# Multiple Sclerosis & Parkinson's Disease

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When I was just four or five, my parents would take us to visit my father's Uncle Louie and his wife. He was a benevolent elderly man that I innocently referred to as shaky. I now know today that Uncle Louie was suffering from Parkinson's disorder.

In GNM, Multiple Sclerosis and Parkinson's Disease are what Dr. Hamer refers to as cancer equivalents or cancer equivalent disorders, in other words – a disorder reflecting functional changes. Blood sugar and sensory changes fall into this category as well.

Both disorders, although deemed incurable through a conventional lens have a much more optimistic prognosis through a GNM lens – and here's why…

Both MS and Parkinson's revolve around a motor conflict (dhs) – a biological conflict all about feeling stuck, unable to escape or flee. Movement (literal or symbolic) that is prevented or blocked. The specific muscles that are affected will reflect the particulars of that individuals unique conflict experience.

When breaking down the clinical presentation, we must look at the action of the particular muscle or group of muscles for clues to the nature of the conflict.

For example, one's legs are affected when the dhs has the unique flavor of being unable to flee or feeling trapped or held down by a relationship or circumstance (literal or symbolic.) When we are unable to move, follow, progress, advance or keep up. When we are a deer-in-the-headlight and frozen in place.

The arms, hands and fingers are affected when we unable to retain or hold onto someone or something dear (literal or symbolic), when we are unable to repel or push someone or something away that is undesired, when we are unable to embrace or contact that which is desired, when we are restrained or forcibly held down, when we are unable to defend or shield our self.

It is during the time that the conflict is active that the functional motor (muscle) loss or paralysis appears. A heaviness may be noticed in the arms or legs. A clumsiness in manual dexterity.

It is for this reason Multiple Sclerosis is referred to as a “hanging active” disorder in German New Medicine – as the patient gets stuck in this stage of the biological conflict. The biological purpose of this response has it’s genesis in the comparable “play dead” survival reflex we see in animals in nature.

When the MS conflict (dhs) is experienced both the cerebrum as well as the cerebral medulla are impacted affecting both movement and muscle wasting at the same time.

If there was an element of separation (wanting to or not wanting to separate) with the experience, the sensory cortex will be affected with a secondary conflict and the hallmark paresthesia or numbness associated with Multiple Sclerosis will be experienced.

So depending upon the circumstance – we can have paralysis, muscle wasting and numbness during the conflict active phase.

All three of these will often then contribute to a tangential greater conflict … one of self-devaluation (and subsequent further muscle wasting.)

Without an adequate understanding of GNM this is all understandably scary and fear will inevitably overtake the individual; fear of losing ambulation and independence. So great is the resignation to a life of incapacitation that the original motor conflict is compounded by the diagnosis of being “stuck” for the remainder of that individual’s life.

A biological conflict of self devaluation in this context is all about a loss of self worth, a loss of independence, being unable to do the things one used to do, having to now rely on others. Ironically, should the self devaluation conflict get resolved and we enter a healing phase, the signs and symptoms of that very healing phase (pain, inflammation and swelling) lend a further air of decline and the cycle is reinforced.

The uncontrolled muscle twitching, jerking and convulsing (tonic clonic cramping) of the healing phase, the atrophy, the wasting and visible loss of muscle mass of the conflict active phase – all reinforce the self devaluation.

The poor prognosis with both Multiple Sclerosis and Parkinson's stems from the diagnosis, the accepted prognosis and a lack of understanding of what the individual is experiencing (clumsiness, walking difficulties, wasting, atrophy, falls) within their body.

When the patient is told they most likely deteriorate into a wheelchair – the motor conflict of being "stuck" or "unable to flee" becomes deeply reinforced due to the shock of that prognosis. It all becomes a downward spiral and a self fulfilling prophecy.

This needn't be. If the client were to understand the biological or meaningful purpose of, for example, the healing phase twitching (as scary as it is) the slippery slope of deeper conflict activity and tangential conflicts arising could be nipped in the bud.

If the client does not have this knowledge, the motor, separation and self devaluation conflicts all deepen as the client thinks he, she is worsening and therefore more "stuck." It's a bit like quicksand, the more one struggles with being "stuck" – the deeper in one goes.

The uncontrolled muscle twitching, btw, is nature's way of counteracting the paralysis ("play dead" reflex) with maximum movement. This 'seizure' is a visible sign that the body is healing and striving to get back to normal.

The mainstream take on Multiple Sclerosis is that of an autoimmune disease which causes a degeneration of the myelin sheath. In other words, the insulating covers around the motor neurons in the brain are being attacked by self and is deemed the causative factor for the presentation we see with MS. This is just a working hypothesis.

The de-myelinization and re-myelinization is observable, yet whether that is cause or an expression of the biological program is conjecture at this time.

The name multiple sclerosis refers to the sclerotic areas or plaques that form and can be viewed. With many years of conflict relapse the oligodendrocytes, which are a type of glial tissue undergo a process of repair. Repeated and chronic relapses may be what is presenting as these plaques.

Above, we described MS as a "hanging active" disorder, in other words the client is relapsing into the active phase of the conflict. With Parkinson's, the client relapses into the healing phase of the conflict. This is called a "hanging healing" in German New Medicine.

Watch Video At: https://youtu.be/aaY3gz5tJSk

From a GNM perspective, the seemingly miraculous recovery demonstrated in this video lends to the premise that perhaps Parkinson's is not a degenerative disease after all.

Tremors, whether they be hands, neck, arms or legs are indicative of this resolution phase that is chronically relapsing. As the hand tremors continue and the clients can no longer use their hands – the motor conflict gets reinforced and deepens. It's another layer of conflict added.

It's a somber cycle.

Knowledge, awareness, mindfulness is the antidote.

The traditional view of Parkinson's is that of a a degenerative disorder of the central nervous system mainly affecting the motor system. Early in the course of the disease, the most obvious symptoms are movement related; these include shaking, rigidity, slowness of movement and difficulty with walking and gait. The motor symptoms of the disease result from the death of cells in the substantia nigra, a region of the midbrain. This results in not enough dopamine in these areas. The reason for this cell death is poorly understood but involves the build-up of proteins into Lewy bodies in the neurons. (Wikipedia)

Once again, this is all poorly understood. What is observed is valid, yet whether the observed is at cause or an expression of the biological program is conjecture at this time.

A loss of the ability to speak is a further conflict-shock as is double vision.

So, in practical application how successful are we with unraveling the layers of conflict? Well, that all depends. If the MS and or Parkinson's is 'fresh', the volume of layers of conflict are minimal and can be easily unraveled. The individuals willingness to become mindful and patient play a role as well. If the MS or Parkinson's has been longstanding for decades, we may have dozens upon dozens of conflict layers that have built up due to recurring relapse.

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