LUNG CANCER

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“I believe I am alive today because I became aware of GNM”

I was first diagnosed with melanoma on my right cheek in July of 2005. From the medical perceptive, it was attributed to “sun damaged skin”, as I had grown up in Florida, and spent many hours in the water and the sun. The site was an irregular lesion, which became bumpy and subject to cuts while shaving. The initial biopsy showed that it had not penetrated too deeply and a removal under local anesthesia was prescribed.

The removal was done in September and the results showed a much larger tumor, but one that was desmoplastic, meaning that it wasn’t as likely to spread, but was locally very aggressive.

Further surgery in November included a wide excision and plastic surgery. The next surgery, in January, took out 30 lymph nodes in my neck and shoulder, as a sentinel node had been involved. A March, 2006, surgery removed the parotid gland, which was also slightly involved.

In May of 2006, a CT scan was taken of my chest, abdomen, and pelvis. The results showed a significant number of lesions on the lungs. This was attributed to metastasis and I was then pronounced at Stage IV, indicating that the cancer had spread to another site in the body.

Between May and July of 2006, four significant things happened, which turned the prognosis around and led to my ultimately being “lesion free”, with three clear CT scans, the last one in early August of 2007:

1. I learned of Dr. Ryke Geed Hamer and German New Medicine. Dr. Hamer discovered 28 years ago that … ALL diseases – not only cancer! – are caused by unexpected emotional trauma that catches the individual completely off guard.

2. I received the Catholic Sacrament of the Anointing of the sick.

3. I was referred to the University of Pennsylvania’s Melanoma Center and a drug study using two prescription chemo meds being tested in tandem.

4. I started psychological counseling to deal with my fear of death.

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Dr. Hamer's discoveries scientifically explain the reasons for the melanoma and lung cancer. UV radiation can be a real "attack" on the skin. But, this "attack" can also be a figurative or verbal "attack", too. Such was the case for me. Prior to the diagnosis of melanoma, I unexpectedly became part of a business law suit involving a close personal friend. I was extremely upset and humiliated as nothing of the sort had happened to me in my 39 years in business. I experienced this as an attack against my integrity. Dr. Hamer would say that our body responds to the "attack" with cell proliferation at the "attacked" site, forming a compact melanoma. The biological purpose of the melanoma is to provide a protective layer against another attack of this kind. Pigmented melanoma appear as black, brown or blue. The borders of the melanoma are concentric and well defined. Once the "attack" conflict is resolved the melanoma is decomposed by mycobacteria or fungi. This causes the melanoma to change colors or bleed. It will be a change in surface characteristics, consistency, or shape. There may be signs of inflammation in surrounding skin. This is the stage when "malignant" melanoma is diagnosed.

The unexpected diagnosis shock of a "malignant" melanoma is what started the biological program in the lungs, again, according to Dr. Hamer's theory. A diagnosis or prognosis shock frequently causes a "death fright" conflict. Instantly, the body will begin to increase lung alveoli tissue to provide "bigger lungs" for more air-intake to survive the life-threatening situation.

When I learned this, I realized I needed counseling and spent many sessions with my therapist, who helped me deal with the fear of death. Coupled with the Sacrament of Anointing of the Sick, the therapy put the whole issue into perspective and removed the obvious fear of being under what many consider a death sentence.

Further study of Dr. Hamer's discoveries showed that the extra lung alveoli tissue, once no longer needed, would normally be broken down by tuberculosis bacteria, if present in the body. Since I had been vaccinated for TB, I understood the bacterium would not be there to assist in this phase, and chose to explore a University of Penn drug study.

At this point, I was a partial believer in Dr. Hamer's research. It seemed to make sense, but I wasn't ready to abandon myself to it, since my larger family was clamoring for more aggressive action of some sort. They weren't buying into the program of "just letting nature (according to Dr. Hamer) take its course", and I wasn't totally on board either. It just wasn't worth arguing about, so I decided to go forward with the drug study in July of 2006.

The drug study was a God-send, as it required a new lung CT scan before allowing me to participate. This was another turning point in my acceptance of Dr. Hamer's research, as **the new scan showed clearly that none of the lesions on my lungs had grown during the intervening two months**. To me, this meant that I had resolved the "death-fright" conflict and that my body had stopped growing new lung alveoli cells in anticipation of the need to heal my body. I was delighted with this finding, and eagerly went forward with the drug study.

After the first two months, **another CT scan was performed showing that the lesions had begun to reduce. A second scan in November showed further reductions and by the third scan almost all the evidence of "abnormal" cell growth was gone**.

The two month scan cycles continued and as of now, as I said earlier, **I have had clear lungs for the past three scans** and anticipate another this November, as I am now out of the study, and being followed by the study doctor every three months.

German New Medicine and Dr. Ryke Geerd Hamer's discoveries explained my particular set of circumstances and I believe I am alive today because I learned about GNM in time.

David T.

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