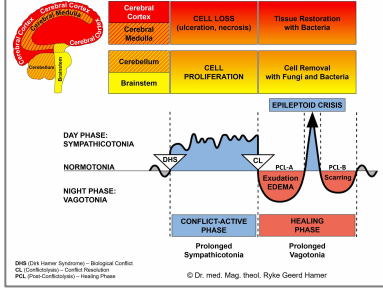




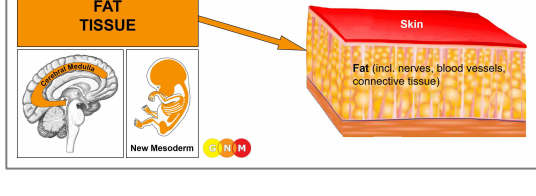
BIOLOGICAL SPECIAL PROGRAMS

FAT TISSUE

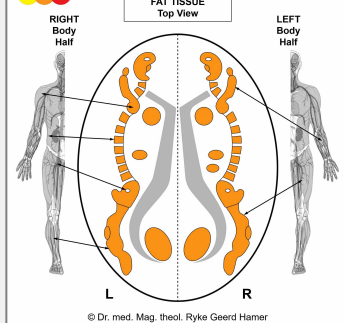
written by Caroline Markolin,
Ph.D.



Rev. 1.05



DEVELOPMENT AND FUNCTION OF THE FAT TISSUE: The fat tissue forms a thick layer underneath the skin (subcutaneous fat) and around internal organs (visceral fat). It has an insulating as well as a supportive function. In addition to adipose cells, fat contains components of loose connective tissue such as elastic fibers. Fat tissue originates from the new mesoderm and is therefore controlled from the cerebral medulla.



BRAIN LEVEL: In the **cerebral medulla**, the fat tissue of the right side of the body is controlled from the left side of the brain; the fat tissue of the left side is controlled from the right cerebral hemisphere. Hence, there is a cross-over correlation from the brain to the organ.

NOTE: The bones, skeletal muscles, lymph vessels and lymph nodes, blood vessels, connective tissue, and fat tissue share the same brain relays and therefore the same biological conflict, namely a self-devaluation conflict. The control centers are orderly positioned from head to toe.

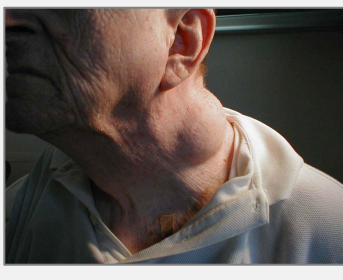
BIOLOGICAL CONFLICT: The biological conflict linked to the fat tissue is a **light self-devaluation conflict** or **loss of self-worth**. The specific self-devaluation conflicts are the same as for the bones and joints.

In line with evolutionary reasoning, **self-devaluation conflicts** are the primary conflict theme associated with **cerebral medulla-controlled organs** deriving from the new mesoderm.

NOTE: Whether the conflict affects the fat tissue of the right or left side of the body is determined by a person's handedness and whether the conflict is mother/child or partner-related. A localized conflict affects the fat tissue that is closest to the site associated with the self-devaluation conflict.

CONFLICT-ACTIVE PHASE: fat tissue **necrosis (cell loss)**

HEALING PHASE: During the first part of the healing phase (**PCL-A**) the tissue loss is replenished through **cell proliferation** with **swelling** due to the edema (fluid accumulation) in the healing area. Depending on the intensity and duration of the conflict-active phase, the growth(s) vary in size.

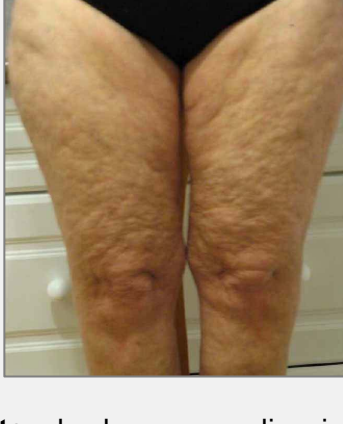


A localized swelling presents as a **lipoma** (in its appearance a lipoma looks similar to a neurofibroma).

A lipoma on the left side of the neck corresponds to an intellectual self-devaluation conflict related to a partner, if the person is left-handed (compare with Hodgkin's lymphoma and non-Hodgkin's lymphoma).



Small fat nodules are called **xanthomas**. The affected area reveals with what part of the body the self-devaluation conflict was associated.



Cellulite, also known as adiposis edematosa, shows as fat pockets just below the skin, giving it a dimpled, lumpy appearance (this differs from loose and wrinkly skin as a result of the natural aging process).

Cellulite affects mainly women, often at an early age, and predominantly “problem areas” such as the thighs and buttocks considered as “too fat” (a perception that is culturally conditioned; in Nature, there is no “too fat” or “too thin”). The “unattractive” look usually creates additional self-devaluation conflicts, which worsens the condition.



In **cellulitis** (not to be confused with cellulite), the affected area is swollen and inflamed, particularly when bacteria assist the healing process.

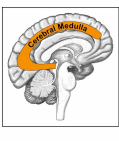
A self-devaluation conflict associated with the leg could be triggered by not being able to keep up (literally or figuratively). If the condition occurs on the right leg (see picture), this points to a mother or child-related conflict, if the person is left-handed.

NOTE: All organs that derive from the **new mesoderm** (“surplus group”), including the fat tissue, show the **biological purpose at the end of the healing phase**. After the healing process has been completed, the organ or tissue is stronger than before, which allows being better prepared for a conflict of the same kind.

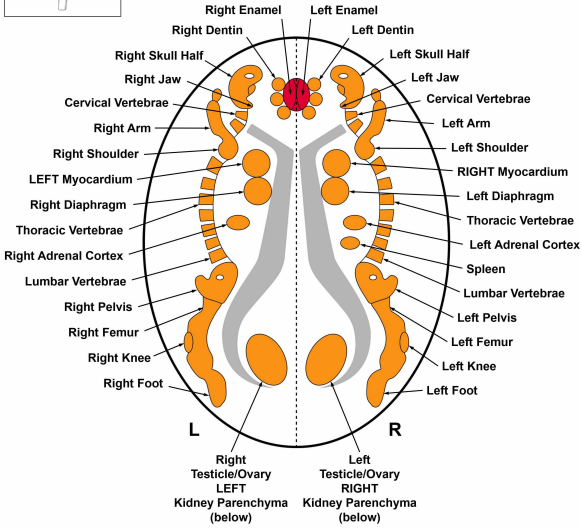
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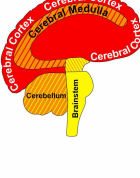
DISCLAIMER: The information in this document does not replace professional medical advice.



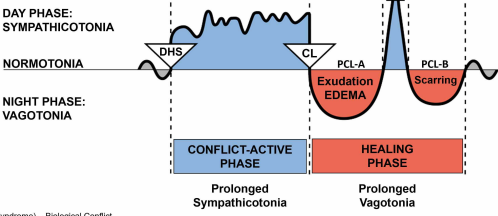
CEREBRAL MEDULLA – ORGAN RELATION



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Cerebral Cortex	CELL LOSS (ulceration, necrosis)	Tissue Restoration with Bacteria
Cerebral Medulla		
Cerebellum	CELL PROLIFERATION	Cell Removal with Fungi and Bacteria
Brainstem		

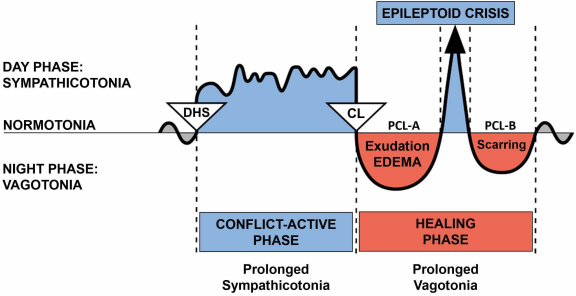


DHS (Dirk Hamer Syndrome) – Biological Conflict
CL (Conflictolysis) – Conflict Resolution
PCL (Post-Conflictolysis) – Healing Phase

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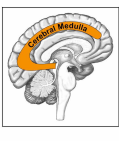


BIOLOGICAL SPECIAL PROGRAMS
TWO-PHASE PATTERN

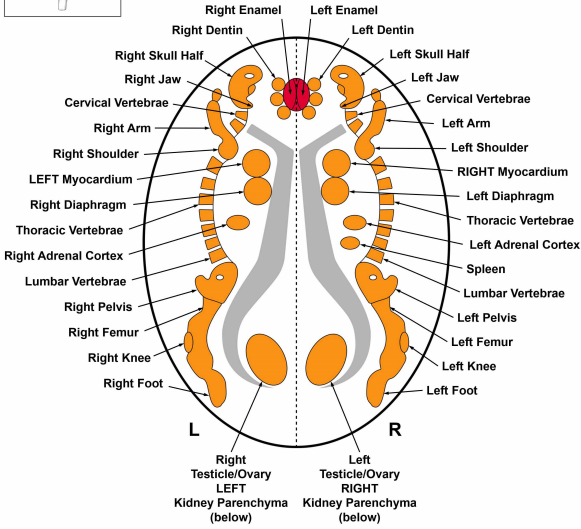


DHS (Dirk Hamer Syndrome) – Biological Conflict
CL (Conflictolysis) – Conflict Resolution
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CEREBRAL MEDULLA – ORGAN RELATION



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