancer



A New Light on Breast Cancer

The German New Medicine teaches us that there are two fundamental types of breast cancer, glandular and ductal. As we look at glandular – the biological conflict is a territorial nest-worry (the worry over the well-being of a loved one.) It can also center around an argument, a quarrel or rift regarding a nest or family member. The relationship involved is crucial as it will determine which breast is involved. If the conflict is too distressing to process, e.g. the shock of one's child critically injured and in the hospital, the weight of the distress is taken off of the psyche and shifted to the body or organ, in this case the breast. An augmentation of glandular breast cells (tumor) will begin during the conflict active phase, serving the biological purpose of increasing glandular tissue in order to produce more milk, i.e. nutrition for the nest member in need; this is a special adaptation program in play reflective of the very specific biological conflict associated with the breast, nourishment. The moment the conflict is resolved, the cell augmentation will stop. The cell buildup that occurred during the conflict active phase will now degrade via bacteria. During the healing phase, pain, swelling and even nipple discharge may become evident. The discharge serving the purpose of a 'relief-valve' which will release some of the pressure from the swelling within

the breast tumor. If the mass is close to the surface there is the potential of perforation. If certain bacteria are absent – the mass will be walled off and calcify, eventually identified as a benign cyst.

The biological conflict associated with ductal breast cancer is one of separation .... a brutal (severe) separation that is usually permanent. A nest member that is torn from your breast, torn from your life, lost to you, taken away, moved away. Since you can no longer nurture that nest member that is gone – the lining of milk duct ulcerates or widens to allow draining of excess milk that will no longer be needed to nurture that nest member that has been lost or removed from the nest. This is the biological or meaningful purpose of the ductal program. We need to reframe our thinking from cancer to a biological program running. During the conflict active phase one will not notice any symptoms, perhaps a slight pulling at most. Only upon conflict resolution is when you will notice symptoms as the tissue loss that occurred during conflict activity is refilled and replenished. This is a curative or healing tumor (cell augmentation.) At this stage the tissue swells, is painful, red, hot and itchy. So we need to ask, what put you into resolution of the above biological conflict? The relationship is vital as it will determine which breast is involved. If the conflict is too distressing to process, e.g. the shock of a miscarriage the weight of the distress is taken off of the psyche and shifted to the body or organ, in this case the breast. Our protocol differs significantly from that of our contemporaries as we never encourage a member to abstain from or stop conventional western medical treatments. Our approach is to leave the doctoring to the medical experts, yet support the client emotionally by resolving the root issue that originated in the consciousness.

If treated homeopathically, it is vital to apply all remedies in deference to the conflict active phase and the resolution phase. If you are conflict active and take a remedy that is sympathicotonic in nature – it will work against us. It will deepen the conflict active phase. Same with the healing phase. The appropriate timing are vital. This is reflective of the Second Biological Law of German New Medicine as all disease runs in two phases, a conflict active cold phase and a resolution phase or warm phase. Even during the resolution or healing phase, there is a brief interruption back into conflict activity (the EC or epi-crisis) as we go back into sympathicotonia. This is all very important to understand when harnessing the power of remedies.

The healing phase can be difficult to navigate through, depending upon the intensity and duration of the conflict active phase and unless you know the GNM inside and out. Most women are not prepared for the healing phase presentation...the possibility of perforation, the mass being deconstructed via bacteria and the associated decomposition. It is for this reason the Association asserts that fellow members always continue to consult with their physician(s) or find a physician(s) if they are not currently under a physician(s) care. Our protocol differs significantly from that of our contemporaries as we never encourage a member to abstain from or stop conventional western medical treatments. It is, at times, a

necessity to help you feel safe and worry less – this way we avoid many potential down the road pitfalls that can complicate everything and compromise the outcome. The statement – your in a healing phase, “just ride it out” is irresponsible.

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