BIOLOGICAL SPECIAL PROGRAMS

STOMACH and DUODENUM

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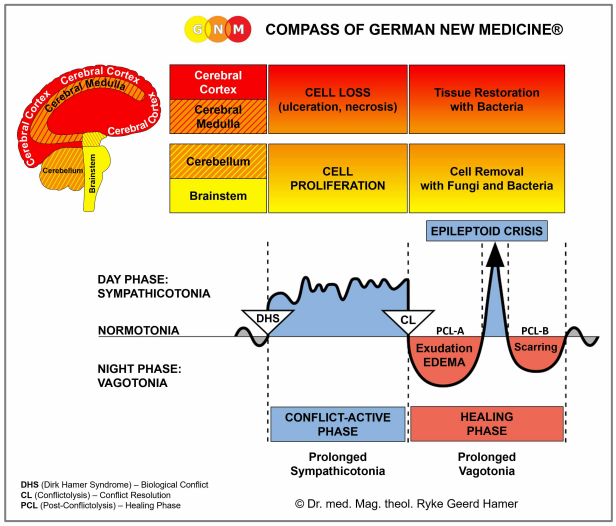
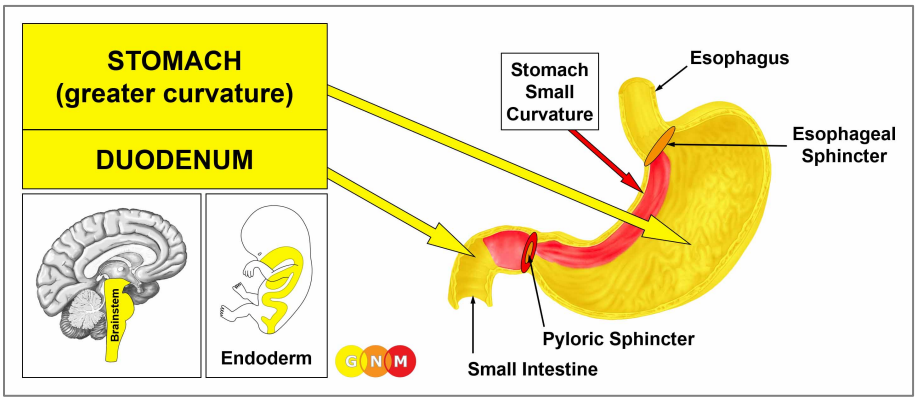


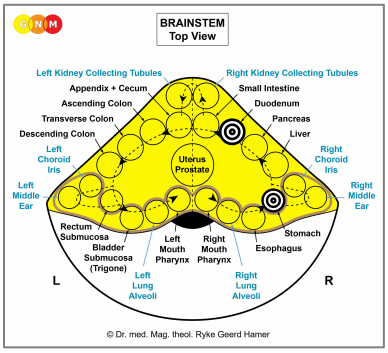
Stomach – Duodenum

Stomach Small Curvature/Pylorus/Duodenal Bulb

Rev. 1.05



DEVELOPMENT AND FUNCTION OF THE STOMACH AND THE DUODENUM: The **stomach**, located in the upper part of the abdomen, connects the esophagus with the intestinal tract; the top of the stomach lies against the diaphragm. The stomach contains glands that secrete gastric acids and digestive enzymes (secretory quality) to aid the digestion of food. As food travels through the pyloric sphincter, the duodenum, the first section of the small intestine, absorbs the nutrients (absorptive quality) from the food passing through it. For the breakdown of food, the duodenum receives bile from the liver and pancreatic juices produced in the pancreas. The lower esophageal sphincter at the top of the stomach prevents the backflow of stomach content. The stomach (except the small curvature) and the duodenum (except the duodenal bulb) consist of intestinal cylinder epithelium, originate from the endoderm and are therefore controlled from the brainstem.



BRAIN LEVEL: In the **brainstem**, the control centers of the stomach and duodenum are orderly positioned within the ring form of the brain relays that control the organs of the alimentary canal. The control center of the stomach is located between the esophagus and liver relays; the control center of the duodenum between the brain relays of the pancreas and small intestine.

BIOLOGICAL CONFLICT: The biological conflict linked to the stomach and duodenum is an **"indigestible morsel conflict"** (see also pancreas gland, small intestine, and colon). For animals an indigestible morsel is about a real piece of food, whereas for humans the conflict relates also to any situation or circumstances one is, figuratively speaking, unable to digest or "can't stomach", as the English expression goes.

In line with evolutionary reasoning, **morsel conflicts** are the primary conflict theme associated with brainstem-controlled organs deriving from the endoderm.

CONFLICT-ACTIVE PHASE: Starting with the DHS, during the conflict-active phase cells in the stomach or duodenum proliferate proportionally to the intensity of the conflict. The **biological purpose of the cell increase** is to enhance the production of gastric juices and other digestive fluids so that the morsel can be better digested and absorbed; the improved function of the organs serves to facilitate a conflict resolution. With prolonged conflict activity (hanging conflict) a flat growth (absorptive type), referred to as a **stomach/duodenal cancer**, develops in the stomach or duodenum as a result of the continuing cell augmentation (compare with "stomach cancer" and "duodenal cancer" related to the small curvature of the stomach and the duodenal bulb). In the stomach, the growth might also take a cauliflower-shaped form (secretory type). If the rate of cell division exceeds a certain limit, conventional medicine considers the cancer as "malignant"; below that limit, the growth is regarded as "benign" or diagnosed as a **polyp** (see also healing phase).

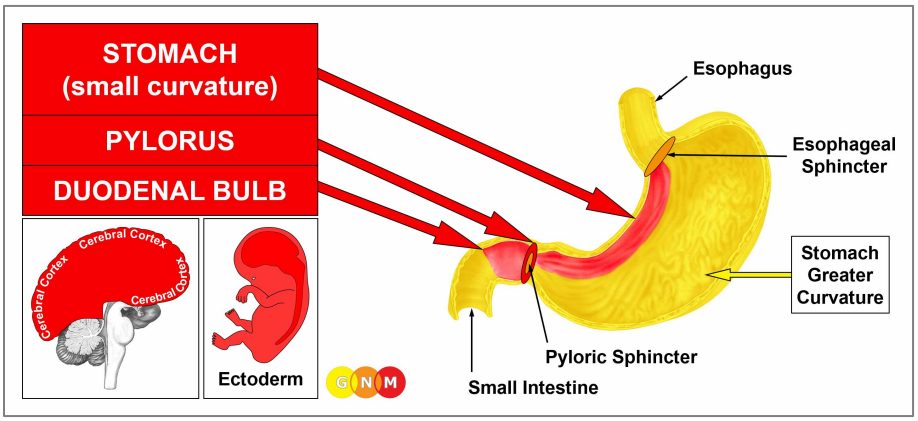
Gastroparesis, a partial paralysis of the stomach, involves the stomach muscles and is linked to "not being able to pass an indigestible morsel" (see intestinal muscles). During the conflict-active phase, the peristalsis of the stomach slows down, affecting the motility of the stomach muscles. **Symptoms** include **stomach cramps** and **nausea**.

HEALING PHASE: Following the conflict resolution (CL), fungi or mycobacteria such as TB bacteria remove the cells that are no longer needed. Because of the environment in which they work, fungi and tubercular bacteria are stomach acid-resistant. **Healing symptoms** are **nausea**, **indigestion**, **abdominal pain**, and **night sweats**. Depending on the degree of the conflict-active phase, the symptoms range from mild to severe. **Vomiting** typically occurs during the Epileptoid Crisis; in acute cases the vomit contains blood.

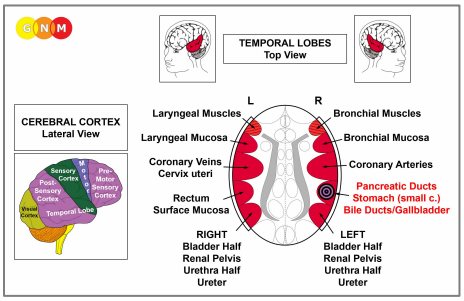
> **NOTE:** Eating disagreeable food also causes an **upset stomach and vomiting**. However, if bad food can be excluded as the source, vomiting is a positive sign that the "indigestible morsel conflict" has been resolved and that the morsel is being expelled, even without the assistance of microbes (sensory and excretory quality of the intestines).

When fungi participate in the healing process this causes **stomach-or duodenal candidiasis**, which becomes chronic when a person is in a hanging healing because of continuous conflict relapses.

If the required microbes are not available upon the resolution of the conflict, because they were destroyed through an overuse of antibiotics, the additional cells in the stomach or duodenum remain without further cell division. Eventually, the growth becomes encapsulated with connective tissue. In conventional medicine, this might be diagnosed as "benign cancer" or as a **stomach polyp or duodenal polyp** (see also conflict-active phase).



DEVELOPMENT AND FUNCTION OF THE STOMACH (SMALL CURVATURE), PYLORUS, AND DUODENAL BULB: The small curvature of the stomach extends between the esophageal sphincter and the pylorus on the medial surface of the stomach (the lateral surface is called the greater curvature). The pylorus is a short, funnel-shaped tube that connects the stomach with the duodenum. The pyloric sphincter allows food to pass into the small intestine. The duodenal bulb is located at the upper portion of the duodenum. The small curvature of the stomach, the pylorus, and the duodenal bulb consist of squamous epithelium, originate from the ectoderm and are therefore controlled from the cerebral cortex.



BRAIN LEVEL: The epithelial mucosa of the stomach (small curvature), the pylorus, and the duodenal bulb are controlled from the **right temporal lobe** (part of the **post-sensory cortex**). The control center is positioned exactly across from the brain relay of the rectum lining.

NOTE: The stomach (small curvature), pylorus, duodenal bulb, bile ducts, gallbladder, and pancreatic ducts share the same brain relay and therefore the same biological conflict. Which one of these organs will be affected by the DHS is random. A severe conflict can affect all organs at once.

BIOLOGICAL CONFLICT: The biological conflict linked to the stomach (small curvature), pylorus, and duodenal bulb is a male **territorial anger conflict** (fight in the territory) or a **female identity conflict**, depending on a person's gender, laterality, and hormone status (see also Aggressive Constellation).

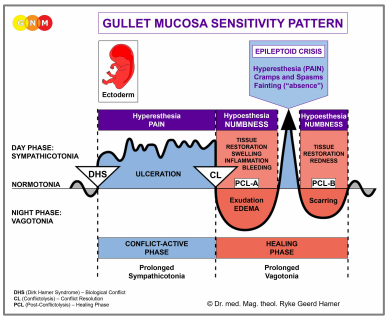
Gender, Laterality, Hormone Status	Biological Conflict	Affected Organ
Right-handed male (NHS)	Territorial anger conflict	Stomach, Bile ducts, Pancreatic ducts
Left-handed male (NHS)	Territorial anger conflict	Rectum surface mucosa*
Right-handed male (LTS)	Identity conflict	Rectum surface mucosa
Left-handed male (LTS)	Identity conflict	Stomach, Bile ducts, Pancreatic ducts*
Right-handed female (NHS)	Identity conflict	Rectum surface mucosa
Left-handed female (NHS)	Identity conflict	Stomach, Bile ducts, Pancreatic ducts*
Right-handed female (LES)	Territorial anger conflict	Stomach, Bile ducts, Pancreatic ducts
Left-handed female (LES)	Territorial anger conflict	Rectum surface mucosa *

NHS = Normal hormone status LTS = Low testosterone status LES = Low estrogen status

***With left-handers the conflict is transferred to the other brain hemisphere**

In line with evolutionary reasoning, **territorial conflicts**, **sexual conflicts,** and **separation conflicts** are the primary conflict themes associated with organs of ectodermal origin, controlled from the sensory, pre-motor sensory and post-sensory cortex.

A **territorial anger** relates to anger in the environment and places which one considers as his or her domain – literally or figuratively. Typical territorial anger conflicts are disputes at home, feuds at the workplace, anger at school, in kindergarten, at the playground, in a seniors or nursing home, or in the hospital; also in the extended "territory" such as in the village, town, or country where one lives. Battles over a land or property, annoying noise in the house or neighborhood, a fight over a parking place or over a toy, are other examples of what can provoke a territorial anger conflict.



The Biological Special Program of the **stomach and duodenum** follows the **GULLET MUCOSA SENSITIVITY PATTERN** with hypersensitivity during the conflict-active phase and the Epileptoid Crisis and hyposensitivity in the healing phase.

CONFLICT-ACTIVE PHASE: ulceration in the lining of the stomach, pylorus, and/or the duodenal bulb proportional to the degree and duration of conflict activity. The **biological purpose of the cell loss** is to widen the passageway of the digestive tract so that the nutrients can be utilized more efficiently. This, in turn, provides the individual with more energy to resolve the conflict. **Symptoms: indigestion** and mild to severe **pain**, depending on the intensity of the territorial anger conflict. Food enhances the pain because of the increased secretion of stomach acid produced in the stomach.

Painful ulcers develop when a territorial anger conflict persists for a longer period of time (hanging conflict). **Stomach (peptic) ulcers**, **pyloric ulcers**, and **duodenal ulcers** often occur together. If the ulceration reaches deep into the tissue, the epithelial layer becomes thin and might rupture. A perforation of the stomach is a life-threatening situation!

This brain CT shows the impact of a territorial anger conflict in the cerebral cortex, precisely, in the area that controls the small curvature of the stomach (view the GNM diagram). The sharp border of the Hamer Focus reveals that the person is conflict active.

According to conventional medicine, stomach ulcers are supposedly caused by gastric acid. This assertion, however, is inaccurate because gastric acid is produced and stored in the bulk of the stomach which never develops ulcers. Ulcers develop exclusively in the *lining* of the stomach or the pylorus, namely, in the conflict-active phase. The theory that stomach ulcers are related to the bacterium *Helicobacter pylori*, a claim for which Barry Marshall and Robin Warren received the Nobel Price in Physiology and Medicine in 2005, is therefore also inconclusive because microbes are only active in the healing phase (Fourth Biological Law). Hence, the *Helicobacter pylori* does not, as assumed, *cause* stomach ulcers but helps to restore(!) the stomach and pylorus lining after a territorial anger conflict has been resolved.

Gastric reflux or heartburn (nowadays called "gastroesophageal reflux disease" or GERD) is organically linked to the lower esophageal sphincter located at the top of the stomach and responsible for preventing the backflow of stomach contents. During conflict activity of a territorial anger as well as throughout the Epileptoid Crisis the sphincter opens prompting the reflux of stomach acid. The backflow of gastric acid might irritate the esophagus but can never cause an esophageal cancer, as claimed by conventional medicine.

Stomach cells secrete the so-called intrinsic factor that helps the body to absorb vitamin B12 in the small intestine. Vitamin B12 is needed for the production of red blood cells. The loss of stomach cells during conflict activity of a territorial anger conflict can, therefore, cause **pernicious anemia** (compare with anemia related to the Biological Special Program of the bones).

HEALING PHASE: During the first part of the healing phase (PCL-A) the tissue loss is replenished through **cell proliferation**. In conventional medicine, this might be diagnosed as a **"stomach cancer"** or **"duodenal cancer"** (compare with stomach/duodenal cancer related to the bulk of the stomach and the duodenum). Based on the Five Biological Laws, the new cells cannot be regarded as "cancer cells" since the cell increase is, in reality, a replenishing process. **Healing symptoms** are **swelling** due to the edema (fluid accumulation) and **stomach pain**, which could last throughout the entire healing phase (in PCL-A and PCL-B the pain is not of a sensory nature but pressure pain). With an inflammation, the condition is called **gastritis**.

An inflammation of the gastrointestinal tract (**gastroenteritis**) with vomiting and diarrhea is colloquially called a **"stomach flu"**. Conventional medicine claims that the "infection" is caused by a variety of viruses, including the infamous "Norwalk Virus" …

> "Norwalk virus is a common cause of vomiting each winter and has often been referred to as 'stomach flu' or 'Winter Vomiting Disease'. Norwalk virus infections have been linked to outbreaks of vomiting in institutions such as child-care centers and long-term care facilities as well as on cruise ships, camps, schools and households" (*Mount Sinai Hospital. Department of Microbiology*).

From the GNM perspective, **stomach flu outbreaks** are, contrary to the common belief, not at all related to viruses (which have never been scientifically verified) but rather to "indigestible morsel conflicts" and territorial anger conflicts experienced simultaneously by a group of people (city residents, villagers, family members, colleagues, schoolmates, roommates, friends) who share the same anger-environment (at home, at work, in daycare, in kindergarten, at school, in nursing homes, etc.). Territorial anger conflicts can involve large numbers of people. Unexpected, upsetting political decisions, for example, can trigger regional conflict shocks followed by a "stomach flu" outbreak in the affected population, after the conflict has been resolved. **Stomach flu epidemics** therefore typically occur after natural disasters such as floods or earthquakes, that is, during the resolution phase.

> **NOTE:** Eating disagreeable food also causes an **upset stomach and vomiting** (sensory and excretory quality). However, if bad food can be excluded, vomiting is a positive sign that the territorial anger conflict has been resolved.

The Epileptoid Crisis manifests as **acute sharp pain** and **cramps or spasms** (**stomach colic**) if the surrounding striated muscles of the stomach or pylorus undergo the Epileptoid Crisis at the same time (except for the small curvature of the stomach and the pylorus, the stomach wall consists of smooth muscles). **Bleeding** (with black tar stool) requires immediate medical attention! **Vomiting** also occurs during the Epileptoid Crisis.

NOTE: All Epileptoid Crises that are controlled from the sensory, post-sensory, or pre-motor sensory cortex are accompanied by **troubled circulation**, **dizzy spells**, short **disturbances of consciousness** or a complete **loss of consciousness** (fainting or "absence"), depending on the intensity of the conflict. Another distinctive symptom is a **drop of blood sugar** caused by the excessive use of glucose by the brain cells (compare with hypoglycemia related to the islet cells of the pancreas).

This CT scan shows an accumulation of neuroglia in the area of the brain that controls the small curvature of the stomach (view the GNM diagram), indicating that the related territorial anger conflict is resolved and that the person is currently in PCL-B (both on the brain and organ level). In conventional medicine, the glia buildup is wrongly assumed to be a "brain tumor".

Source: www.learninggnm.com