



WHAT ARE SO-CALLED "DISEASES"?

by Caroline Markolin, Ph.D.

German New Medicine (GNM) is based on the findings of medical doctor Ryke Geerd Hamer. Dr. Hamer received his medical degree in 1961 from the University of Tübingen, Germany. He is specialized in internal medicine and practiced at different University clinics in Germany. Dr. Hamer also shared a medical practice with his wife, Sigrid. Together they raised four children.

The 18th of August 1978 was, in Dr. Hamer's own words, the darkest day of his life. On that day, Dr. Hamer received the shocking news that his oldest son Dirk had been accidentally shot. Dirk died four months later in his father's arms.

Shortly after Dirk's death, Dr. Hamer was diagnosed with testicular cancer. Since he had never been seriously ill, he immediately assumed that the development of his cancer could be directly related to the tragic loss of his son.

Dirk's death and his own experience with cancer set Dr. Hamer on an extraordinary scientific journey. At the time head internist of a German cancer clinic, Dr. Hamer began to investigate his patients' histories and soon learned that, like him, they all had suffered unexpected emotional distress prior to their cancer development. But he took his research even further. On the basis that all bodily processes are controlled from the brain, he analyzed his patients' brain scans and compared them with their medical records. This was an entirely new approach. Until then, no studies had examined the origin of disease in the brain and the role of the brain as the mediator between our emotions and a diseased organ.

What Dr. Hamer discovered was startling. He found that when we suffer unexpected emotional distress, like an unexpected separation, a loss of a loved-one, or sudden worries or anger, the brain triggers a biological emergency program to respond to the exact conflict shock being experienced. He established that the very moment the conflict occurs, the shock impacts a specific area in the brain causing a lesion that is visible on a brain scan as a set of sharp concentric rings. With the impact the shock is communicated to the corresponding organ. Whether the organ responds to the conflict with the development of a tumor (cancer), a heart condition, or tissue loss as we see in osteoporosis or stomach ulcers, is determined by the exact type of emotional distress.

Let's take for example **colon cancer**: The biological conflict linked to the intestine is, as Dr. Hamer calls it an "indigestible morsel conflict". Animals experience these morsel conflicts in real terms, when, for example, a chunk of food is stuck in the intestinal canal. In response to this potentially life-threatening situation, the intestinal cells immediately start to multiply. The biological purpose of the cell augmentation is to produce more digestive juices so that the food morsel can be broken down and can pass through. We humans inherited this biological response program. For us, an "indigestible morsel" can translate into an insult, a difficult divorce, a fight over money or property, or a court case that we cannot "digest". Dr. Hamer found that when we experience such an "indigestible morsel" conflict, the same process of cell proliferation is initiated, controlled from the part of the brain that controls the colon. As long as

a person is distressed about the "indigestible issue" the cells keep multiplying, forming what is called a colon tumor. Conventional medicine interprets these additional cells as "malignant". Based on thousands of case studies, Dr. Hamer shows that these additional cells (the tumor), are what in reality "disposable cells" that are only useful for the time being. The moment the "indigestible morsel" can be digested, the superfluous cells are no longer needed and are removed with the help of bacteria or fungi.

Dr. Hamer also discovered that every "disease" runs in two phases. During the first, conflict-active phase, we feel mentally and emotionally stressed. Typically we are totally preoccupied with what happened, we have cold extremities, little appetite, suffer sleep disturbances, and lose weight. If we resolve the conflict we enter the healing phase, during which the psyche, the brain and the affected organ undergo the phase of recovery. Since conventional medicine fails to recognize the two-phase pattern of every disease, many symptoms of the repair phase such as inflammations, fever, painful swelling, pus, discharge, blood in the stool, in the urine or in the sputum (particularly when a cancerous growth is broken down), or infections, are labeled as diseases although they are, in fact, manifestations of a natural healing process.

The therapeutic aspects of GNM are manifold. The first step is to determine whether the person is still conflict active or already healing. If still in the active phase, the focus is to identify the original conflict, develop a strategy to resolve the conflict, and prepare the patient for the healing symptoms. During the healing phase it is important to support the patient psychologically and, if necessary, medically. But above all, it is essential to understand the nature of the symptoms. Because understanding each symptom in its biological and biographical context allows us to free ourselves from the panic and fear that is often triggered with the onset of a disease.

Dr. Hamer's research radically upsets the central doctrine of standard medicine, namely that diseases are a result of a malfunctioning organism. By providing clear scientific evidence that diseases such as cancer do not occur by chance but as a result of survival programs that have been successfully practiced for millions of years, Dr. Hamer shatters conventional medicine (including the medical industry) at its core. With GNM, questions like "Why me?" or "Why cancer?" are no longer a mystery. And like other "medical heretics", Dr. Hamer is paying the price for questioning the old dogma.

In 1981, Dr. Hamer presented his findings to the Medical Faculty of the University of Tübingen, Germany, as a post-doctoral thesis. But to this day, the University has refused to test Dr. Hamer's research in spite of its legal obligation to do so. This is an unprecedented case in the history of universities. Similarly, official medicine refuses to approve his discoveries despite 28 verifications by both physicians and professorial associations.

Shortly after Dr. Hamer had submitted his thesis, he was given the ultimatum to either deny his discoveries or his contract at the University clinic would not be renewed. It was extremely difficult for him to understand why he was being expelled for presenting well-substantiated scientific findings. After his dismissal, he retreated to his private practice where he continued his research. Several attempts to open a private clinic failed because of concerted efforts by the authorities opposing it.

In 1986, even though his scientific work had never been disproved, Dr. Hamer was stripped of his medical license on the grounds that he refused to conform to the principles of standard medicine. But he was determined to continue his work. By 1987 he was able to expand his discovery to practically all diseases known in medicine. In 1997, Dr. Hamer went into exile to Spain, where he continues to research. So far, he was able to confirm his original findings with over 40.000 case studies.

Dr. Hamer has been persecuted and harassed for over 20 years. The press and the medical establishment stop at nothing to slander Dr. Hamer and his work. He is portrayed as a charlatan, a self acclaimed miracle healer, a cult leader, or an insane criminal who denies cancer patients the conventional treatments (particularly Chemo). But it has to be mentioned, that contrary to standard medicine, GNM has a documented success rate of 95%. Ironically, these statistics for Dr. Hamer's remarkable success were delivered by the authorities themselves. When Dr. Hamer was arrested in 1997 (for having given three people medical advice without a medical license), the police searched his patients' files. Subsequently, one public prosecutor was forced to admit during the trial that, after five years, 6,000 out of 6,500 patients with mostly 'terminal' cancer were still alive. – From September 2004 to February 2006 Dr. Hamer was incarcerated in a French prison, because supposedly people (whom he had never met), suffered damages through his GNM publications.

As long as representatives of the official medicine refuse to acknowledge Dr. Hamer's findings, we have to take it upon ourselves to learn about this ground-breaking new medical paradigm.

Extract from www.LearningGNM.com

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