



RETHINKING OSTEOPOROSIS

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Osteoporosis, defined as a “disease” in which the bones become porous and weak, occurs (so we learn) predominantly in women following menopause. But why are postmenopausal women at greater risk? Why does not every postmenopausal woman develop it? Why do some suffer more bone loss than others? Why is in one case the spine affected and in another the hip or the shoulder? German New Medicine, discovered in 1981 by German internist Dr. med. Ryke Geerd Hamer, offers us sound scientific answers to these questions.

A bit of background information: Dr. Hamer explains disease as a synchronous interaction between the psyche, the brain, and the organ. He discovered that every disease is set off by an experience that catches us completely off guard. He called this unexpected conflict shock a DHS (Dirk Hamer Syndrome), in honor of his son Dirk whose sudden tragic death had initiated his own cancer. According to German New Medicine, every so-called disease has two phases. During the first, conflict-active phase, we feel mentally distressed, we have cold extremities, little appetite, and suffer from sleep disturbances. If we resolve the conflict we enter the resolution or healing phase. This is the period in which the psyche, the brain, and the corresponding organ undergo the phase of recovery, an often difficult process with fatigue, fever, inflammations, infections, and pain.

In German New Medicine, the brain (the actual brain matter) is of fundamental importance. Dr. Hamer found that at the very moment we suffer a DHS, the conflict shock impacts a specific area in the brain leaving a mark (a lesion) that is clearly visible on a brain scan. Since each brain relay correlates to a particular organ, the tissue that is controlled by the affected brain area responds by developing a tumor, an ulcer, a necrosis, or a functional disturbance. Whether the organ responds to a conflict shock with a growth or a tissue loss depends on the layer of the brain that is affected. By taking into account our knowledge of the evolution of man, Dr. Hamer further discovered that in the course of several million years of evolution each brain layer was programmed with certain biological responses that ensured the survival of the species. For example: if a mammal or a human experiences a sudden death fright, the lung alveoli cells immediately multiply to provide more air intake so that the crisis can be endured. We commonly call that lung cancer. Since every human being is born with these age-old programs, German New Medicine refers to them as “Biological Special Programs”, in clear opposition to the term “disease” that implies a dis-order of the organism and a malfunction of Nature.

By systematically analyzing thousands of brain CTs of osteoporosis patients, Dr. Hamer established that the bone tissue is always affected when a person experiences a sudden breach of self-esteem. Such a “self-devaluation conflict” can be triggered by an unfair remark, by being put down, by failing at work, in sports or in school, or when we feel unsupported. Illness, aging or the transition to retirement provide infinite situations that can trigger a loss of self-confidence. The location always depends on the specific kind of self-devaluation. If we feel devalued as a whole, the entire back will be affected. If we feel devalued below the waist (often a partner problem) the pubic bone will suffer the consequences. A loss of self-respect as in “I am a bad partner” will affect the right shoulder, assuming the person is right-handed. Since the brain plays such an integral part in German New Medicine, laterality is a decisive factor for assessing the situation.

The brain layer that receives the shock of a self-devaluation is the cerebral medulla (the interior part of the cerebrum), that controls the bones, tendons, muscles, and other supportive tissues that literally carry our self-esteem. On the organ level we see the following changes: at the moment the conflict strikes, the callus cells in the bone begin to decrease, causing gaps and little holes in the bone. The clinical term for this decalcification process is osteoporosis. The longer the conflict lasts the more bone mass will be lost. However, at this stage, there is no real danger of fracture because the periosteum, the skin that covers the bone, still provides a stabilizing shield. The conflict resolution is like turning a corner. The moment we regain our self-esteem the gaps will be refilled and the affected bone will be reconstructed. The swelling that comes with the repair process causes the stretching of the periosteum which can be very painful. When the periosteum stretches, the bone loses its support and breaks easily. So it is in the healing process that there is the greatest risk of spontaneous fractures. After the repair is complete the bone is much stronger than before. Biologically, this process serves the purpose of strengthening the bone tissue that was affected by the conflict shock, so that next time we suffer a DHS of this kind, our organism (the bones and joints) are better prepared.

German New Medicine provides the missing link as to why not every postmenopausal woman develops osteoporosis. As gynecologist Dr. Susan Love documents in her *Hormone Book*, the correlation between bone loss and estrogen deficiency is purely hypothetical. Dr. Hamer's research also shows that osteoporosis has nothing to do with hormonal changes but instead a lot with the loss of self-esteem of postmenopausal women. After the kids have left home a woman often feels no longer needed. With the changes that come with menopause women just don't feel the same. Their physical, mental and sexual performances are not what they used to be. At this stage in life, a woman's self-confidence is very vulnerable.

Hormone Replacement Therapy (HRT) has been regularly prescribed for a loss of bone density until recent research has put it under new scrutiny (its serious side effects were recently publicized by the *Women's Health Initiative*). Does Hormone Replacement Therapy work? It is well known that estrogen makes a woman look younger which consequently makes her feel more attractive. This estrogen boost might just do the trick to resolve a woman's self-devaluation conflict. So it is not the estrogen per se that improves bone health but rather the effect of the hormone on a woman's psyche. GNM truly offers us a lot to (re)learn.

Source: www.LearningGNM.com